

NHSGGC(M) 22/03
Minutes: 44 - 73

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
NHS Greater Glasgow and Clyde Board
held on Tuesday 28 June 2022 at 10.30am
via Microsoft Teams**

PRESENT

Professor John Brown CBE (in the Chair)

Dr Jennifer Armstrong	Cllr Martin McCluskey
Ms Susan Brimelow OBE	Cllr Collette McDiarmid
Cllr Jacqueline Cameron	Cllr Michelle McGinty
Ms Ann Cameron-Burns	Professor Iain McInnes
Mr Simon Carr	Ms Ketki Miles
Mr Alan Cowan	Ms Anne-Marie Monaghan
Dr Emilia Crighton	Mr Colin Neil
Cllr Chris Cunningham	Dr Paul Ryan
Mr David Gould	Mr Frank Shennan
Mrs Jane Grant	Mr Charles Vincent
Mrs Margaret Kerr	Ms Michelle Wailes
Ms Amina Khan	Professor Angela Wallace
Rev John Matthews OBE	

IN ATTENDANCE

Ms Denise Brown	..	Interim Director of eHealth
Ms Sandra Bustillo	..	Director of Communications and Public Engagement
Ms Jackie Carrigan	..	Assistant Director of Finance
Ms Beth Culshaw	..	Chief Officer, West Dunbartonshire HSCP
Ms Kim Donald	..	Corporate Services Manager – Governance/Board Secretary (Minute)
Ms Lisa Duthie	..	Senior Auditor, Audit Scotland
Mr William Edwards	..	Chief Operating Officer
Ms Dianne Foy	..	Non-Executive Board Member - Observing
Ms Susan Manion	..	Chief Officer, GP OOH
Ms Fiona McEwan	..	Interim Director of Finance
Ms Susanne Millar	..	Chief Officer, Glasgow City HSCP
Ms Catherine Ospedale	..	Deputy Director of Communications
Mr Iain Paterson	..	Corporate Services Manager - Compliance
Professor Tom Steele	..	Director of Estates and Facilities
Ms Elaine Vanhegan	..	Director of Corporate Governance and Administration

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44.	WELCOME AND APOLOGIES	
	<p>Professor John Brown CBE welcomed those present to the June 2022 meeting of NHS Greater Glasgow and Clyde Board, noting the following newly appointed Board Members:</p> <ul style="list-style-type: none"> • Ms Dianne Foy (publicly appointed member). • Councillor Jacqueline Cameron (Nominated by Renfrewshire Council) • Councillor Chris Cunningham (Nominated by Glasgow City Council) • Councillor Martin McCluskey (Nominated by Inverclyde Council) • Councillor Collette MacDiarmid (Nominated by East Dunbartonshire Council) and • Councillor Michelle McGinty (Nominated by West Dunbartonshire Council) <p>The Chair noted that the stakeholder member from East Renfrewshire Council has not been appointed yet, but he would expect them to be in place for the August Board Meeting.</p> <p>The Chair confirmed that this would be Audit Scotland’s last meeting as the Board’s external auditors and thanked Mr John Cornett and Ms Liz Maconachie for their expert advice and support to date. The Board’s new external auditors were Ernst & Young.</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>The Chair acknowledged length of the agenda and explained that the one of the purposes of the meeting was to formally review and approve the Annual Accounts. The Chair also highlighted the importance of the agenda’s focus on the progress being made towards achieving our four Corporate Aims of:</p>	

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	<ul style="list-style-type: none"> • Better Health – that is improving the health & wellbeing of the population • Better Care – improving the individual experience of healthcare • Better Value - through reducing the cost of delivering healthcare, and • Better Workplace – creating a great place to work. <p>As the following items were circulated to Members late, the Chair invited members to raise any objections to the consideration of this items:</p> <ul style="list-style-type: none"> • Item 7 – Annual Report for the Board of NHSGGC and the Auditor General for Scotland 2021/22 • Item 8 – NHSGGC Annual Reports and Consolidated Accounts 2021/22 • Item 9 – Governance Statement 2021/22 • Item 16(a) – Acute Services Committee Update • Item 19 – NHSGGC Finance Report • Item 25 – Implementing Active Governance Approach Update • Item 27 – Review of Governance Committee and Integration Joint Board Membership <p>There were no objections made and the Board were content to consider these items.</p> <p>Apologies were intimated on behalf of Ms Rona Sweeney, Dr Lesley Rousselet and Ms Julie Murray.</p> <p><u>NOTED</u></p>		
45.	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> <p><u>NOTED</u></p>		
46.	MINUTES OF PREVIOUS MEETING		
	<p>On the motion of Rev John Matthews OBE, seconded by Ms Susan Brimelow OBE, the Board were content to accept the minute of the meeting held on Tuesday 26 April 2022 [Paper No. NHSGGC(M) 22/02] as a complete and accurate record.</p> <p><u>APPROVED</u></p>		

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47.	MATTERS ARISING		
a)	<u>ROLLING ACTION LIST</u>		
	<p>The Board considered the paper ‘Rolling Action List’ [Paper No. 22/30’ and were content to accept the recommendation that 10 actions were closed from the rolling action list.</p> <p>There were no other matters arising noted.</p> <p><u>APPROVED</u></p>		
48.	CHAIR’S REPORT		
	<p>Professor Brown provided an overview of activities undertaken by him since the meeting of the Board in April 2022. These included the attendance at a number of standing committee meetings, where the challenges facing NHS Greater Glasgow and Clyde had been discussed.</p> <p>These discussions included consideration by the Standing Committee Chairs Network of our governance arrangements going forward, specifically the move towards hybrid meetings. Prof Brown also joined the Chief Executive in regular meetings with the Cabinet Secretary and Scottish Government officials to discuss the Board’s response to system pressures.</p> <p>The May Board Seminar considered, in detail, the Boards approach to equality, diversity and inclusion. Prof Brown was pleased to note that he has had very positive feedback from the event and acknowledged that we had taken another step in the right direction, with work continuing to ensure that the organisational culture embraces equality, diversity and inclusion.</p> <p>Prof Brown had met with Mr Ian Gray MSP (the Scottish Government Minister for Culture, Europe and International Development) to discuss the NHS Scotland approach to global citizenship. Additionally, Prof Brown chaired the Global Citizenship Advisory Board meeting. He was pleased to report that that there had been good progress in developing our approach to global citizenship across the health boards and noted that this work would be shared at a future development session.</p> <p>Prof Brown was keen to explore supporting the health and wellbeing of the student population and had met with Lady Rae, the Rector of the University of Glasgow, to discuss a joint</p>		

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	<p>approach to this work. This was also being explored further by the executive leadership team.</p> <p>Alongside these meetings, Prof Brown was recruiting Board Members for NHS Ayrshire and Arran and for our own Board. Prof Brown was keen to note that the quality of the applications was very high and we were able to recommend successful candidates for both Boards to the Cabinet Secretary. The NHSGGC successful candidate was Dianne Foy.</p> <p>Prof Brown reported that he had completed the second edition of the Blueprint for Good Governance in NHS Scotland and expected publication by the Scottish Government in the next few weeks.</p> <p>Prof Brown officially opened the new museum at the Glasgow Royal Infirmary and encouraged members to visit.</p> <p>In addition to the meetings noted above, Prof Brown attended the QEUH to present awards at the South Sector's Quality Improvement event. This included the annual Dame Denise Coia Award for Quality Improvement in Patient Care. Prof Brown highlighted that he was very impressed by the improvement projects that had been entered, and the progress in embedding a clinically-led continuous improvement culture was evident.</p> <p>Prof Brown was pleased to advise Members that NHS Greater Glasgow and Clyde had been de-escalated from level 4 to level 2 of the NHS Scotland Performance Management Framework. Prof Brown thanked Caroline Lamb, the Director General and Chief Executive of NHS Scotland, on behalf of the Board.</p> <p>Prof Brown stressed the importance of the public knowing that the Scottish Government have confidence in the Board and the systems and processes in place to mitigate and manage the risks associated with healthcare acquired infections on the Queen Elizabeth site. Along with this is the recognition of our hard working and committed staff ensuring that the highest quality of care is offered to our patients.</p> <p>Prof Brown also acknowledged all colleagues who had contributed to responding to the review findings regarding infection prevention and control and that their hard work has also been recognised by the Scottish Government.</p> <p><u>NOTED</u></p>	

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49.	CHIEF EXECUTIVE’S UPDATE	
	<p>The Chief Executive provided an overview of a range of meetings she had attended since the last Board meeting, and highlighted the ongoing challenges faced by the board in light of the increasing COVID numbers.</p> <p>Mrs Grant was pleased to report that the Health Board had been de-escalated from Level 4 to Level 2. She noted that there had been two unannounced Health Improvement Scotland (HIS) visits and, although we have not had the published report, the initial feedback had been positive.</p> <p>Mr John Burns, Chief Operating Officer for NHS Scotland, visited the Health Board and met with the Corporate Management Team to discuss the challenges faced by NHS Greater Glasgow and Clyde. This was one of a series of visits with all Boards being visited by the Chief Operating Officer. Mrs Grant highlighted the ongoing work to reduce the national cancer waiting time position, noting she continues to meet with the Board Chief Executives Group, alongside the Scottish Government, to discuss and agree short, medium and long term strategic plans in light of the increasing pressures.</p> <p>Mrs Grant Joined the Cabinet Secretary’s visit to the Beatson to view the newly fitted MRI scanner that had been funded jointly by the Beatson Cancer Charity and the NHSGGC Endowment Fund.</p> <p>Mrs Grant also visited the Laundry Service at Hillington, and had the opportunity to speak with members of staff. Mrs Grant noted the tremendous work colleagues within the Laundry Service have done throughout the pandemic, and found their approach to their duties impressive.</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 communication of the de-escalation, Ms Sandra Bustillo, Director of Communications and Public Engagement, confirmed that a Core Brief was issued to all staff and the Senior Management Team at the QEUH and RHC were personally thanked for their efforts towards the de-escalation.</p>	

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	<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>	
<p>50.</p>	<p>ANNUAL REPORT FOR THE BOARD OF NHSGGC AND THE AUDITOR GENERAL FOR SCOTLAND 2021/22</p>	
	<p>The Board considered the paper ‘Annual Report for the Board of NHSGGC and the Auditor General for Scotland’ [Paper No. 22/31] which was presented by Ms Liz Maconachie, Audit Scotland.</p> <p>Ms Maconachie opened with thanks to the NHSGGC Finance Department, noting the good working relationships between Audit Scotland and NHSGGC.</p> <p>Ms Maconachie explained that the report considered an audit of the annual report and accounts, and consideration of the NHS Board’s:</p> <ul style="list-style-type: none"> • Financial management; • Financial sustainability; • Governance and transparency; and • Value for money. <p>It was confirmed that report was also considered in full at the Audit and Risk Committee on 21 June 2022.</p> <p>Ms Maconachie explained that the financial impact of COVID-19 on the Health Board and the six Integration Joint Boards (IJBs) is estimated to be £284 million. All COVID-19 costs incurred during 2021/22 were funded by the Scottish Government (on a non-recurring basis).</p> <p>NHSGGC developed a one-year financial plan for 2022/23. The overall financial challenge identified was £173 million. However, the Financial Improvement Programme (FIP) for 2022/23 sets out a recurring savings target of £54 million. It was recognised that NHSGGC will be required to return to medium/long term financial planning for 22/23.</p> <p>In response to a question regarding the appropriate use of IJB reserves for COVID-19, Ms Maconachie assured the Board that processes were in place to ensure that these reserves were spent on COVID-19 related costs. Ms Miller confirmed that the</p>	

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	<p>processes were clear in terms of the IJB reserves. Ms Carrigan highlighted that she continues to work closely with the IJB and Scottish Government to identify COVID-19 costs and how the reserves should be utilised.</p> <p>Rev Mathews noted his role as Chair on Renfrewshire IJB and reassured the Board that there were robust processes in place to discuss, and scrutinise, the use of these funds.</p> <p>Ms Maconachie explained that both organisations are subject to the same robust auditing process.</p> <p>In response to a query regarding the impact of the pay award on the total savings to be incurred, Mrs Grant highlighted that the FIP had incorporated the pay award into the money required to be saved. Mrs Grant also explained that additional funding would be received throughout the financial year which would help offset the pay award against the savings target.</p> <p>The Board were content to approve the report.</p> <p><u>APPROVED</u></p>	
51.	AUDIT AND RISK COMMITTEE UPDATE –	
a)	CHAIR’S REPORT OF MEETING HELD 21 JUNE 2022	
	<p>The Board considered the paper ‘Chair’s Report of ARC Meeting held on 21 June 2022’ [Paper No. 22/44] which was presented by Mrs Margaret Kerr, Chair of the Audit and Risk Committee (ARC).</p> <p>Mrs Kerr highlighted that the ARC had met twice in June, with the meeting held on 21 June 2022 being used to scrutinise the auditor’s report and recommendations. The ARC reviewed the Governance Statement to ensure that they were satisfied with the content, and were in agreement that this accurately reflected the work undertaken by the Board throughout the year.</p> <p>Mrs Kerr assured the Board that the ARC spent a significant amount of time reviewing the sources of assurance, and it was the Committee’s recommendation to the Board that they are satisfied the processes were appropriate, and the accounts should be adopted.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>	

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b)	ANNUAL REPORT OF CONSOLIDATED ACCOUNTS FOR 2021/22		
	<p>The Board considered the paper ‘Annual Report of Consolidated Accounts for 2021/22’ [Paper No. 22/32] which was presented by Ms Jackie Carrigan, Assistant Director of Finance.</p> <p>Ms Carrigan noted that, following the ARC held on 7 June 2022, there were last minute changes to the report following an NSS notification related to the supply of LFD kits. These kits are supplied by the UK Government and the cost was £77.7M. It was agreed that this figure should be reflected within the accounts. Ms Carrigan explained that NHSGGC received £17.8M, however, this was reflected in the accounts as a donation so did not affect the overall position.</p> <p>Ms Carrigan was pleased to note that NHSGGC were successful in meeting the necessary targets, and noted the Remobilisation Plan (RMP) was submitted to Scottish Government in September 2021. The Board is currently finalising an Annual Delivery Plan for 2022-23 which is due to be submitted to Scottish Government by 31 July 2022.</p> <p>The Board agreed that the statement of accounts should be approved and signed by the Chief Executive.</p> <p><u>APPROVED</u></p>		
52.	GOVERNANCE STATEMENT		
	<p>The Board considered the paper ‘Governance Statement 2021/22’ [Paper No. 22/33] which was presented by Ms Jackie Carrigan, Assistant Director of Finance.</p> <p>Ms Carrigan reinforced that the Governance Statement had been reviewed by the ARC on 21 June 2022, and had a statement enclosed from the Chair of the ARC for assurance. The Board were asked to approve the statement to be submitted as part of the annual accounts.</p> <p>The Board were content to approve the Governance Statement.</p> <p><u>APPROVED</u></p>		

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53.	PATIENT STORY		
	<p>Professor Angela Wallace, Nurse Director, introduced a short video presentation, which described Realistic Medicine and the positive impact that this has on our patients.</p> <p>The Chair thanked everyone who participated in the video presentation, with special thanks to the patients who had participated in the video.</p> <p><u>NOTED</u></p>		
54.	COVID-19 UPDATE		
	<p>The Board considered the paper 'COVID-19 Update' [Paper No. 22/34] presented by Dr Emilia Crighton, Interim Director of Public Health.</p> <p>Dr Crighton noted that there had been an increase in positivity rates, and although we are now 'living with COVID', it was important to acknowledge that the numbers were increasing and the impact that this would have across our services.</p> <p>In response to a question regarding whether the increasing numbers of inpatients were as a result of COVID, it was noted that some of patients caught COVID during an inpatient stay, and other positive tests were incidental findings. Mr Edwards noted that the reality of a positive COVID test has a ripple effect across services due to infection control protocols, and highlighted that there were 10 wards closed across Acute Services, resulting in 53 beds unavailable for occupancy. Mr Edwards also noted that hospital occupancy within NHSGGC was above 95%, which is indeed very challenging. The high occupancy combined with a rise in COVID-19 related absence is a significant situation to manage on a daily basis.</p> <p>In response to a question regarding the impact of patient safety as a result of staffing levels/absence, Professor Wallace explained that there were staffing issues across NHS Scotland and that there has been ongoing work around workforce to ensure patient safety. It was noted that along with sickness absence, there were also vacancies. Professor Wallace assured the Board that the Senior Management Team work closely with Lead Nurses and Chief Nurses to ensure wards are safe.</p> <p>Mr Edwards also highlighted the Safe to Start meetings which are held every day across the clinical teams in each of the sectors.</p>		

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	<p>These meetings assess each site with Lead Nurses across various points in the day to ensure planned absences are covered, however, he noted that unplanned absences can cause challenges.</p> <p>Mr Edwards assured the Board that the teams across the sites continually look to minimise risk and, if required, seek external support from other sites across the Acute Division.</p> <p>Mrs MacPherson highlighted that there was also a focus on staff wellbeing by ensuring appropriate breaks were being taken, annual leave was well utilised across the year and that our R&R hubs remain active for staff to take ‘downtime’, when needed. She also noted that staff have access to local Psychology Services as well as Occupational Health. NHSGGC also have an embedded peer support model in place, alongside the roll out of iMatter to give staff the opportunity to feedback concerns anonymously to their management teams.</p> <p>In response to a question regarding staffing levels at Inverclyde Royal Hospital, Ms Brimelow assured the Board that the Care and Clinical Governance Committee (C&CG) review safe staffing levels regularly and were aware that HIS had highlighted within their reports that staffing was an issue for NHS Boards. The C&CG will continue to monitor this and highlight any concerns around safety issues to the Chief Executive and Chief Operating Officer. Mr Vincent also highlighted that staffing levels have been subject to review via the Whistleblowing process, and was content that a lot of work had been done to provide assurance that staff safety levels were constantly under review.</p> <p>It was queried whether staff from the Lighthouse Lab could be redeployed to assist services under particular pressure. Mrs Grant explained that the responsibility of the Lighthouse Lab fell under the University of Glasgow, and the staff there were not NHSGGC employees. Mrs Grant noted that following the disbanding of the Test and Protect Service a number of staff members were redeployed to front line services to assist. It was noted that these staff members were subject to fixed term contracts which were due to end in September 2022, however, we continue to work with services to retain staff, where possible.</p> <p>In response to a question regarding the complacency within the community with regards to safeguarding against COVID-19, Dr Crighton noted that there is still access to COVID-19 testing kits, meaning the public can still perform tests before events or travelling. The message across NHS Scotland is based on a national campaign called ‘Covid Sense’. There will also be the</p>	

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	<p>autumn immunisation programme for people over 65, alongside care home and front line staff. Mrs Grant highlighted that there are also weekly bulletins to Board Members, MP and MSPs with updates on the COVID numbers within the hospitals. It was acknowledged that the NHSGGC Public Health and Communications Teams have done a good job at keeping the message in line with national guidance.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		
55.	PUBLIC HEALTH SCREENING PROGRAMME ANNUAL REPORT		
	<p>The Board considered the paper ‘Public Health Screening Programme Annual Report’ [Paper No. 22/35] presented by Dr Emilia Crighton, Interim Director of Public Health. The paper provided an overview of the screening programmes for the period 1 April 2020 to 31 March 2021.</p> <p>Dr Crighton explained that during 2020, as the result of the lockdown, screening programmes for adults were paused. Dr Crighton highlighted that all programmes are now back to delivering services in line with infection control guidelines.</p> <p>In response to a query regarding increasing engagement for cervical and bowel screening, Dr Crighton acknowledged that there is health inequality across all programmes and there has been research undertaken to establish how people engage and acknowledge the importance of screening. There have also been a number of campaigns to make attendance easier, for example reducing bowel screening from 3 tests to 1 test. Dr Crighton assured the Board that NHSGGC continues to engage with those communities showing reluctance to take part in screening.</p> <p>A query was raised regarding trends dating back to 5-10 years for comparison purposes. Dr Crighton explained that the screening programmes are subject to scrutiny and the data is available, so historical data can be included in future reports.</p> <p>Cllr McGinty expressed concern that the number of people attending for cervical screening had reduced, and that it is known that areas of deprivation are disproportionately impacted. Dr Crighton explained that the period of inactivity has skewed the numbers, and that invites had been issued to everyone eligible for</p>		

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	<p>cervical screening in September 2020. Alongside this there are targeted national campaigns to encourage engagement.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		
56.	QUEEN ELIZABETH UNIVERSITY HOSPITAL (QEUH) AND ROYAL HOSPITAL FOR CHILDREN (RHC) UPDATE		
	<p>The Board considered the paper ‘Queen Elizabeth University Hospital (QEUH) and Royal Hospital for Children (RHC) Update’ [Paper No. 22/36] presented by Mrs Jane Grant, Chief Executive. The paper provided the Board with an update on the activity which continues across all of the strands of work related to the QEUH/RHC.</p> <p>Mrs Grant noted that all the recommendations from previous reviews had been completed and this had positively contributed to the decision on the de-escalation of NHSGGC from Level 4 to Level 2.</p> <p>Mrs Grant highlighted that the Public Inquiry was ongoing, but the oral hearings originally scheduled for October/November 2022 had been postponed by Lord Brodie.</p> <p>Mrs Grant acknowledged the hard work and dedication of the Executive PMO team who are supporting the distribution of information for the Inquiry.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		
57.	NHSGGC BOARD PERFORMANCE REPORT		
	<p>The Board considered the paper ‘Performance Report’ [Paper No. 22/37] presented by Mr William Edwards, Chief Operating Officer. The paper provided the Board Members an update on performance against the key indicators as outlined in the Performance Assurance Framework.</p> <p>Mr Edwards highlighted the significant pressures across the Acute sites, as a result of COVID-19, and explained that the services are moving forward with the remobilisation of outpatients, and working towards improving the performance of</p>		

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	<p>scheduled care, where possible. Mr Edwards assured the Board that we are maximising opportunities to deliver as much planned care activity as possible, despite high occupancy rates and unscheduled care demand, and there are action plans in place across the Acute Division to aid recovery.</p> <p>In response to a query regarding the performance indicators, Mr Edwards noted that the trajectories in place were in line with the Scottish Government Annual Delivery Plan, and our key priority is increasing outpatient activity while also looking to maximise planned care inpatient and day case activity. Mr Edwards highlighted that, although we are unable to deliver against current performance indicators, we will see an improvement as current trajectories were set and were not adjusted to reflect previous COVID-19 waves.</p> <p>Mrs Grant explained that it would be difficult to predict the trajectory as the situation remains fluid, noting that our current 95% occupancy rate remains very challenging. Mrs Grant assured Board Members that we are in regular dialogue with the Scottish Government regarding the challenges.</p> <p>In response to a question regarding GP Out of Hours (OOH) centres and the significant change in the number of presentations, Ms Manion highlighted that this was due to an increase in virtual/telephone advice. Ms Manion explained that the GP OOH service went into business continuity measures in response to COVID-19, which resulted in the model of delivery being changed. Ms Manion assured Board Members that the number of GP OOH sites remains the same. Due to the increase in virtual appointments, more GPs are able to support this system as opposed to physically covering OOH centres. Ms Manion highlighted that the model was reviewed regularly, and our Finance Planning and Performance Committee reviewed data relating to performance; including waiting time for call backs, waiting time at centres etc. The Board were assured that the system was having a positive impact, with GP advice being offered earlier which would impact on the numbers of patients attending A&E.</p> <p>In response to a query regarding the CAMHS waiting list, Mrs Grant explained that there is a balance between clinical need and those who have been on the waiting list for the longest amount of time. Mrs Grant assured Board Members that clinical need is what drives what we do, and part of this means that our patients should not be waiting a long time to be seen. Mrs Grant noted that there was work ongoing to increase resource within the</p>	

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	<p>CAMHS service, and the use of multidisciplinary teams to try and reduce the delays.</p> <p>Ms Manion explained that the trajectory was linked to workforce planning and that the crux of the issue was resourcing within the system. It was noted that resourcing within CAMHS is a national issue, and the national Workforce Plan was evolving alongside local plans to incorporate these challenges. Ms Manion highlighted that there is now the centralised recruitment process, alongside making roles attractive by including educational and career opportunities in an attempt to increase our resource across Mental Health, but in CAMHS in particular.</p> <p>NOTED</p>		
58.	HEALTHCARE ASSOCIATED INFECTION REPORT		
	<p>The Board considered the paper ‘Health Associated Infection Reporting Template’ [Paper No. 22/38] presented by Professor Angela Wallace, Nursing Director. The paper is a mandatory reporting tool for the Board to have an oversight of the Healthcare Associated targets, and the Board’s performance of these. The report also includes any significant outbreaks or incidents across the Health Board.</p> <p>Prof Wallace highlighted that NHSGGC was in a stable position and paid her tributes to staff in clinical areas for their focus on Infection Control. Prof Wallace noted that the performance was stable, and improving, and that NHSGGC was in a good position nationally. The Board were reassured that the report was reviewed in depth at the CC&G Committee, with a whole system improvement network in place to further increase system safety. Prof Wallace explained that the targets have been brought forward for another 12 month reporting period across NHS Scotland due to the prevalence of COVID-19.</p> <p>Prof Wallace noted that there were 2 unannounced HIS visits to the QEUH (March and June); the March visit has been reported and is available for the public. Prof Wallace was pleased to note 6 areas of good practice, with positive feedback being received regarding the culture and leadership, particularly focussing on teamwork in line with the Infection Control guidelines. The June report is not yet available, but the initial feedback from the onsite visits has been largely positive.</p> <p>Prof Wallace highlighted that the teams are keen to improve safety for our patients and part of this is working alongside</p>		

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	patients and families and indeed this is one of the key work streams within the Infection Prevention and Control Quality Improvement Network.		
	<u>NOTED</u>		
59.	ACUTE SERVICES COMMITTEE UPDATE		
a)	CHAIRS REPORT OF THE MEETING HELD 17 MAY 2022		
	The Board considered the paper 'Chairs Report of the Meeting held 17 May 2022' [Paper No. 22/39] and were content to note this.		
	<u>NOTED</u>		
b)	APPROVED MINUTE OF THE MEETING HELD 22 MARCH 2022		
	The Board considered the paper 'Approved Minute of the Meeting Held 22 March 2022' [ASC(M)22-02] and were content to note this.		
	<u>NOTED</u>		
60.	CLINICAL AND CARE GOVERNANCE COMMITTEE UPDATE		
a)	CHAIRS REPORT OF THE MEETING HELD 7 JUNE 2022		
	The Board considered the paper 'Chairs Report of the Meeting held 7 June 2022' [Paper No. 22/40].		
	Ms Brimelow explained that the Committee were looking for assurance that the 'door to needle' time for the Thrombolysis and Thrombectomy Services was under review. Dr Armstrong assured the Board that NHSGGC were developing a Thrombolysis service within the Royal Alexandra Hospital (RAH), with a view to staff being training in this service by August 2020. The aim of introducing this service is to minimise the need for patients to be transported to the QEUH for treatment, therefore reducing the time without treatment.		
	The Board were content to note this.		

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b)	APPROVED MINUTE OF THE MEETING HELD 1 MARCH 2022		
	The Board considered the paper 'Approved Minute of the Meeting Held 1 March 2022' [CCGC(M)22-01] and were content to note this.		
	<u>NOTED</u>		
61.	AREA CLINICAL FORUM UPDATE		
a)	CHAIRS REPORT OF MEETING HELD 9 JUNE 2022		
	The Board considered the paper 'Chairs Report of the meeting held 9 June 2022' [Paper No. 22/41] and were content to note this.		
	<u>NOTED</u>		
b)	APPROVED MINUTE OF THE MEETING HELD 21 APRIL 2022		
	The Board considered the paper 'Approved Minute of the Meeting Held 21 April 2022' [ACF(M) 22-02] and were content to note this.		
	<u>NOTED</u>		
62.	NHSGGC FINANCE REPORT		
	The Board considered the paper 'NHSGGC Finance Report' [Paper No. 22/42] presented by Ms Jacqueline Carrigan, Assistant Director of Finance. The paper provided the Board with the Month 12 financial position, including the position of the Financial Improvement Programme (FIP) and the capital position.		
	Ms Carrigan explained that the position was reflected in the annual accounts. She noted that 2022/23 work was underway with regards to the Financial Improvement Programme. Ms Carrigan highlighted that a workshop had taken place with Corporate Directors and Chief Officers regarding the savings requirement, and a follow up session would take place in August to develop and action plan.		
	<u>NOTED</u>		

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63.	FINANCE PLANNING AND PERFORMANCE UPDATE		
a)	CHAIR'S REPORT OF MEETING HELD 14 JUNE 2022		
	The Board considered the paper 'Chairs Report of the meeting held 14 June 2022' [Paper No. 22/43] and were content to note this. <u>NOTED</u>		
b)	APPROVED MINUTE OF MEETING HELD 5 APRIL 2022		
	The Board considered the paper 'Approved Minute of the Meeting Held 5 April 2022' [FPC(M)22-02] and were content to note this. <u>NOTED</u>		
64.	AUDIT AND RISK COMMITTEE UPDATE		
a)	APPROVED MINUTE OF MEETING HELD 7 JUNE 2022		
	The Board considered the paper 'Approved Minute of the Meeting Held 7 June 2022' [ARC(M)22-01] and were content to note this. <u>NOTED</u>		
b)	APPROVED MINUTE OF MEETING HELD 15 MARCH 2022		
	The Board considered the paper 'Approved Minute of the Meeting Held 15 March 2022' [ARC(M)22-02] and were content to note this. <u>NOTED</u>		
65.	STAFF GOVERNANCE ANNUAL REPORT		
	The Board considered the paper 'Staff Governance Annual Report' [Paper No. 22/45] presented by Mrs Anne MacPherson, Director of HR and Organisational Development. The paper described the purpose and composition of the Staff Governance Committee, the business items considered, and key outcomes identified by the Committee during 2021/22. Mrs MacPherson highlighted that, despite the challenges of COVID-19, we had achieved our ambitions of ensuring the wellbeing and safety of our staff. It was noted that the Workforce Plan was critical in allowing staff to remain supported.		

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	<p>Mrs MacPherson explained that 75% of the Workforce Strategy had been achieved, and any actions not picked up would be reviewed in an action plan moving forward.</p> <p>Mrs MacPherson was pleased to note that the Investors in People programme has also been successful within Inverclyde Royal Hospital, and this would be rolled out across the other Acute sites in due course. This work is supported by the iMatter surveys, which is due to conclude in July 2022, and appropriate action plans will be developed across services, depending on staff feedback.</p> <p>Mrs MacPherson assured Board Members that the SGC continued to review education, training and wellbeing of staff, alongside whistleblowing themes and seek assurance from the whistleblowing processes being followed in line with the Standards.</p> <p><u>NOTED</u></p>		
66.	STAFF GOVERNANCE COMMITTEE UPDATE		
a)	CHAIR'S REPORT OF MEETING HELD 24 MAY 2022		
	<p>The Board considered the paper 'Chairs Report of the meeting held 24 May 2022' [Paper No. 22/46] and were content to note this.</p> <p><u>NOTED</u></p>		
b)	APPROVED MINUTE OF MEETING HELD 1 FEBRUARY 2022		
	<p>The Board considered the paper 'Approved Minute of the Meeting Held 15 March 2022' [SGC(M) 22-01] and were content to note this.</p> <p><u>NOTED</u></p>		
67.	OPERATIONAL PRIORITIES		
	<p>The Board considered the paper 'Operational Priorities' [Paper No. 22/47] presented by Mrs Jane Grant, Chief Executive.</p> <p>Mrs Grant explained that Operational Priorities were considered at a Board Seminar in March 2022. The Priorities are aligned to the 4 Corporate Aims of the organisation, and are designed to support delivery of the Corporate Objectives. Mrs Grant highlighted the size of the Health Board, and the importance of streamlining the objectives to ensure that they remained</p>		

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	<p>manageable. In developing this year’s priorities the focus has been on remobilisation and recovery, acknowledging the significant pressures during the pandemic and challenges moving forward.</p> <p>In response to a question regarding the reporting of achievements being met, Mrs Grant confirmed this would be reviewed by relevant Committees and considered within their own objectives. There will, however, be overall feedback brought to the Board in due course.</p> <p>The Board were content with the update and approved the Operational Priorities.</p> <p><u>APPROVED</u></p>		
<p>68.</p>	<p>IMPLEMENTING THE ACTIVE GOVERNANCE APPROACH UPDATE</p>		
	<p>The Board considered the paper ‘Implementing Active Governance Approach – Update’ [Paper No. 22/48] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance. The paper provided an update of the ‘The Active Governance Programme April 2021 – March 2022’ which had previously been approved.</p> <p>Ms Vanhegan noted that, despite significant challenges, there had been progress made in embedding the active governance approach. In terms of some of the outstanding actions Ms Vanhegan summarised the work in relation to the Strategic Planning Framework and also information flows to the Standing Committees. Further focus was being given to both aspects. The Board would receive an update on Board level reporting and, as regards strategic planning, the Finance Planning and Performance Committee would receive an update in October.</p> <p>Ms Vanhegan updated the Board regarding ‘hybrid working’ and what this meant for our Standing Committees. Ms Vanhegan met with the CEO, Chair, and Chairs of the Standing Committee Chairs Network in June 2022, where it was agreed that hybrid meetings should remain in place and the location of the meeting would be considered on a meeting by meeting basis, ensuring that infection control measures are adhered to throughout.</p> <p>Ms Vanhegan noted that the Active Governance approach is a dynamic process and as such would be incorporated into relevant action plans moving forward. A national self-assessment process is being developed and would be implemented in 2023.</p>		

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	<p>Professor Brown updated the Board with regards to the second edition of the Blueprint of Good Governance, noting that a self-assessment should be completed at the end of financial year to allow each Board to reflect on outcomes, and develop action plans for areas of improvement. Prof Brown highlighted that this will become standard practice across NHS Scotland.</p> <p>The Board were content to approve the continuation of Hybrid working and note the update to the Active Governance approach.</p> <p><u>NOTED</u></p>		
69.	ANNUAL REVIEW OF GOVERNANCE		
	<p>The Board considered the paper ‘Annual Review of Governance’ [Paper No. 22/49] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance.</p> <p>Ms Vanhegan explained that the Annual Review of Governance papers had last been reviewed by Members at the September 2021 Board Meeting as a result of the impact of COVID-19, however, it was important that this was brought back in line for the approval of the annual accounts, which was why it was again being considered at the June Board.</p> <p>Ms Vanhegan explained that there were minor amendments to the Scheme of Delegation, which had resulted in minor changes to the Committee Terms of References. Ms Vanhegan noted that each Committee had reviewed and agreed their Terms of Reference before they had been included in the pack.</p> <p>Ms Vanhegan advised that the revised Model Code of Conduct for public bodies, (the Code), which had not been updated since 2014, was included within the Framework. The Code had been issued by the Scottish Ministers, with the approval of the Scottish Parliament, as required by the Ethical Standards in Public Life etc. (Scotland) Act 2000.</p> <p>Boards were previously requested to review and comment on the Code and members were reminded of the process undertaken to agree the final version. All Boards were asked to formally adopt the Code, confirming this to the Scottish Government and publishing it on their websites by the 10th June. This action was completed on time by NHSGGC and the new Code of Conduct for Board Members was now in place.</p> <p>Cllr McCluskey questioned the interpretation of para 3.11 of the NHSGGC Code of Conduct for Board Members that refers to the ‘collective responsibility’ of Board Members. Following discussion around this issue, in particular how this might impact on Board</p>		

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	<p>Members who are also Local Authority Councillors, the consensus was reached that the paragraph in question should remain in place and any difficulties that this might cause for Board Members in their work as Councillors would have to be raised by them with the Scottish Government via COSLA.</p> <p>Mrs Kerr acknowledged the amount of hard work that had gone into producing the Governance Framework document and bringing the timeframe back in line with the annual accounts. Prof Brown also noted the evidence of a high standard of governance within NHSGGC.</p> <p><u>APPROVED</u></p>		
70.	REVIEW OF GOVERNANCE COMMITTEE AND INTEGRATION JOINT BOARD MEMBERSHIP		
	<p>The Board considered the paper ‘Review of Governance Committee and Integration Joint Board Membership’ [Paper No. 22/50] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance.</p> <p>Ms Vanhegan explained that, as Chair of the Board, Professor Brown reviews the membership of the standing committees, and IJBs, at least annually, however, more frequently as and when vacancies arise. The amendments to membership are in line with succession planning, with some Chairs coming to the end of their tenure. Ms Vanhegan noted that this process included the balance of capacity, alongside the Member’s skillset. Prof Brown highlighted that the membership was subject to change following Board Member induction which was scheduled to take place in July.</p> <p>The Board were content to approve the Board Member Committee & IJB Allocation.</p> <p><u>APPROVED</u></p>		
71.	ANNUAL CYCLE OF BUSINESS		
	<p>The Board considered the paper ‘Annual Cycle of Business’ [Paper No. 22/51] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance.</p> <p>Ms Vanhegan explained that it is important that the Annual Cycle of Business is reviewed routinely to ensure that the business is aligned to the corporate aims and objectives.</p>		

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	<u>NOTED</u>		
72.	VALEDICTORIAN		
	Prof Brown highlighted that it was Ms Susan Manion's last meeting with the Board as she retires from her role at the end of June. Prof Brown thanked Ms Manion for her contribution over the years, and wished her well with her retirement.		
73.	DATE OF NEXT MEETING		
	The next meeting would be held on Tuesday 23 August 2022 at 9.30 am via MS Teams		