

NHSGGC(M) 22/05  
Minutes: 97 - 127

## NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the  
NHS Greater Glasgow and Clyde Board  
held on Tuesday 25 October 2022 at 9.30am  
via Microsoft Teams**

### PRESENT

Professor John Brown CBE (in the Chair)

Dr Jennifer Armstrong	Cllr Michelle McGinty
Ms Susan Brimelow OBE	Prof Iain McInnes
Cllr Jacqueline Cameron	Ms Ketki Miles
Mr Simon Carr	Mr Colin Neil
Mr Alan Cowan	Cllr Katie Pragnell
Dr Emilia Crighton	Mr Ian Ritchie
Cllr Chris Cunningham	Dr Lesley Rousselet
Ms Jacqueline Forbes	Dr Paul Ryan
Ms Dianne Foy	Mr Francis Shennan
Mr David Gould	Ms Caroline Sinclair
Mrs Jane Grant	Ms Rona Sweeney
Mrs Margaret Kerr	Mr Charles Vincent
Ms Amina Khan	Ms Michelle Wailes
Cllr Martin McCluskey	Prof Angela Wallace
Cllr Collette McDiarmid	

### IN ATTENDANCE

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 Chris Deighan		Deputy Medical Director
Ms Kim Donald	..	Corporate Services Manager - Governance/Board Secretary
Ms Alison Hardie	..	Secretariat Manager (Minute)
Mr William Edwards		Chief Operating Officer, Acute Services
Dr John Foster		Consultant Clinical Scientist
Mr Andrew Gibson		Chief Risk Officer
Ms Carol Harvey		Senior Business and Delivery Manager
Ms Geraldine Jordan		Director of Clinical and Care Governance
Ms Christine Laverty		Chief Officer, Renfrewshire HSCP
Ms Susanne Millar	..	Chief Officer, Glasgow City HSCP
Ms Laura Moore		Attending for Ms Kate Rocks
Ms Julie Murray		Chief Officer, East Renfrewshire HSCP
Ms Nareen Owens		Attending for Ms Anne MacPherson

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Mr Iain Paterson	..	Corporate Services Manager - Compliance
Caroline Sinclair		Chief Officer, East Dunbartonshire HSCP
Prof Tom Steele		Director of Estates and Facilities
Ms Elaine Vanhegan	..	Director of Corporate Governance and Administration

			ACTION BY
<b>97.</b>	<b>WELCOME AND APOLOGIES</b>		
	<p>Professor John Brown welcomed those present to the October 2022 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 aspects of NHSGGC's approach to Corporate Governance including the Corporate Risk Register and Risk Appetite Statement.</p> <p>Apologies were intimated on behalf of Ms Ann Cameron-Burns, Ms Anne MacPherson, Rev John Matthews OBE, and Ms Anne-Marie Monaghan.</p> <p><b><u>NOTED</u></b></p>		
<b>98.</b>	<b>DECLARATIONS OF INTEREST</b>		
	<p>The Chair invited members to declare any interests in any of the matters being discussed. There were no declarations made.</p> <p>The Chair reminded Board Members of the requirement to keep details updated on the Register of Interests, and advised notification of any changes to Ms Kim Donald, Board Secretary and the Chair, by email.</p> <p><b><u>NOTED</u></b></p>		

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		<b>ACTION BY</b>
<b>99.</b>	<b>MINUTE OF PREVIOUS MEETING</b>	
	<p>The Board considered the minute of NHS Greater Glasgow and Clyde Board Meeting held on 23 August 2022 [Paper NHSGGC(M) 22/04] and on the motion of Cllr Martin McCluskey, 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 amendment being made by the Secretariat prior to the minutes being signed by the Chair.</p> <p><u>Page 1, Present</u> Amend Kate Pragnell to Katie Pragnell.</p> <p><b><u>APPROVED</u></b></p>	Secretariat
<b>100.</b>	<b>MATTERS ARISING</b>	
<b>a)</b>	<b><u>ROLLING ACTION LIST</u></b>	
	<p>The Board considered the paper 'Rolling Action List' [Paper No. 22/67] and were content to accept the recommendation that 12 actions were closed. In addition, the following matters were discussed.</p> <p>It was agreed wording on Item 77 - 'Further detail on CAMHS Waiting List to be included in the Board Performance Report.' would be amended to reflect use of the Prioritisation Policy.</p> <p>There were no other matters arising noted.</p> <p><b><u>APPROVED</u></b></p>	Secretariat/ Ms Vanhegan
<b>101.</b>	<b>CHAIR'S REPORT</b>	
	<p>Professor Brown confirmed his attendance and contribution to a wide range of meetings since the Board meeting in August 2022, including the Audit and Risk Committee, the Acute Services Committee, and the Finance, Planning and Performance Committee.</p> <p>Prof Brown had attended the September Board Seminar and met with the Standing Committee Chairs Network and had regular discussions with the Vice Chairs concerning the challenges faced by NHSGGC.</p> <p>He advised that he and Mrs Grant had also met with the Cabinet Secretary for Health and Social Care, Mr Humza Yousaf, to</p>	

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	<p>discuss NHSGGC’s response to system pressures, including the challenges faced in delivering urgent care. This was also a matter of focus at the October Board Chairs Group meeting.</p> <p>Prof Brown attended the development session for the Board Chairs Group, when the group looked beyond current performance issues and considered the longer term challenges the NHS faces in redesigning and reforming the current system to capitalise on the research, development and innovation that is taking place in health and social care.</p> <p>Prof Brown also attended a meeting of the West of Scotland NHS Board Chairs to discuss the changes being delivered to improve services across the region.</p> <p>Prof Brown and Mrs Grant accompanied the Cabinet Secretary on a visit to the Major Trauma Unit at the QEUH campus, and met with the Leader and Deputy Leader of Glasgow City Council and discussed the challenges NHSGGC face to reduce delayed discharges.</p> <p>Prof Brown highlighted that he hosted a visit from the Hungarian Health Service to JB Russell House to discuss NHSGGC’s approach to clinical governance in general and to COPD in particular. Prof Brown noted formal thanks to Dr Scott Davidson, Medical Director for Acute Services, and Dr Lindsey Donaldson, Director of Medical Education, for taking time out of their busy schedules to meet with the doctors and officials from Hungary. The Hungarians were accompanied by representatives of the World Health Organisation (WHO).</p> <p>Prof Brown advised that he had visited the CIRCLE Project based in Paisley, the new service with Renfrewshire Health and Social Care Partnership (HSCP) and was very impressed not only by the new facilities but by the joined up thinking behind the approach to supporting people in recovery from addiction that is being adopted by Renfrewshire HSCP.</p> <p>The new service has been developed to provide enhanced support to local people on a recovery journey from issues relating to both mental health as well as from drug or alcohol addiction. It is a first of its kind in Scotland to offer this range of support. Prof Brown recommended any members of the other IJBs who haven’t already adopted this approach to refer to Ms Christine Laverty, Chief Officer, Renfrewshire HSCP, to arrange a visit.</p>	

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	Prof Brown noted he had visited the Vaccination Centre at Easterhouse and was grateful to receive the Covid and Flu jabs, and stressed the importance of all those eligible to be vaccinated.		
	<b><u>NOTED</u></b>		
<b>102.</b>	<b>CHIEF EXECUTIVE’S UPDATE</b>		
	<p>Mrs Grant advised she had attended a number of routine Committees to focus on winter planning, delayed discharges, the financial situation and the internal investigation of the Public Inquiry, and the national Best Start meeting.</p> <p>She also attended the Unscheduled Care Collaborative Winter Learning Event that discussed the impacts on Primary Care and Acute services.</p> <p>Mrs Grant noted discussions with the Royal College of Physicians and Surgeons of Glasgow had provided a greater insight into the challenges faced in supporting international Medical Graduates.</p> <p>She also visited the Sandyford Clinic, the specialist Sexual Health Service, and was impressed with the person centred approach, and the dedication and enthusiasm of staff members.</p> <p>Mrs Grant met with the CEO of the Scottish Prison Service (SPS), the Local Authority and Glasgow City Council to discuss the Liliac Centre, the Women’s Community Custody Unit. In response to the question regarding the location of the Liliac Centre, Mrs Grant confirmed the SPS had acquired a site in Maryhill, Glasgow and the Unit would be opening soon on a phased basis.</p> <p>In response to a query on how Board members, particularly new Board members, effectively engage with staff members, it was agreed that the Board Member Visits programme would be scheduled and shared with Board Members.</p> <p>The Board were content to note the Chair’s Report and the Chief Executive’s Report.</p> <p><b><u>NOTED</u></b></p>		Ms Bustillo
<b>103.</b>	<b>PATIENT STORY</b>		
	Professor Angela Wallace, Nurse Director, introduced a short video presentation, which described part of the MacMillan funded physical activity project at the Beatson West of Scotland Cancer		

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	<p>Centre, the ‘prehab approach’, the focus on preparing patients for intensive cancer treatment.</p> <p>The Chair thanked Ms Katie Booth, Physiotherapist, and the patient for sharing their journey and all who participated in the video presentation.</p> <p><b><u>NOTED</u></b></p>		
<b>104.</b>	<b>COVID-19 UPDATE</b>		
	<p>The Board considered the paper ‘COVID-19 Update’ [Paper No. 22/68] presented by Dr Emilia Crighton, Interim Director of Public Health.</p> <p>Dr Crighton reported that the operational impact on Acute services and Primary Care within NHSGCC remained relatively low, and the Winter Vaccination Programme continued on schedule.</p> <p>Dr Crighton assured members the number of COVID-19 variants was being monitored regularly, and scenario planning was in place to manage the anticipated upsurge following the October school break, expected during winter months, and driven by the removal of societal controls such as a more relaxed approach to social and physical distancing.</p> <p>In response to a query for further detail on respiratory diseases, Dr Crighton agreed to share the national report on winter respiratory diseases with Board Members.</p> <p>The Chair thanked Dr Crighton and the Public Health team for the ongoing good work in challenging circumstances.</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		Dr Crighton
<b>105.</b>	<b>VACCINATION PROGRAMME UPDATE</b>		
	<p>The Board considered the paper ‘Vaccination Programme Update’ [Paper No. 22/69] presented by Dr Emilia Crighton, Interim Director of Public Health.</p> <p>Dr Crighton reported a further 200 staff members had been trained to administer the vaccines.</p>		

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	<p>Dr Crighton noted good progress overall, with NHSGGC on track to have offered the majority of those eligible for the Winter vaccination by early December, and confirmed that according to existing models the Winter Vaccination Programme would be complete by the end of December, compliant with the national targets.</p> <p>Dr Crighton noted immunisation to the influenza infection had been a key focus as influenza was considered a serious threat over the coming Winter period.</p> <p>In response to a question on individuals who had not yet been vaccinated due to mis-scheduling of appointments and lengthy queues, Dr Crighton confirmed all eligible individuals had been contacted and received letters of appointment.</p> <p>A concern was raised regarding possible double bookings of appointments, Dr Crighton provided assurance that the online appointment facility, available from 01 November 2022, would not allow the 7-minute appointments to be double booked.</p> <p>The Chair thanked Dr Crighton and the Public Health team for their efforts, and was pleased to have assurance that the Winter programme was on target and the population would be vaccinated on time.</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		
<b>106.</b>	<b>POPULATION HEALTH AND WELLBEING COMMITTEE UPDATE</b>		
<b>a)</b>	<b>CHAIR'S REPORT OF THE MEETING HELD ON 12 OCTOBER 2022</b>		
	<p>The Board considered the paper 'Chair's Report of the meeting held 12 October 2022' [Paper No. 22/70].</p> <p>Mr Ian Ritchie, Committee Vice Chair, noted key items of discussion; COVID-19 Update, NHSGGC Vaccination Programme, Local Child Poverty Plan and the Type 2 Diabetes Report.</p> <p>Mr Ritchie reported the Committee Seminar on Tuesday, 27 September 2022 had provided very useful information and greater context on the work that was being done by NHSGGC and external stakeholders.</p>		

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	<p>Ms Forbes highlighted an amendment required on page 1, replacing the word 'kids' to kits' to 'The Committee were assured that if a new variant develops the LFT <i>kits</i> would detect it'.</p> <p>The Board were content to note the report.</p> <p><b><u>NOTED</u></b></p>	Secretariat
<b>b)</b>	<b>APPROVED MINUTE OF THE MEETING HELD 20 JULY 2022</b>	
	<p>The Board considered the paper 'Approved Minute of the Meeting held 20 July 2022' [PHWB(M)22/03].</p> <p>The Board were content to note the minute.</p> <p><b><u>NOTED</u></b></p>	
<b>107.</b>	<b>ANNUAL DELIVERY PLAN</b>	
	<p>The Board considered the paper 'Annual Delivery Plan' [Paper No. 22/71] presented by Dr Jennifer Armstrong, Medical Director.</p> <p>Dr Armstrong confirmed the plan had been submitted to the Scottish Government in July 2022, and an updated draft with additional planned care information was submitted in August 2022.</p> <p>Since the plan was submitted there had been additional pathways made available through the Flow Navigation Centre such as improved respiratory pathways, and a comprehensive review and strengthening of the governance of unscheduled care.</p> <p>Extensive work and a review of COVID-19 costs had been carried out, resulting in a reduction from £78.4m to £51.5m.</p> <p>Scottish Government feedback had highlighted particular areas of good work described in the plan.</p> <p>Dr Armstrong noted the plan will be monitored, monthly, by the Strategic Executive Group, made up of senior managers and clinical staff, through a more detailed action tracker, and appropriate action taken if actions were not on track. Quarterly updates would be submitted to the Scottish Government.</p> <p>With regards to the gap between service demand, in both Acute areas and HSCPs, and the current staffing profile with Band 5 registered nurses at 87%, Ms Nareen Owens, Deputy HR Director, provided assurance that Band 5 registered nurses</p>	

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	<p>recruited through the ‘newly qualified nursing campaign would reduce the gap. Ms Owens confirmed 50 international recruits had been made and would reduce nursing and other medical gaps.</p> <p>Ms Owens noted a rapid recruitment approach was ongoing for the remaining Band 5s; attendance at local and national recruitment fairs, work with the Asylum Health Bridging Team and Home Office, with a cohort of 12 medical staff recruited.</p> <p>Ms Owens assured the Board that good relations with the NHS Scotland Academy brought sustainable delivery. Ms Owens noted work was ongoing to align the work and not compete for the clinical workstreams, for example a Service Level Agreement with the National Endoscopy Training Programme had been agreed.</p> <p>With regards to the ‘Funding Requirements to Support Delivery of the ADP’, Mr Neil, Director of Finance, noted additional funding required 2022-23 was associated with other elements of Planned Care, broadly related to elective capacity and diagnostic funding, and plans were in place to close the differential around funding received and funding required.</p> <p>In response to the question on why staff absence looked high in relation to COVID Inpatient numbers as at March 2022, Ms Owens confirmed the increase in staff absence was due to adherence to the national guidance to not record COVID absences, and noted there was no concern that there would be a spike in staff absence. Moving forward COVID-19 absences would be recorded via the normal sick leave process.</p> <p>A query was raised regarding the potential additional work for staff members supporting patients to manage the Self Directed Support process, if affected by delayed discharges. Ms Susanne Millar, Chief Officer, Glasgow City HSCP, advised that there was issues with care packages and carers; particularly the recruitment/availability of carers and noted the need for patients to continue to use the current processes/budgets.</p> <p>In response to the question that the majority of key risks related to COVID, Mr Neil advised COVID costs within HSCPs and the Board would be covered by the available resource, and any future spikes would be considered.</p> <p>Dr Armstrong noted that the Scottish Government had commissioned Healthcare Improvement Scotland (HIS) to lead a national review to understand any contributing factors to the national increase in neonatal mortality observed during 2021-22.</p>	

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	<p>The Board were content to approve the plan.</p> <p><b><u>APPROVED</u></b></p>	
<b>108.</b>	<b>WINTER PLAN 2022-23 UPDATE</b>	
	<p>The Board considered the presentation 'Winter Plan 2022-23 Update' presented by Dr Jennifer Armstrong, Medical Director.</p> <p>Dr Armstrong noted the Winter Self-Assessment Checklist had been received and would be completed and submitted to the Scottish Government by the required date of 7 November 2022.</p> <p>Dr Armstrong highlighted the key elements in the NHSGGC plan; Prevention, Communication, Unscheduled Care - maximising the use of Consultant Connect through links with the Scottish Ambulance Service (SAS), Primary Care - agreement in advance if surge in COVID or Flu, Community Services - 600,000 people used community pharmacy services/40,000 per month, Acute, Workforce and Mental Health.</p> <p>Mr Ritchie agreed a lot of work had been done and queried if there was sufficient capacity at the Flow Navigation Centre (FNC) and the other pathways. Mr Edwards, Chief Operating Officer, Acute Services, noted the proof of concept delivering clinical support through NHS24, FNC and the SAS.</p> <p>Dr Armstrong noted great efforts were being made to free up beds, and considered the Vaccination Programme could, in part, alleviate the significant challenges faced.</p> <p>Dr Armstrong highlighted the ongoing work to admit long waiting patients, and much would be dependent on what happens over the winter period; the cost of living impact on mental health services, staff absences and industrial action. Dr Armstrong stated NHSGGC received £2.2m to cover Winter costs.</p> <p>Dr Armstrong noted unless there was staff capacity, it was not possible to open new wards. The 'Gold Command' that brings robust oversight with senior leaders in Social and Health Care has increased its weekly meetings.</p> <p>In response to the question on expected industrial action, Mrs Grant confirmed business continuity plans were in place and work was ongoing with colleagues and trade unions, at national and local level, to avoid industrial actions.</p>	

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	<p>Concerns were raised regarding the cost of living crisis and the impact to hospital discharges due to patients returning to cold homes, as well as the lack of care and support at home. Dr Armstrong responded that work was ongoing on how to rapidly access services but agreed discharging patients was more difficult. Ms Laverty noted a lot of work activity was ongoing at all HSCPs on how to get people home safely and Care At Home staff had been asked to be extra vigilant and to raise any concerns to alleviate repercussions.</p> <p>Mrs Grant noted there were a large number of patients waiting for places in care homes, care at home services, assessments to be carried out and issues with power of attorney, but work was ongoing with partnerships to tackle the significant challenges.</p> <p>Ms Sinclair, Chief Officer, East Dunbartonshire HSCP, noted the legal aspects of a patient's care was a key issue, a time consuming and lengthy process, and all out with NHSGGC control.</p> <p>In response to a query regarding discharges, Mr Edwards responded that the increasing capacity had been very challenging, currently 99% occupancy at the Queen Elizabeth University Hospital. Mitigating actions included maximising the use of the Community Falls Pathway and the non-conveyance of the ambulance service. Mrs Grant added weekend discharges were an issue but work was being done to address this.</p> <p>Dr Armstrong noted two models, funded by HSCPs, enhanced in 2021 with Winter Plan monies; interim beds within care homes and intermediate care beds, with a focus on rehabilitation, with 30% of the 75 beds/patients returning home. Mrs Grant noted each partnership faced different challenges and availability. In response to the question on how best to divert people to local pharmacy. Dr Armstrong noted that where NHSGGC hold a contract with Pharmacy, we were able to stipulate what services were required. GPs hold a list of all pharmacies, and it was confirmed 48,000 patients per month visit pharmacies. Dr Armstrong noted the good work of the community pharmacy, and advised the pharmacy will refer any concerns on patient(s) to the GP. NHS 24 and the Flow Navigation Centre also refer patients to pharmacy.</p> <p>At the suggestion of Mr Cowan, the Winter Pressure slides to be added to Admin Control.</p> <p>The Board were content to note the update.</p>	<p style="text-align: center;">Secretariat</p>

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	<b><u>NOTED</u></b>		
<b>109.</b>	<b>NHSGGC BOARD PERFORMANCE REPORT</b>		
	<p>The Board considered the paper 'Performance Report' [Paper No. 22/72] presented by Mr Colin Neil, Director of Finance. Mr Neil reported eight of the 20 measures were rated green, two as amber, five as red and the remaining five measures with no target as grey.</p> <p>Mr Neil highlighted steady progress was being made with the outpatient planned care targets, there were no new outpatients waiting more than two years for a new outpatient appointment, meeting the August 2022 target.</p> <p>Further progress was being made to reduce the number of Treatment Time Guarantee patients waiting less than two years, delivering against the agreed revised trajectory.</p> <p>The number of GP Out of Hours shifts that remained open exceeded the 90% target.</p> <p>The number of CAMHS patients seen was below target, although there had been further improvement on the previous month's position, and in terms of trajectory would be progressing to green.</p> <p>With regards to NHSGGC's performance on cancer services achieving below national targets, Mr Edwards noted £2.2m had been assigned to undertake breach analysis and to support pathways, and increased capacity was being created, where possible.</p> <p>It was agreed that a progress forecast of cancer waiting times would be included in the December Performance Report.</p> <p>In response to a request for assurance on the progress on CAMHS, Ms Sinclair noted progress against target with a further 83% of people waiting less than 18 weeks. Ms Sinclair added assessment for ADHD and other associated conditions, was more complex but work was underway to develop a new neurodevelopmental pathway with an additional eight clinical leads recruited. In the interim, until the appointments have been received, group work and online support was being offered to patients and families. Mrs Grant noted substantial investment had been made by the Scottish Government.</p>		Mr Edwards

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	<p>Mr Edwards noted great efforts were being made to maximise capacity, and reported the reduction in the number of patients on the Waiting List, 1899 outstanding end September, 1655 at 24 October, and operating capacity was 85% pre-pandemic, currently 87%.</p> <p>With regards to the increase of referrals. Mr Edwards confirmed that all pathways were continually reviewed, and direct GP scanning was in place to support pathways, and had a positive impact on patient waiting times.</p> <p>In response to the question on the range of performance at the Accident and Emergency (A&amp;E) departments across NHSGGC, Mr Edwards noted varying performances occurred at the different A&amp;E departments due to the differing challenges presented. Mr Edwards confirmed performance in each of the sites was continually monitored.</p> <p>The Board were content to note the report.</p> <p><b>NOTED</b></p>	
<b>110.</b>	<b>HEALTHCARE ASSOCIATED INFECTION REPORT</b>	
	<p>The Board considered the paper 'Health Associated Infection Report' [Paper No. 22/73] presented by Prof Angela Wallace, Nursing Director.</p> <p>Prof Wallace noted the unannounced visit from Healthcare Improvement Scotland who attended Inverclyde Royal Hospital on Monday, 24 October 2022. The report from the unannounced HIS inspection of QEUH in June 2022 was expected imminently.</p> <p>With regards to the possible changes to the national template of the HAIRT report, the Chair confirmed NHSGGC Board would receive a comprehensive report.</p> <p>In response to the question on the increase on E. coli and the use of catheters, Prof Wallace assured decisions made on the use of catheters were made by medical, nursing and clinical staff with due consideration for the patient's dignity and respect.</p> <p>For assurance purposes, the use of catheters will be included within the Clinical and Care Governance Quality Indicator review.</p> <p>The Board were content to note the report.</p>	Prof Wallace

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<b>111.</b>	<b>CLINICAL AND CARE GOVERNANCE ANNUAL REPORT 2021-22</b>		
	<p>The Board considered the paper ‘Clinical and Care Governance Annual Report’ [Paper No. 22/74] presented by Ms Geraldine Jordan, Director of Clinical and Care Governance.</p> <p>Ms Jordan reported the NHSGGC Duty of Candour Policy and the Consent Policy had been reviewed and approved, October 2021.</p> <p>With regards to whether all incidents where Duty of Candour applied would be a Significant Adverse Event, Ms Jordan noted the use of screening tools were used to support Duty of Candour decisions in line with NHSGGC policy and legislation, and families of the patients would be involved.</p> <p>Ms Owens noted that NHSGGC had been commended for the Mental Health Wellbeing Action Plan and Peer Support programmes by the Scottish Government. Prof Wallace provided assurance that there was continual monitoring for any system failures, and great efforts were being made into finding system solutions before it becomes a staff problem as it wasn’t always a staff issue.</p> <p>Items to be updated on the Clinical and Care Governance Annual Report 2021-22, page 4, to align with the NHSGGC Board Purpose Statement.</p> <p>The Board were content to approve the report.</p> <p><b><u>APPROVED</u></b></p>		Ms Jordan
<b>112.</b>	<b>ACUTE SERVICES COMMITTEE UPDATE</b>		
<b>a)</b>	<b>CHAIR’S REPORT OF THE MEETING HELD 20 SEPTEMBER 2022</b>		
	<p>The Board considered the paper ‘Chair’s Report of the Meeting held 20 September 2022’ [Paper No. 22/75] presented by Mr Ian Ritchie.</p> <p>Mr Ritchie, Committee Chair, highlighted Delayed Discharges continued to be a problem, the successful roll out of the GP direct to CT scan pilot in Glasgow City and the North East region and</p>		

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	<p>noted that implementation of the final phase had been accelerated.</p> <p>The Board were content to note the report.</p> <p><b><u>NOTED</u></b></p>		
<b>b)</b>	<b>APPROVED MINUTE OF THE MEETING HELD 19 July 2022</b>		
	<p>The Board considered the paper 'Approved Minute of the Meeting held 19 July 2022' [ASC(M)22-03] and were content to note minute.</p> <p>The Board were content to note the minute.</p> <p><b><u>NOTED</u></b></p>		
<b>113.</b>	<b>CLINICAL AND CARE GOVERNANCE COMMITTEE</b>		
<b>a)</b>	<b>CHAIR'S REPORT OF MEETING HELD 06 SEPTEMBER 2022</b>		
	<p>The Board considered the paper 'Chair's Report of the meeting held 06 September 2022' [Paper No. 22/76], presented by Dr Paul Ryan.</p> <p>Dr Ryan, Committee Chair, reported the Committee reduced the Infection Prevention and Control risk score from 20 to 10 and the risk would continue to be monitored and reviewed via the Board Infection Control Committee.</p> <p>In response to the question on whether there was any improvement on the movement of nursing staff from Inverclyde Royal Hospital to the Royal Alexandria Hospital, Prof Wallace responded that the situation was stabilising.</p> <p>Prof Wallace noted that the 700+ registered nurses were systematically tracked and monitored, and noted there was a need to move staff to manage and maximise on the staff resource across the whole system.</p> <p>The Board were content to note the report.</p> <p><b><u>NOTED</u></b></p>		
<b>b)</b>	<b>APPROVED MINUTE OF THE MEETING HELD 07 JUNE 2022</b>		

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	<p>The Board considered the paper 'Approved Minute of the Meeting held 07 June 2022' [C&amp;CG(M)22/02].</p> <p>The Board were content to note the minute.</p> <p><b><u>NOTED</u></b></p>		
<b>114.</b>	<b>AREA CLINICAL FORUM UPDATE</b>		
<b>a)</b>	<b>CHAIR'S REPORT OF MEETING HELD 13 OCTOBER 2022</b>		
	<p>The Board considered the paper 'Chair's Report of the meeting held 13 October 2022' [Paper No. 22/77], presented by Dr Lesley Rousselet.</p> <p>The Board were content to note the report.</p> <p><b><u>NOTED</u></b></p>		
<b>b)</b>	<b>APPROVED MINUTE OF THE MEETING HELD 11 AUGUST 2022</b>		
	<p>The Board considered the paper 'Approved Minute of the Meeting held 11 August 2022' [ACF(M) 22-04].</p> <p>The Board were content to note the minute.</p> <p><b><u>NOTED</u></b></p>		
<b>115.</b>	<b>NHSGGC FINANCE REPORT</b>		
	<p>The Board considered the paper 'NHSGGC Finance Report' [Paper No. 22/78] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil reported, as at 31 August 2022, an overspend of £43.98m; unachieved savings of £42.63m, pay and non-pay £1.35m, acute £2.57m offset by an underspend in corporate costs of £1.22m.</p> <p>Through the Financial Improvement Programme, £9.79m had been delivered on a recurring basis and £16.34m achieved in total on review of Month 5. Ideas were currently being explored to bring the full year effect of savings to £23.8m.</p> <p>Reporting on the Capital position, Mr Neil noted £12m spend, 12.1% of the annual plan of £99.5m. There had been a</p>		

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	<p>significant amount of capital investment with £5.7m available to be allocated and spent by the end of the financial year.</p> <p>Mr Neil noted a revised deficit of £78.4m that included £26m of COVID-19 costs. Following a Scottish Government Quarter 1 review, the forecast in Month 5 had reduced the £26m gap to £7.9m, and a review of all other expenditure resulted in a revised deficit of £59.4m.</p> <p>Mr Neil reported progress since August 2022.</p> <p>In response to the impact of pay uplifts, Mr Neil confirmed that following discussions with the Scottish Government, it was expected that any pay award would be fully funded.</p> <p>Mr Cowan noted challenges faced by IJBs to cover COVID-19 costs. Mr Neil assured there was sufficient funds to cover COVID-19 expenditure for 2022-23 across IJBs, HSCPs, Acute services, Primary and Community Care.</p> <p>The Board were content to note the report.</p> <p><b><u>NOTED</u></b></p>		
<b>117.</b>	<b>PATIENT PRIVATE FUNDS</b>		
	<p>The Board considered the paper 'Patient Private Funds' [Paper No. 22/79] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil noted significant delay for the Annual Accounts 2020-21 due to resource issues with the previous auditors. Mr Neil confirmed the external audit contract had been retendered and confirmed the appointment of BDO. Reporting of 2021-22 accounts were expected March 2023, and a revised timeline for 2022-23 accounts set.</p> <p>Mr Neil requested the Board authorise the Chief Executive Officer and the Director of Finance to sign the abstract of receipts and payments, and authorise the Director of Finance to sign the letter of representation.</p> <p>The Board were content to approve the accounts.</p> <p><b><u>APPROVED</u></b></p>		
<b>118.</b>	<b>AUDIT AND RISK COMMITTEE</b>		

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<b>a)</b>	<b>CHAIR'S REPORT OF MEETING HELD 13 SEPTEMBER 2022</b>		
	<p>The Board considered the paper 'Chair's Report of the meeting held 13 September 2022' [Paper No. 22/80], presented by Ms Michelle Wailes.</p> <p>Ms Wailes, Committee Chair, highlighted the review of the Freedom of Information Policy had been deferred, and there were no overdue actions from Internal Audit reports.</p> <p>The Board were content to note the report.</p> <p><b><u>NOTED</u></b></p>		
<b>b)</b>	<b>APPROVED MINUTE OF MEETING HELD 21 JUNE 2022</b>		
	<p>The Board considered the paper 'Approved Minute of the Meeting held 21 June 2022' [ARC (M)22/03].</p> <p>The Board were content to note the minute.</p> <p><b><u>NOTED</u></b></p>		
<b>119.</b>	<b>FINANCE, PLANNING AND PERFORMANCE COMMITTEE</b>		
<b>a)</b>	<b>CHAIR'S REPORT OF MEETING HELD 11 OCTOBER 2022</b>		
	<p>The Board considered the paper 'Chair's Report of the meeting held 11 October 2022' [Paper No. 22/81], presented by Ms Margaret Kerr.</p> <p>Ms Kerr, Committee Chair, noted discussion focussed on the Annual Delivery Plan, the Winter Plan Update, and rectification work at QEUH Atrium Wall Lining Replacement.</p> <p>The Board were content to note the report.</p> <p><b><u>NOTED</u></b></p>		
<b>b)</b>	<b>APPROVED MINUTE OF MEETING HELD 09 AUGUST 2022</b>		
	<p>The Board considered the paper 'Approved Minute of the Meeting held 09 August 2022' [FPPC(M)22/04].</p> <p>The Board were content to note the minute.</p>		

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	<b><u>NOTED</u></b>	
<b>120.</b>	<b>INTERNAL COMMUNICATION AND ENGAGEMENT STRATEGY</b>	
	<p>The Board considered the paper ‘Internal Communication and Engagement Strategy’ [Paper No. 22/82] presented by Ms Sandra Bustillo, Director of Communications and Public Engagement.</p> <p>Ms Bustillo highlighted that the strategy builds on the existing approaches for employee communications and staff engagement including the Area Partnership Forum, Investors in People and iMatter. It also included the Workforce Equality Group and the three employee forums – the disability staff forum, the BME staff forum and the LGBT+ staff forum.</p> <p>A baseline audit of the current approaches was undertaken and the findings were used to identify priorities for the next three years. There had also been significant engagement with a wide range of stakeholders.</p> <p>Ms Bustillo highlighted the key proposed priorities for the next three years as:</p> <ul style="list-style-type: none"> <li>• Implementation of Outlook 365 as a replacement for Staffnet</li> <li>• Revamp of Team Brief and reinvigoration of Core brief</li> <li>• Senior manager visibility through written, video and face to face approaches</li> <li>• Collaborative conversations</li> <li>• Empower staff to speak up and share concerns. Our Speak UP campaign has launched and we already are seeing staff engage positively</li> <li>• Promote the culture of the organisation</li> <li>• Senior manager events</li> </ul> <p>The Board were content to approve both the Strategy and the Action Plan subject to the above amendments.</p> <p><b><u>APPROVED</u></b></p>	
<b>121.</b>	<b>CORPORATE RISK REGISTER</b>	
	<p>The Board considered the paper ‘Corporate Risk Register’ [Paper No. 22/83] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil noted the areas in red aligned to conversations at Committee and with the Corporate Management Team, and</p>	

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	<p>confirmed the need to progress through the target score, mitigate and reduce scores.</p> <p>Mr Neil confirmed Corporate Objectives might not be represented in this document but this will be reviewed and scrutinised by the relevant committees.</p> <p>Board Members noted concern regarding Staff Training and Development, Residual Risk Score of 20, and queried mitigating actions to meet the Target Risk Score of 9. Mr Neil confirmed the current score would be reviewed with due consultation with the respective groups such as Human Resources and Organisational Development.</p> <p>In response to the question regarding how best to see the trends of the scoring, Mr Neil noted the tool would be developed, and a phased approach moving forward.</p> <p>The Chair thanked the team for their work.</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		Mr Neil
<b>122.</b>	<b>RISK APPETITE STATMENT</b>		
	<p>The Board considered the paper 'Risk Appetite Statement' [Paper No. 22/84] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil noted a simple approach would be taken with appetite and tolerance, and further development would take a phased approach.</p> <p>With regards to the legal position of the document, Mr Neil confirmed the need to operate in a defined framework, with rigour and responsibility around openness.</p> <p>Appendix A to be circulated to Board Members for their feedback.</p> <p>The Board were content to approve the update subject to review of Appendix A.</p> <p><b><u>APPROVED</u></b></p>		Mr Neil
<b>123.</b>	<b>INFORMATION ASSURANCE FRAMEWORK</b>		

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	<p>The Board considered the paper 'Information Assurance Framework' [Paper No. 22/85] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance.</p> <p>Ms Vanhegan noted the work required on page 4, paragraph 2.2 was underway and a system would be in place before the financial year end. An update would be presented at the Board meeting December 2022.</p> <p>As noted in paragraph 3.2, Ms Vanhegan will ensure all information is presented in its relevant forms with a continued focus on active governance and the triangulation of data and management information.</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>	
<b>124.</b>	<b>WHISTLEBLOWING ANNUAL REPORT</b>	
	<p>The Board considered the paper 'Whistleblowing Annual Report' [Paper No. 22/86] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance.</p> <p>Ms Vanhegan noted a positive report and referred to Ms Donald.</p> <p>Ms Donald, Corporate Services Manager - Governance/Board Secretary, noted the National Whistleblowing Standards were well embedded within NHSGGC.</p> <p>Mr Vincent endorsed the report as a gold standard particularly in terms of transparency, and considered the Board can be assured.</p> <p>In response to a question on sharing the learning from the report, Ms Vanhegan confirmed the report would be published on the NHSGGC website and Ms Bustillo noted her trust in the communication process that the learning would be shared.</p> <p>The Board were content to approve the report.</p> <p><b><u>APPROVED</u></b></p>	
<b>125.</b>	<b>ANNUAL CYCLE OF BUSINESS</b>	
	<p>The Board considered the paper 'Annual Cycle of Business' [Paper No. 22/87] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance.</p>	

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	The Board were content to approve the update.  <b><u>APPROVED</u></b>		
<b>126.</b>	<b>BOARD CALENDAR OF MEETINGS 2023-24</b>		
	The Board considered the paper 'Board Calendar of Meetings 2023-24' [Paper No. 22/88] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance.  Ms Vanhegan noted the Integration Joint Board dates require to be confirmed.  The Board were content to approve the update.  <b><u>APPROVED</u></b>		
<b>127.</b>	<b>DATE OF NEXT MEETING</b>		
	The next meeting would be held on Tuesday, 20 December 2022 at 9.30 am via MS Teams		