

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the NHS Greater Glasgow and Clyde Board held on Tuesday, 25 June 2024 at 10.00 am via Microsoft Teams

PRESENT

Dr Lesley Thomson KC (in the Chair)

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

IN ATTENDANCE

Ms Denise Brown	Director of Digital Services
Ms Sandra Bustillo	Director of Communications and Public Engagement
Ms Marion O'Neill	General Manager, Public Health
Ms Christine Laverty	Chief Officer, Renfrewshire HSCP
Ms Claire MacArthur	Director of Planning
Ms Sandra Devine	Director of Infection Prevention and Control
Ms Beth Culshaw	Chief Officer, West Dunbartonshire HSCP
Dr Scott Davidson	Deputy Medical Director, Corporate
Ms Kim Donald	Corporate Services Manager Governance/Board Secretary
Ms Gillian Duncan	Corporate Executive Business Manager (Minutes)
Mr William Edwards	Chief Operating Officer, Acute Services
Ms Jacqueline Kerr	Interim Chief Officer, Glasgow City HSCP
Ms Natalie Kerr	Secretariat Officer
Ms Claire Macdonald	Business Manager, Acute Services
Mrs Anne MacPherson	Director of Human Resources and Organisational Development
Ms Julie Murray	Chief Officer, East Renfrewshire HSCP

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Ms Katrina Philips	Head of Adult Services, South, Glasgow City HSCP
Ms Jennifer Rodgers	Deputy Nurse Director, Corporate and Community
Mr Michael Sheils	Head of Financial Services
Ms Caroline Sinclair	Chief Officer, East Dunbartonshire HSCP
Mr John Thomson	Assistant Director of Finance – Financial Services, Capital and Payroll Services
Ms Elaine Vanhegan	Director of Corporate Services and Governance
Mr Scott Wilson	Senior Business and Delivery Manager, Chief Executive's Office

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61.	Welcome and Apologies	
	<p>The Chair, Dr Lesley Thomson KC, welcomed those present to the June 2024 meeting of NHS Greater Glasgow and Clyde Board.</p> <p>The meeting combined members joining via video conferencing and a gathering of some members within the Boardroom of JB Russell House. The Chair also welcomed members of the public who had taken up the invitation to attend the Board meeting as non-participant observers.</p> <p>There were also a number of new Non Executive Board Members commencing on 1 July 2024 and the Chair welcomed those that were observing today's meeting - Mr Brian Auld, Ms Libby Cairns, Mr Martin Cawley, Ms Cath Cooney and Ms Lesley McDonald.</p> <p>Apologies were recorded on behalf of Ms Dianne Foy, Ms Anne-Marie Monaghan, Cllr Jacqueline Cameron and Cllr Michelle McGinty.</p> <p><u>NOTED</u></p>	
62.	Declaration(s) of Interest(s)	
	<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>	
63.	Minute of Meeting held on 30 April 2024	
	<p>The Board considered the minute of the NHS Greater Glasgow and Clyde Board Meeting held on 30 April 2024 [Paper No. NHSGGC(M)24/02] presented for approval on the motion of Mr Graham Haddock seconded by David Gould, the Board were content</p>	

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	<p>to accept the minutes of the meeting as a complete and accurate record.</p> <p><u>APPROVED</u></p>	
64.	Matters Arising	
	<p>The Board considered the ‘Rolling Action List’ [Paper No. 24/57] presented for approval. The following was noted:</p> <ul style="list-style-type: none"> - <u>Minute No 41</u>. The work to review data and reporting options was ongoing and would be taken through the governance structures before being presented to the Board in October 2024. - <u>Minute No 44</u>. The Medium Term Plan was on the agenda for the August Board meeting. - <u>Minute No 53</u>. The date for the Full Business Case for the relocation of the Radionuclide Dispensary to be submitted had still to be confirmed. <p>There were no other matters arising noted and the Board were content to approve the Rolling Action List.</p> <p><u>APPROVED</u></p>	
65.	Chair’s Report	
	<p>The Chair reported that she had attended all of the Board’s governance committees and two meetings with Board Chairs. She said that she had also attended an MSP/MP briefing session, met with Healthcare Improvement Scotland and visited Glasgow Royal Infirmary’s museum. She had also taken the opportunity to see the garden that was in development and had sponsored a bee as part of their fundraising.</p> <p>The Chair had attended a community event as part of Armed Forces week and had the opportunity to meet with staff members who were also members of the armed forces. A badge had been produced to signify this commitment. The Chair had also attended the LGBTQ+ Allies’ event and highlighted the importance of eradicating all forms of discrimination. She said that a programme of work around anti-harassment, and in particular anti-sexual harassment, had been launched across the Board.</p> <p>The Chair advised that Councillor Martin McCluskey had resigned from the Board following the previous meeting and she had written to thank him on behalf of the Board for his contribution over the past few</p>	

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	<p>years. Ms Sinclair, Chief Officer of East Dunbartonshire HSCP, was leaving to take on the role of Chief Executive of Stirling Council and the Chair, on behalf of the Board, wished her the very best in her new role.</p> <p>The Chair also extended her thanks to the six Board Members whose terms were coming to an end on 30 June 2024 after eight years; Mr Alan Cowan, Ms Jacqueline Forbes, Rev John Matthews, Ms Anne-Marie Monaghan, Mr Ian Ritchie and Ms Rona Sweeney for their service and the Board recorded their appreciation for the significant contribution and support they had provided.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>	
66.	Chief Executive's Report	
	<p>Mrs Jane Grant advised that she had attended a number of internal meetings since the previous meeting of the Board, including the weekly Sustainability and Value Group, the Executive Oversight Group and the Strategic Executive Group which was monitoring the Annual Delivery Plan. She had also attended a number of national meetings including the National Delivery Board, the regular Board Chief Executive meetings as well as meetings to discuss the maternity and neonatal strategy and a workshop arranged by the Chief Scientist's Office on technology and innovation. Along with Ms Beth Culshaw, Chief Officer of West Dunbartonshire HSCP, Mrs Grant had attended a meeting with the Scottish Government's Permanent Secretary which had included a visit to Dumbarton Joint Hospital. As the Regional Lead in the West of Scotland, Mrs Grant had also attended a workshop assessing areas of priorities across the region.</p> <p>Finally, Mrs Grant reported that NHSGGC had been awarded Investors in People accreditation for acute and corporate services. This was an extremely positive achievement and a significant amount of effort had been undertaken to achieve this and she paid tribute to Mrs MacPherson and her team. The Chair agreed and said that this achievement could not be underestimated and also extended her appreciation to everyone involved.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>	

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67.	Patient Story	
	The Nurse Director, Professor Angela Wallace, introduced a short video for awareness which focused on Prison Healthcare.	
	<u>NOTED</u>	
68.	Communications and Public Engagement Update May 2024	
	The Board considered the Communications and Public Engagement Update May 2024 [Paper 24/58] presented by Ms Sandra Bustillo, Director of Communications and Public Engagement, for awareness.	
	Ms Bustillo said that the third annual Engagement and Involvement Overview Report had been published by the Patient Experience Public Involvement (PEPI) Team. The report contained good evidence of NHSGGC involving patients and the public in our services and this was an area where we continued to develop and grow as an organisation. Ms Bustillo said that the annual Celebrating Success event had been held recently with a number of Board Members able to attend on the night. She said that this was a very positive event for staff and planning was already underway for next year.	
	The Board were content to note the update.	
	<u>NOTED</u>	
69.	Board Activity Update	
	The Board considered the Board Activity Update [Paper 24/59] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance, for awareness.	
	Ms Vanhegan said that the report outlined the work undertaken by the Board since the previous Board meeting and the intention was to build on this in the next few months and include the significant work that Non Executives were undertaking in IJBs. Ms Vanhegan highlighted that there had been a change to the report as the visit to Leverndale Hospital on 18 June 2024 had been to Campsie Ward, not Bute Ward, and this had been updated on the website.	
	The Chair said that it was an extremely important part of all Board Members work to ensure Board visibility to both patients and staff and there would be further consideration during the summer on the best way to increase that visibility.	

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	<p>The Board were content to note the update.</p> <p><u>NOTED</u></p>	
70.	NHSGGC Public Health Screening Annual Report 2023	
	<p>The Board considered the NHSGGC Public Health Screening Annual Report 2023 [Paper 24/60] presented by Dr Emilia Crighton, Director of Public Health, for assurance. The Chair advised that this had previously been considered by a number of groups including the Population Health and Wellbeing Committee in January 2024.</p> <p>Dr Crighton said that the report illustrated the significant amount of screening work carried out in NHSGGC. She said that a key focus was on inequalities and there were a range of activities underway to ensure that everyone had the opportunity to engage with the screening programmes.</p> <p>In response to a query about whether new screening methods could be used to improve uptake, Dr Crighton said that screening programmes had to ensure evidence of effectiveness before implementing change, but there was always ongoing research underway nationally.</p> <p>Dr Crighton provided assurance that action and progress was monitored through the Population Health and Wellbeing Committee.</p> <p>In response to a query about the recent cervical screening national coding issue, Dr Crighton advised that there was a significant exercise underway Scotland-wide to ensure to ensure that any woman that had been erroneously removed was reinstated.</p> <p>In relation to lower uptake in certain areas and within certain ethnic groups, Dr Crighton provided assurance that there was ongoing engagement with communities to understand barriers and change attitudes. There was also a Scotland wide screening and equalities learning network which shared learning. It was agreed that the report would be updated to reflect progress against actions.</p> <p>It was agreed that the 2024 annual report would be brought forward to the February meeting.</p> <p>The Board were assured by the report.</p> <p><u>ASSURED</u></p>	<p>Dr Crighton</p> <p>Secretary</p>

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71.	Public Health Seminar – Outcome and Actions	
	<p>The Board considered the Public Health Seminar – Outcome and Actions [Paper 24/61] presented by Dr Emilia Crighton, Director of Public Health, for approval.</p> <p>Mr Ritchie, Vice Chair of the Population Health and Wellbeing Committee, explained that the report was a summary of the March Seminar which focussed on Public Health; actions had been collated in collaboration with both Non-Executive Board Members and the Executive Team.</p> <p>In response to a query, the Chair said that, if the recommendations were accepted, then an action plan would be developed through the Population Health and Wellbeing Committee before being presented to the Board.</p> <p>The Chair said that the event had been important in refocusing the public health agenda and widening the Board’s understanding and influence while ensuring that the impact of actions were measured.</p> <p>The Board were content to approve the six recommendations set out in the paper.</p> <p><u>APPROVED</u></p>	
72.	Acute Services Committee	
	<p>a) <u>Chair’s Report of meeting held on 7 May 2024</u></p> <p>The Board considered the Chair’s Report of the meeting held on 7 May 2024 [Paper 24/62] presented by the Chair of the Committee, Ian Ritchie, for assurance.</p> <p>The Board were assured by the report.</p> <p><u>ASSURED</u></p>	
	<p>b) <u>Approved Minute of meeting held on 19 March 2024</u></p> <p>The Board considered the approved minute of the meeting held on 19 March 2024 [ASC(M)24/02] presented for assurance.</p> <p>The Board were assured by the minute.</p> <p><u>ASSURED</u></p>	

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73.	Area Clinical Forum	
	<p>a) <u>Chair's Report of meeting held on 13 June 2024</u></p> <p>The Board considered the Chair's Report of the meeting held on 13 June 2024 [Paper 24/63] presented by the Chair of the Committee, Dr Lesley Rousselet, for assurance.</p> <p>The Board were assured by the report.</p> <p><u>ASSURED</u></p>	
	<p>b) <u>Approved Minute of meeting held on 11 April 2024</u></p> <p>The Board considered the approved minute of the meeting held on 11 April 2024 [ACF(M)24/02] presented for assurance.</p> <p>The Board were assured by the minute.</p> <p><u>ASSURED</u></p>	
74.	Clinical and Care Governance Committee	
	<p>a) <u>Chair's Report of meeting held on 4 June 2024</u></p> <p>The Board considered the Chair's Report of the meeting held on 4 June 2024 [Paper 24/65] presented by the Vice Chair of the Committee, Mr Ian Ritchie, for assurance.</p> <p>In response to a query about the work underway to reduce the number of overdue Significant Adverse Event Reviews (SAERs), Mr Ritchie advised that the figures were reported to the Committee and significant effort was underway to reduce these. Dr Armstrong added that Key Performance Indicators (KPIs) were in place for all Directorates and identify where improvements could be made at all stages of the process.</p> <p>The Board were assured by the report.</p> <p><u>ASSURED</u></p>	
	<p>b) <u>Approved Minute of meeting held on 12 March 2024</u></p> <p>The Board considered the approved minute of the meeting held on 12 March 2024 [CCG(M)24/01] presented for assurance.</p>	

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	<p>The Board were assured by the minute.</p>	
	<p><u>ASSURED</u></p>	
75.	NHSGGC Board Performance Report	
	<p>The Board considered the NHSGGC Board Performance Report [Paper 24/65] presented by Mr Colin Neil, Director of Finance, for assurance. This report had been considered by the Finance, Planning and Performance Committee.</p> <p>Mr Neil reported that performance in relation to the number of CAMHS patients seen within 18 weeks of referral and in relation to starting a Psychological Therapy within 18 weeks of referral both continued to exceed the national target for April 2024. The number of GP Out of Hours scheduled shifts that remained open had been 99.6% during April 2024 and continued to exceed the planned position. Acute activity in relation to new outpatients, endoscopies and inpatient/day cases remained on track and had exceeded the trajectory for April 2024. The number of new outpatients waiting over 52 weeks had also reduced, exceeding the target for April 2024. Mr Neil also outlined the key areas for improvement. The 31 day cancer performance had reduced to 94.7% which was marginally below the target of 95%. 62 day cancer had also reduced slightly and was significantly below target 64.6%, however, Mr Neil said that the 60% increase in Urgent Suspicion of Cancer (USOC) referrals from pre-pandemic levels should be noted. There had been a slight increase in ED four hour waits to 70.1% but this remained significantly below the target of 95%. Delayed discharges for both acute and mental health remained high and performance in MSK physiotherapy waiting time had remained relatively static.</p> <p>Mr Neil was asked about the new dental metrics that had been included in the report. Ms Sinclair said that the increased focus on dental performance and availability had led to the new metrics and said that this was useful introductory data, however, work to refine these further would continue. She acknowledged that there was variation across NHSGGC in the number of dentists per 10,000 population, and provided assurance that the Oral Health Directorate engaged with dental practices to support and help practices maintain NHS provision. A key action in the Annual Delivery Plan was to improve dental care in children and Dr Crighton added that engagement was underway with eHealth colleagues on the provision of more meaningful data in this area.</p>	

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	<p>Mr Edwards said that there had been significant progress made against the 31 day cancer target and provisional data for the months ahead should continue to maintain that. He said that the increase in USOC referrals was causing a significant challenge to the 62 day position and work was underway with regards to referral criteria.</p> <p>In response to a query about the difference between targets and trajectories, Mr Neil would consider how projections versus targets could be presented more clearly in the report.</p> <p>The Board were assured by the report.</p> <p><u>ASSURED</u></p>	
76.	Healthcare Associated Infection Report	
	<p>The Board considered the Healthcare Associated Infection Report [Paper 24/66] presented by Professor Angela Wallace, Nurse Director, for assurance. Professor Wallace introduced Ms Sandra Devine, Director of Infection Prevention and Control, who provided a short overview of the paper.</p> <p>Ms Devine outlined performance against the three Healthcare Associated Infection (HCAI) surveillance standards, Staphylococcus aureus bacteraemias (SAB), Clostridioides difficile infections (CDI) and E. coli bacteraemias (ECB) and said these all remained within control limits. There had been a slight increase in SAB and CDI in April and while SAB had reduced in May, CDI had increased in June, however, this remained within control limits and Ms Devine provided assurance that all cases had been reviewed and no particular pattern had been identified.</p> <p>Compliance with completing a risk assessment for MRSA and CPE was above the national average with MRSA meeting that national target of 90% and CPE just below target at 87%. There had been one HIIAT incident recorded where 8 wards had been closed due to a combination of COVID and norovirus and this had been assessed as amber due to impact on services. This incident had been closed on 11 April 2024.</p> <p>Ms Devine also introduced the first Infection Prevention and Control Annual Report 2022/23 which demonstrated the broad scope of the work across NHSGGC on Infection Prevention and Control. She said that the next step would be to develop a three year IPC Strategy.</p>	

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	<p>In response to a query about national surveillance, Ms Devine said that SSI surveillance had been paused at the beginning of pandemic but NHSGGC had continued to do this using a light methodology. She said that there were discussions ongoing nationally about the development of a wider strategy.</p> <p>Ms Devine acknowledged that there were aspirations for the SSI work to be more flexible covering more surgical specialties and with the ability to respond to specific concerns and work was ongoing nationally on eHealth solutions to assist with this.</p> <p>In relation to a query about COVID, Ms Devine said there were currently over 300 inpatients testing positive and a number of ward closures, however, national reports were reflecting what was occurring locally, i.e., that the trend in the severity of disease was decreasing.</p> <p>The Board were assured by the report.</p> <p><u>ASSURED</u></p>	
77.	NHSGGC Quality Strategy: Quality Everyone, Everywhere	
	<p>The Board considered the NHSGGC Quality Strategy: Quality Everyone, Everywhere [Paper 24/67] presented by Professor Angela Wallace, Nurse Director, for approval</p> <p>Professor Wallace said that work on the strategy had commenced late last year and looked across the range of sectors, both nationally and internationally. She reported the high level of engagement work that had been undertaken, with positive feedback being received.</p> <p>In response to a query about how success would be measured, Professor Wallace said that an implementation plan would be developed through the Clinical and Care Governance Committee which would include some short timescales for reporting.</p> <p>Professor Wallace said that thought would be given about how we capture kindness. Ms Rodgers added that people's experience stayed with them and kindness was central to that. She said that the team had connected to a UK wide group looking at kindness and how to measure that was being pursued as part of implementation phase. She said the patient experience report would continue and there were existing measures in that which would be connected into the work of the strategy and the implementation in terms of outcomes. She said it</p>	

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	<p>was important to that ensuring kindness and experience was woven into all our structures and became “business as usual”.</p> <p>In relation to a comment about the development events, Professor Wallace said that the accelerated design event model had been a new tool and agreed that these had been very positive and hoped that this model could be used in other areas moving forward.</p> <p>The Board were content to approve the Strategy noting that the implementation plan would now be developed and taken through appropriate governance structures.</p> <p><u>APPROVED</u></p>	
78.	Delivery Plan 2024/25	
	<p>The Board considered the Delivery Plan 2024/25 [Paper 24/68] presented by Dr Jennifer Armstrong, Medical Director, for approval.</p> <p>Dr Armstrong said that the plan had been developed by staff across NHSGGC facilitated by the Corporate Planning Team. She said that this built on the Medium Term Plan with high level deliverables included at the end of each driver aligned to the 10 recovery drivers outlined by the Scottish Government. The Annual Delivery Plan (ADP) was also aligned with the financial plan, the workforce plan as well as each of the Board’s operational priorities. A set of 20 whole system indicators had been developed with the Scottish Government who would monitor the Board on that. Dr Armstrong said that positive feedback had been received from the Scottish Government who had welcomed the approach.</p> <p>In response to a query about Hospital at Home, Mrs Grant said that work was ongoing with HSCP colleagues to look at the future model of this. Mr Edwards said that in terms of interface care, each of the initiatives was being reviewed and would continue to be reviewed as part of the overall approach to winter.</p> <p>The Board were content to approve the Plan.</p> <p><u>APPROVED</u></p>	
79.	Corporate Objectives 2024-27 and Operational Priorities 2024-25	
	<p>The Board considered the Corporate Objectives 2024-27 and Operational Priorities 2024-25 [Paper 24/69] presented by Ms Elaine</p>	

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	<p>Vanhegan, Director of Corporate Services and Governance, for approval.</p> <p>Ms Vanhegan said that these had been considered previously at the recent Board briefing session where it was proposed that two additional Corporate Objectives were added – “to promote Equality, Diversity and Inclusion across the healthcare system” under Better Health and “to ensure NHS GGC provides services that are environmentally sustainable meeting targets and legislative policy to work towards achieving net zero by 2045” under Better Value. Ms Vanhegan said that the Operational Priorities for 2024/25 had been developed in line with ongoing pressures and linked to the development of the Annual Delivery Plan for 2024-2025</p> <p>In response to a query about the new equality, diversity and inclusion statement being under the Better Health corporate aim, Ms Vanhegan said that as this was about wider stakeholders. Similarly, in relation to the new environmental statement, Ms Vanhegan said that there had been a number of discussions on this and Best Value had been considered most appropriate.</p> <p>The Board were content to approve the paper.</p> <p><u>APPROVED</u></p>	
80.	Finance, Planning and Performance Committee	
	<p>a) <u>Chair’s Report of meeting held on 11 June 2024</u></p> <p>The Board considered the Chair’s Report of the meeting held on 11 June 2024 [Paper 24/70] presented by the Chair of the Committee, Ms Margaret Kerr, for assurance.</p> <p>Ms Kerr reported that the Committee had been due to discuss the IJB Integration Schemes but this had been postponed as a late question had been raised on hosted services and it was expected these would now be discussed by the Committee later in the summer.</p> <p>The Board were assured by the report.</p> <p><u>ASSURED</u></p>	

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	<p>b) <u>Approved Minute of meeting held on 9 April 2024</u></p> <p>The Board considered the approved minute of the meeting held on 9 April 2024 [FPPC(M)24/02] presented for assurance.</p> <p>The Board were assured by the minute.</p> <p><u>ASSURED</u></p>	
81.	Audit and Risk Committee	
	<p>a) <u>Chair's Report of meeting held on 18 June 2024</u></p> <p>The Board considered the Chair's Report of the meeting held on 18 June 2024 [Paper 24/71] presented by the Chair of the Committee, Ms Michelle Wailes, for assurance.</p> <p>Ms Wailes highlighted the internal audit reports that had taken place on areas of significant focus. She said the meeting on 18 June had received the final documentation and assurance that was required round external audit and some information to provide final report and ARC support to this.</p> <p>The Board were assured by the report.</p> <p><u>ASSURED</u></p>	
	<p>b) <u>Approved Minute of meetings held on 12 March 2024 and 4 June 2024</u></p> <p>The Board considered the approved minutes of the meetings held on 12 March 2024 and 4 June 2024 [ARC(M)24/01 and ARC(M)24/02] presented for assurance.</p> <p>The Board were assured by the minutes.</p> <p><u>ASSURED</u></p>	
82.	IJB Leads Reports	
	<p>a) <u>Glasgow City</u></p> <p>The Board considered the Glasgow City IJB Report [Paper 24/72] presented by Ms Rona Sweeney, Non-Executive Lead, for assurance. Ms Sweeney advised that Ms Jackie Kerr had been appointed Interim Chief Officer of Glasgow City HSCP and the</p>	

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	<p>process for filling the vacancy was underway. She also reported that an Acute Services representative had now been identified for the IJB. The Board were assured by the update.</p> <p><u>ASSURED</u></p>	
	<p>b) <u>Inverclyde</u></p> <p>The Board considered the Inverclyde IJB Report [Paper 24/73] presented by Mr Alan Cowan, Non-Executive Lead, for assurance. Mr Cowan advised that the projected overspend had been discussed and amended. The Board were assured by the update.</p> <p><u>ASSURED</u></p>	
	<p>c) <u>Renfrewshire</u></p> <p>The Board considered the Renfrewshire IJB Report [Paper 24/74] presented by Rev John Matthews, Non-Executive Lead, for assurance. Rev Matthews said that the main topic of discussion had been the financial position. The Board were assured by the update.</p> <p><u>ASSURED</u></p>	
	<p>d) <u>West Dunbartonshire Assurance</u></p> <p>The Board considered the West Dunbartonshire IJB Report [Paper 24/75] presented by Ms Rona Sweeney, Non-Executive Lead, for assurance. Ms Sweeney advised that the meeting would be taking place later in the week and the report contained the agenda for that meeting. A full report on that meeting would be provided to the August Board.</p> <p><u>ASSURED</u></p>	
83.	NHSGGC Finance Report	
	<p>The Board considered the NHSGGC Finance report [Paper 24/76] presented by Mr Colin Neil, Director of Finance, for assurance.</p> <p>Mr Neil said that in terms of the Sustainability and Value Programme (SVP), £52 million had been achieved on a full year recurring basis and £190.9 million (recurring and non-recurring) had been achieved in year which was in line with the forecast and there was therefore no increase to the recurring deficit carried forward into 2024/25. The</p>	

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	<p>initial SVP plans for 2024/25 submitted at month one totalled just over £100 million and significant work would be required to mitigate the full year financial challenge of over £226 million</p> <p>The total capital expenditure incurred in 2023/24 was £93.7 million which was in line with the agreed capital plan and the Board had fully achieved the Capital Resource Limit.</p> <p>There had been sustained financial improvement throughout the year and the NHSGGC position had reduced from a deficit of £71.1 million outlined in the financial plan approved by the Board in April 2023 to a provisional surplus of £0.48m at year end subject to audit. Additional funding from UK consequential, and a reduction in the CNORIS contribution, had assisted with this. The HSCPs had also reported a breakeven position, however, this had required the significant use of reserves and East Renfrewshire HSCP had required additional support from NHSGGC and the Local Authority.</p> <p>In closing, Mr Neil said that while the breakeven position in 2023/24 had been a significant achievement, the financial landscape and position for 2024/25 remained particularly challenging.</p> <p>The Chair thanked Mr Neil for the update. She agreed that the breakeven position had not been easily achieved and the Board was facing a difficult set of circumstances moving forward where all decisions would need to be carefully considered to ensure balancing the financial position with the health of the population. Mrs Grant added that it would be important for everyone to work together and recognise that the financial challenges affected everyone.</p> <p>The Board were assured by the update.</p> <p><u>ASSURED</u></p>	
84.	Governance Statement 2023/24	
	<p>The Board noted that this item had been included in the Annual Report and Consolidated Accounts 2023/24 [Paper 24/78] and was considered as part of that discussion.</p> <p><u>NOTED</u></p>	

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85.	Annual Report and Consolidated Accounts 2023/2	
	<p>The Board considered the Annual Report and Consolidated Accounts 2023/24 [Paper 24/78] presented by Mr Colin Neil, Director of Finance, for approval.</p> <p>Mr Neil reported that the Board had achieved its three statutory financial requirements in 2023/24 – the revenue resource limit had achieved breakeven with a small surplus; the capital resource limit was in balance; and the cash requirement that had been agreed with the Scottish Government. Mr Neil provided a brief overview of the key points within the Annual Report and Consolidated Accounts for the year ended 31 March 2024 and the EY Annual Audit Report 2023/24 which had considered the Board’s financial sustainability, financial management and vision, leadership and governance. These had been fully scrutinised by the Audit and Risk Committee at its meeting on 18 June 2024, and the Committee had agreed to recommend to the Board that the Annual Report and Accounts be adopted by the NHS Board, signed by the Chief Executive and Director of Finance and submitted to the Scottish Government Health Directorate. Mr Neil extended his appreciation for all involved in production of respective elements and thanked the internal and external auditors for the significant work undertaken.</p> <p>The Board noted that this was helpful in drawing out the challenges that the Board was facing both currently moment and into next year.</p> <p>The Board were content that the annual audit report and annual accounts could be adopted by the Board and authorised these to be formally signed and submitted to the Scottish Government</p> <p><u>APPROVED</u></p>	
86.	Staff Governance Committee	
	<p>a) <u>Chair’s Report of meeting held on 21 May 2024</u></p> <p>The Board considered the Chair’s Report of the meeting held on 21 May 2024 [Paper 24/79] presented by the Co-Chair of the Committee, Ms Ketki Miles, for assurance.</p> <p>In response to a query about the reduction in the working week for Agenda for Change Staff, Mrs Grant said that significant work was being undertaken in NHSGGC to ensure implementation while taking on board any issues raised by staff side colleagues.</p>	

BOARD OFFICIAL
DRAFT TO BE RATIFIED

		Action
	<p>She said that there was also work underway focusing on the other non-pay elements of Agenda for Change.</p> <p>The Board were assured by the report.</p> <p><u>ASSURED</u></p>	
	<p>b) <u>Approved Minute of meeting held on 20 February 2024</u></p> <p>The Board considered the approved minute of the meeting held on 20 February 2024 [SGC(M)24/01] presented for assurance.</p> <p>The Board were assured by the minute.</p> <p><u>ASSURED</u></p>	
87.	Corporate Risk Register	
	<p>The Board considered the Corporate Risk Register [Paper 24/80] presented by Mr Colin Neil, Director of Finance, for approval.</p> <p>Mr Neil advised that the Corporate Risk Register was for the period January – May 2024. There were five changes proposed to risk scores – three increases and two decreases - these were set out in the paper and had been reviewed by the relevant Committees and the ARC. Additionally, a new risk in relation to Public Inquiries, Police Investigations, Fatal Accident Inquiries and Other Reviews and Inspections was proposed. This had been discussed at the Audit and Risk Committee on 18 June 2024 and would be reviewed through the Finance, Planning and Performance Committee going forward.</p> <p>The Chair said that the new risk reflected NHSGGC’s statutory duty in servicing both public inquiries and the importance and significant work required to ensure all information requested was provided. She said that recognising the significant pressures on the senior team it was proposed to stand down two governance Committees over the summer – Acute Services Committee on 9 July 2024 and Population Health and Wellbeing Committee on 16 July 2024, and to review the agenda for the Finance, Planning and Performance Committee on 6 August 2024 to ensure this focused on urgent business.</p> <p>The Board were content to approve the paper.</p> <p><u>APPROVED</u></p>	

BOARD OFFICIAL
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		Action
88.	Annual Review of Governance – Operating Requirements	
	<p>The Board considered the Annual Review of Governance – Operating Requirements [Paper 24/81] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance, for approval.</p> <p>Ms Vanhegan reported that this was the annual review of the Board's operating requirements and the paper had been reviewed and endorsed by the Audit and Risk Committee on 18 June 2024. She reported that there had been minimal changes to the Model Code of Conduct, the NHS Board Standing Orders, the Standing Financial Instructions and the Scheme of Delegation. Since last year, work had been undertaken to update the Standards of Business Conduct for Staff and would form part of the annual governance review going forward. Ms Vanhegan said that the Scheme of Delegation may be updated later in the year if there were changes made to any of the Standing Committees. Finally, Ms Vanhegan advised that this would form part of the induction pack for those new members joining the Board.</p> <p>The Board were content to approve the paper.</p> <p><u>APPROVED</u></p>	
89.	Board Member Responsibilities	
	<p>The Board considered the Board Member Responsibilities [Paper 24/82] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance, for approval.</p> <p>Ms Vanhegan advised that the update set out the proposed allocation of Members to the Board's Standing Committees and the six Integration Joint Boards. Following consideration of the time commitments of individuals, the number of members of the Standing Committees had been reduced to six with a quorate of three, with the exception of the Staff Governance Committee which had seven members to reflect the fact that it had two Co-Chairs. Given this, the importance of members timeously advising of apologies for these Committees was noted. Ms Vanhegan also advised that it was proposed that the Chairs of the Standing Committees would agree the Vice Chair of each Committee with their Non Executive colleagues. It was also noted that a fourth member for Renfrewshire IJB had still to be confirmed.</p>	

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DRAFT TO BE RATIFIED

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	<p>Ms Vanhegan reported that six new Board Members had now been appointed and would commence on 1 July 2024. The replacement Member from Inverclyde Council following the resignation of Councillor McCluskey was currently going through the Public Appointments process and should be notified shortly</p> <p>Ms Vanhegan advised that Ms Margaret Kerr had been appointed interim Vice Chair for a period of six months, although Ms Kerr would not undertake the full role this would ensure that robust governance was in place. Finally, Ms Vanhegan advised that membership of the Pharmacy Practices Committee and the outstanding roles of Board Champions would be considered as the new members joined the Board.</p> <p>The Board were content to approve the paper.</p> <p><u>APPROVED</u></p>	
90.	Board Annual Cycle of Business 2024/25	
	<p>The Board considered the Board Annual Cycle of Business 2024/25 [Paper 24/83] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance, for approval.</p> <p>Ms Vanhegan advised that this set out the timeline of business items for discussion by the Board and their alignment against the corporate aims and objectives. Ms Vanhegan advised that this was a dynamic document that may require to be updated throughout the year and any changes would be notified to Members.</p> <p>The Board were content to approve the Annual Cycle of Business.</p> <p><u>APPROVED</u></p>	
91.	Date and Time of Next Scheduled Meeting	
	<p>The next meeting would be held on Tuesday 27 August 2024 at 9.30 am via MS Teams.</p>	