

NHSGGC(M) 22/04
Minutes: 74 - 96

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
NHS Greater Glasgow and Clyde Board
held on Tuesday 23 August 2022 at 9.30am
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	Ms Anne-Marie Monaghan
Mr Alan Cowan	Mr Colin Neil
Dr Emilia Crighton	Cllr Kate Pragnell
Cllr Chris Cunningham	Mr Ian Ritchie
Ms Jacqueline Forbes	Dr Lesley Rousselet
Ms Dianne Foy	Dr Paul Ryan
Mr David Gould	Mr Francis Shennan
Mrs Jane Grant	Mr Charles Vincent
Mrs Margaret Kerr	Ms Michelle Wailes
Ms Amina Khan	Prof Angela Wallace
Rev John Matthews OBE	

IN ATTENDANCE

Ms Denise Brown		Interim Director of e-Health
Ms Sandra Bustillo		Director of Communications and Public Engagement
Dr Scott Davidson	..	Medical Director for Acute Services
Ms Kim Donald	..	Corporate Services Manager - Governance/Board Secretary
Ms Alison Hardie	..	Secretariat Manager (Minute)
Ms Christine Laverty		Chief Officer, Renfrewshire HSCP
Mrs Anne MacPherson		Director of Human Resources and Organisational Development
Ms Susanne Millar	..	Chief Officer, Glasgow City HSCP
Ms Julie Murray		Chief Officer, East Renfrewshire HSCP
Mr Iain Paterson	..	Corporate Services Manager - Compliance
Caroline Sinclair		Chief Officer, East Dunbartonshire HSCP
Ms Julie Slavin		Attending for Ms Beth Culshaw
Prof Tom Steele		Director of Estates and Facilities
Ms Elaine Vanhegan	..	Director of Corporate Governance and Administration
Mr Arwel Williams		Director, South Sector, Acute Services

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			ACTION BY
74.	WELCOME AND APOLOGIES		
	<p>Professor John Brown welcomed those present to the August 2022 meeting of NHS Greater Glasgow and Clyde Board. He introduced two newly appointed Board members; Councillor Katie Pragnell, stakeholder member nominated by East Renfrewshire Council, and Mr Colin Neil, recently appointed as Director of Finance.</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.</p> <p>Apologies were intimated on behalf of Mr Simon Carr, Prof Iain McInnes, Ms Ketki Miles, and Ms Rona Sweeney.</p> <p><u>NOTED</u></p>		
75.	DECLARATIONS OF INTEREST		
	<p>The Chair invited members to declare any interests in any of the matters being discussed.</p> <p>Ms Anne-Marie Monaghan declared her involvement in the National Care Service consultation with the Scottish Association for Social Work and therefore had an interest agenda item 21.</p> <p><u>NOTED</u></p>		
76.	MINUTE OF PREVIOUS MEETING		
	<p>The Board considered the minute of NHS Greater Glasgow and Clyde Board Meeting held on 28 June 2022 [Paper NHSGGC(M) 22/02] and on the motion of Rev John Matthews, seconded by Mr</p>		

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	<p>Ian Ritchie, the Board were content to accept the draft minute of the meeting as a complete and accurate - subject to the following amendments being made by the Secretariat prior to the minutes being signed by the Chair.</p> <p><u>Page 1, Present</u> Mr Ritchie noted his attendance at the meeting but had not been recorded.</p> <p><u>Page 1, In Attendance</u> Ms Elaine Vanhegan, Director of Corporate Governance and Administration, noted Mr Colin Neil was in attendance as an observer and not as a Board member at that time.</p> <p><u>Page 4, Item 48, Chair’s Report</u> Cllr Collette McDiarmid made reference to the Scottish Government Minister for Culture, Europe and International Development and noted the Minister had been misnamed as Mr Ian Gray MSP and not Mr Neil Gray MSP.</p> <p><u>Page 16, Item 60a, Clinical and Care Governance Committee Update - Chair’s Report of the Meeting held 07 June 2022</u> Ms Jacqueline Forbes noted an incorrect date in the minute in respect of the Thrombolysis service noting August 2020. It was confirmed by Dr Armstrong it should be August 2022.</p> <p><u>Page 21, Item 69, Annual Review of Governance</u> Cllr Martin McCluskey referenced the minute in respect of the interpretation of para 3.11 of the NHSGGC Code of Conduct for Board Members that referred to the ‘collective responsibility’ of Board Members considered under Item 69.</p> <p>Cllr McCluskey requested his objection be noted to the Boards consensus position that para 3.11 should remain, and he requested the minute be amended. Cllr Michelle McGinty and Cllr McDiarmid also wished their objections to be noted.</p> <p><u>APPROVED</u></p>		Secretariat
77.	MATTERS ARISING		
a)	<u>ROLLING ACTION LIST</u>		
	The Board considered the paper ‘Rolling Action List’ [Paper No. 22/52] and were content to accept the recommendation that four actions were closed. In addition, the following matters were discussed.		

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	<p>The issue of CAMHS Performance Reporting was raised with clarification sought on a previous Board action regarding clinical prioritisation with reference also made to [Paper No. 22/15, Item 09] the Board Performance Report.</p> <p>It was agreed that further detail on the management of the CAMHS waiting list would be included in the Board Performance Report. Mrs Grant confirmed clinicians did prioritise patients considered urgent, and then by date order, which was in line with the Patient Access Policy</p> <p>There were no other matters arising noted.</p> <p><u>APPROVED</u></p>	Mr Neil
78.	CHAIR'S REPORT	
	<p>Professor Brown confirmed his attendance and contribution to a wide range of meetings since the Board meeting in June 2022, including the Remuneration Committee, the Acute Services Committee, the Staff Governance Committee and the Finance, Planning & Performance Committee.</p> <p>Prof Brown had met with the Standing Committee Chairs Network and had regular discussions with the Vice Chairs concerning the challenges facing NHSGGC.</p> <p>Prof Brown noted that he had met with the new Board Members individually, and as a group at the induction event held on 26 July 2022.</p> <p>Prof Brown advised that he and Mrs Grant had met with the Cabinet Secretary for Health and Social Care, Mr Humza Yousaf, to discuss NHSGGC's response to system pressures. This was also a matter of focus at the August Board Chairs Group meeting, which also looked at how innovation and transformational change could contribute to the recovery and redesign of the NHS.</p> <p>Prof Brown highlighted that he hosted the official opening of the new Clydebank Health Centre, opened by Mr Yousaf. This project represents a significant investment in the area, at a cost of £21.7 million. Prof Brown confirmed that this Centre was the sixth new Health and Care Centre that the Scottish Government has funded in the past seven years, with the next centre scheduled to open in the east end of Glasgow as the North East Hub in Parkhead.</p> <p><u>NOTED</u></p>	

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79.	CHIEF EXECUTIVE’S UPDATE		
	<p>Mrs Grant advised she had also attended a number of meetings as highlighted by the Chair. She noted that she also had a positive meeting with the Scottish Ambulance Service.</p> <p>Mrs Grant highlighted that discussions were ongoing with the Scottish Government, and colleagues at national level, on the elective care backlog, acknowledging the winter period ahead and unscheduled care pressures.</p> <p>Mrs Grant reported that the Cabinet Secretary extended his visit to Clydebank Health Centre to meet with Ms Beth Culshaw, Chief Officer, West Dunbartonshire HSCP, and Melanie McColgan, Director of the Acute Sector in Clyde, where he thanked the team for the ongoing hard work of colleagues within the area.</p> <p>Mrs Grant advised that both she and Dr Jennifer Armstrong had met with University of Glasgow colleagues to discuss Oncology services and how to address the pressures across Scotland.</p> <p>The Board were content to note the Chair’s Report and the Chief Executive’s Report.</p> <p><u>NOTED</u></p>		
80.	PATIENT STORY		
	<p>Professor Angela Wallace, Nurse Director, introduced a short video presentation, which described the focus of the ‘What Matters to Me’ work and featured recent work at Leverdale Hospital.</p> <p>Board members agreed that this was a powerful presentation underlining the importance of always listening to our patients.</p> <p>The Chair thanked all who participated in the video presentation, with special thanks to the patient who allowed their story to be shared.</p> <p><u>NOTED</u></p>		

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81.	COVID-19 UPDATE		
	<p>The Board considered the paper ‘COVID-19 Update’ [Paper No. 22/53] presented by Dr Emilia Crighton, Interim Director of Public Health.</p> <p>Dr Crighton reported the gradual decline in the number of cases within NHSGGC in recent weeks, although the figure remained significant.</p> <p>Dr Crighton assured members that the operational impact on Acute Services, and Care Homes, was being regularly monitored. She highlighted that the Strategic Executive Group continued to oversee activity with consideration continually given to ensuring adequate staffing was available. Dr Crighton acknowledged the importance of this oversight to counter sickness absences and the expected pressures from the winter period. This was being managed through ongoing recruitment, and encouraging eligible staff members to receive the flu vaccine.</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>NOTED</p>		
82.	POPULATION HEALTH AND WELLBEING COMMITTEE UPDATE		
a)	CHAIR’S REPORT OF THE MEETING HELD ON 20 JULY 2022		
	<p>The Board considered the paper ‘Chair’s Report of the meeting held 20 July 2022’ [Paper No. 22/54].</p> <p>Rev Matthews, Committee Chair, raised the ongoing challenges of tackling the overall population health and wellbeing agenda, noting the number of agencies involved. He acknowledged that there was a need for collaborative leadership when considering the societal problems and the requirement for a renewed focus on preventative measures. The Committee Vice Chair, Mr Ian Ritchie also concurred with the position described.</p> <p>The Board Chair agreed that with the wide range of partners that have an interest in population health, the committee has to adopt a collaborative approach, acknowledging the limited impact on</p>		

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	<p>improving population health and tackling inequalities that the NHS Board can make in isolation.</p> <p>Dr Crighton highlighted the continued collaborative work with all partners, such as Scottish Government Directorates, local authorities and national agencies to identify appropriate actions in health and social care, acknowledging the importance of other sectors including education.</p> <p>In response to a query regarding alcohol related deaths forming part of the Board’s priorities, Dr Crighton confirmed support services extended across the communities to combat alcohol-related deaths. Discussions with the Licensing Board continued, statistics were continually monitored and it was noted that the link existed between the availability of alcohol and adverse population health.</p> <p>In response to a question regarding whether the current priorities were appropriate, it was noted that the Board continually looked at the priorities and regularly reassessed based on current challenges. Rev Matthews stated that the current set of priorities would also be considered at a Committee Development Session in September 2022, and an update would be provided in the report at the next Board meeting.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		Dr Crighton
b)	APPROVED MINUTE OF THE MEETING HELD 13 APRIL 2022		
	<p>The Board considered the paper ‘Approved Minute of the Meeting held 13 April 2022’ [PHWB(M)22/02] and were content to note this.</p> <p><u>NOTED</u></p>		
83.	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. 22/55] 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>		

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	<p>Mrs Grant highlighted that, although Oral Hearings scheduled for the QEUH/RHC had been postponed by the Inquiry Chair, significant work continued to provide information to the Inquiry team and support our staff as witness statements continue to be given.</p> <p>Mrs Grant noted that a number of issues were being addressed in respect of rectification work on the site. She advised that effective project management and close working between our Estates and Facilities team and the South Sector team, was facilitating a coordinated approach to minimise disruption.</p> <p>In response to a question regarding the rectification work and capacity, Mrs Grant noted the key issue was to maximise bed usage and minimise the impact on the system. Prof Tom Steele, Director of Estates and Facilities, noted that work was ongoing in line with the needs of the service working with the clinical teams.</p> <p>In response to a question regarding the impact of rectification work in the Atrium, Prof Steele advised that he expected minimal impact when work started with much of it behind the scenes, and construction work would be more inconvenient than disruptive. Prof Steele reassured Members that his team would prioritise public and patient safety while work was ongoing.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>	
84.	NHSGGC BOARD PERFORMANCE REPORT	
	<p>The Board considered the paper ‘Performance Report’ [Paper No. 22/56] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil indicated that Performance was summarised up to, and including, the first quarter of 2022-23, based on the measures contained in the Remobilisations Plan 4 (RMP4) approved by the Scottish Government, and the draft national targets contained within the RMP5. Measures had been subject to scrutiny through the Acute Services Committee, Finance, Planning and Performance Committee (FP&P) and the Corporate Management Team.</p> <p>In response to a question regarding the ‘Cancer 62 Day Trajectory’ moving from amber to red, Mrs Grant noted it was a key priority to improve the cancer pathway, and patients were being tracked appropriately on the pathway. Mrs Grant confirmed</p>	Mr Edwards

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	<p>that an updated position would be reported at the next Acute Services Committee meeting in September 2022 then at the October Board meeting.</p> <p>In response to a question regarding the measurement of performance against Primary Care, the Chair stated that the Information Assurance Framework was being further developed, and would include a revised Performance Report at Board level. This would include the available information on Primary Care services. It was noted that issue of the availability of such data was also being considered at the Finance Planning and Performance Committee. Ms Christine Laverty, Chief Officer, Renfrewshire HSCP stated that a number of actions were underway to better understand the activity and challenges faced within Primary Care. The Director of Primary Care, when in post, would oversee developments, such as a NHSGGC Primary Care Strategy, currently at the preliminary stage, and would include public consultation, and the interface and oversight of Primary Care, Acute and Out of Hours services.</p> <p>In discussion it was agreed that the report, as it stood, focussed on Acute Care and the aggregation of Primary Care and Community services data, including Dentistry, within a revised Performance Report to the Board would be presented at the earliest opportunity.</p> <p>Ms Caroline Sinclair, Chief Officer, East Dunbartonshire HSCP, highlighted that Dentistry and Oral Health services were being scrutinised and reports submitted to HSCPs.</p> <p>In response to a question regarding A&E performance and the role of the Scottish Ambulance Service, Mrs Grant assured the Board that there was significant work underway with the Ambulance Service to discuss patient pathways with waiting times being monitored on a proactive basis in real time.</p> <p>Dr Scott Davidson, Medical Director for Acute Services, provided assurance that collaborative and improvement work was ongoing across the healthcare system with Primary Care colleagues, NHS 24, SAS, and noted patients were admitted when deemed appropriate.</p> <p>Mr Arwel Williams, Director of the South Sector, provided assurance from an operational perspective, and confirmed the daily focus on the pathway of the patient journey through A&E to discharge through the Flow Navigation Centre(s), and virtual support through NHS 24.</p>	<p>Ms Laverty, Ms Sinclair</p>

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	<p>The Board were content to note the report.</p> <p><u>NOTED</u></p>	
85.	HEALTHCARE ASSOCIATED INFECTION REPORT	
	<p>The Board considered the paper ‘Health Associated Infection Reporting Template’ (HAIRT) [Paper No. 22/57] presented by Prof Angela Wallace, Nursing Director.</p> <p>Prof Wallace provided an update in the position in respect of Healthcare Associated targets including <i>Staphylococcus aureus</i> bacteraemias (SAB), <i>Clostridioides difficile</i> infections (CDI), <i>E.coli</i> bacteraemias (ECB), incidents and outbreaks and all other healthcare associated infections activities across NHSGGC. She drew attention to a link within the paper to the ARHAI Report where the GGC position could be seen against the national picture for January to March 2022. She also informed the group that the Scottish Government targets had been extended and should now be achieved by 2023,</p> <p>Prof Wallace also reported on NHSGGC’s Infection Prevention and Control Quality Improvement Network (IPCQIN) which had been running during COVID-19 and supported everyday practice to reduce preventable infections associated with healthcare delivery.</p> <p>In terms of Infection Prevention and Control processes, Prof Wallace described that COVID-19 pressure continued to be significant, however, it was expected that the revised national guidance would be less restrictive and may allow for a change in care pathways whilst ensuring patient safety remained paramount.</p> <p>In response to a question regarding the increase of (<i>Staphylococcus aureus</i> bacteraemias (SAB) and <i>E. coli</i> bacteraemias (ECB), Prof Wallace noted there was no indication of any issues of concern and there had been the expectation that <i>E. coli</i> targets would change slightly across Scotland and that GGC were performing well in comparison to other areas across Scotland.</p> <p>In response to a question regarding the decision to exclude COVID-19 at Page 10 ‘Outbreaks/Incidents (HIIAT assessed as amber or red excluding COVID-19)’, Prof Wallace noted that a summary COVID-19 activity was included in the report presented to the Clinical and Care Governance Committee</p>	<p style="text-align: right;">Prof Wallace</p>

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	<p>(CCGC) and the Board Infection Control Committee. It was agreed by members that the inclusion of COVID-19 in the HAIRT report would be reviewed at the CCGC.</p> <p>The issue of urinary catheter infections was raised and whether monitoring was ongoing in hospital and at discharge. Prof Wallace highlighted that these devices were only used when clinically indicated and that there are care bundles in place to monitor care in relation to these. The data presented was in relation to blood stream infections and their potential source. This information is returned to clinical teams to inform actions to reduce this type of infection.</p> <p>Members commented that the IPCQIN newsletter was an excellent summary of activity and provided assurance and evidenced infection was being taken seriously within NHSGGC.</p> <p>The Board were content to note the report.</p> <p><u>NOTED</u></p>		
86.	ACUTE SERVICES COMMITTEE UPDATE		
a)	CHAIR'S REPORT OF THE MEETING HELD 19 JULY 2022		
	<p>The Board considered the paper 'Chair's Report of the Meeting held 19 July 2022' [Paper No. 22/58] presented by Mr Ian Ritchie.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		
b)	APPROVED MINUTE OF THE MEETING HELD 17 MAY 2022		
	<p>The Board considered the paper 'Approved Minute of the Meeting Held 17 May 2022' [ASC(M)22-03] and were content to note minute.</p> <p><u>NOTED</u></p>		
87.	AREA CLINICAL FORUM UPDATE		
a)	CHAIR'S REPORT OF MEETING HELD 11 AUGUST 2022		
	<p>The Board considered the paper 'Chair's Report of the meeting held 11 August 2022' [Paper No. 22/59], presented by Dr Lesley Rousselet.</p>		

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	The Board were content to note the update.		
	<u>NOTED</u>		
b)	APPROVED MINUTE OF THE MEETING HELD 9 JUNE 2022		
	<p>The Board considered the paper ‘Approved Minute of the Meeting held 9 June’ [ACF(M) 22-03].</p> <p><u>Minute 30 ‘Public Protection’</u> In response to a question regarding LearnPro and TURAS CPD modules for staff, Mrs Anne MacPherson, Director of Human Resources and Organisational Development, explained that the majority of CPD did not go through NHS Education for Scotland (NES), rather CPD was professionally led and links with professional groups were maintained with NHSGGC.</p> <p>Dr Rousselet highlighted that NES do make decisions on which training contributes to CPD and it varies between the professional groups. It was noted that Adult Support & Protection was a statutory and mandatory training requirement, a Once for Scotland approach was desired and a working group with NES had been re-established to consider this nationally.</p> <p>The issue of the roll-out plan for staff Flu vaccination was raised and, Dr Crighton advised that the NHSGGC COVID and Flu Immunisation Programme was planned to start on 05 September 2022 and expected to end the beginning of December 2022. Dr Crighton highlighted that the cohort of eligibility was wider this year in consideration of winter pressures. Dr Crighton noted that the Public Health and Wellbeing Committee would scrutinise the data from the programme and information would be fed back through the Board in the coming months.</p> <p>The Board were content to note the Minute.</p> <p><u>NOTED</u></p>		
88.	NHSGGC FINANCE REPORT		
	<p>The Board considered the paper ‘NHSGGC Finance Report’ [Paper No. 22/60] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil reported an overspend of £48.4m, £39.3m unachieved savings, COVID-19 expenditure of £30.3m and £6.5m included ahead of budget. At Month 3, NHSGGC had delivered £7.8m efficiency savings on a recurring basis, and a further £13.2m of</p>		

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	<p>recurring savings had been identified. Mr Neil relayed that work was underway to identify additional recurring savings to reach the overall target.</p> <p>Capital expenditure was reported as £6.5m, the investment profile £85.1m with most schemes fully allocated and the remaining £7.9m to be allocated progressing through the usual allocation process.</p> <p>The original 2022/23 Financial Plan had been approved April 2022 with a deficit of £172.7m. A review carried out had reduced the forecast deficit to £51.5m, including a further £30m of non-recurring opportunities</p> <p>The financial envelope for COVID-19 costs of £61.6m excluded Test and Protect. £47m of the COVID-19 costs were allotted to the IJBs. A potential overspend of £26m remained. The exit planning and a review of all costs continued.</p> <p>Mr Neil highlighted dialogue with the Scottish Government continued on the possibility of receiving funding to cover the £26m overspend related to COVID-19 costs. Monies held in IJB reserves would recover proportionate amounts, and work was ongoing to identify further opportunities to reduce the shortfall.</p> <p>Work continued on the Financial Improvement Programme, reasonable delivery of savings in the first quarter had been made and further opportunities were identified, however, it was acknowledged that more work was needed to mitigate the pressures.</p> <p>The Board were content to note the report.</p> <p><u>NOTED</u></p>	
89.	FINANCIAL PLAN 2022/23 - 2024/25	
	<p>The Board considered the paper 'Financial Plan 2022/23 - 2024/25' [Paper No. 22/61] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil advised that at month 3, the Financial Plan submitted to the Scottish Government, forecast a £78.4m deficit on a £3.7bn budget base. The deficit forecast for 2023/24 was £113.9m and £89.9m for 2024/25 based on the assumption that recurring savings were achieved in the next two years. Mr Neil highlighted the key assumptions on which the plan was based such as pay</p>	

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<p>awards, exit planning for COVID expenditure, and Scottish Government energy uplifts.</p> <p>The Board considered how savings could be made at service level with, Mrs Grant highlighting the need to focus on the redesign of services, explore and maximise the digital arena, and review Moving Forward Together (MFT) work streams and resultant infrastructure requirements. In addition basic ‘housekeeping’ issues in terms of budgetary management were also being reinforced.</p> <p>In terms of the inflation forecast of 18% and the potential effects on financial planning and service delivery, Mrs Grant confirmed dialogue was ongoing with the Scottish Government to discuss resources and that various initiatives were also being progressed. Mr Neil met regularly with other Directors of Finance and assured members that this was being closely monitored and regular updates would be provided via the Finance Reports to the Board.</p> <p>It was agreed that a half-day development session for Board Members would be arranged to consider the redesign of service(s); innovative options of patient flow, the physical estate, hybrid working and overall strategy with regards to the expected savings.</p> <p>In response to a query regarding the risks associated with energy through national procurement, Mr Neil noted energy for 2022/23 had been based on projections which resulted in an increase of £15.8m. Advice from the Scottish Government, and the Corporate Finance Network (CFN), had been a 5% assumption until additional information was available.</p> <p>The Chair noted the plan was underpinned with a number of assumptions, and asked if there was a timescale for a review. Mr Neil confirmed an update on the 3-Year Finance Plan would be presented to the Board in February 2023. The Annual Cycle of Business will be updated accordingly.</p> <p>Both Mrs Grant and Mr Neil advised that the Board should not to underestimate the challenges ahead but a managed and constructive approach was being taken, with real commitment from the Executive team to close the financial gaps.</p> <p>The Board were content to approve the Financial Plan 2022/23 - 2024/25.</p> <p>APPROVED</p>	<p>Ms Vanhegan</p> <p>Secretariat/ Mr Neil</p>	

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90.	CAPITAL PLAN 2022/23 - 2024/25		
	<p>The Board considered the paper ‘Capital Plan 2022/23 - 2024/25’ [Paper No. 22/62] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil described the Capital Plan for the 3-year period 2022/23 – 2024/25 noting that it took account of all estimated capital resources available including the national formula allocation, additional specific project funding and planned asset disposals. Mr Neil advised that estimated capital resources available to the Board for the 3-year period were £85.1m, £84.1m and £43.6m respectively.</p> <p>Following allocation of capital resource to all known and agreed areas of expenditure, there remained an unallocated budget balance of £9.1m, £12.1m and £18.2m in the 3-year period. Mr Neil advised that amounts would be allocated throughout each year with the current focus on ensuring that the current financial year 2022/23 is fully allocated and utilised timeously.</p> <p>In response to a question regarding the effects of inflation on tenders for capital projects, Mr Neil confirmed that there had been no issue with tendering for work, but inflation had an impact on the resulting in difficulty within market conditions and the cost of supplies.</p> <p>The issue of the funding for rectification works at the QEUH/RHC was raised and Mr Neil confirmed this money was distributed via a separate work stream and did not form part of the core capital element.</p> <p>The Board were content to approve the Capital Plan 2022/23 - 2024/25.</p> <p><u>APPROVED</u></p>		
91.	FINANCE, PLANNING AND PERFORMANCE COMMITTEE UPDATE		
a)	CHAIR’S REPORT OF MEETING HELD 9 AUGUST 2022		
	<p>The Board considered the paper ‘Chair’s Report of the meeting held 9 August 2022’ [Paper No. 22/63].</p> <p>In response to a question regarding the Primary Care Improvement Plan (PCIP) and the impact on local ad hoc vaccinations, it was noted that a focus of the PCIP was on</p>		

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	<p>maximising resources. Dr Crighton highlighted that the Vaccination Transformation Programme moves performing vaccinations away from GPs to allow them to prioritise other duties, however a more detailed update on the impact of local access to vaccination sites would be discussed at the October Population Health and Wellbeing Committee.</p> <p>In response to a question regarding the consultation process for the GP OOH model, it was noted that the process around the business contingency arrangements put in place in February 2020/21 has been held up by Health Improvement Scotland as best practice, particularly with regards to public engagement. The Chair also highlighted that the Board are subject to a national checklist which has to be completed before any business changes can be progressed. The Board were assured that appropriate measures had been taken prior to the GP OOH continuity model taking effect.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		Dr Crighton
b)	APPROVED MINUTE OF MEETING HELD 14 JUNE 2022		
	<p>The Board considered the paper 'Approved Minute of the Meeting Held 14 June 2022' [FPPC(M)22/03] and were content to note the minute</p> <p><u>NOTED</u></p>		
92.	WORKFORCE SUPPLY UPDATE		
	<p>The Board considered the paper 'Workforce Supply Update' [Paper No. 22/64] presented by Mrs Anne MacPherson, Director of Human Resources and Organisational Development.</p> <p>Mrs MacPherson noted some of the challenges faced in all sectors for the past two years, and assured the Board that there has been a dedicated focus on staff wellbeing. Mrs MacPherson also highlighted that the HR team had processed 440,000 applications in 29 months indicating a high level of focus on recruitment.</p> <p>Mrs McPherson confirmed that 720 newly qualified nurses had been recruited along with 50 internationally trained nurses. She also noted that our Allied Health Professionals continue to work</p>		

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	<p>flexibly to support the system, deploying across clinical areas in a variety of roles.</p> <p>Mrs MacPherson reported that sickness absence had reduced, though there remained 379 absences linked to COVID-19. She reinforced that staff wellbeing remained a primary focus and that staff were being encouraged to use their annual leave during the summer months, alongside being signposted to wellbeing hubs and Occupational Health, if required.</p> <p>In response to a question regarding the decrease in Registered Nurses (RNs) since April 2022, Mrs MacPherson noted the allocation of vacant posts was being looked at and recruitment to such was continual. This was also balanced with staff retention schemes and the ‘retire-return’ programme, which targeted those aged 55+. Mrs MacPherson noted that 180 nurses had retired and returned on reduced hours.</p> <p>Mrs MacPherson noted work was being carried out to ensure staff were proactively supported to remain in the service and feedback was monitored through iMatters. There were also a series of initiatives linked to the Workforce Strategy, liaison with trade unions and partnership fora, and in a wider sense, looking at the culture of the organisation through Investors in People. She advised that a Workforce Strategy paper would be presented at a future Board meeting.</p> <p>Ms Sandra Bustillo, Director of Communications and Public Engagement, noted work was ongoing to build on the successful annual programme of staff awards, at corporate and local level, rewarding success and achievement, and development of a ‘success register’ was in progress.</p> <p>Prof Wallace responded to the questions related to Item 3.4 ‘Wards with a Single Registered Nurse’, and reassured members that there were evidence based tools and data available reviewing nurse staffing across NHS GGC, as well as robust systems in place to escalate and mitigate staffing issues, and provide appropriate support. Assurance was also given that the Acute Services Committee had recently scrutinised the monitoring and management of the frequency and location of occurrences. Professor Wallace also explained that she was presenting to the Board Clinical and Care Governance Committee demonstrating staffing levels and standards of care present during this time of unprecedented pressures.</p> <p>In response to a question regarding the support available to staff with Long-COVID, Mrs MacPherson highlighted that each staff</p>	<p style="text-align: center;">Mrs MacPherson</p>

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	<p>member received a proper risk assessment when returning to work. Staff were supported through line managers and HR, providing links to Occupational Health, Occupational Therapy, Psychiatry, community Psychology, Counselling services, and programmes such as CBT and group exercise, dependent on individual needs.</p> <p>Detail on number of Long-COVID staff members was available and would be reviewed at the Staff Governance Committee.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		Mrs MacPherson
93.	STAFF GOVERNANCE COMMITTEE UPDATE		
a)	CHAIR'S REPORT OF MEETING HELD 2 AUGUST 2022		
	<p>The Board considered the paper 'Chair's Report of the meeting held 2 August 2022' [Paper No. 22/65].</p> <p>The Internal Communications and Employee Engagement Strategy had been signed off by the Committee.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		
b)	APPROVED MINUTE OF MEETING HELD 24 MAY 2022		
	<p>The Board considered the paper 'Approved Minute of the Meeting Held 24 May 2022' [SGC(M) 22-02] and were content to note this.</p> <p><u>NOTED</u></p>		
94.	NATIONAL CARE SERVICE CONSULTATION		
	<p>The Board considered the presentation 'National Care Service Consultation' by Ms Julie Murray, Lead for GGC Chief Officers/Chief Officer, East Renfrewshire HSCP.</p> <p>The Board considered it a very useful and informative presentation. It was however noted that not all the original feedback provided by the Board in November 2021 had been fully addressed in the Draft Bill. The key issues that required to be fed back were noted as focussing around capacity for change, cost, potential impact (reflecting on learning from the previous</p>		

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	<p>integration of health and social care), governance and the requirement for clarity around the co-design process moving forward.</p> <p>The Board recognised the issues and concerns raised, and agreed that they would feedback individual concerns to Ms Vanhegan and that delegated authority be given to the Chief Executive to sign off the HSCS Committee consultation response on behalf of the Board, and circulate the response to Board members.</p> <p>The Board were content to note the presentation.</p> <p><u>NOTED</u></p>		Ms Vanhegan
95.	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. 22/66] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance.</p> <p>The Chair noted changes were expected over the coming months as a result of tenures ending, however, Members would be updated accordingly.</p> <p>The Board were content to approve the Board Member Committee and the IJB Membership and changes intimated in the paper.</p> <p><u>APPROVED</u></p>		
96.	DATE OF NEXT MEETING		
	The next meeting would be held on Tuesday 25 October 2022 at 9.30 am via MS Teams		