

NHSGGC (M) 22/06  
Minutes: 128 - 149

## NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the  
NHS Greater Glasgow and Clyde Board  
held on Tuesday 20 December 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
Ms Ann Cameron-Burns	Cllr Michelle McGinty
Mr Simon Carr	Ms Ketki Miles
Mr Alan Cowan	Ms Anne-Marie Monaghan
Dr Emilia Crighton	Mr Colin Neil
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	Ms Rona Sweeney
Mrs Margaret Kerr	Mr Charles Vincent
Ms Amina Khan	Ms Michelle Wailes
Mrs Anne MacPherson	Prof Angela Wallace
Rev John Matthews OBE	

### 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
Ms Sandra Devine		Director of Infection, Prevention and Control
Ms Kim Donald	..	Corporate Services Manager - Governance/Board Secretary
Ms Alison Hardie	..	Secretariat Manager (Minute)
Mr William Edwards		Chief Operating Officer, Acute Services
Mr Andrew Gibson		Chief Risk Officer
Ms Christine Laverty		Chief Officer, Renfrewshire HSCP
Ms Susanne Millar	..	Chief Officer, Glasgow City HSCP
Ms Julie Murray		Chief Officer, East Renfrewshire HSCP
Ms Caroline Sinclair		Chief Officer, East Dunbartonshire HSCP

			ACTION BY
<b>128.</b>	<b>WELCOME AND APOLOGIES</b>		

BOARD OFFICIAL  
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		<b>ACTION BY</b>
	<p>Professor John Brown welcomed those present to the December 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 Risk Management Strategy and the Assurance Information Framework.</p> <p>The Chair noted the extended length of the meeting in response to concerns that previous meetings had overrun. The longer meeting will provide the opportunity to have more comfort breaks, and continue with Chair’s policy of not restricting the number of questions on any item, ensuring that every Board Member has the opportunity to contribute fully to the meeting.</p> <p>The Chair suggested that the Executives assume that the Board Members have read the papers, and presentations should be concise and only key issues highlighted.</p> <p>Apologies were intimated on behalf of Cllr Jacqueline Cameron, Prof Iain McInnes and Cllr Katie Pragnell.</p> <p><b><u>NOTED</u></b></p>	
<b>129.</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 advise</p>	

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			ACTION BY
	notification of any changes to Ms Kim Donald, Board Secretary and the Chair, by email.		
	<b><u>NOTED</u></b>		
<b>130.</b>	<b>MINUTE OF PREVIOUS MEETING</b>		
	The Board considered the minute of NHS Greater Glasgow and Clyde Board Meeting held on 20 December 2022 [Paper NHSGGC (M) 22/05] and on the motion of Mr Ian Ritchie, seconded by Rev John Matthews, the Board were content to accept the draft minute of the meeting as complete and accurate - subject to the following amendments being made by Ms Sandra Bustillo, Director of Communications and Public Engagement, prior to minutes being signed by the Chair.		
	<u>Internal Communication and Engagement Strategy</u>		
	<ul style="list-style-type: none"> <li>• Amendment to narrative to raise the profile of the role of partnerships with regards to staff communication</li> <li>• Amend page 8 to incorporate strategic objectives</li> </ul>		Ms Bustillo
	<b><u>APPROVED</u></b>		Ms Bustillo
<b>131.</b>	<b>MATTERS ARISING</b>		
<b>a)</b>	<b>ROLLING ACTION LIST</b>		
	The Board considered the paper 'Rolling Action List' [Paper No. 22/89] and were content to accept the recommendation that 12 actions were closed.		
	There were no other matters arising noted.		
	<b><u>APPROVED</u></b>		
<b>132.</b>	<b>CHAIR'S REPORT</b>		
	Professor Brown confirmed his attendance and contribution to a wide range of meetings since the Board meeting in October 2022, including regular discussions with the Scottish Government and the Cabinet Secretary for Health and Social Care, Mr Humza Yousaf MSP. Prof Brown also met with the NHS Board Chairs Group to discuss the challenges currently being faced across health and social care.		

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		<b>ACTION BY</b>
	<p>Prof Brown highlighted that he had chaired a meeting of the Glasgow Health Sciences Partnership Oversight Board which considered the progress being made with research, development and innovation across NHSGGC and the West of Scotland. Prof Brown commended the efforts of Dr Jennifer Armstrong, Medical Director and Dr Julie Brittenden, Director of Research and Innovation, on the continued work with research and clinical trials.</p> <p>As the NHS Scotland Global Citizenship Advisory Board Chair, Prof Brown was invited to present the 2022 Global Citizenship Award at the annual Scottish Health Awards.</p> <p>Prof Brown noted that he had met with Ernst &amp; Young, the newly appointed external auditors, and advised that he and Ms Michelle Wailes, Chair of the Audit and Risk Committee would meet with the external audit team on a regular basis.</p> <p>Prof Brown also advised that he had met with the Scottish Government Public Appointments Team to discuss the replacement of two Board Members approaching the end of their term with NHSGGC Board in 2023, and advised that the appointments would be advertised January 2023 and interviews would be held March 2023. Prof Brown noted that the recruitment panel were looking for individuals with clinical experience at a senior level.</p> <p><b><u>NOTED</u></b></p>	
<b>133.</b>	<b>CHIEF EXECUTIVE’S REPORT</b>	
	<p>Mrs Jane Grant confirmed that she had also attended the meeting of the Glasgow Health Sciences Partnership Oversight Board, and the Annual Apprenticeships event, and found both appointments to be uplifting.</p> <p>Mrs Grant advised that she had attended a number of routine Committee meetings to focus on winter contingency plans.</p> <p>Mrs Grant had also met with the Cabinet Secretary to discuss the ongoing challenges with delayed discharges, and had a separate meeting with the Mental Welfare Commission for Scotland to consider the review of the Adults with Incapacity (AWI) legislation.</p> <p>With regards to the Public Inquiry, Mrs Grant had met with the Executive Oversight Group and separately with the legal team and confirmed progress was being made.</p>	

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		<b>ACTION BY</b>
	<p>Accompanied by Dr Jennifer Armstrong and Ms Susanne Millar, Chief Officer, Glasgow City HSCP, Mrs Grant met with the University of Glasgow to discuss how both organisations might work collaboratively to support the health and welfare of students.</p> <p>Together with Mrs Anne MacPherson, Director of Human Resources and Organisational Development, Mrs Grant attended meetings on the national pay negotiations.</p> <p>Mrs Grant noted her meeting with the new Chief Executive of East Dunbartonshire Council and commented that she looked forward to a positive working relationship.</p> <p>Mrs Grant advised that she had chaired the Regional Cancer Advisory Board and Workforce Group, and had chaired a national Best Start learning event which had reported positively on the work underway across the country to deliver the national Maternity and Neonatal Strategy.</p> <p>Mrs Grant highlighted the publication of a report by Healthcare Improvement Scotland (HIS) on the Queen Elizabeth University Hospital (QEUH). The report noted good infection prevention and control leadership within the hospital campus, with senior managers and leaders demonstrating good knowledge of their roles and responsibilities.</p> <p>Mrs Grant reported that the General Medical Council had written to advise that the Board had satisfactorily resolved concerns in connection with the junior doctor rota at Inverclyde Royal Hospital and enhanced monitoring had been removed.</p> <p>The Board were content to note the Chair's Report and the Chief Executive's Report.</p> <p><b>NOTED</b></p>	
<b>134.</b>	<b>PATIENT STORY</b>	
	<p>Professor Angela Wallace, Nurse Director, introduced a short video presentation which described the Family Nurse Partnership's work with young mothers, and the celebrations of the partnership's 10-year anniversary.</p> <p>The Chair thanked Ms Ellie Shields, Family Nurse, and the service users for sharing their journey and all who participated in the video presentation.</p>	

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	<b><u>NOTED</u></b>	
<b>135.</b>	<b>WINTER UPDATE</b>	
	<p>The Board considered the paper 'Winter Update' [Paper No. 22/90] presented by Dr Jennifer Armstrong, Medical Director.</p> <p>Dr Armstrong highlighted that daily reviews were being carried out to balance the needs of planned care and unscheduled care for patients and noted the significant challenges. Mr William Edwards, Chief Operating Officer, Acute Services, advised that winter capacity was being reviewed regularly but delayed discharges were posing a greater challenge.</p> <p>Dr Emilia Crighton, Interim Director of Public Health, advised the Winter Vaccination Programme had been completed and Drop In Clinics to vaccinate individuals without appointment remained open across the NHSGGC area.</p> <p>In response to the question on how many of the hospital admissions were due to COVID-19, it was agreed that Mr Edwards would provide further detail on the patients identified as COVID-19 symptomatic and circulate to Board Members.</p> <p>Mr Edwards noted the additional challenges posed with Norovirus and Influenza with regards to patient placement across NHSGGC sites, and added that there were difficulties balancing urgent cancer procedures, elective surgery and the increasing demand. Mr Edwards assured members that there was a phased plan in place to open up additional capacity at a number of sites from 4 January 2023.</p> <p>In response to the question on the low uptake of the COVID-19 Booster and the Flu Vaccine among health and social care staff, Dr Crighton advised that these figures could be higher as staff members living out with the NHSGGC area had not been included. Dr Crighton added that the importance to be vaccinated was being reinforced to all staff members on a regular basis.</p> <p>In response to the question on the correlation between staff who had been vaccinated and staff absence rates, Mrs MacPherson advised that there had been no established link identified and noted 377 staff absences with COVID-19 had been reported. Mrs MacPherson noted research had been carried out to find out why staff members were not being vaccinated and findings noted, predominantly, that it was through personal choice.</p>	Mr Edwards

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		<b>ACTION BY</b>
	<p>Mrs MacPherson added that the Flu Peer Immunisation programme had worked well previously but NHSGGC was unable to restart the programme due to COVID-19, and advised that staff Champions had remained in place and continued to encourage staff members to be vaccinated.</p> <p>In response to the comment on the increased number of young children being admitted with Flu, Ms Christine Lavery, Chief Officer, Renfrewshire HSCP, offered assurance that Flu vaccinations for children aged from 6 months to children aged up to two years old was 55%, 60% for primary school children and 47% for secondary school children.</p> <p>In response to the question on immunity waning within the communities, and how to prevent the spread, Dr Crighton advised communications continued in all NHSGGC settings to reinforce the message that individuals to refrain from attending hospital settings if symptomatic and to remind all persons of the hand hygiene protocol. Dr Crighton will liaise with Ms Bustillo, Director of Communications and Public Engagement to consider a public messaging campaign to reinforce the message of the preventable spread of Flu and COVID-19.</p> <p>In response to the question on how to mitigate the impact of dis-information of the Flu vaccine, Ms Bustillo noted disruption had been caused due to COVID-19 and advised that she will consider how best to address the issue and provide an update at the next Board meeting.</p> <p>In response to the query on the meeting with the Chief Executives of Care Homes on 14 December 2022, Ms Millar reported that two key issues had been discussed, admissions to care homes and the complexity of cases. Ms Millar added that the executives had shown a real willingness to engage, recognised that delayed discharges for hospitals was a shared issue and that there was a need to balance the risk across the whole system. A further meeting was scheduled January 2023.</p> <p>In response to the question on the Scottish Government’s key priority, ‘to support unpaid carers and recognise their value’, Ms Millar referred to the Glasgow City HSCP Carer Strategy 2022-25 and noted a copy of the strategy would be circulated to Board Members.</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>	<p>Dr Crighton/ Ms Bustillo</p> <p>Ms Bustillo</p> <p>Secretariat</p>

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<b>136.</b>	<b>ACUTE SERVICES COMMITTEE</b>		
<b>a)</b>	<b>Chair’s Report of the Meeting held on 15 November 2022</b>		
	<p>The Board considered the paper ‘Chair’s Report of the Meeting held 15 November 2022’ [Paper No. 22/91] presented by Dr Paul Ryan, Vice Chair of the Committee.</p> <p>Dr Ryan highlighted the Planned Care Update and noted the Committee were assured by the presentation, and also noted the valuable information received from the A&amp;E Attendance research study.</p> <p>In response to the question on the performance associated with cancer noted in the Planned Care Update, Mr Edwards advised that Cancer Performance Groups were in place and were focussed on Planned Care targets, and added that updates would be provided through the relevant committees.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
<b>b)</b>	<b>Approve Minute of the Meeting held on 20 September 2022</b>		
	<p>The Board considered the paper ‘Approved Minute of the Meeting held 20 September 2022’ [ASC(M)22-04].</p> <p>The Board were assured by the minute.</p> <p><b><u>ASSURED</u></b></p>		
<b>137.</b>	<b>NHSGGC BOARD PERFORMANCE REPORT</b>		
	<p>The Board considered the paper ‘Performance Report’ [Paper No. 22/92] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil referred to a query on the expected update on the aggregation of Primary Care and community services data and noted that Primary Care information was being provided as part of the NHSGGC Board Performance Report.</p> <p>It was agreed that the aforementioned action would remain open until data was available.</p> <p>Ms Denise Brown, Director of e-Health, advised of NHSGGC’s participation in a national pilot to test how best to collect and</p>		<p>Ms Lavery/ Ms Sinclair/ Mr Neil/ Secretariat</p>



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	<p>extract data from GP systems was underway. A collaborative approach with the Scottish Government, NHS Scotland and National Services Scotland.</p> <p>Mrs Grant advised that this work had to be nationally driven to be able to make sensible comparisons.</p> <p>Ms Laverty assured members that there was oversight of the 234 GP Practices, across Greater Glasgow and Clyde such as local governance with HSCP Clinical Directors working closely with GPs, and Chief Officers receiving updates on the Primary Care Improvement Plan (PCIP) from each of the six HSCP partnerships.</p> <p>Dr Armstrong noted additional oversight in terms of professional regulation, annual appraisals, quality clusters, and with Dr Kerri Neylon, NHSGGC Deputy Medical Director for Primary Care who linked with directors, GPs and dentists.</p> <p>It was agreed that the PCIP update would be shared at the Finance, Planning and Performance Committee and Board meetings February 2023.</p> <p>Turning to the Performance Report, Mr Neil noted steady progress in relation to the new outpatient Planned Care targets and TTG patients, and positive progress with CAMHS being above the 80% trajectory. Performance of psychological therapies had increased to 83.3% against 90% trajectory just short of the national position of 80.7%.</p> <p>Mr Neil noted the key challenges with Cancer 62-day Waiting Times and Unscheduled Care and confirmed regular scrutiny by the Acute Services Committee. Mr Neil advised Delayed Discharges were being discussed at the Finance, Planning and Performance Committee.</p> <p>Mr Edwards noted that access to cancer services within 31 days was positioned at 93.4% below the target of 95%, and access within 62 days was 74.7% but below the national average. Mr Edwards confirmed an action plan would be presented to the Acute Services Committee.</p> <p>Mr Edwards reported the number of new outpatients waiting more than 78 weeks had reduced to 857 and outpatient activity had exceeded planning assumptions. The TTG target of 1,650 had been achieved with no patients waiting for more than a two-year period.</p>	<p style="text-align: center;">Dr Neylon</p>

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	<p>Ms Millar noted the reduction in Delayed Discharges from 302 to 247 within the six HSCPs, and significant improvements with 389 Child Mental Health Services (CAMHS) patients/91% being seen within an 18-week period. Ms Millar added that 606 patients had accessed psychological therapies as at November 2022, just below target, largely due to effective scrutiny and good governance.</p> <p>In response to the query on CAMHS, Ms Caroline Sinclair, Chief Officer, East Dunbartonshire HSCP, will provide further detail on the timeframes on access to services to the Finance, Planning and Performance Committee and Board meetings February 2023.</p> <p>In response to the question on whether more investment being made available and/or equipment purchased would alleviate the ongoing challenges, Mrs Grant noted great efforts were being made to maximise the use of all resources but the key issues were the level of backlog and the availability of trained staff, particularly with regards to Endoscopy. Mr Edwards added that capacity had been maximised, including additional modular buildings placed across NHSGGC sites to augment the Endoscopy service.</p> <p>Dr Crighton highlighted some of the proactive measures in place, such as screening programmes to identify early detection of cancer, the clinical prioritisation programme, and the effective tracking of the varying stage(s) of cancers.</p> <p>Dr Armstrong assured members that all issues with regards to cancer services were regularly monitored and scrutinised by the Cancer Performance Groups, the Acute Services Committee and the Clinical and Care Governance Committee.</p> <p>In response to the question on measuring the performance of the A&amp;E waiting times, Mr Edwards noted the 4-hour waiting time was a national target, benchmarked across NHS Scotland and data was presented in accordance with Scottish Government guidance. Mr Edwards assured members that the waiting times were monitored and scrutinised.</p> <p>In response to the question if the triage system was operated across all NHSGGC A&amp;E departments, Mr Edwards confirmed consistency across Greater Glasgow and Clyde and advised that patients were referred to the relevant NHS Pathways such as the Minor Injuries Units (MIU). Mr Edwards noted regular monitoring of each of the services and staff realigned as appropriate.</p>	<p style="text-align: center;">Ms Sinclair</p>

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DRAFT – TO BE RATIFIED

		<b>ACTION BY</b>
	<p>In response to the question on realistic medicine and elective treatments, Dr Armstrong advised details on patient decisions and the impact to services were not recorded. Dr Armstrong noted that lead clinicians do meet with the Chief Medical Officer on a regular basis, and an update on the Scottish Government’s plans for longer term evaluation of realistic medicine will be provided at the next Board meeting.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>	Dr Armstrong
<b>138.</b>	<b>HEALTHCARE ASSOCIATED INFECTION REPORT</b>	
	<p>The Board considered the paper ‘Healthcare Associated Infection Report’ [Paper No. 22/93] presented by Ms Sandra Devine, Director of Infection Prevention and Control.</p> <p>Ms Devine reported positive outcomes on Scottish Government performance targets.</p> <p>Ms Devine referred to the report received from the Healthcare Environment Inspectorate on the unannounced inspection to QEUH in June 2022, and noted a positive report; nine areas of good practice, two recommendations and four requirements. The full report would be presented to the Clinical and Care Governance Committee.</p> <p>Ms Devine noted the report on the unannounced inspection to Inverclyde Royal Hospital in October 2022 would be published 23 January 2023.</p> <p>In response to the question on SAB, CDI and ECB case numbers, Prof Wallace advised there had been sustained improvement, and noted that the annual report would be discussed with the Clinical and Care Governance Committee. An update on timescales, for Board review, to be shared at the next meeting.</p> <p>In response to the question on the downward trend on Hand Hygiene Monitoring Compliance noted within the report, Ms Bustillo advised that the Hand Hygiene Coordinator remained in place to monitor, audit, promote and educate staff members across the clinical areas. Ms Bustillo assured members that the hand hygiene message was being promoted daily across NHSGGC and added that discussions on how to continue to get the message across were ongoing with the Clinical Quality Improvement Network.</p>	Prof Wallace

BOARD OFFICIAL  
DRAFT – TO BE RATIFIED

			ACTION BY
	The Board were assured by the report.  <b><u>ASSURED</u></b>		
<b>139.</b>	<b>CLINICAL AND CARE GOVERNANCE COMMITTEE</b>		
<b>a)</b>	<b>Chair’s Report of Meeting held on 06 December 2022</b>		
	<p>The Board considered the paper ‘Chair’s Report of the meeting held 06 December 2022’ [Paper No. 22/93], presented by Dr Paul Ryan, Chair of the Committee.</p> <p>Dr Ryan highlighted the paper on the Hospital Standardised Mortality Rate and noted the update on the improvement work in the Clyde Sector.</p> <p>Dr Ryan advised on the restart of the Maternity and Neonatal Care in Scotland Programme.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
<b>b)</b>	<b>Approved Minute of the Meeting held on 06 September 2022</b>		
	<p>The Board considered the paper ‘Approved Minute of the Meeting held 06 September 2022’ [C&amp;CG(M)22/03].</p> <p>In response to the query on single Registered Nurse (RN) wards being a ‘never event’, Prof Wallace noted that there was continued focus to ensure wards were staffed by more than one RN through recruitment and retention of staff, and advised that bank staff were being used in the interim.</p> <p>Mrs MacPherson added that regular updates were presented to the Acute Services Committee outlining all initiatives in place; retire and return campaign, recruitment of international nurses, extending healthcare support roles and additional porters and domestics.</p> <p>The Board were assured by the minute.</p> <p><b><u>ASSURED</u></b></p>		
<b>140.</b>	<b>AREA CLINICAL FORUM</b>		

BOARD OFFICIAL  
DRAFT – TO BE RATIFIED

			ACTION BY
<b>a)</b>	<b>Chair’s Report of the Meeting held on 08 December 2022</b>		
	<p>The Board considered the paper ‘Chair’s Report of the meeting held 08 December 2022’ [Paper No. 22/95], presented by Dr Lesley Rousselet, Chair of the Committee.</p> <p>Dr Rousselet noted reporting of the pressures on the system and the challenges faced by General Practitioners, and confirmed the forum was reassured that efforts were being made to find solutions.</p> <p>Dr Rousselet highlighted the concerns with de-registration of patients from dental practices and noted the forum was assured that NHSGGC were well represented at the Advisory Committee looking to find new ways of delivering and supporting practitioners.</p> <p>Dr Rousselet noted that members had concerns with regards to training places for healthcare scientists but following dialogue with Mrs Grant and Prof Wallace the forum had been reassured.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
<b>b)</b>	<b>Approved Minute of the Meeting held on 13 October 2022</b>		
	<p>The Board considered the paper ‘Approved Minute of the Meeting held 13 October 2022’ [ACF(M) 22-05].</p> <p>The Board were assured by the minute.</p> <p><b><u>ASSURED</u></b></p>		
<b>141.</b>	<b>DIGITAL STRATEGY</b>		
	<p>The Board considered the paper ‘Digital Strategy’ [Paper No. 22/96] presented by Ms Denise Brown, Director of eHealth.</p> <p>Ms Brown reported the strategy had been set to enable accessibility and engagement with staff members, the general public and partners. The strategy was aligned to corporate objectives and operational priorities, and built on lessons learned through the pandemic, and noted strategic themes and priority programmes.</p>		

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DRAFT – TO BE RATIFIED

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	<p>Ms Brown highlighted the strength of the strategy was due to the engagement, dialogue and input from staff members, the public and partners, and feedback from the CMT, Audit and Risk Committee and the Finance, Planning and Performance Committee.</p> <p>Ms Brown noted the enablement of the Moving Forward Together change programme through digital transformation such as online appointment booking, virtual appointments and assessment, staff induction and training, and a more integrated digital experience for patients to access online services. Ms Brown noted that there had been due consideration for those without digital access.</p> <p>Ms Brown advised that programmes within the delivery plan would be used to measure the digital adoption of services. The EQIA would ensure due compliance of each of the programmes.</p> <p>Following discussions on the noted evaluation within the Digital Strategy, it was agreed that the benefits realisation section would be revised to reflect measurements of success.</p> <p>A review of the strategy to be scheduled within the NHSGGC Board ACOB.</p> <p>The Chair commented that a high standard had been set by the Digital Strategy, to be matched by other NHSGGC strategies.</p> <p>The Board were content to approve the strategy.</p> <p><b><u>APPROVED</u></b></p>	<p>Ms Brown Secretariat</p>
<b>142.</b>	<b>AUDIT AND RISK COMMITTEE</b>	
<b>a)</b>	<b>Chair’s Report of Meeting held on 13 December 2022</b>	
	<p>The Board considered the paper ‘Chair’s Report of the meeting held 13 December 2022’ [Paper No. 22/96], presented by Ms Michelle Wailes, Chair of the Committee.</p> <p>Ms Wailes highlighted approval of the Fraud Policy, endorsement for approval of the Corporate Risk Register (CRR), Risk Management Strategy and Risk Register Policy.</p> <p>Ms Wailes noted the meeting held with the new external auditors, Ernst &amp; Young, and advised work on the Annual Audit Plan was underway.</p>	

BOARD OFFICIAL  
DRAFT – TO BE RATIFIED

			<b>ACTION BY</b>
	<p>Ms Wailes noted that two new risks had been added to the CRR, in particular the risk that reflected the potential impact of industrial action on service delivery and patients.</p> <p>With regards to impending industrial action, Mrs MacPherson advised that a subsequent offer had been made by the Scottish Government, and as a consequence the trade unions Unite and UNISON had paused planned actions, the offer had been rejected by GMB and the response from the RCM was imminent.</p> <p>Mrs MacPherson added that work was ongoing with associated partners and stakeholders to mitigate the impact of industrial actions happening across Scotland such as rail, postal and ambulance strikes.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
<b>b)</b>	<b>Approved Minute of Meeting held on 13 September 2022</b>		
	<p>The Board considered the paper 'Approved Minute of the Meeting held 13 September 2022' [ARC (M)22/04].</p> <p>The Board were assured by the minute.</p> <p><b><u>ASSURED</u></b></p>		
<b>143.</b>	<b>FINANCE, PLANNING AND PERFORMANCE COMMITTEE</b>		
<b>a)</b>	<b>Chair's Report of Meeting held on 06 December 2022</b>		
	<p>The Board considered the paper 'Chair's Report of the meeting held on 06 December 2022' [Paper No. 22/98], presented by Mrs Margaret Kerr, Chair of the Committee.</p> <p>Mrs Kerr highlighted the Committee had been looking at the strategies in place across the Board such as the Digital Strategy and the West Dunbartonshire Integration Joint Board (IJB) Strategic Plan.</p> <p>Mrs Kerr noted that as part of the review of NHSGGC's Performance Report, the Committee had discussed, at length, the complexities around the issue of Delayed Discharges.</p>		

BOARD OFFICIAL  
DRAFT – TO BE RATIFIED

			ACTION BY
	<p>In response to the question on the GP Out Of Hours costed proposal expected at the Finance, Planning and Performance Committee meeting October 2022, Mrs Kerr advised that the fully costed plan was not complete as a response was required from HIS. Ms Bustillo added that a detailed report had been submitted to HIS and a final response was expected February 2023.</p> <p>Ms Kerr confirmed that a GP Out Of Hours Update had been presented at the December meeting, and a fuller report was planned for 2023.</p> <p>In response to the question on the reversal of funding from the PCIP, as lead Chief Officer for Primary Care, Ms Laverty responded that each of the six IJBs were in dialogue with the Scottish Government on the PCIP/Financial plan. Ms Laverty added that Ms Ann Forsyth, Head of Primary Care Support, had an overview of discussions.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
<b>b)</b>	<b>Approved Minute of the Meeting held on 11 October 2022</b>		
	<p>The Board considered the paper 'Approved Minute of the Meeting held 11 October 2022' [FPPC(M)22/05].</p> <p>The Board were assured by the minute.</p> <p><b><u>ASSURED</u></b></p>		
<b>144.</b>	<b>NHSGGC FINANCE REPORT</b>		
	<p>The Board considered the paper 'NHSGGC Finance Report' [Paper No. 22/99] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil reported a reduced deficit of £40.26m at Month 7 from £40.8m at Month 6. Unachieved savings of £34.97m noted, and £5.3m of an overspend for pay and non-pay and £6.2m for Acute services offset by the Corporate underspend of £0.9m. Mr Neil advised £42.4m of expenditure on remobilisation and delivery of services due to COVID-19 had been covered in full, and the overall position included £44.85m of non-recurring relief.</p> <p>Mr Neil stated the importance of the alignment of the Sustainability and Value Programme (SVP) and NHSGGC's Financial Improvement Programme, and noted the need for an</p>		



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		ACTION BY
	<p>overarching approach to manage the level of financial challenge in subsequent years.</p> <p>The overall savings' challenge for the Board in 2022-23 was £174.5m, with £53.79m allocated to the Directorates and Sectors, leaving the balance of £120.7m.</p> <p>On a current year basis, through the SVP, £31.57m had been achieved by the Directorates and Sectors, an increase of £5.52m from Month 6, and a further £80.38m through non-recurring relief and other corporate measures.</p> <p>On a full year recurring basis, £16.66m had been achieved at Month 7 against the £53.79m target.</p> <p>Mr Neil noted the forecast by the end of the financial year at £30.29m, an improvement of £6m on the previous month, and factored in all known projects and associated risks.</p> <p>Capital expenditure of £24.2m had been incurred at 31 October 2022 with a balance of £74.3 to be incurred by 31 March 2023.</p> <p>At Month 7, 55% of the total capital allocation had firm orders or incurred spend. A balance of £5.8m was available to be allocated, and consideration was being given to the priority lists of medical equipment and Estates and Facilities.</p> <p>The forecast deficit had reduced from £78.4m to £30.9m at Month 7, a reduction of £47.5m of which £22.9m associated with COVID-19 costs and £24.6m betterment in the forecast core position.</p> <p>The COVID-19 funding gap was now £3.1m and the forensic review continued, with a view to reducing the costs.</p> <p>Mr Neil commented that the Board could be encouraged by the incremental progress but to maintain caution until the balance of the end of year budget.</p> <p>In response to the question on capital expenditure, Mr Neil noted that a slightly better position was due, largely, to the circa 66% of the total balance having committed orders in place that would process through to receipt and payment. Mr Neil added that items such as medical equipment were able to be processed quicker than those associated with capital build and the physical build environment.</p>	

BOARD OFFICIAL  
DRAFT – TO BE RATIFIED

		<b>ACTION BY</b>
	<p>In response to the question on the impact of the 5.9% uplift, Mr Neil referred to the budget announcement from the Scottish Government, dated 15 December 2022, and noted the uplift in place had been split into two parts; incorporated baseline uplift for 2023-24 and current funding for pay award to baseline. Mr Neil confirmed dialogue continued with the Scottish Government on calculating pay awards for 2022-23 and added that additional funding with regards to the related minimum wage settlement would go through the IJBs.</p> <p>The letter received from the Scottish Government with regards to the percentage uplift to be shared with Board Members.</p> <p>Members agreed that Mr Neil would decide the ‘finance position’ topic of a future Board Seminar, date to be agreed with Ms Elaine Vanhegan, Director of Corporate Governance and Administration.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>	<p>Mr Neil</p> <p>Mr Neil/ Ms Vanhegan</p>
<b>145.</b>	<b>STAFF GOVERNANCE COMMITTEE</b>	
<b>a)</b>	<b>Chair’s Report of Meeting held on 22 November 2022</b>	
	<p>The Board considered the paper ‘Chair’s Report of the meeting held on 22 November 2022’ [Paper No. 22/100], presented by Ms Ketki Miles, Co-Chair of the Committee.</p> <p>Ms Miles advised the Committee had been assured by the appropriate level of information provided on the additional risk of Industrial Action noted within the CRR.</p> <p>The Committee had approved the Annual Return 2021-22.</p> <p>The Committee were assured by the Acute Services presentation and the update on General Medical Council Enhanced Monitoring.</p> <p>Ms Miles noted members found the visit to Greenock Health and Care Centre and the Central Decontamination Unit in Cowllairs to be a rewarding experience for all involved.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>	

BOARD OFFICIAL  
DRAFT – TO BE RATIFIED

			ACTION BY
<b>b)</b>	<b>Approved Minute of the Meeting held on 02 August 2022</b>		
	<p>The Board considered the paper ‘Approved Minute of the Meeting held 02 August 2022’ [SGC(M)22/03].</p> <p>The Board were assured by the minute.</p> <p><b><u>ASSURED</u></b></p>		
<b>146.</b>	<b>RISK MANAGEMENT STRATEGY</b>		
	<p>The Board considered the paper ‘Risk Management Strategy’ [Paper No. 22/101] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil advised that the strategy formed one element of an Integrated Risk Management Framework which also included the Board Risk Appetite Statement and an updated Risk Register Policy and Guidance for Managers.</p> <p>Mr Neil noted that the strategy documents had been reviewed by the Risk Management Steering Group, CMT and the Audit and Risk Committee, and had been updated to reflect best practice.</p> <p>In response to the question on the definition of a risk, Mr Gibson clarified that a risk is an uncertain future event that may have an impact on our ability to deliver our objectives, whereas an issue is a problem that has already occurred or is occurring.</p> <p>The Board were content to approve the strategy.</p> <p><b><u>APPROVED</u></b></p>		
<b>147.</b>	<b>ASSURANCE INFORMATION FRAMEWORK</b>		
	<p>The Board considered the paper ‘Assurance Information Framework’ [Paper No. 22/102] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil noted the Assurance Information Framework was an integral part of the Board’s Integrated Governance System and its further development was included in the current NHSGGC Active Governance Programme.</p> <p>Mr Neil advised that the work to develop the assurance information required at Standing Committee level had produced a</p>		

BOARD OFFICIAL  
DRAFT – TO BE RATIFIED

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	<p>solid foundation for the approach to improving Board level assurance.</p> <p>Further work had been completed to align assurance information to the four Corporate Aims. The focus was now on developing the key performance indicators at Board level and aligning them with the relevant corporate objectives.</p> <p>It was proposed that a small group be convened to review the information currently available to Board and determine the key performance indicators at Board level for 2023/24. This work would include the triangulation of the assurance information already considered by the Standing Committees.</p> <p>The Chair noted Mr Alan Cowan and Cllr Martin McCluskey would be joining the group, and the first meeting to be scheduled February 2023, reporting to the NHSGGC Board from April 2023.</p> <p>The Board were assured by the update.</p> <p><b><u>ASSURED</u></b></p>	Secretariat
<b>148.</b>	<b>BOARD MEMBER VISITS</b>	
	<p>The Board considered the paper ‘Boardroom Member Visits’ [Paper No. 22/103].</p> <p>The Chair noted a Programme of assurance visits to operational areas had now been finalised for the remainder of the financial year 2022-23, and Board Members would be contacted accordingly.</p> <p>The Chair added that the QEUH assurance visit by the Acute Services Committee would have to be rescheduled as members were not able to attend.</p> <p>The Chair advised work was ongoing to schedule the informal visits undertaken by the Chair and the Vice Chairs. The Chair noted that these visits were in addition to the assurance visits and provided the opportunity to meet and personally thank staff members for the hard work and commitment that they show to the NHS. The programme will be shared with Board members in due course.</p> <p>The Board were content to note the paper.</p> <p><b><u>NOTED</u></b></p>	<p>Ms Bustillo</p> <p>Ms Bustillo</p>

BOARD OFFICIAL  
DRAFT – TO BE RATIFIED

			<b>ACTION BY</b>
<b>149.</b>	<b>DATE OF NEXT MEETING</b>		
	The next meeting would be held on Tuesday, 28 February 2022 at 9.30 am via MS Teams		

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