

NHSGGC (M) 21/03
MINUTES: 26 - 45

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
NHS Greater Glasgow and Clyde Board
Held on Tuesday 27th April 2021, at 9.30 am
Via MS Teams**

PRESENT

Professor John Brown CBE (in the Chair)

Dr Jennifer Armstrong	Cllr Sheila Mechan
Cllr Caroline Bamforth	Ms Ketki Miles
Ms Susan Brimelow OBE	Mr Allan MacLeod
Mr Simon Carr	Cllr Jonathan McColl
Cllr Jim Clocherty	Ms Dorothy McErlean
Mr Alan Cowan	Ms Anne-Marie Monaghan
Professor Linda de Caestecker	Cllr Iain Nicolson
Ms Jacqueline Forbes	Mr Ian Ritchie
Mrs Jane Grant	Mr Francis Shennan
Cllr Mhairi Hunter	Ms Paula Speirs
Mrs Margaret Kerr	Ms Rona Sweeney
Ms Amina Khan	Mrs Audrey Thompson
Mr John Matthews OBE	Ms Flavia Tudoreanu
Dr Margaret McGuire	Mr Charles Vincent
Professor Iain McInnes	Mr Mark White

IN ATTENDANCE

Mr Callum Alexander	..	Business Manager
Mr Jonathan Best	..	Chief Operating Officer
Ms Sandra Bustillo	..	Director of Communications and Engagement
Ms Gillian Duncan	..	Secretariat (Minutes)
Ms Beth Culshaw	..	Chief Officer, West Dunbartonshire HSCP
Mr William Edwards	..	Director of eHealth
Mr Graeme Forrester	..	Deputy Head of Board Administration
Ms Lorna Kelly	..	Director of Primary Care
Ms Louise Long	..	Chief Officer, Inverclyde HSCP
Mrs Anne MacPherson	..	Director of Human Resources and Organisational Development
Ms Susan Manion	..	Interim Director of GP Out of Hours
Mrs Geraldine Mathew	..	Secretariat Manager
Ms Susanne Millar	..	Chief Officer, Glasgow City HSCP
Ms Julie Murray	..	Chief Officer, East Renfrewshire HSCP
Ms Laura Reid	..	Azets
Ms Caroline Sinclair	..	Interim Chief Officer, East Dunbartonshire HSCP
Mr Tom Steele	..	Director of Estates and Facilities
Ms Shiona Strachan	..	Interim Chief Officer, Renfrewshire HSCP
Ms Elaine Vanhegan	..	Head of Corporate Governance and Administration
Professor Angela Wallace	..	Interim Executive Director of Infection Prevention and Control

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		ACTION BY
26.	WELCOME AND APOLOGIES	
	<p>Professor John Brown, Chair, welcomed those present to the meeting and wished Ramadan Mubarak to all of the Muslim community and all of the Muslim members of staff observing the holy month of Ramadan.</p> <p>The meeting combined Members joining via video conferencing and a socially distanced gathering of some members within the Board Room of JB Russell House. Professor Brown reminded Members of the appropriate etiquette during the online discussion and welcomed the members of public who were joining the Board meeting as observers.</p> <p>Professor Brown introduced Professor Iain McInnes who had joined the Board on 1st April 2021 as the new Stakeholder Member for the University of Glasgow. He advised that Professor McInnes was replacing Professor Dame Anna Dominiczak who had stepped down from this post. Dame Anna is currently on secondment to the UK Government Department of Health and Social Care (DHSC) as Director of Laboratories, NHS Test and Trace. Professor Brown personally thanked Dame Anna for her extensive contribution and commitment to NHSGGC in recent years and on behalf of the Board, wished her the very best for her new endeavours.</p> <p>Professor Brown also advised that there would be a further two new Non Executive Board Members joining the Board on 1st June 2021, Dr Paul Ryan and Mrs Michelle Wailes.</p> <p>No Member apologies were received.</p> <p><u>NOTED</u></p>	
27.	DECLARATION(S) OF INTEREST(S)	
	<p>Professor Brown invited Members to declare any interests in any of the items being discussed. Professor Brown also reminded members of the requirement to keep their details on the Register of Interest up to date and asked for any changes to be notified to the Secretariat team.</p> <p>Mr Charles Vincent declared an interest in Item 8 - Queen Elizabeth University Hospital (QEUH) and Royal Hospital for Children (RHC). A member of Mr Vincent's family had previously been involved in discussions around the infection prevention and control systems at the QEUH campus. Having discussed this with the Board Chair in advance of the meeting, it was agreed that this was not significant enough to affect any influence in the consideration of today's agenda item and Mr Vincent would be welcome to take part in the discussion.</p>	

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	<p>Mr Francis Shennan also declared an interest in Item 8 - Queen Elizabeth University Hospital (QEUH) and Royal Hospital for Children (RHC). Mr Shennan had previously made a claim for damage to his property against Multiplex, the company coincidentally responsible for the construction of the QEUH. As this was not considered significant, Mr Shennan would be welcome to take part in the discussion.</p> <p><u>NOTED</u></p>	
28.	MINUTES OF PREVIOUS MEETING	
	<p>The Board considered the minute of the NHS Greater Glasgow and Clyde Board Meeting held on 23 February 2021 [Paper No. NHSGGC (M) 21/02].</p> <p>It was noted that under Item 13 – NHSGGC Remobilisation Plan Update [Minute No.22], there had been a discussion about the future of the Moving Forward Together Steering Group and the impact of the Remobilisation Plan on the Moving Forward Together programme that had not been referenced in the minute.</p> <p>Professor Brown acknowledged that this had been overtaken by events but and advised that Mrs Grant had provided assurance that the relationship between the Remobilisation Plan and the Moving Forward Together programme was being considered by the Corporate Management Team and the Board minute would be amended to clarify this point.</p> <p>On the motion of Ms Audrey Thompson, seconded by Ms Paula Speirs, the minute of the meeting was approved and accepted as an accurate record subject to the amendment noted above.</p> <p><u>APPROVED</u></p>	Ms Vanhegan
29.	MATTERS ARISING	
	BOARD ROLLING ACTION LIST	
	<p>The Board considered the Rolling Action List of the NHSGGC Board [Paper No. 21/10].</p> <p>Professor Brown asked the Board if they had any matters arising that they wished to raise. No matters were raised and Members agreed to the closure of the three actions noted on the Rolling Action List.</p> <p>The Board were content to note the Rolling Action List.</p> <p><u>NOTED</u></p>	

30.	CHAIR’S REPORT	
	<p>Professor Brown advised that since the last Board meeting, he had attended meetings of the Audit and Risk Committee, the Finance, Planning and Performance Committee and the Staff Governance Committee and the Standing Committee Chair’s reports for these were included with the papers for today’s meeting,</p> <p>Professor Brown advised that regular briefing sessions for MPs and MSPs had taken place before the pre-election period. These mainly focused on COVID-19 and the vaccination programme.</p> <p>He also advised that the NHS Board Chairs had met and the focus of these discussions had been the response of NHS Scotland to the COVID-19 pandemic. A separate meeting of the West of Scotland Board Chairs had also taken place and a joint meeting of NHS Board Chairs and Chief Executives had also been held to discuss the pandemic and the emerging plans for remobilisation, recovery and reform of the NHS.</p> <p>Professor Brown advised that the Glasgow Health Sciences Partnership Oversight Board had met and an update on the work of this group would be brought to a future Board meeting.</p> <p>Professor Brown advised the Glasgow Centre for Population Health management board had met and there would be further discussions about the future direction of the Centre’s work, as the Scottish Government’s approach to improving population and wellbeing continues to develop following the Scottish Parliament election.</p> <p>Professor Brown continues to chair the NHS Scotland Global Citizenship Advisory Board and the NHS Scotland Corporate Governance Steering Group and had attended a variety of meetings with key stakeholders to take these two important initiatives forward.</p> <p>Professor Brown had a number of discussions with the Royal College of Physicians of Edinburgh and their paper reviewing the governance of the Board would be discussed at Item 16 on today’s agenda.</p> <p>The Board were content to note the Chair’s Update.</p> <p><u>NOTED</u></p>	Ms Vanhegan
31.	CHIEF EXECUTIVE’S REPORT	
	<p>Mrs Grant advised that significant work was ongoing in relation to the Oversight Board and Casenote Review and more detail on that would be provided during discussion of Item 8 on today’s agenda.</p>	

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	<p>She also advised that she had recently attended a clinical governance symposium which discussed diagnostics during the pandemic that she had found very interesting.</p> <p>Mrs Grant had chaired a meeting of the Regional Cancer Advisory Group which had mainly focused on recovery issues.</p> <p>There had also been a number of national and regional NHS Chief Executive meetings which had focused on the ongoing response to the COVID-19 pandemic and work on recovery.</p> <p>Mrs Grant and Professor de Caestecker had met with the Local Authority Chief Executives to discuss the vaccination programme and longer term planning, for example, the future of Test and Protect.</p> <p>Mrs Grant advised that the third Remobilisation Plan had been submitted to the Scottish Government and was awaiting their response. She stressed that the need for recovery had been balanced with the recognition that staff needed time to recuperate.</p> <p>The Board were content to note the Chief Executive’s update.</p> <p><u>NOTED</u></p>	
<p>32.</p>	<p>PATIENT STORY</p>	
	<p>Professor Brown said that as usual the meeting would start with a presentation on service delivery which served to remind Members that everything we do should be viewed from the perspective of patients and service users. He asked Dr McGuire, Nurse Director, to introduce the Patient Story.</p> <p>Dr McGuire provided a brief presentation entitled “Care Home Residents - Meaningful Contact with those Who Matter to Them” which shared the experience of two care home residents in Inverclyde during a period when indoor visiting had been briefly reintroduced prior to Christmas 2020.</p> <p>Professor Brown thanked Dr McGuire for the presentation and said that it was a great example of how people are working collaboratively to provide a quality health service across the system and that this was clearly an approach that we would want to maintain and develop going forward.</p> <p>Professor Brown also extended his personal thanks to Dr McGuire for her leadership in ensuring Care Homes had received the required support during the COVID-19 pandemic.</p>	

33.	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. 21/11] presented by Mrs Grant, Chief Executive.</p> <p>Mrs Grant described the final Oversight Board and Case Note Review papers that had been published on 22nd March 2021. Mrs Grant said that NHSGGC acknowledged that there were lessons to be learned and recognised the impact that these issues have had on patients, their families and our staff. Mrs Grant reiterated the Board’s sincere apologies for the distress caused.</p> <p>Mrs Grant advised that an Action Plan was being finalised that would formally address the recommendations from the reports, including setting out a governance framework and a timetable for completion. She said that a meeting was scheduled to take place in June 2021 with the Scottish Government to agree the Action Plan and provide assurance that the recommendations were being addressed.</p> <p>Mrs Grant advised that the Board currently remained on Level 4 of the NHS Scotland Performance Management Framework in relation to infection prevention, management and control at the QEUH and the RHC and the associated communication and public engagement issues.</p> <p>Mrs Grant advised that work continued to review the actions arising from the Independent Review report and this was being monitored by the Executive Team through the Gold Command arrangements. She advised that all recommendations and actions relevant to NHSGGC had either been completed or were underway. She said that work would continue on this in parallel with the Action Plans relating to the Oversight Board and Case Note Review.</p> <p>Mrs Grant advised that significant work was also underway in relation to the Scottish Hospitals Public Inquiry, the Board’s legal proceedings against the main contractor to the hospital project, and the response to the Health and Safety Executive (HSE) Improvement Notice.</p> <p>Professor Brown thanked Mrs Grant for the update and said that he recognised that there was a considerable amount of work that continued to be undertaken in responding to what had been an unprecedented and challenging situation. He acknowledged that while there was still work to be undertaken, the Board should be assured that appropriate action was being taken by the Chief Executive and the executive leadership team to respond to the situation.</p>	

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	<p>In response to a question about the HSE Improvement Notice in relation to the ventilation system for Ward 4C, Mrs Grant provided assurance that this was considered a safe clinical environment and as set out in the Board paper, NHSGGC was appealing against the HSE Improvement Notice.</p> <p>In response to a comment about ensuring that the totality of risks was understood, Professor Brown advised that work was ongoing with the Board’s internal auditors to review the risk management system.</p> <p>In response to a query about providing public reassurance that NHSGGC was responding to the recommendations set out in the reports, Ms Sandra Bustillo, Director of Communications and Public Engagement, advised that there was considerable communications work taking place in conjunction with the Scottish Government to ensure a coordinated response. She advised that media statements were shared with Board Members and the Involving People Network which included MPs, MSPs and Elected Members. She said it was important to now build on this and provide reassurance that our hospitals were safe and that the quality of care continued to be of a very high standard. Professor Brown agreed and thanked the Communications Team for working to get that message into the public domain.</p> <p>In summary, Professor Brown said that an update on progress with the Action Plan would come to the Finance, Planning & Performance Committee Board and this would include details on where the oversight and governance for each action would</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>	Mrs Grant
34.	COVID-19 UPDATE	
	<p>The Board considered the paper ‘COVID-19 Update’ [Paper No. 21/12] presented by Professor Linda de Caestecker, Director of Public Health.</p> <p>Professor de Caestecker provided an overview of the current position in respect of the NHSGGC response to the COVID-19 pandemic. She advised that there had been a significant reduction both in the number of COVID-19 cases in the community and in the number of patients in hospital. However, she cautioned that it was important to remain vigilant as there was some volatility being seen in the rates which had mainly been attributed to household clusters.</p> <p>Professor de Caestecker was pleased to report that there had been a significant improvement in Care Homes and advised that some visiting for Care Homes and Hospitals had recommenced.</p>	

Professor de Caestecker advised that the expansion of asymptomatic testing continued and this was focusing particularly on areas with the highest rates of infection.

Professor de Caestecker also advised that the vaccination programme was continuing at pace and the 40-50 age group were currently being invited for vaccination. It was expected that all first doses would be completed by the end of July 2021. She said that there was no guidance on booster vaccinations as yet but assured Members that there was enough flexibility in the system to respond to this in the future.

In response to a query about Lateral Flow Testing, Professor de Caestecker advised that people were being encouraged to take part in asymptomatic testing either using home test kits or by attending asymptomatic test sites in the community. Anyone recording a positive Lateral Flow Test result would then be asked to attend for a PCR test to confirm this. Professor de Caestecker emphasised that it was important that people taking Lateral Flow Tests documented their results using the national tool.

A question was asked about ensuring that people in the under 30 age category could be confident about receiving the vaccine. Professor de Caestecker acknowledged that there had been concerns raised recently around the safety of the Astra Zeneca vaccine in this age group but said that the risk of developing blood clots was very low and it was important to encourage younger people to be vaccinated. She said it was not possible at present to give a choice of vaccines in the vaccination centres but people in that age group should attend their appointments and their concerns would be discussed on an individual basis. Dedicated clinics with alternative vaccinations would be arranged for people in this age group who hadn't yet been appointed.

There was discussion about at what point COVID-19 should stop being managed as an incident and become part of the regular business of NHS GGC. Mrs Grant reassured the Board that this was already the case and NHS GGC was also focused on remobilisation. She advised that discussions were also taking place nationally with NHS and Local Authority Chief Executives to look at the health inequalities and prevention agenda. However, she said there was still a considerable amount of work being done to ensure we were prepared to respond to any spikes in infection, including retaining the green pathways and infection control processes. She added that prevention should be at the top of everyone's priority and Test and Protect staff would remain in place until at least 2022.

In response to a question around delayed discharges, Dr McGuire advised that the number of delayed discharges directly linked to COVID-19 was low, although she acknowledged that the delayed

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discharge rate remained high overall, and much of this was due to the Equality and Human Rights Commission ruling in relation to Adults with Incapacity. Dr McGuire advised that work was continuing to minimise delayed discharges.

In terms of staff vaccination, Professor de Caestecker advised that on the whole uptake was very good. She said there were no capacity issues, although she acknowledged that some people had received their vaccination date later than expected as appointments had to be balanced with supplies. She advised that work was ongoing with Local Authority colleagues and our Communications Team to provide reassurance to staff.

A question was asked about the Community Assessment Centres and at what stage their contribution would be reassessed with the potential to reassign the resources. Ms Susanne Millar, Chief Officer of Glasgow City HSCP, advised that these were continually under review and an Operational Group met weekly. Dr Jennifer Armstrong, Medical Director, added that modelling was undertaken every week to provide clinical advice to that Group on how best to match capacity and demand.

The Board asked that the contribution that Glasgow had made to research and development during the COVID-19 pandemic was recognised, particularly the work of the research teams led by Professor Julie Brittenden, Director of Research and Development.

In response to a query about recognising individual staff for their support during the pandemic, Professor Brown said that as there were significant numbers of staff across NHSGGC who had made a considerable contribution to the response to the pandemic, it was not possible to single out specific staff. He said that a personal message and a badge had been sent out to all staff as a token of the Board's appreciation of the effort everyone had made over the last year. There was also a sustained focus on staff wellbeing to ensure all staff were well supported.

Professor Brown thanked Professor de Caestecker and the Board Members for a full discussion. On behalf of the Board he recorded his thanks to Professor de Caestecker for leading the NHSGGC response to the COVID-19 pandemic. Professor Brown also asked for the Board's thanks to be recorded to everyone who had been a part of NHSGGC's impressive response to the pandemic.

The Board were content to note the COVID-19 update

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35.	NHSGGC PERFORMANCE UPDATE	
	<p>The Board considered the paper ‘NHSGGC Performance Update’ [Paper No. 21/13] presented by Mr Mark White, Director of Finance.</p> <p>Mr White advised that the paper covered the whole of the financial year 2020/21 and outlined the current performance against each of the measures in the second phase Remobilisation Plan and proposed improvement actions. Mr White advised that, as at 31st March 2021, of the 14 key performance indicators, 10 had been achieved, one was amber and three were red.</p> <p>Mr White advised that the phase three Remobilisation Plan had been submitted to the Scottish Government and feedback on that was awaited.</p> <p>In response to a query about attendances at Emergency Departments (EDs), Mr Jonathan Best, Chief Operating Officer, advised that the performance was steady but the attendance levels were not back to pre-COVID levels. He noted that there were a number of initiatives underway including the Flow Navigation Centre and work with the HSCPs to signpost people in the community to call 111. Professor Brown was pleased to note that recent ED performance was one of the best in Scotland.</p> <p>In response to a query about Board scrutiny of performance, Mrs Grant advised that the phase three Remobilisation Plan would set out targets and timelines.</p> <p>In response to a question about the difference between the phase 2 and phase 3 Remobilisation Plans, Mrs Grant advised that the new plan was different but the granularity was still being discussed with the Scottish Government and there was a recognition that staff wellbeing was incredibly important. A full report would come to the Board in June.</p> <p>There was a discussion on specific improvements and Professor Brown advised that the Acute Services Committee was the appropriate route for these detailed discussions. However, he advised that Azets were working on the flow of information to the governance committees and Board Members would be able to access this information.</p> <p>Professor Brown recorded his thanks to all staff for delivering the level of performance in the difficult circumstances caused by COVID-19.</p> <p>The Board were content to note the Performance Summary.</p> <p><u>NOTED</u></p>	Mrs Grant

36.	HEALTHCARE ASSOCIATED INFECTION REPORT	
	<p>The Board considered the paper ‘Healthcare Associated Infection Report’ [Paper No. 21/14] presented by Professor Angela Wallace, Executive Director of Infection Prevention and Control.</p> <p>Professor Wallace provided an overview of the key elements of the report. She noted that sustained performance improvement over time was being seen, particularly in AOP. She said that the March HAIRT was in the process of being finalised but was pleased to advise that the same level of performance was being seen.</p> <p>Professor Wallace advised that work was ongoing to ensure the data was as real time as possible and that the work on creating a dashboard with Mr William Edwards, Director of eHealth, and his team was nearing completion.</p> <p>Professor Wallace advised that the HEI had undertaken an unannounced inspection of the Vale of Leven Hospital and congratulated the team on their achievement.</p> <p>In terms of COVID-19, Professor Wallace advised that the ward closures associated with this were very much improved and any incidents were very small.</p> <p>In summary, Professor Wallace assured the Board that work continued across NHSGGC in respect of infection prevention and control and that all incidents highlighted in the report had been addressed and managed.</p> <p>Professor Brown welcomed the update and the sustained performance improvement. He also congratulated staff at the Vale of Level for their positive HEI report and said that COVID numbers give a lot of assurance.</p> <p>In response to a question about when the Board might expect to be de-escalated from Level 4 on the Scottish Government Performance Management scale, Professor Wallace advised that all reports and updates had been shared with the Scottish Government and she been consistent in the message that performance and processes relating to infection control and prevention within NHSGGC were excellent. She said that the whole Executive Team was supportive and her observation was that this was a good system that was consistently responding and improving.</p> <p>Professor Brown thanked Professor Wallace for her insight and for providing assurance that the infection control process was working well to keep our hospitals safe.</p>	

	<p>The Board were content to note the Healthcare Associated Infection Report.</p> <p><u>NOTED</u></p>	
37.	NHSGGC FINANCE UPDATE	
	<p>The Board considered the paper ‘NHSGGC Finance Update’ [Paper No. 21/15] presented by Mr Mark White, Director of Finance.</p> <p>Mr White advised that the year-end position was being finalised but it was anticipated that the Board would break-even this financial year. Mr White advised that the Board and the HSCPs had received full funding from the Scottish Government for all COVID-19 direct and indirect costs.</p> <p>Mr White acknowledged that there was an increase in the underlying recurring deficit as it had not been possible to fully implement the Financial Improvement Programme in 2020/21 due to COVID-19 but this was now being refreshed for financial year 2021/22 to maximise the level of recurring savings.</p> <p>Professor Brown thanked Mr White for the update and said it was impressive that the Board had managed to achieve its financial targets in the current climate.</p> <p>In response to a question about the impact of COVID-19 on finances going forward, Mr White confirmed that the risk element of COVID-19 would become part of business as usual. He advised that the additional costs generated by COVID-19 had been fully funded in financial year 2020/21 and that the funding for 2021/22 included money to offset additional costs although further scrutiny of these costs was required.</p> <p>The Board was content to note the month 11 revenue position, the month 11 capital position and the position with the Financial Improvement Programme.</p> <p><u>NOTED</u></p>	
38.	WORKFORCE STRATEGY 2021-2025	
	<p>The Board considered the paper ‘Workforce Strategy 2021-25” [Paper No. 21/16] presented by Mrs Anne MacPherson, Director of Human Resources and Organisational Development.</p> <p>Professor Brown clarified that this paper was for noting as the Workforce Strategy had previously been delegated to the Staff Governance Committee who had formally approved the Strategy.</p>	

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	<p>Mrs MacPherson advised that the original ambition had been to complete the Strategy in 2020 but this had been paused due to COVID-19, however, the events of the last year had also helped augment the health and wellbeing aspect of the Strategy,</p> <p>Mrs MacPherson said that the Workforce Strategy identified NHSGGC’s workforce priorities over the next few year and there were four key pillars in the Strategy which captured the key themes identified and reflected the ambitions of NHSGGC as an employer – health and wellbeing; learning; leaders; and, recruitment and retention. Each of these pillars had a number of actions that would be managed through the Corporate Management Team with appropriate updates to the Staff Governance Committee</p> <p>Mrs MacPherson advised that there had been extensive engagement on the Strategy with key stakeholders, including the Corporate Management Team and Partnership Fora.</p> <p>There was discussion about the use of the phrase “extended family” in the foreword and it was agreed that Mrs MacPherson would work with Ms McErlean to consider adopting a different phrase that reflected the same sentiment.</p> <p>In response to a query about measuring outcomes, Mrs MacPherson advised that work was underway to develop key performance indicators against each action where it was possible to measure a tangible outcome. She advised that further staff surveys were planned to gauge whether improvements had been made and iMatter would also be recommencing.</p> <p>Professor Brown asked Mrs MacPherson if it was also possible to build in some benchmarking with other NHS Boards as part of the evaluation process to get an idea of where NHSGGC sat nationally.</p> <p>In response to a question about diversity, Mrs MacPherson emphasised that diversity and inclusivity was embedded in all four pillars and specific areas of focus, such as removing barriers, would emerge through the action plan and the activity. Mrs MacPherson advised there was also significant activity nationally on equalities work.</p> <p>The Board were content to note the Workforce Strategy.</p> <p><u>NOTED</u></p>	<p>Mrs MacPherson</p> <p>Mrs MacPherson</p>
<p>39.</p>	<p>STAKEHOLDER COMMUNICATIONS AND ENGAGEMENT STRATEGY – YEAR 1 ACTION PLAN</p>	
	<p>The Board considered the paper ‘Stakeholder Communications and Engagement Strategy – Year 1 Action Plan’ [Paper No. 21/17]</p>	

	<p>presented by Ms Sandra Bustillo, Director of Communications and Public Engagement.</p> <p>Mrs Bustillo clarified that the Stakeholder Communications and Engagement Strategy had been approved by the Board in December 2020 and the Board had requested that the Year 1 Action Plan be brought back setting out details of the priorities.</p> <p>Ms Bustillo advised that since December 2020, the Scottish Government have published new guidance “Planning with People” to support the delivery of existing statutory duties for engagement and public involvement and setting out how members of the public can expect to be engaged. There had also been the publication of the QEUH and RHC Oversight Board and Case Note Reviews. The Action Plan addressed these reports as well as the Board’s overall strategic communication and engagement aims and set out a number of key priorities against 12 strategic aims. Ms Bustillo advised that the delivery of these actions would be reported to the Corporate Management Team and the appropriate governance committees.</p> <p>In response to a question about ensuring engagement with appropriate stakeholders including Elected Members and Community Councils, Ms Bustillo advised that ongoing communications were being developed with HSCPS, for example, West Dunbartonshire and Inverclyde were helping issue the monthly newsletters for their areas.</p> <p>In response to a query about remobilisation, Ms Bustillo said that there was a national and local focus on ensuring there was a consistent remobilisation message and when the third phase Remobilisation Plan was approved the communication would be open and transparent. The Board agreed that it was important to take responsibility for when things didn’t go right and to ensure that communication is honest and upfront.</p> <p>In response to a query about measuring the impact of the Action Plan, Ms Bustillo agreed that this was important and there would be a number of different measures to show this, for example, undertaking a “sentiment analysis” to look at how people viewed NHSGGC and repeating that over time to see how that had changed.</p> <p>The Board were content to approve the Year 1 Action Plan.</p> <p><u>APPROVED</u></p>	
<p>40.</p>	<p>IMPLEMENTING THE ACTIVE GOVERNANCE APPROACH</p>	

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<p>The Board considered the paper ‘Implementing the Active Governance Approach’ [Paper No. 21/18] presented by Ms Elaine Vanhegan, Head of Corporate Governance and Administration.</p> <p>Ms Vanhegan advised that this paper described the approach being taken to implement active governance in NHSGGC with the aim of improving corporate governance within the organisation, building on the work described in the October 2020 Board paper.</p> <p>The paper also set out the operational priorities for NHSGGC for the first quarter of 2021/22</p> <p>Ms Vanhegan asked the Committee to approve the five recommendations set out in the paper.</p> <p>The first recommendation asked the Board to approve the NHSGGC Operational Priorities for the first quarter of 2021/22 set out in Appendix C of the paper. A lead governance Committee had been identified for each priority. The Board was content to approve these.</p> <p>The second recommendation asked the Board to approve the reinstatement of the NHSGGC standing committees from May 2021. The Board was content to approve this and arrangements would be made to reinstate the Committees.</p> <p>The Board also approved recommendation three, the membership and meeting dates of the NHSGGC Board standing committees and Integration Joint Boards for 2021/22 which was set out in Appendix D of the paper with an amendment to the date when Mr Simon Carr’s term ended.</p> <p>The Board discussed recommendation four, the terms of reference for the NHSGGC Moving Forward Together Advisory Group. Professor Brown said that it was not intended to create another layer of governance. This Group would give non-executive advice and support to the executive leadership team as they developed proposals for the NHSGGC longer term transformational change programme but decisions on the adoption and implementation of changes to current service delivery models would continue be made through existing governance structures.</p> <p>This was approved subject to the amendment making it clear that this was an advisory role and a date for the first meeting would be set. The first meeting would focus on how this group will support the Programme Board and Programme Director.</p> <p>The Board discussed the proposed Active Governance programme for 2021/22. Ms Vanhegan advised that each phase ended with a Board meeting so that updates can be provided regularly and there would be a Board paper twice a year.</p>	<p>Ms Vanhegan</p> <p>Ms Vanhegan</p> <p>Ms Vanhegan</p>
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	<p>The Board approved the content of the Action Plan and asked the Corporate Management Team to provide a view on the feasibility of the timescales set out in the document. .</p> <p>The Board were content to approve this paper.</p> <p><u>APPROVED</u></p>	Ms Vanhegan
41.	RCPE QGC INDEPENDENT REVIEW OF THE GOVERNANCE OF GREATER GLASGOW AND CLYDE NHS BOARD	
	<p>The Board considered the paper ‘RCPE QGC Independent Review of the Governance of Greater Glasgow and Clyde NHS Board’ [Paper No. 21/19] presented by Ms Elaine Vanhegan, Head of Corporate Governance and Administration.</p> <p>Ms Vanhegan said that the paper presented the findings of the Royal College of Physicians of Edinburgh Quality Governance Collaborative’ s review of governance within NHSGGC that had been undertaken by Professor Michael Deighan, Director of the Quality Governance Collaborative. Professor Deighan had observed the Board and its Committees over a number of months and made some recommendations on how the Board’s effectiveness could be improved which had been included in the Active Governance Programme Plan.</p> <p>A Board Development Session will take place on 27th July 2021 that would include a session with Professor Deighan on this Review that would give Board Members the opportunity to discuss the methodology and content of the review with Professor Deighan in more detail.</p> <p>The Development Session would also include a presentation from NHS Education for Scotland (NES) on Active Governance and a session with Azets on risk management focussing on reviewing the Board’s risk appetite.</p> <p>The Board were content to note the paper.</p> <p><u>NOTED</u></p>	
42.	WHISTLEBLOWING UPDATE	
a)	Whistleblowing Review	
	<p>The Board considered the paper ‘Whistleblowing Review’ [Paper No. 21/20] presented by Mr Charles Vincent, Whistleblowing Champion. Mr Vincent had led the Review with the professional support of Mr Kenneth Small, former Director of Human Resources at NHS Lanarkshire.</p>	

	<p>Before discussing the paper, Professor Brown invited the Co-Chairs of the Staff Governance Committee, Ms Dorothy McErlean and Mr Alan Cowan, to share the views of the Committee on the Whistleblowing Review. Mr Cowan advised that there had been strong scrutiny and oversight of the process by the Staff Governance Committee throughout the review. He advised that a special meeting of the Staff Governance Committee had been held on 15th April 2021 to receive the Whistleblowing Review and the Committee had been content to note the Review.</p> <p>Mr Vincent said the main focus of the review was to make the experience of whistleblowing better and more supportive for everyone involved. He advised that as well as the Staff Governance Committee, he had also worked closely with the Executive Team to ensure the recommendations were implementable. The Review had identified eight recommendations, one of which had previously been approved as an interim recommendation by the Staff Governance Committee in November 2020.</p> <p>Professor Brown thanked everyone who had been involved in the Review as well as the Staff Governance Committee for their overview of the process.</p> <p>The Board were content to note the findings of the Whistleblowing Review and approve the recommendations made.</p> <p>NOTED</p>	
b)	Update on Whistleblowing Standards	
	<p>The Board considered the paper ‘Update on Whistleblowing Standards’ [Paper No. 21/21] presented by Ms Elaine Vanhegan, Head of Corporate Governance and Administration.</p> <p>Ms Vanhegan advised that the new National Whistleblowing Standard came into effect on 1st April 2021 and in preparation for this a Working established in November 2020 to develop an Action Plan and User Guide to support the launch and implementation of the new Standard. She advised that the User Guide picked up a number of the recommendations set out in the Whistleblowing Review [Paper No. 21/20]. Ms Vanhegan advised that Action Plan had been Considered by the Corporate Management Team and the Working Group would continue to meet and oversee progress.</p> <p>Professor Brown invited Mr Vincent to share his view on the paper as Whistleblowing Champion. Mr Vincent confirmed that this had met his expectations and he was assured that everything was in place to meet the new Standards in NHSGGC, although he acknowledged that there was still some work required with primary care and independent contractors. Ms Vanhegan advised that workshops</p>	Ms Vanhegan

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	<p>were being arranged with key contractors and she would report back on the outcome of that process.</p> <p>The Board were content to note the update on Whistleblowing Standards.</p> <p><u>NOTED</u></p>	
43.	MINUTES OF BOARD GOVERNANCE COMMITTEE MEETINGS	
a)	FINANCE, PLANNING AND PERFORMANCE COMMITTEE	
	<p>The Board were content to note the Chairs Report of the Finance, Planning and Performance Committee held on 30th March 2021 [Paper No. 21/22].</p> <p><u>NOTED</u></p>	
b)	AUDIT AND RISK COMMITTEE	
	<p>The Board were content to note the Chairs Report of the Audit and Risk Committee held on 16th March 2021 [Paper No. 21/23].</p> <p>Mr MacLeod asked the Board to note the timetable for approval of this year's Annual Accounts and consider rescheduling the Audit and Risk Committee planned for 22nd June 2021.</p> <p>The timings were still being finalised but it was agreed that a special Board meeting would be arranged in early September to approve the Annual Accounts and Board Members would be advised of the date at the earliest opportunity.</p> <p><u>NOTED</u></p>	Ms Vanhegan
c)	STAFF GOVERNANCE COMMITTEE	
	<p>The Board were content to note the Chairs Report of the Staff Governance Committee held on 15th April 2021 [Paper No. 21/24].</p> <p><u>NOTED</u></p>	
d)	AREA CLINICAL FORUM	
	<p>The Board were content to note the Chairs Report of the Area Clinical Forum meeting held on 8th April 2021 [Paper No. 21/25].</p> <p><u>NOTED</u></p>	

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	The Board were content to note the minutes of the Area Clinical Forum meeting held on 11 th February 2021 [Paper No. ACF(M) 21/01].		
	NOTED		
44.	AOCB		
	There were no other items of business raised.		
	Professor Brown closed the meeting by thanking the Board Members for a comprehensive discussion. He also offered his thanks to the Executive Team for producing the suite of Board papers and for all the support they provided to the Board.		
45.	DATE OF NEXT MEETING		
	The next meeting would be held on Tuesday 29 th June 2021, 09:30am, via MS Teams.		