

NHSGGC (M) 21/02
MINUTES: 10 - 25

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
NHS Greater Glasgow and Clyde Board
Held on Tuesday 23rd February 2021, at 9.30 am
via MS Teams**

PRESENT

Professor John Brown CBE (in the Chair)

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| Dr Jennifer Armstrong | Dr Margaret McGuire |
| 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 | Cllr Iain Nicolson |
| Professor Dame Anna Dominiczak | Mr Ian Ritchie |
| Professor Linda de Caestecker | Mr Francis Shennan |
| Ms Jacqueline Forbes | Ms Paula Speirs |
| Mrs Jane Grant | Ms Rona Sweeney |
| Cllr Mhairi Hunter | Ms Flavia Tudoreanu |
| Mrs Margaret Kerr | Mrs Audrey Thompson |
| Ms Amina Khan | Mr Charles Vincent |
| Mr John Matthews OBE | Mr Mark White |

IN ATTENDANCE

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| Ms Fiona Aitken | .. | Royal College of Physicians of Edinburgh |
| Mr Callum Alexander | .. | Business Manager |
| Mr Jonathan Best | .. | Chief Operating Officer |
| Ms Sandra Bustillo | .. | Director of Communications and Engagement |
| Ms Beth Culshaw | .. | Chief Officer, West Dunbartonshire HSCP |
| Professor Michael Deighan | .. | Royal College of Physicians of Edinburgh |
| Mr William Edwards | .. | Director of eHealth |
| Mr Graeme Forrester | .. | Deputy Head of Board Administration |
| Ms Jennifer Haynes | .. | Corporate Services Manager – Governance (Minute) |
| 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 |
| 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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| 10. | WELCOME AND APOLOGIES | |
| | <p>Professor John Brown welcomed those present to the meeting, and particularly Professor Michael Deighan and Ms Fiona Aitken who were carrying out a review of Board Effectiveness.</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. Professor Brown reminded members of the appropriate etiquette during the online discussion, and also reminded everyone that the meeting was public.</p> <p>Member apologies were intimated from Ms Anne Marie Monaghan.</p> <p>Senior Management apologies were intimated on behalf of Ms Caroline Sinclair.</p> <p><u>NOTED</u></p> | |
| 11. | 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.</p> <p>Mr Charles Vincent noted an interest in Item 8, and confirmed that he would not participate in that discussion.</p> <p>Mr Francis Shennan noted that he too had previously declared an interest in Item 8.</p> <p><u>NOTED</u></p> | |
| 12. | INVOKING OF STANDING ORDER 5.22 | |
| | <p>Professor Brown described the proposal to invoke Standing Order 5.22 in relation to three items: QEUH legal claim update, the UK Infected Blood Inquiry and Glasgow Royal Infirmary Car Park. Professor Brown noted that the advice from the Board's legal advisors that these items could, and should, be taken in private session.</p> <p><u>APPROVED</u></p> | |
| 13. | MINUTES OF PREVIOUS MEETING | |
| a) | MINUTE OF THE MEETING HELD 22nd DECEMBER 2020 | |
| | <p>The Board considered the minute of the NHS Greater Glasgow and Clyde Board Meeting held on 22 December 2020 [Paper No. NHSGGC (M) 20/07]. On the motion of Mr Alan Cowan, seconded by Ms Audrey Thompson, the minute of the meeting was approved and accepted as an accurate record.</p> <p>For Item 106 (Draft Stakeholder Communication and Engagement Strategy), it was noted that the action plan should be added to the Rolling Action Log.</p> | <p>Elaine Vanhegan</p> |

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| | <p>For Item 107 (Brexit Update) an update was requested from the Executive Team. Mrs Jane Grant confirmed that there had been discussion at the last CMT meeting, and that although there were some minor issues, there were no concerns of major significance. Mrs Anne MacPherson affirmed this message, noting that although there was new customs paperwork which had caused minor delays, actions had been taken to address issues raised.</p> <p><u>APPROVED</u></p> | |
| b) | MINUTES OF THE MEETING HELD 19TH JANUARY 2021 | |
| | <p>The Board considered the minute of the NHS Greater Glasgow and Clyde Board Meeting held on 19 January 2021 [Paper No. NHSGGC (M) 21/01].</p> <p>Mr Simon Carr and Ms Flavia Tudoreanu noted they had not been included in the attendance list. Professor Brown apologised for the omission, and noted this would be rectified.</p> <p>On the motion of Mr Allan MacLeod, seconded by Mr Ian Ritchie, the minute of the meeting was approved and accepted as an accurate record.</p> <p><u>APPROVED</u></p> | |
| 14. | MATTERS ARISING | |
| a) | BOARD ROLLING ACTION LIST | |
| | <p>The Board considered the Rolling Action List of the NHSGGC Board [Paper No. 21/02]</p> <p>Members agreed to the closure of the outstanding actions.</p> <p><u>NOTED</u></p> | |
| 15. | CHAIR'S REPORT | |
| | <p>Professor Brown made reference to the revised governance arrangements, and noted he had received no negative comments from Board members as a result of the temporary suspension of some of the Board Committees, and that the arrangement appeared to be working well. It was noted that the Audit and Risk Committee would proceed as planned on 16 March 2021. This decision had been made following discussion with the Chair of the Audit and Risk Committee and the Director of Finance, and was reflective of the end of year financial cycle, and the need to ensure smooth running of the end of year accounts.</p> <p>Professor Brown described that the papers for today's Board Meeting, and confirmed that the system was still under considerable stress as a result of COVID-19, so the interim governance arrangement would continue until the April 2021 Board Meeting, when a paper would be brought to decide whether to resume business as usual, or to continue with the interim arrangements for a further period. He reminded Board Members that there remained the provision for ad-hoc, single agenda item Standing Committee meetings between now and the April meeting, should the need arise.</p> | Elaine Vanhegan |

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| | <p>Professor Brown highlighted he had attended a number of meetings with Ministers, including the Cabinet Secretary, over the last two months. Key points of discussion were COVID-19 and the vaccination programme, as well as urgent scheduled care, recovery and remobilisation. He noted that the purdah arrangements would begin from 25 March 2021.</p> <p>Professor Brown also provided an overview of a meeting with the First Minister, NHS Chairs and Chief Executives which focussed on the vaccination programme. He also described meetings with the West of Scotland Chairs and Minister for Public Health, as well a meeting with Chair of the Oversight Board, as their work was coming to a conclusion.</p> <p>Professor Brown described that he had been interviewing for new Board Members, and that the panel had recommended two people – one from a financial background, one from a primary care background – to the Cabinet Secretary for appointment. Professor Brown welcomed the background of both candidates, noting the attributes they would bring, and that the Cabinet Secretary had been encouraging strengthening relationship between primary and secondary care.</p> <p>Also since the last Board Meeting, Professor Brown had met with Ms Jenny Gilruth MSP, Minister for Europe and International Development, regarding the NHS Scotland Global Citizenship Programme. Professor Brown described that part of the discussion had been whether the approach developed by NHS Scotland could be applied to other Scottish public bodies.</p> <p>Professor Brown also described regular MP/MSP Briefing Sessions that were now taking place, and that those had been very well received by those MP/MSPs in attendance.</p> <p>Professor Brown went on to describe discussions with the Universities of Glasgow and Dundee, regarding how academia and Health Boards can work together to support leadership development going forward.</p> <p><u>NOTED</u></p> | |
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| 16. | CHIEF EXECUTIVE’S REPORT | |
| | <p>Mrs Grant provided an overview of key elements of focus since the last meeting. She noted that the COVID-19 position remained very challenging, both in Acute and Partnerships. Mrs Grant was working closely with Local Authority Chief Executives, and described positive dialogue. Mrs Grant was also in regular discussions with West of Scotland Health Board Chief Executives, to ensure ongoing discussion of regional issues.</p> <p>Mrs Grant described that she was a member of the national steering group for Test and Protect, and that the focus of many meetings was around the vaccination programme, to make sure progress was as swift as possible.</p> <p>Mrs Grant also made reference to meetings with the First Minister, Cabinet Secretary and the MP/MSP briefings, noting that these had been positive, as constituents had been approaching their MP/MSPs with many questions, mainly related to COVID-19 vaccination.</p> <p>Mrs Grant noted that there had been an unannounced HEI visit to the Vale of Leven Hospital (VOLH) since the last meeting. Whilst the formal report</p> | |

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| <p>was awaited, initial feedback had been very positive. The GP Out of Hours Service at the VOLH had returned to full hours, and there was ongoing discussions with national colleagues about consolidating the redesign of unscheduled care.</p> <p>Mrs Grant confirmed that there had been several meetings with the Oversight Board, to assist them in their work.</p> <p>Professor Brown thanked Mrs Grant for the update, and invited comments and questions with regards to both the Chair and Chief Executive's respective updates.</p> <p>Ms Ketki Miles conveyed that she understood the interim governance arrangement, but asked how media related issues would be managed during purdah, as well as asking for an update on the senior management capacity. Ms Miles also asked about remobilisation, and creating capacity by Summer 2021.</p> <p>Professor Brown made reference to the Remobilisation Plan, and Mrs Grant confirmed a first draft was due and would be complete by 26 February 2021. Thereafter, there would be ongoing dialogue for some time with the Scottish Government regarding their feedback on it, and with their agreement, the plan would come to a future Board Meeting. Mrs Grant described the close working with the Scottish Government over the Remobilisation Plan, which tended to be a work in progress for a period, and had to be signed off by the Scottish Government, so they could be assured of equity across NHS Scotland.</p> <p>With regards to the question about media issues during purdah, Professor Brown described that the Board had good experience of this, and Ms Sandra Bustillo confirmed that there was very clear and explicit guidance during purdah.</p> <p>In terms of leadership, Mrs Grant confirmed that leadership capacity was regularly reviewed, and that the resource had and would continue to be augmented. Mrs Grant noted that senior and middle graded colleagues were currently being sought for Ms Vanhegan's team, given the demands on Corporate Services, for example, due to the Public Inquiry. In terms of the wider leadership, the vast majority of the additional posts committed to had now been filled. Professor Brown added that the Remuneration Committee was furnished with reports on both proposed and complete changes to senior leadership posts.</p> <p>Ms Susan Brimelow stated that she was interested in hearing about the unannounced visit at VOLH, but felt it was also important to mention the positive inspection at Leverndale Hospital. Mrs Grant apologised this was not mentioned, as the team there should be commended on such an excellent report.</p> <p>Professor Brown acknowledged that there had been a lot of positive improvement in service delivery and patient care across the NHSGGC, despite the significant second wave of COVID-19 in recent months.</p> <p>NOTED</p> | |
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| 17. | 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. 21/03] presented by Mrs Grant. The paper provided an overview of progress in respect of the various issues regarding the QEUH and RHC.</p> <p>Mrs Grant provided a summary, confirming that the Interim Oversight Report had been published before Christmas 2020. Clarity had been required over some of the recommendations, and there has been ongoing dialogue with the Scottish Government in that regard, helping to reach a clearer position. In the meantime, focus had been on making improvements with an internal Executive Oversight Group, which meets on a weekly basis, overseeing progress.</p> <p>Mrs Grant further expanded by noting that one of the areas of focus was a further look at communications with families, and also engagement with staff. The report also contained a number of national recommendations, which the Health Board was participating with, in collaboration with the Scottish Government.</p> <p>Mrs Grant also gave an update on the refurbishment of Wards 2A and B of the RHC. The capital scheme had been going well, but had temporarily been delayed due to a COVID-19 outbreak in the construction workforce.</p> <p>In terms of the QEUH Independent Review published in June 2020, Mrs Grant confirmed that there was an action plan in place, and that work continued on the recommendations.</p> <p>Mrs Grant noted that the paper outlined the timelines involved with the Scottish Hospitals Public Inquiry. NHSGGC had received a substantial information request, and there was dialogue on going with the CLO and the Inquiry Team to manage the request.</p> <p>Mrs Grant made reference to the legal claim in respect of the QEUH and RHC, and confirmed that this would be discussed in more detail during the private session. Mrs Grant also confirmed that the Case Note Review report was expected imminently.</p> <p>Professor Brown thanked Mrs Grant for the overview given, and invited comments and questions from members.</p> <p>In response to a question about the HSE investigation, and whether the timescales for appeal posed a problem or increased risk, Mrs Grant confirmed that there had been close working with the HSE. Mrs MacPherson elaborated by confirming that there had been joint discussions, timescales were agreed collectively, and delays had been due to COVID-19. Senior Counsel were involved, and there was confidence in the approach being taken. Regular reports were provided to the Corporate Management Team and Health and Safety Forum.</p> <p>In response to a question regarding staffing resource to deal with the reviews and the Public Inquiry, and the impact on day to day leadership, Mrs Grant confirmed that capacity was being actively reviewed by the senior team. Significant investment and additional posts had been put into the</p> | |

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| | <p>Communications Team, and as highlighted previously additional staff were being put into Corporate Services and the Programme Management Office.</p> <p>In discussing the Interim Oversight Board Report regarding improvement and compliance with regards to all staff and disciplines, Professor Brown noted that the Oversight Board Work was incomplete at the moment, and there were ongoing discussions with Professor Fiona McQueen, Chief Nursing Officer for Scotland and Chair of the Oversight Board.</p> <p>In relation to communication around the Public Inquiry and the HSE, given the sensitive subject matter, Ms Bustillo highlighted that there were meetings on a weekly basis to look at all matters regarding the QEUH and RHC, which included discussions about communications and media responses, so planning and preparation was well underway.</p> <p>Professor Brown added that there was close partnership working between NHSGGC and Scottish Government around communication. The additional steps in the escalation process did, unfortunately, mean that sometimes it appeared as if NHSGGC had made no comment, when the intention had been to respond, but the deadline was not met while NHSGGC waited for clearance from the Scottish Government of our draft response.</p> <p>Mrs Grant provided an update on the CaseNote Review and confirmed that the outcome of the Case Note Review was expected at the same time as the finalised Oversight Board Report. In terms of timescale, some of the professionals involved with the Case Note Review had been diverted to the COVID-19 effort. Understandably, this had caused some delay in finalising the report. Reference was made to paragraph 44 of the Interim Report, and it was confirmed that those issues had been considered through the Board Clinical Governance Committee. It was reiterated that there would be a final report, with more detail, and we required to await that publication. Professor Brown also confirmed that he had written to Professor McQueen requesting that the final report was written in a language and tone which was easy to understand by wide range of stakeholders.</p> <p>In discussion, it was noted that the Public Inquiry Team, had requested information on governance and project management as far back as 2002, with a question posed as to whether the Board would be in a position to respond. Mrs Grant acknowledged that this would potentially be a challenge and that requests were wide ranging, however significant work was underway to ensure information was made available.</p> <p><u>NOTED</u></p> | |
| 18. | COVID-19 UPDATE | |
| | <p>The Board considered the paper 'COVID-19 Update' [Paper No. 21/04] presented by Professor Linda de Caestecker. The paper provided an overview of the overall position in respect of the NHSGGC response.</p> <p>Professor de Caestecker noted that although rates of infection had gone down substantially since the peak in mid-January 2021, the decline had started to slow, and it had been fairly static over last few days. Professor de Caestecker described that different Local Authority areas were seeing different rates of infection, and that most clusters were in workplace</p> | |

environments. 70 workforce clusters were being investigated at the moment, and Professor, de Caestecker said this was likely due to lockdown fatigue.

Professor de Caestecker confirmed that there were 793 COVID-19 positive inpatients in hospital at that moment, 33 of whom were in ICU. Professor de Caestecker noted the number of infected patients was also coming down in community assessment centres, but similarly, was beginning to plateau.

Professor de Caestecker summarised by noting that whilst there was an overall improved picture, the situation remained very challenging and there was no room for complacency. There were currently 10 active outbreaks in Care Homes, but the hope was to reopen for indoor visiting again soon.

A substantial expansion of testing had been seen in recent weeks, including for teachers and senior secondary school pupils, as well as looking at prison staff and new admissions to prisons. A lot of work was also being undertaken with local authority colleagues regarding community testing, and there would be 7 asymptomatic testing sites across Glasgow from the beginning of March 2021. Professor de Caestecker confirmed that there was now a focus on how mass community testing was adapted, concentrating on more deprived areas and target groups that had not been accessing testing to the same degree. A key part of that was targeted isolation support (for people concerned of financial or other implications of COVID-19). Professor de Caestecker also mentioned the managed isolation of travellers coming from overseas, and that there were 2 hotels involved with that.

Professor de Caestecker spoke about the vaccination programme, noting that in NHSGGC, 290,000 people had received their first dose of vaccinations. Second dose vaccinations had begun for Health and Social Care staff. Professor de Caestecker confirmed the vaccination programme was now on cohort 6 (age 60-64 at risk), which would continue until the end of March 2021. Professor de Caestecker noted that there had been some vaccination supply delays, meaning reduced schedules, which was a national issue.

Professor Brown thanked Professor de Caestecker and her team for how effectively and professionally they had responded to the pandemic, and invited members' comments or questions.

In response to a question about the scale of delay with supply and resistance to getting vaccinations, Professor de Caestecker explained that the vaccine supply position changed daily. She explained that NHSGGC had been asked to accelerate delivery, which was done for the first 5 cohorts, and now supply had reduced. There was still confidence that cohort 6 would be completed by the end of March 2021. This changing situation had meant that schedules had been adjusted. Professor de Caestecker noted, that although it was frustrating for the public, delays were unfortunately unavoidable.

With regards to vaccine refusal, there had been some misplaced concern about whether the vaccine impacted fertility, but overall the uptake rate was high, at 93%. This rate was increased further when vaccination teams were on, for example, Care Home sites, so they could talk to those receiving the vaccine and offer reassurance. Professor de Caestecker confirmed there had also been webinars and radio messages to reassure that the vaccine is safe.

In response to a question on continuing symptoms, Professor de Caestecker explained that there was learning all the time about long COVID-19, and guidelines had just been published which recommended a primary care approach to symptomatic support, acknowledging, that for some patients who had been very sick, recovery was unfortunately likely to take some time.

Mr Mark White commented that there was a current bid about to be submitted via the Endowment Committee to seek additional members of staff for the Occupational Health Department, specifically to support the impact of long COVID-19. It was hoped that the bid would be successful, to augment how staff are supported. Mrs MacPherson also advised of the positive work of Physiotherapy and Occupational Therapy Teams regarding guidance and support to rehabilitate patients.

Success with this year's flu vaccination programme was noted, along with the low levels of COVID vaccination wastage which was welcomed by the Board.

In response to a question regarding recommencing elective work whilst staff were rolling out vaccinations and undertaking other COVID related activity, Mrs Grant confirmed that Mr Jonathan Best and his team were working hard looking at Priority 2 elective patients, and the displacement of staff would not impact on that activity.

In discussion regarding the significant improvement in the 4-hour Emergency Department (ED) target, Mr Best described that following the first wave, there was a decline in numbers attending ED, however, those that were attending ED now, were more unwell. The new Navigation Flow Hubs had thus far appeared successful, with an average of 100 calls a day, and a redirection rate of 30% to self-care, primary care or minor injuries. Mr Best noted that whilst we remained in the midst of the pandemic, the national 'hard launch' of the redesign of unscheduled care was on hold.

In response to a question about vaccination rates for people with learning disabilities, Professor de Caestecker noted that there was work underway nationally to understand the take up rates amongst different groups, but this was unknown at the moment. There appeared to be general enthusiasm across all groups to receive the vaccine. Ms Julie Murray elaborated, stating that the community learning disability teams were supporting their clients to attend for vaccinations and were undertaking the vaccination for some clients, depending on their needs.

Ms Bustillo confirmed that there was an FAQ section on the NHSGGC website, which was posted last week, and was based on the key themes from social medial. In addition, a number of individual queries had been dealt with off line.

Mrs Grant reassured Board members that NHSGGC was responding to a significant number of queries from MP/MSPs on behalf of constituents, and the feedback on how those had been handled was very positive.

Mrs MacPherson commented on uptake rates amongst staff, noting the focus to support BAME workers, pregnant workers, and staff with allergies and reactions. These groups of staff in particular had been supported, to allay any anxieties about the vaccination. Vaccinations were voluntary, and

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| | <p>whilst staff were encouraged to have it, they were still supported if they chose not to.</p> <p>In respect of lessons to be learned to prevent outbreaks, Professor de Caestecker confirmed that all outbreaks were investigated. She noted that an issue in workplaces was mainly related staff behaviour when off duty, as lockdown FACTS were not always being followed, and this was a very common theme amongst all outbreaks.</p> <p>In response to a question regarding the booking system, Professor de Caestecker confirmed that when vaccine supply reduced at short notice, on one occasion we had had to cancel clinics and re-book people to other clinics. There were also a number of people who needed to re-book due to weather conditions. The team managed to contact most people but a few people were impossible to contact. Mr William Edwards confirmed that there was both national and local teams, who do a number of collaborative checks and balances. The local team can arrange short notice changes, and that is done at individual patient level, and whilst there have been a small number of issues, overall the system was working well.</p> <p>Professor de Caestecker confirmed that the effectiveness of vaccines was reassuring, and we will hopefully start to see the impact of that on acute hospital admissions in the near future. Second doses for Health and Social care staff have begun, and that will continue to run through March 2021.</p> <p>Professor Brown expressed his thanks to everyone at every level and location of across NHS GC for their hard work and commitment.</p> <p><u>NOTED</u></p> | |
| 19. | NHSGGC PERFORMANCE UPDATE | |
| | <p>The Board considered the paper ‘NHSGGC Performance Update’ [Paper No. 21/05] presented by Mr White.</p> <p>Mr White gave a brief overview of the paper, noting that the Board remained committed to achieving its commitments, and that of the 14 indicators, 8 were green, 2 were amber and 4 were red. In the context of the pandemic, this was considered to be a good achievement.</p> <p>Professor Brown agreed that there had been an excellent level of performance during a very challenging time, and it was encouraging to see improvement in some areas. He invited comments and questions from members.</p> <p>On considering the sustainability of the reduction in ED attendances, and performance against the 4 hour target Mr Best highlighted that during the first wave of the pandemic, there was a change to the number of people walking into ED, marking a change in societal behaviour. Mr Best confirmed that this pattern was continuing during the second wave, and it was important to move away from a culture of using ED inappropriately. Mr Best made reference to encouraging people to phone 111 before attending ED. In terms of performance, Mr Best confirmed this was a delicate balance. A number of wards were closed due to COVID-19, and the pandemic still presented acute care with many challenges. However, the reduced demand on ED and improved performance was encouraging.</p> | |

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| | <p>In response to discussion on target forecasts, Professor Brown responded that Ms Vanhegan was currently leading on work related to the Assurance Framework, and that the next step was to look at reports, monitoring, risks, and results. Professor Brown noted he expected a new package in place by the June 2021 Board.</p> <p>In respect of staff sickness absence Mrs MacPherson noted there were a range of codes for COVID-19 absence, with over 600 staff shielding at the moment. At its peak last year, this figure was over 1000. Mrs MacPherson explained that 15,000 staff now have the ability to work from home. She further explained there was more rigour around absence processes and systems, with a dedicated COVID-19 support team. There was also little flu related illness, which had helped contribute to an improved figure.</p> <p>Professor Brown noted that it was important to acknowledge the commitment of staff, which should not be underestimated.</p> <p>In response to a question regarding delayed discharges, particularly in respect of adults with incapacity and in relation to pressure on the court system, Ms Susanne Millar stated that this issue had been raised on a number of occasions with the Scottish Government, and with Local Authority Chief Executives. Regrettably, it was not possible to influence the speed at which the court system moved. Dr Margaret McGuire agreed with this, further noting that there was no other way, as court processes required to be followed to ensure appropriate protections for these patients.</p> <p>In relation to CAMHS performance, Mrs Grant noted there was a full recovery plan in place, however during the pandemic the whole dynamic of the waiting list had changed with lists now having to be prioritised accordingly, and therefore, were not comparable to previous years. Ms Manion also noted that there was an improvement plan across HSCPs in conjunction with Specialist Children’s Services to move much closer to waiting times targets. As well as clinical urgency, those who had been waiting longest were also a priority, in order to ensure the right and fair pathway.</p> <p>Professor Brown thanked colleagues for the performance update and Board members questions.</p> <p><u>NOTED</u></p> | |
| 20. | HEALTHCARE ASSOCIATED INFECTION REPORT | |
| | <p>Professor Brown introduced Professor Angela Wallace to talk to her paper ‘Health Care Associated Infection Report [Paper No, 21/06]. Professor Wallace noted that she would focus on the main points of the paper, hoping that the information helped demonstrate the hard work being undertaken by the team.</p> <p>Professor Wallace reported a stable performance which was within statistical control limits. The control line (mean) had been reduced over time, which indicated improvements over time in relation to Staphylococcus aureus bacteraemia (SAB), Clostridioides difficile infection (CDI), and Escherichia coli bacteraemia (ECB).</p> | |

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| | <p>Professor Wallace made reference to hospital acquired infection associated with the use of intravenous devices, hand hygiene and national cleaning and estates performance. Professor Wallace noted that almost a third of patients have IV access devices, so the number of infections that were related to this were proportionately small, however, work continued to drive the rate down even further. Professor Wallace acknowledged that the work with Mr Tom Steele’s team in Estates and Facilities had been fundamental, and this was reflected in the data presented.</p> <p>Professor Wallace noted the unannounced inspection in VOLH and reiterated the earlier comments that initial feedback was positive.</p> <p>Professor Wallace noted that the team continued to work flexibly during the COVID-19 pandemic, to ensure infection control advice was readily available to clinical teams. Recommendations from aforementioned reports were being put into action by the team.</p> <p>Professor Brown thanked Professor Wallace, and members were invited to make comments or ask questions.</p> <p>In response to a question regarding SABS, Professor Wallace confirmed that despite screening and monitoring, specific reasons for the slightly higher SAB and ECB rates had not been identified. However, in terms of ECB, this was a target that was found challenging nationally as our ability to affect it through working practices was limited to urinary catheter care. In terms of note made on care plans and audits, this was confirmed as being in relation to completing paperwork rather than care not being delivered, and Professor Wallace confirmed that Dr McGuire’s team were currently looking at streamlining documentation.</p> <p>In respect of the Langlands Unit, where compliance was below other areas, Professor Wallace noted that there were external cleaning contractors (Serco) in the Langlands Unit, and she had spent time there, in conjunction with Mr Best, to support external colleagues being part of daily huddles, to improve operational responsiveness. Mr Steele confirmed that in terms of dialogue with Serco, they had undergone challenges in terms of standards and capacity issues, but they had sought help from NHSGGC. The standards now maintained in Langlands were consistent with national standards.</p> <p>Professor Brown thanked Professor Wallace, and asked whether she felt NHSGGC’s rates were within acceptable limits, providing an environment for safe patient care. Professor Wallace replied in the affirmative, and commented on NHSGGC’s Professional and proactive approach.</p> <p><u>NOTED</u></p> | |
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| 21. | NHSGGC FINANCE UPDATE | |
| | <p>The Board considered the paper ‘NHSGGC Finance Update’ [Paper No. 21/07] presented by Mr White.</p> <p>Mr White began by giving an overview of projected 2020/21 out turn, stating that unachieved savings was £22m due to the COVID-19 effort. More recently, the Scottish Government required an updated Quarter 3 forecast.</p> | |

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| <p>A total forecast for COVID-19 was submitted of £176m, which included the vaccination programme.</p> <p>Mr White confirmed that NHSGGC had been allocated £169m of funding for COVID-19, with more expected at the end of February 2021. This meant that COVID-19 spend would be covered. Mr White confirmed that a breakeven position was predicted for 2020/21.</p> <p>Mrs Kerr noted that achieving that position would have required a lot of work, and was keen that this was recognised.</p> <p>Professor Brown asked about the East Dunbartonshire HSCP overspend, but Mr White reassured that they too were expected to breakeven by the end of the financial year.</p> <p>In response to a question regarding any underspend as a result of centrally funded COVID-19 monies, and if it would be possible to carry that into 2021/22, Mr White confirmed that although the Scottish Government would fund COVID-19 spend, there would be no excess to carry over.</p> <p>Professor Brown asked at what point the Board needed to approve revenue funding that goes into capital, but Mr White confirmed it was still too early.</p> <p>Mr White next provided an overview of the initial financial plan for 2021/22, noting that the Scottish Government announced their budget in January 2021, but that Westminster budget would not be announced until 3 March 2021. The Scottish Government budget noted an uplift of 1.5% on the baseline level. The Scottish Government had also announced the budget for specific COVID-19 and remobilisation costs. Mr White also described specific investment in primary care, for GP contracts and reform. Tackling waiting times was also a key priority, as was monies for alcohol and substance misuse, mental health and CAMHS.</p> <p>For NHSGGC, the biggest areas of pressure remained pay increases and prescribing. Mr White confirmed that he and his team were still finalising the list of investments and spend, that would be linked with the remobilisation plan. Mr White confirmed there was 5.8% pressure, which was slightly better than last year, and that he and his teams were working on programmes to help address that, with the key objective to reduce the underlying recurring deficit.</p> <p>Professor Brown thanked Mr White for the update, and for the work he and his team had undertaken.</p> <p>In response to a question regarding the Financial Improvement Plan, Mr White noted that circa £12m had been taken out of recurring savings, and the remaining gap was non-recurring. Mr White added that a challenge was the change in business, and the difficulty in ascertaining what would be recurring and non-recurring going forward, in terms of what services needed to remain, and what would revert to as it was pre COVID-19. Mr White confirmed that a presentation would be delivered at the next Finance, Planning and Performance (FP&P) Committee.</p> <p>It was recognised that usually at this time of year, there would be a more detailed analysis of the budget undertaken at the FP&P Committee, and concern was expressed that due to revised governance arrangements there</p> | |
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| | <p>would not be an FP&P committee for some time. Professor Brown noted that this was a timing issue, and also made reference to the capacity of the Executive Team during such a challenging time. Professor Brown confirmed there would be a further update from Mr White, when the full governance arrangements were re-established, and there would therefore be a FP&P committee meeting before the June 2021 Board Meeting. In the meantime, Mr White would discuss with Mr MacLeod the possibility of utilising the Audit & Risk Committee to provide a further opportunity for scrutiny of the year-end position and next year’s budget projection by Board Members, before the April Board meeting.</p> <p>Clarity was sought regarding recurring costs, given the uncertainty about what would continue, what would revert back to ‘business as usual’, and how that would be agreed with the Scottish Government. Mr White agreed there was uncertainty at the moment. For example, the elective programme was underspent, due to the temporary reduction in service, and that a full elective programme would need to come back gradually. However, in other areas, there was overspend. For that reason, it was challenging to give a definitive picture of future spend.</p> <p>Professor Brown thanked Mr White, noting that 2021/22 would look different financially, as this would reflect the Scottish Government’s expectation of the remobilisation plan.</p> <p><u>NOTED</u></p> | <p>Mr White</p> |
| <p>22.</p> | <p>NHSGGC REMOBILISATION PLAN UPDATE</p> | |
| | <p>Professor Brown invited Dr Jennifer Armstrong to present her paper ‘NHSGGC Remobilisation Plan Update’ [Paper No. 21/08]</p> <p>Dr Armstrong noted that Remobilisation Plan 3 (RMP3), as the name suggested, was the third iteration of the plan. It built on previous plans, outlined a core set of priorities, and was developed in collaboration with a range of staff, including clinicians and members of tactical groups.</p> <p>The Scottish Government had sent a commissioning letter on 14 December 2020, with the key things they required Boards to focus on. RMP3 therefore ensured these areas of focus had been covered.</p> <p>Dr Armstrong talked through her presentation, noting key priorities, which were at national, regional and local levels. She noted the achievements of 2020/21 with a clear project plan, and confirmed most of the targets in RMP1 and RMP2 had been met. In terms of the governance, Dr Armstrong confirmed that a range of managers and clinicians sat on tactical groups, and significant strategic issues went through the appropriate Board governance route.</p> <p>Dr Armstrong noted that there was a balance between ensuring non COVID-19 patients were treated in clinical priority, with ensuring significant capacity for COVID-19 patients was retained. In the 12 months ahead, the ambition was to consolidate the positive changes that had been made in response to COVID-19, as well as to remobilise.</p> | |

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| | <p>The plan was to finalise RMP3 this week, and submit it to the Scottish Government for review. The final plan would be complete in April / May 2021.</p> <p>Professor Brown thanked Dr Armstrong, noting that there was a lot of information, and members may find it helpful for the presentation to be circulated. He confirmed that at that stage, the Board was not yet being asked to approve anything. He noted the ambition of the plan in trying to achieve a lot of things, and expressed his contentment at the strategic fit, Professor Brown stated that he found it assuring that patient engagement would continue as a priority.</p> <p>Ms Dorothy McErlean noted she had met with Dr Armstrong, and that RMP3 had been through staff side engagement, and had been reasonably well received. There had been recognition of the challenge staff had been through, and what had been put in place to support them.</p> <p>Ms Audrey Thompson noted that RMP3 had been presented to the Area Clinical Forum, where there was strong support from clinicians, whilst recognising the challenges. Mrs MacPherson reported similar views from the Medical and Dental Staff Forum.</p> <p>Professor Brown asked about external communications for RMP3, and Mrs Grant noted that it was important that there was Scottish Government approval on the plan first.</p> <p>In response to a question on the SACT plan, Dr Armstrong noted that this aspect needed significant work to ensure a project plan was developed, and to agree capital and revenue funding. This would be considered alongside the other Board priorities for capital. The purpose of this aspect of the plan was about future proofing the Beaton West of Scotland Cancer Centre, and moving chemotherapy treatment to local areas.</p> <p>Professor Brown noted in response to whether the paper was for approval or noting, that the plan would be agreed by the Scottish Government in the first instance, before a final version coming back to the Board for approval.</p> <p>In response to a question on the appointment of an LGBT diversity champion, Mrs MacPherson noted that consideration was being given to how the Board supports all the communities with protected characteristics and committed to taking this forward.</p> <p>In response to a question on the ambition of the plan and the achievability of some of the targets, Mrs Grant noted there needed to be a balance between ambition, and the needs of population. For example, the 80% target for outpatients was likely achievable as current aims were being exceeded, however, elective work would be more challenging, which is why the aim is for 60% of what was previously achieved, minus our waiting list activity by Quarter 4 of 2021/22, which is realistic. It was highlighted that the Scottish Government were keen that the plan was realistic and not overly ambitious.</p> <p><u>NOTED</u></p> | |
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| 23. | MINUTES OF BOARD GOVERNANCE COMMITTEE MEETINGS | | |
| a) | ACUTE SERVICES COMMITTEE | | |
| | The Board were content to note the minutes of the Acute Services Committee meeting held on 17 November 2020 [Paper No. ASC(M) 20/04]. <u>NOTED</u> | | |
| b) | CLINICAL AND CARE GOVERNANCE COMMITTEE | | |
| | The Board were content to note the minutes of the Clinical Care and Governance Committee meeting held on 1 December 2020 [Paper No. CCG(M) 20/03]. <u>NOTED</u> | | |
| d) | FINANCE, PLANNING AND PERFORMANCE COMMITTEE | | |
| | The Board were content to note the minutes of the Committee meeting held on 8 December 2020 [Paper No. FPPC(M) 20/04]. In response to a question about the £500 COVID-19 payment awarded to all NHS staff from the Scottish Government, Mr White confirmed it would be paid with February salaries. <u>NOTED</u> | | |
| e) | STAFF GOVERNANCE COMMITTEE | | |
| | The Board were content to note the minutes of the Committee meeting held on 3 November 2020 [Paper No. SGC(M) 20/03]. <u>NOTED</u> | | |
| f) | AUDIT AND RISK COMMITTEE | | |
| | The Board were content to note the minutes of the Committee meetings held on 15 December 2020 [Paper No. ARC(M) 20/04]. <u>NOTED</u> | | |
| g) | PUBLIC HEALTH COMMITTEE | | |
| | The Board were content to note the minutes of the Committee meetings held on 21 October 2020 and 27 November 2020 [Paper Nos. ARC(M) 20/02 and 20/03]. <u>NOTED</u> | | |

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| c) | AREA CLINICAL FORUM | | |
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| | The Board were content to note the minutes of the Area Clinical Forum meeting held on 10 December 2020 [Paper No. ACF(M) 20/04]. <u>NOTED</u> | | |
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| 24. | AOCB | | |
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| 25. | DATE OF NEXT MEETING | | |
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| | Tuesday 27 April 2021 at 09:30am, MS Teams | | |