

NHSGG&C(M) 20/04
Minutes: 52 - 65

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
NHS Greater Glasgow and Clyde Board
held on Tuesday 25th August 2020, at 09:30am
via Microsoft Teams**

PRESENT

Prof John Brown CBE (in the Chair)

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

IN ATTENDANCE

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| Mr Jonathan Best | .. | Chief Operating Officer |
| Ms Sandra Bustillo | .. | Director of Communications and Engagement |
| Prof Julie Brittenden | .. | Director of Research and Development (For Item 60) |
| Mr Andy Crawford | .. | Head of Clinical Governance (For Item 65bii) |
| Ms Beth Culshaw | .. | Chief Officer, West Dunbartonshire HSCP |
| Mr William Edwards | .. | Director of eHealth |
| Mr Graeme Forrester | .. | Deputy Head of Corporate Governance and Administration |
| Mr David Leese | .. | Chief Officer, Renfrewshire HSCP |
| Ms Louise Long | .. | Chief Officer, Inverclyde HSCP |
| Ms Susan Manion | .. | Interim Director of GP Out of Hours Service |
| Mrs Anne MacPherson | .. | Director of Human Resources and Organisational Development |
| Mrs Geraldine Mathew | .. | Secretariat Manager (Minutes) |
| Ms Susanne Millar | .. | Interim Chief Officer, Glasgow City HSCP |
| Ms Julie Murray | .. | Chief Officer, East Renfrewshire HSCP |
| Ms Caroline Sinclair | .. | Interim Chief Officer, East Dunbartonshire HSCP |
| Mr Tom Steele | .. | Director of Estates and Facilities |
| Ms Elaine Vanhegan | .. | Head of Corporate Governance and Administration |
| Prof Angela Wallace | .. | Executive Director for Infection Prevention and Control |

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| 52. | WELCOME AND APOLOGIES | |
| | Prof Brown welcomed those present to the meeting. The meeting combined both members joining via video conferencing and a socially distanced gathering | |

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| | <p>of some members within the boardroom of JB Russell House. Members were asked to observe the usual etiquette protocol, and presenters were asked to provide short presentations to highlight key points. The agenda would focus on Service Delivery and Governance and Assurance and would provide members with an overview of the response to the COVID-19 pandemic; the development of a remobilisation plan; service delivery performance; and finance. In addition, members would also receive an update on the latest position in respect of the issues surrounding the Queen Elizabeth University Hospital (QEUH) Campus, including escalation; the Independent Review; the Public Inquiry; the legal action being taken; and the Health and Safety Executive Investigation.</p> <p>Apologies for absence were intimated on behalf of Prof Dame Anna Dominiczak. Prof Brown was pleased to inform members that Prof Dominiczak had recently been seconded to the post of National Director of Laboratories for the Test and Protect Programme, following the excellent work to establish the Lighthouse Laboratories. Prof Graham Milligan, Deputy Head of College, had assumed the role of interim Vice Principal and Head of College of Medicine, Veterinary Science and Life Sciences. Prof Dominiczak would remain a member of the Board for the time being.</p> <p><u>NOTED</u></p> | |
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| 53. | DECLARATIONS OF INTEREST | |
| | <p>Prof Brown invited members to declare any interests in any of the agenda items to be discussed.</p> <p>Mr Charles Vincent declared an interest in respect of Item 09 – Queen Elizabeth University Hospital (QEUH) and Royal Hospital for Children (RHC) and as such, Mr Vincent would not take part in any discussion regarding this item.</p> <p>Mr Francis Shennan declared an interest in respect of Item 09 – Queen Elizabeth University Hospital (QEUH) and Royal Hospital for Children (RHC) and as such, Mr Shennan would not take part in any discussion regarding this item.</p> <p>The Board were content to note both declarations made.</p> <p><u>NOTED</u></p> | |
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| 54. | MINUTES OF THE MEETING HELD 30th JUNE 2020 | |
| | <p>The Board considered the minute of NHSGGC Board Meeting of 30th June 2020 [Paper No. NHSGGC(M)20/03]. On the motion of Ms Speirs, seconded by Mrs Thompson, the minute was approved and accepted as an accurate record.</p> <p><u>APPROVED</u></p> | |
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| 55. | MATTERS ARISING | |
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| a) | ROLLING ACTION LIST | |
| | <p>The Board considered the Rolling Action List of the NHSGGC Board [Paper No. 20/31].</p> | |

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| | <p>Members agreed to the closure of 4 actions from the Rolling Action List.</p> <p>In addition, the following actions were discussed:</p> <p><u>Minute No. 36b - Whistleblowing Review</u> In respect of the above action, Mr Cowan highlighted that the action agreed was to circulate the final Terms of Reference to members, and not the final report as stated within the Rolling Action List. Members were content to accept this amendment.</p> <p><u>Minute No. 47 - Corporate Governance</u> In respect of the above action, Ms Speirs commented that she had been unable to attend the Board Seminar in July, at which an overview of Corporate Governance development plan priorities and timescales was provided. Ms Vanhegan agreed to circulate the presentation provided to Ms Speirs.</p> <p>In respect of other matters arising, Mr Ritchie requested an update on the work of the external consultancy work being undertaken within the Infection Prevention and Control Team (Minute 42 – Page 9 - Queen Elizabeth and Royal Hospital for Children Update), and if there was an indicative timescale of when this would be reported to the Staff Governance Committee. Ms Grant assured members that the external Organisational Development Consultant continued to work closely with key colleagues, including Prof Angela Wallace, Executive Director of Infection Prevention and Control, to fully explore the leadership, culture and team dynamics. Ms Grant agreed that an update on the work could be provided to the Staff Governance Committee at its next meeting.</p> <p>The Board were content to note the Rolling Action List and the updates provided.</p> <p><u>NOTED</u></p> | <p>Secretary</p> <p>Ms Vanhegan</p> <p>Prof Wallace</p> |
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| 56. | CHAIRS REPORT | |
| | <p>Prof Brown noted the resumption of Board Standing Committees and a number of the Committees had recently met, including the Acute Services Committee; Remuneration Committee; Finance, Planning and Performance Committee; Clinical and Care Governance Committee and the Staff Governance Committee.</p> <p>He noted ongoing meetings with the Minister for Public Health, Sport and Wellbeing; the West of Scotland Chairs Regional Planning Oversight Board; and the NHS Board Chairs Group meetings with the Cabinet Secretary.</p> <p>Prof Brown provided an overview of the key elements of the discussions at the Board Chairs meeting and shared the Cabinet Secretary's key priorities including the prevention of COVID-19 clusters and outbreaks becoming community transmission; preparation for winter including influenza vaccination; the remobilisation of the NHS. Remobilisation of the NHS was a complex challenge, and there were a number of areas which required to be considered including the volume of patients on waiting lists; the reduction in productivity due to the need for enhanced Infection Prevention and Control measures; the requirement to vaccinate the population for influenza, and possibly COVID-19; and the requirement to resource health protection activity and the Test and Protect Programme. In addition, the Cabinet Secretary was leading on the approach to managing the public expectation of the NHS, including how we deliver urgent</p> | |

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| | <p>care and tackle waiting times. Leadership was a key component of this and consideration of the layers of governance and authorisation was required. The Cabinet Secretary was keen to understand the need for the number of Integration Joint Board (IJB) Subcommittees and this would be discussed further at the NHS Board Chairs Meeting in October. Prof Brown has already asked that a list of NHSGGC IJB Subcommittees be sent to the IJB Leads Network for consideration and for them to brief him on the situation across Greater Glasgow and Clyde.</p> <p>A focus on staff health and wellbeing remained a key priority and Remobilisation Plans would need to include this key aspect of recovery. It was expected that Scottish Government would sign off Remobilisation Plans in September 2020 and that NHSGGC Remobilisation Plan would be presented to the Board and published in October 2020.</p> <p>Prof Brown noted a number of fora that had resumed meetings, including the NHS Scotland Corporate Governance Steering Group, at which active governance; lessons learned from the pandemic; diversity of Boards; and public scrutiny, which was expected to be reinstated by October 2020, was discussed. In addition, the Global Citizenship Programme Board had met and Prof Brown would shortly meet with the new Minister for Europe and International Development.</p> <p>Prof Brown highlighted the recent QEUH Quality Improvement Awards ceremony, held in July 2020, organised by junior doctors and consultants, to showcase innovative ideas and included the Dame Denise Coia Award for Improvement in Patient Care. Prof Brown was impressed by the work of the junior doctors and consultants to organise the event and commended the many ideas for improving patient care.</p> <p>NOTED</p> | |
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| 57. | CHIEF EXECUTIVES REPORT | |
| | <p>Ms Grant provided an overview of ongoing work in respect of the response to COVID-19 within the Acute Division; care homes; and COVID-19 Contact Tracing.</p> <p>There remained a focus on staff health and wellbeing, and Ms Grant provided an overview of the work ongoing in this area, including the work to review working from home guidance.</p> <p>Strategic Executive Group meetings continued, with the group meeting twice per week to consider key business items and once per week to consider recovery planning.</p> <p>Weekly meetings with the West of Scotland Chief Executives continued, along with weekly meetings with Ms Grant and the Local Authority Chief Executives. These meetings have been key to ensuring a joined up and collective approach.</p> <p>Ms Grant advised of the actions being taken in respect of the Remobilisation Plan and the key challenges associated with this, including the backlog of waiting lists; the impact of winter; the impact of Brexit, and the potential for a second spike in COVID-19 cases.</p> | |

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| | <p>She noted the ongoing work in respect of the QEUH, including the Independent Review; the Public Inquiry; the legal case; and the work of the Oversight Boards. In addition, Ms Grant and Ms Bustillo, had recently met with colleagues from the Consultation Institute to progress the public engagement elements of the work.</p> <p>Ms Grant advised members that a Fatal Accident Inquiry would take place in September 2020, in respect of a fatal accident which occurred at Inverclyde Royal Hospital.</p> <p>Prof Brown thanked Ms Grant for the update and invited comments and questions from members, on both the Chief Executive Update and the Chairs Update.</p> <p>In response to a question about the IJB Chairs and Vice Chairs Group, and if there were plans for the IJB Chairs to meet with the NHS Board Chairs, Prof Brown advised that he was unaware of any plans to do this, however he highlighted that Mr Peter Murray, Chair of the IJB Chairs and Vice Chairs Group was also a member of the NHS Scotland Corporate Governance Steering Group, as well as a member of the Ministerial Strategic Group for Remobilisation, and as such, suggested that Mr Carr explore the current linkages with Mr Murray and how these could be strengthened.</p> <p>Assurance was sought in respect of inclusion of health and social care staff within staff health and wellbeing work. Prof Brown advised that the Cabinet Secretary was clear that this included all health and social care staff. Mrs MacPherson highlighted that a network of Mental Health Champions, led by the Scottish Government, had been established, and this included a Champion in each HSCP. A website had been established to support staff, and a national mental health helpline had been launched for signposting to immediate mental health support.</p> <p>In summary, the Board were content to note both the Chairs Update and the Chief Executives Update.</p> <p><u>NOTED</u></p> | |
| 58. | HEALTHCARE ASSOCIATED INFECTION REPORT | |
| | <p>The Board considered the paper 'Healthcare Associated Infection Report' [Paper No. 20/32] presented by the Executive Director of Infection Prevention and Control, Prof Angela Wallace.</p> <p>Prof Wallace provided an overview of the key elements of the report. She noted a stable position in respect of Staphylococcus aureus bacteraemia (SAB), Clostridioides difficile infection (CDI), and Escherichia coli bacteraemia (ECB), all of which remained within the normal control limits. Prof Wallace noted the NHSGGC position, in comparison with the national position. She assured the Board that work continued across NHSGGC in respect of infection prevention and control, in addition to the ongoing work in respect of COVID-19.</p> <p>Prof Wallace confirmed that there were 2 cases of CDI infections within one Ward within the Beatson Oncology Centre, and the Health Protection Scotland (HPS) Trigger Tool was completed. All precautions were taken and no</p> | |

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transmission occurred. There was also 2 cases of CDI infections within the same Ward within Glasgow Royal Infirmary, and again, all precautions were taken, the HPS Trigger Tool was completed and there was evidence of transmission. Prof Wallace assured members that both occurrences were addressed swiftly, were contained appropriately and were under control.

Prof Wallace reported an increase in Surgical Site Infections (SSI) within the Institute of Neurological Science, identified in July 2020. Incident Management Team (IMT) meetings were held throughout July and an action plan was agreed. As the hypothesis was that this was caused by the patient's own flora, two key actions were implemented, those being, screening patients for SABs; and decolonisation of patients pre-operatively.

Prof Wallace assured members that in all cases, there was a swift response to infections, with a multi-disciplinary approach taken and a range of actions implemented to prevent and control infection.

Prof Brown thanked Prof Wallace for the update and invited comments and questions from members.

In response to a question regarding the improvements made in infection prevention and control within NHSGGC, Prof Wallace noted that, in her time with NHSGGC, she has worked with a wide range of colleagues who continued to demonstrate their willingness to learn and improve upon infection prevention and control issues. Prof Wallace was keen to build in a future look at predicting infections, by using the wide range of data available and by sharing and implementing best practice. In addition, Prof Wallace was confident that by sharing best practice, achievements made within NHSGGC and evaluating these, a focus on external relationships and feedback from stakeholders would increase confidence and promote the organisation as a centre for excellence for infection prevention and control.

A question was raised regarding the Healthcare Associated Infection Report (HAIRT) and if this was reported to the Infection Prevention and Control Oversight Board. Prof Wallace provided an overview of the current reporting arrangements.

In response to a question raised regarding the reporting of community acquired infections (CAI), Prof Wallace clarified that reporting of CAI was done using a standard national approach. She assured members that NHSGGC adhered to this standard of reporting.

An error was highlighted on page 18 of the report in respect of Infection Prevention and Control Audits Undertaken, specifically Stobhill Hospital Ward C, which reported an overall score of 78, however was marked within the "gold" category. Prof Wallace agreed that this was indeed an error and apologised for this.

A question was raised regarding the hand hygiene monitoring compliance, which was reported at 94%. Members expected this score to be higher, particularly given the current pandemic. Prof Wallace assured members that this was due to a documentation problem and was not related to a compliance issue. She was satisfied that hand hygiene compliance was acceptable. As the documentation issue had now been rectified, she anticipated that this score would increase.

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| | <p>In summary, the Board were content to note the Healthcare Associated Infection Report (HAIRT) and were assured by the information provided, which demonstrated progress against healthcare associated infection targets and other key performance indicators for infection prevention and control.</p> <p><u>NOTED</u></p> | |
| 59. | PATIENTS STORY | |
| | <p>Dr McGuire, Nurse Director gave a presentation to members which provided an overview of a recent Care Opinion post by a relative which described the compassionate and person centred end of life care their mother received in the Intensive Care Unit at Royal Alexandra Hospital (RAH) and highlighted the positive difference made to the family during a very difficult time, in particular, the Keepsakes Initiatives put in place by staff to comfort families during end of life care such as teddy bears and knitted hearts.</p> <p>Dr McGuire noted the range of initiatives being put in place following the positive feedback received.</p> <p>Prof Brown thanked Dr McGuire for the presentation, and noted thanks on behalf of the Board to the family for sharing their experiences of this very difficult time.</p> <p><u>NOTED</u></p> | |
| 60. | COVID-19 UPDATE | |
| | <p>The Board considered the paper ‘COVID-19 Update’ [Paper No. 20/32] presented by the Chief Executive, Ms Grant. The report provided an overview of the overall position of the NHSGGC response to manage COVID-19 and was intended to provide assurance to Board members.</p> <p>Prof de Caestecker, Director of Public Health, provided an overview of actions being taken in respect of COVID-19. She noted some clusters identified, specifically, one in Port Glasgow associated with a pharmacy. She assured members this cluster had now been addressed, and had not resulted in any infections out with those within the pharmacy. In addition, a more recent cluster had been identified, which had involved pupils within two high schools within Greater Glasgow and Clyde. Prof de Caestecker advised that a house party had been identified as the cause of the cluster, and there was no evidence of any transmissions within the schools.</p> <p>Prof de Caestecker provided an update on the testing of care home staff. She noted that the weekly target was being achieved consistently. She noted the extensive efforts by care homes staff to achieve this. Care homes staff testing data was now being reported via the web-based system Safety Huddle tool. Each care home was currently developing a risk assessment in preparation for increasing visiting and Prof de Caestecker was responsible as Director of Public Health, for sign off of each risk assessment. This was being done in partnership with the Health and Social Care Partnerships (HSCPs).</p> <p>Prof de Caestecker noted recent media reports regarding issues with the UK Government Testing programme, and individuals being allocated appointments</p> | |

OFFICIAL SENSITIVE
DRAFT – TO BE RATIFIED

at testing centres out with Scotland. Prof de Caestecker assured members that this was being rectified as a matter of urgency. NHSGGC testing resource requirements were reviewed on a continual basis, and a request had been made to obtain additional mobile testing units, delivery of which was expected by 27th August 2020. Requirements for testing would continue to be closely monitored, along with the requirement to resume testing of staff contacts.

Prof Brown thanked Prof de Caestecker for the update and invited comments and questions from members.

A question was raised regarding the actions being taken in respect of the Test and Protect Programme, if there were difficulties with tracing contacts, and the position in respect of private testing. Prof de Caestecker described the challenges associated with getting in touch with contacts, due to issues such as incorrect telephone numbers. She noted that extensive work had been carried out working closely with education colleagues, to identify contacts of school pupils and to send letters to parents. There were peaks and troughs experienced in terms of the demand on the Test and Protect service, and a number of actions had been implemented to address this including contact tracers working evenings and weekends. In respect of private testing, Prof de Caestecker advised that this was not recommended for individuals, as this was not validated.

In response to a question regarding the demographics of those who had contracted COVID-19 including that of staff, Prof de Caestecker advised that this was being considered. More recent cases of COVID-19 were amongst the younger population and work with Public Health Scotland was underway to identify ethnicity data, however it was likely that obtaining this information would take time, therefore further information on this would be available in due course.

A question was raised regarding planning for the return of students to colleges and universities. Prof de Caestecker advised that work had been carried out with providers to establish walk in test centres for students in accessible venues within Glasgow. Consideration was being given to the process for symptomatic students, as well as for those students returning to Scotland from abroad. National guidance regarding this was awaited, and Prof de Caestecker noted that the local approach would reflect national guidance.

In response to a question regarding the impact of additional calls to NHS24 to book tests, Prof de Caestecker clarified that it was not necessary to contact NHS24 to arrange a test, as this could be done via the national Test and Protect website, however it was acknowledged that there may be an increase in calls to NHS24 for advice and NHS24 colleagues were signposting individuals when required.

A question was raised regarding isolation of parents and families of COVID-19 positive pupils or those pupils who had been in contact with a COVID-19 positive pupil. In addition, clarity was sought about the approach to this across schools and if this was consistent. Prof de Caestecker advised that a risk assessment was undertaken for individual schools who had identified a COVID-19 positive pupil, therefore a tailored approach would be taken for each situation. She highlighted that it was currently not necessary for contacts to be tested, additionally, contacts of contacts were not required to self-isolate. She assured members that the Public Health Team were working closely with individual schools and with Ms Bustillo and the Communications Team, in respect of

messaging for parents of children within affected schools, to ensure a collective approach.

In response to a question about identifying school transmission as opposed to social transmission, Prof de Caestecker described the challenges associated with this. She noted that in some cases the source of transmission was very clear, whereas, in others it was more challenging to distinguish. However, she assured members that in all cases, the Contact Tracing Team collect a significant amount of detail of the contacts an individual has had. In addition, she assured members that a precautionary approach was taken and if there was evidence of school transmission, the appropriate actions would be taken to protect individuals.

A question was raised regarding testing capacity and when additional capacity would be requested. Prof de Caestecker advised that additional capacity had already been requested in the form of additional mobile units. She noted that additional capacity was required in respect of swabbing, and there was sufficient laboratory testing capacity. Discussion was also underway with Scottish Government in respect of home testing kits and preparations were in place should the drive through testing facility require to be re-established. Prof de Caestecker assured members that the organisation had not reached its testing capacity.

A comment was made in respect of the ongoing, integrated work with care homes and HSCPs, and Prof de Caestecker, Dr McGuire, and HSCP Chief Officers were commended for their ongoing efforts.

In response to a question regarding the availability of alternative testing methods for those with a disability, given that swabbing may be challenging for some patient groups, Prof de Caestecker advised that although there was currently no alternative test methods, this was being explored.

COVID-19 Research Activity

Prof Julie Brittenden, Director of Research and Development, was welcomed to the meeting. Prof Brittenden provided an overview of the work of the Research and Innovation Department and the establishment of a COVID-19 Task Force and Clinical Research Team to prioritise studies, oversee recruitment, and efficient delivery of COVID-19 trials across NHSGGC. A scientific advisory group was also established. The aim of these groups was to ensure that NHSGGC patients and clinicians had access to the best possible experimental treatments in order that this would lead to improved knowledge and availability of those treatments which were proven to work for the wider population; an increased understanding of COVID-19 in order to improve patient care and inform public health policy; and increased knowledge of the genetic “make up” of the virus, to allow better ways to detect, prevent and treat COVID-19.

Prof Brown thanked Prof Brittenden and wished to note thanks on behalf of the Board to the Research and Innovation Department for their ongoing efforts to research. The update provided a lot of assurance regarding the scale and spread of research across the organisation and Prof Brown was impressed by the professional approach of the team.

OFFICIAL SENSITIVE
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| | <p>In summary, the Board were content to note the COVID-19, and were assured by the information provided by Ms Grant, Prof de Caestecker and Prof Brittenden.</p> <p><u>NOTED</u></p> | |
| <p>61.</p> | <p>QUEEN ELIZABETH UNIVERSITY HOSPITAL (QEUH) AND ROYAL HOSPITAL FOR CHILDREN (RHC) UPDATE</p> | |
| | <p>The Board considered the paper ‘Queen Elizabeth University Hospital and Royal Hospital for Children Update’ [Paper No. 20/33] presented by the Chief Executive, Ms Jane Grant. The paper provided an update with regards to the QEUH and RHC escalation, Independent Review, Public Inquiry, the legal action, and the Health and Safety Executive (HSE) Investigation.</p> <p>Ms Grant advised that both Oversight Boards for Infection, Prevention and Control; and Performance, remain in place. It was anticipated that draft reports of both Oversight Boards would be concluded in due course. In addition, the Case Note Review continued, along with the refurbishment works within Ward 2a and 2b of RHC.</p> <p>The Public Inquiry into the QEUH and RHC; and the Edinburgh Hospital for Sick Children, was formally launched on 3rd August 2020, and would be chaired by Lord Brodie. NHSGGC had appointed legal counsel to support the organisation with the legal aspects of the Inquiry.</p> <p>Prof Brown thanked Ms Grant for the update. He wished to thank Ms Grant and the Executive Team for their ongoing efforts despite the considerable challenges. He noted that the NHSGGC Annual Review with the Cabinet Secretary would take place in December 2020, and would be held in private, with himself, the Cabinet Secretary and the Chief Executive. Prof Brown did not expect there to be any change of the current escalation measures prior to the Annual Review. Prof Brown agreed to circulate the letter received regarding the Annual Review arrangements to Board members.</p> <p>Prof Brown invited comments and questions from members.</p> <p>In response to a question regarding the progress of the Independent Review Action Plan, Ms Grant assured members that work continued to progress this and governance of the Action Plan remained through the standing governance committees. It was anticipated that a fuller update would be provided to the relevant governance committees through the next cycle of meetings. In addition, Prof Wallace continued to work closely with the Infection Prevention and Control Team to address the areas concerned, and this remained a work in progress.</p> <p>A question was raised regarding the refurbishment work ongoing within Ward 2a and 2b of RHC. Mr Steele advised that the works ongoing within the Wards had been significantly impacted by the pandemic, due to a number of factors, including staff placed on furlough, disruption to the supply chain, and the ongoing requirement of contractors to adhere to social distancing guidance, which limited the number of trade staff who could be on site at any one time. However, Mr Steele assured members that the works had recommenced and were being progressed as quickly as possible. Ms Bustillo added that communications with families remained a key priority and work continued to ensure families were fully</p> | <p style="text-align: center;">Prof Brown</p> |

OFFICIAL SENSITIVE
DRAFT – TO BE RATIFIED

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| | <p>informed of progress via the closed Facebook group. Feedback from families was a key element of this work to ensure that families were fully involved in the re-opening of the Wards.</p> <p>In response to a question regarding the Project Management Office (PMO) established, specifically, if there was sufficient capacity within the PMO to deal with the volume of work required, Ms Grant advised that the PMO would evolve and resource augmented to address fluctuations in workload. In addition, she noted that additional senior capacity was being sought to supplement the Corporate Administration Team, and it was acknowledged that additional support would be required within the PMO.</p> <p>In summary, the Board were content to note the report and the related work streams in respect of the QEUH and RHC.</p> <p><u>NOTED</u></p> | |
| 62. | NHSGGC REMOBILISATION PLAN UPDATE | |
| | <p>The Board considered the paper ‘NHSGGC Remobilisation Plan Update’ [Paper No. 20/34] presented by Dr Jennifer Armstrong, Medical Director. The update described NHSGGC priorities to remobilise services over the next eight months.</p> <p>The Remobilisation Plan was submitted to Scottish Government at the end of July and covered the period to 31st March 2021. Formal feedback was awaited and it was anticipated that NHS Board Plans would be published by the end of September 2020, however approval of this was awaited from Scottish Government colleagues. The Plan was comprehensive and set out a significant number of areas including public health, inequalities, and prevention. The financial implications were included within the Plan, however it was acknowledged that these required to be finalised. The Plan been developed in partnership with the Stakeholder Reference Group and Dr Armstrong advised that the Patient Experience and Public Involvement Team (PEPI) had carried out extensive work to ensure that feedback from patients, carers and families, was considered throughout the planning process.</p> <p>Prof Brown thanked Dr Armstrong for the update and invited comments and questions from members.</p> <p>In response to a question regarding the resumption and progress of key public health priorities and work to address health inequalities, specifically, if it would be appropriate, notwithstanding the current COVID-19 public health priorities, for the Chair of the Public Health Committee, to take forward discussions with the Chief Executive, the Director of Public Health and the Medical Director, Prof de Caestecker agreed that whilst the organisation remained in the midst of the emergency response to the COVID-19 pandemic, she agreed that it was important to ensure that time was made for parallel thinking and planning in respect of health inequalities. She assured members that some services had resumed and consideration was being given to the level of resource required to meet the ongoing demands associated with the pandemic, in addition to non COVID-19 related public health priorities.</p> <p>A question was raised regarding attendances at Emergency Departments (ED), if this had increased as services had begun to resume, and if the organisation</p> | |

OFFICIAL SENSITIVE
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was successfully redirecting patients to the most appropriate care setting. Mr Best advised that presentations to EDs had begun to rise, however remained below previous levels. He noted that a number of initiatives had proved successful in directing patients to the most appropriate care setting, including the work of the nursing teams within EDs to redirect patients, and the progress made with the GP Out of Hours Service. It was noted that a national approach to the management of urgent care was being taken.

In response to a question about the Remobilisation Plan and the governance of this, given that the Plan would replace the Annual Operational Plan (AOP), Prof Brown clarified that, given the NHS remained under emergency measures, the Remobilisation Plan would be approved by the Scottish Government. He expected that the Plan would be presented to the NHSGGC Board in October 2020 following approval, however clarification was required from Scottish Government colleagues as to the purpose of presentation to the Board, i.e. for approval or for noting.

A question was raised regarding the alignment of the Remobilisation Plan with the Moving Forward Together (MFT) Programme. Dr Armstrong noted that there was a significant amount of detail within the Plan. She noted that the key priorities would be addressed in a phased approach to deliver these by March 2021. In order to do this, the key priorities had been classified in three groups, those being, MFT/Recovery Planning; routine business; and COVID-19. A project plan had been identified for each area and consideration was being given to how these would interlink.

In response to a question regarding community engagement, particularly given the pace of change, Ms Bustillo provided an overview of the work underway to ensure community engagement and feedback on the new models of care such as the Attend Anywhere/Near Me model; evaluation of signposting and the establishment of the Community Assessment Centres. In addition to this, a bespoke piece of work in regards to the GP Out of Hours Service was underway. All of these areas of work were progressing well and would be reported to the Recovery Tactical Group.

A question was raised regarding the resumption of Day Care and Respite Services within the community, and if Health and Social Care Partnerships (HSCPs) were working together regarding this. Ms Millar advised that a Day Care Group had been established and was chaired by the Interim Chief Officer of East Dunbartonshire HSCP. The group considered a number of key challenges associated with the resumption of day care and respite services including occupancy of buildings; and the range of medical conditions of users of the services. She assured members that HSCP Chief Officers continued to work closely to address the challenges collectively, however noted that due to the individual challenges of each area, it was unlikely that all services would recommence together, nevertheless, a consistent approach would be applied.

In response to a question about the short, medium and long term plans, specifically in the context of the MFT Programme and the Remobilisation Plan, Prof Brown highlighted that plans to establish an MFT Steering Group, as part of the recommendations of the Short Life Working Group, were currently on hold but consideration of the terms of reference for the MFT Steering Group would be taken forward once the Remobilisation Plan had been approved by Scottish Government.

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| | <p>A question was raised regarding the capacity for delivery of the Remobilisation Plan and if there were opportunities to pool resources with other West of Scotland Health Boards. Ms Grant advised that there had been extensive discussions with the West of Scotland Region Chairs, particularly in respect of cancer care, maximisation of capacity, resources available, and the use of capacity at the Golden Jubilee National Hospital (GJNH), particularly for urgent cancer care. Furthermore, given the size of NHSGGC, there were opportunities to flex resources and capacity within the Board area. This remained a fluid position and consideration would be given to maximisation across the region, following further clarity on the approach to scheduled care waiting lists. Mr Best added that in-sourcing and out-sourcing remained an ongoing discussion.</p> <p>In response to a question regarding the availability of radiologists and if this continued to be a national problem, Mr Best advised that this remained a national issue, and national discussions continued. Alternative solutions were being progressed, such as the training and development of radiographers to advance their skills to enable them to undertake appropriate tasks currently undertaken by radiologists.</p> <p>A question was raised regarding section 4.3 and the reference to “increased scheduling of urgent care”. Ms Grant advised that this was in reference to the national requirement to transform unscheduled care to urgent care. A national policy was being developed and a national group had been established to consider how to maximise scheduling of patients requiring urgent care. It was anticipated that this work would be concluded prior to the winter period.</p> <p>In summary, the Board were content to note the report and NHSGGC priorities described to remobilise services over the next eight months. The Board would anticipate a further update on the plans at the October Board Meeting.</p> <p><u>NOTED</u></p> | |
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| 63. | NHSGGC PERFORMANCE UPDATE | |
| | <p>The Board considered the paper ‘NHSGGC Board Performance Summary Report’ [Paper No. 20/35] presented by the Director of Finance, Mr Mark White. The report provided an overview of the current performance position across NHSGGC in relation to a number of high level key performance indicators.</p> <p>Mr White highlighted that the performance position had been scrutinised in depth at the recent Acute Services Committee meeting of 21st July 2020, for the relevant Acute indicators; and at the Finance, Planning and Performance Committee for the relevant indicators. He noted that NHS Scotland remained under emergency measures due to the ongoing pandemic. He provided a summary of the key performance in respect of elective position; unscheduled care; GP Out of Hours Service; and sickness absence. The report would be reviewed moving forward, to align to the remobilisation plan and the assurance framework.</p> <p>Prof Brown thanked Mr White for the update and invited comments and questions from members.</p> <p>In response to a question regarding the clinical prioritisation process, Mr White noted that although the priorities had been realigned, NHSGGC remained</p> | |

OFFICIAL SENSITIVE
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| | <p>committed to ensuring that the backlog due to the temporary suspension of scheduled care, was addressed. Performance indicators would likely shift to focus on activity rather than on waiting list numbers, however there was a commitment to ensure that activity returned to as close to the previous level of performance, prior to the pandemic.</p> <p>A question was raised regarding provision of Mental Health Services, Psychological Therapies, and the Child and Adolescent Mental Health Services (CAMHS) and identification and mitigation of any risks associated with the continuation of digital provision of such services. Ms Grant assured members that provision of mental health services remained a key priority. She described work underway to implement a CAMHS waiting list initiative. As with other services, urgent care would continue to be prioritised.</p> <p>Ms Millar added that mental health continued to be a key priority for the HSCPs and the six HSCP Chief Officers had worked closely with their respective communities to reflect on the alternative methods of service provision implemented during COVID-19. She assured members that face to face provision of services had continued where required and appropriate, along with the implementation of digital consultations.</p> <p>In response to a question regarding the emerging work regarding a national approach to urgent care pathways, specifically if this would affect uptake of shifts to support the GP Out of Hours Service, Ms Grant highlighted that the Workforce Plan for urgent care would be a multidisciplinary approach and models for this were emerging. Plans would be cognisant of the recruitment of GPs to the GP Out of Hours Service and the full out of hour's period would be approached in a consistent way.</p> <p>A question was raised regarding the sickness absence rate, and if the rate reported was due to implementation of a specific improvement action. Mrs MacPherson advised that a target reduction of 0.5% was set in 2019. This was achieved in March 2020 following significant effort applied to achieve this across the organisation. Due to COVID-19, there were a number of staff absent due to shielding, and these staff were being supported to return to work. There had been an impact on long term absence, however short term absence had improved. There were a significant number of COVID-19 related absences, and shielding absences. All of these staff had now returned to work with the exception of a small minority, who were currently being supported moving forward.</p> <p>In summary, the Board were content to note the NHSGGC Performance Summary Report and were assured by the information provided that NHSGGC continued to implement actions to improve performance.</p> <p><u>NOTED</u></p> | |
| 64. | NHSGGC FINANCE UPDATE | |
| | <p>The Board considered the paper 'NHSGGC Month 3 Finance Report' [Paper No. 20/36] presented by the Director of Finance, Mr Mark White. The report provided the Month 3 financial position, including the finance impact (to date) of COVID-19 and the revised financial reporting arrangements in place.</p> | |

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| | <p>At 30th June 2020, the Board’s financial ledger highlighted expenditure £59m over budget. This included £58.5m of COVID-19 expenditure and opportunity costs as follows:</p> <ul style="list-style-type: none"> • Direct expenditure on mobilisation and delivery of services due to COVID-19 of £32.7m; • Unachieved savings due to the focus and effort on COVID-19 delivery of £25.8m. <p>Confirmation was awaited from Scottish Government in respect of the reimbursement of COVID-19 costs, and therefore, there remained a degree of uncertainty and risk regarding achieving a break even position as at 31st March 2021. Weekly reporting of the ongoing financial position to Scottish Government had changed to monthly reporting and discussions were ongoing with Scottish Government colleagues in respect of the arrangements for COVID-19 costs settlement.</p> <p><u>Financial Improvement Programme (FIP)</u></p> <p>A new Head of Financial Improvement Programme had been appointed and would take up post in September 2020. There was a requirement to refocus efforts regarding the FIP.</p> <p><u>Capital Position</u></p> <p>Mr White summarised the main capital projects. There had been £6m of unallocated capital resource, and Mr White advised that projects had now been allocated to this.</p> <p>Prof Brown thanked Mr White for the update. He wished to note thanks to the Finance Team for their efforts to manage the financial position throughout this challenging period. He invited comments and questions from members.</p> <p>In response to a question about the direction from the Scottish Government in respect of the FIP, given the current priorities, Mr White highlighted that there were two key parts to the financial challenge, those being, the COVID-19 costs incurred in the first part of the year; and the focus required on achieving the FIP in the second part of the year. Mr White was confident that, provided COVID-19 costs identified were fully met, the organisation would achieve a break even position at year end, and the FIP formed a key component of this.</p> <p>A question was raised regarding the now allocated £6m capital funds and how this would be utilised. Mr White advised that the projects had been hand-picked due to their alignment to the Remobilisation Plan.</p> <p>In summary, the Board were content to note the Month 3 revenue position, the Month 3 Capital position, and the Month 3 position with the Financial Improvement Programme.</p> <p><u>NOTED</u></p> | |
| 65. | MINUTES OF BOARD GOVERNANCE COMMITTEE MEETINGS | |
| | <p>Prof Brown highlighted the importance of ensuring good governance whilst preventing duplication of scrutiny and challenge. He described the development</p> | |

OFFICIAL SENSITIVE
DRAFT – TO BE RATIFIED

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| | <p>of the Assurance Framework and the Assurance Information System, as agreed at the Board Meeting of 30th June 2020. This work was being led by the Head of Corporate Governance and Administration, Ms Elaine Vanhegan, and would begin next week with Standing Committee Chairs and IJB Lead Networks being invited to comment on a draft proposal which would be developed at a workshop scheduled to take place on Monday 31st August 2020. The proposal on the new approach would be presented to the October Board Meeting. The work would be aligned with the NHS Active Governance project, led by Ms Margaret Kerr. A Project Initiation Document (PID) has been developed in respect of this, and Prof Brown agreed to circulate this to members. The PID described a number of key elements including how the Board maintained focus on priorities; how the Board ensures that it receives the right information, in the right format, at the right time and at the right Committee; and how the Board responds appropriately to that information. Prof Brown highlighted that, whilst the papers presented at today's meeting required the Board to note the progress made and the key challenges faced by the organisation, the Board were not being asked to make any strategic decisions at this time. This clearly reflected the current circumstances and the continuation of the emergency powers adopted by the Scottish Government who remain in control of the management of the pandemic and the next steps.</p> <p><u>NOTED</u></p> | <p>Prof Brown</p> |
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| <p>a)</p> | <p>ACUTE SERVICES COMMITTEE</p> | |
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| <p>i)</p> | <p>CHAIRS REPORT OF MEETING HELD 21ST JULY 2020</p> | |
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| | <p>The Board considered the Chairs Report of the Acute Services Committee meeting of 21st July 2020 [Paper No. 20/38]. Mr Ian Ritchie, Chair of the Acute Services Committee, highlighted that the Committee meeting had covered a wide range of topics. The Board were content to note the Chairs Report.</p> <p><u>NOTED</u></p> | |
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| <p>b)</p> | <p>CLINICAL AND CARE GOVERNANCE COMMITTEE</p> | |
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| <p>i)</p> | <p>CHAIRS REPORT OF MEETING HELD 17TH AUGUST 2020</p> | |
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| | <p>The Board considered the Chairs Report of the Clinical & Care Governance Committee meeting of 17th August 2020 [Paper No. 20/39]. Ms Brimelow, Chair of the Clinical and Care Governance Committee, highlighted that due to COVID-19 and the temporary suspension of governance committees, the Committee had not met for several months, however Clinical and Care Governance matters were being considered by the Interim Board established throughout this period. Ms Brimelow provided an overview of the topics discussed at the meeting, including an update on the Institute of Neurology (INR) which continued to be a service under considerable pressure due to the recruitment difficulties experienced nationally. Ms Brimelow highlighted that the Committee had received a report presented by Prof Wallace on the achievement of Scottish Government targets to reduce Healthcare Associated Infections (HAI). The Committee were assured by the actions taken regarding risk and were content that there was no evidence of any unacceptable levels of HAI risk in NHS GGC. The Committee also considered and approved the Clinical and Care Governance Annual Report, including the publication of the Duty of Candour Report. The Board were content to note this.</p> | |

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| | <u>NOTED</u> | |
| ii) | ANNUAL REPORT OF CLINICAL AND CARE GOVERNANCE | |
| | <p>The Board considered the paper ‘Clinical and Care Governance Annual Report’ [Paper No. 20/40] presented by the Medical Director, Dr Jennifer Armstrong and the Nurse Director, Dr Margaret McGuire. The paper provided a description of key aspects of clinical governance arrangements along with examples of improvement activities. The report also contained the Duty of Candour Report, publication of which was a legal requirement, and this had been approved by the Clinical and Care Governance Committee at its meeting of 17th August 2020. Ms Vanhegan drew attention to page 4 of the report, and noted the correction of two specific areas including the reference to special measures, and the reference to cord bloods. Ms Vanhegan noted that both of these amendments had been made to the document and this had been re-published.</p> <p>In summary, the Board were content to note the report, approved by the Clinical and Care Governance Committee, including publication of the Duty of Candour Report.</p> <p><u>NOTED</u></p> | |
| c) | AREA CLINICAL FORUM | |
| i) | APPROVED MINUTE OF MEETING HELD 28TH MAY 2020 | |
| | <p>The Board considered the approved minute of the Area Clinical Forum Meeting of 28th May 2020 [Paper No. ACF(M)20/04] and were content to note this.</p> <p><u>NOTED</u></p> | |
| ii) | APPROVED MINUTE OF MEETING HELD 3RD JULY 2020 | |
| | <p>The Board considered the approved minute of the Area Clinical Forum Meeting of 3rd July 2020 [Paper No. ACF(M)20/05] and were content to note this.</p> <p><u>NOTED</u></p> | |
| iii) | CHAIRS REPORT OF MEETING HELD 13TH AUGUST 2020 | |
| | <p>The Board considered the Chairs Report of the Area Clinical Forum Meeting of 13th August 2020 [Paper No. 20/41]. Mrs Thompson, Chair of the Area Clinical Forum provided an overview of the topics discussed at the meeting. The Board were content to note the report.</p> <p><u>NOTED</u></p> | |
| d) | FINANCE, PLANNING AND PERFORMANCE COMMITTEE | |
| i) | CHAIRS REPORT OF MEETING HELD 11TH AUGUST 2020 | |
| | <p>The Board considered the Chairs Report of the Finance, Planning and Performance Committee Meeting of 11th August 2020 [Paper No. 20/42]. Mr</p> | |

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| | <p>Carr, Chair of the Finance, Planning and Performance Committee, provided an overview of the topics discussed at the meeting, including a discussion with members regarding expectation setting; performance monitoring; and alignment of the IJB strategic planning process. Following this discussion, the Finance, Planning and Performance Committee agreed that Mr Carr would work with Prof Brown to develop a paper on strategic planning and performance monitoring, for further discussion with IJB Leads. The Board were content to note the report.</p> <p><u>NOTED</u></p> | |
| e) | STAFF GOVERNANCE COMMITTEE | |
| i) | CHAIRS REPORT OF MEETING HELD 18TH AUGUST 2020 | |
| | <p>The Board considered the Chairs Report of the Staff Governance Committee Meeting of 18th August 2020 [Paper No. 20/43]. Ms McErlean, Co-Chair of the Staff Governance Committee, provided an overview of the topics discussed, including the Whistleblowing Review and the approval of the Terms of Reference. The Board were content to note this.</p> <p><u>NOTED</u></p> | |
| | DATE OF NEXT MEETING | |
| | <p>NHSGGC Special Board Meeting – Tuesday 29th September 2020, 09:30am NHSGGC Board Meeting – Tuesday 27th October 2020, 09:30am</p> | |