IB(M) 20/06
Minutes: 69 - 78

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Interim Board held via Microsoft Teams on Tuesday 16th June 2020

PRESENT

Prof J Brown CBE (in the Chair)

Dr Jennifer Armstrong	Ms Susan Brimelow OBE
Cllr Jim Clocherty	Prof Linda de Caestecker
Ms Jane Grant	Mr Allan MacLeod
Mr John Matthews OBE	Ms Dorothy McErlean
Dr Margaret McGuire	Mr Ian Ritchie
Mrs Audrey Thompson	Mr Charles Vincent
Mr Mark White	

IN ATTENDANCE

Mr Jonathan Best	..	Chief Operating Officer
Ms Sandra Bustillo	..	Director of Communications and Engagement
Mr Graeme Forrester	..	Deputy Head of Corporate Governance and Administration
Ms Liz Maconachie	..	Senior Audit Manager, Audit Scotland
Mrs Geraldine Mathew	..	Secretariat Manager (Minutes)
Ms Susanne Millar	..	Chief Officer, Glasgow City HSCP
Ms Elaine Vanhegan	..	Head of Corporate Governance and Administration

			ACTION BY
69.	**WELCOME AND APOLOGIES**		
	Prof Brown opened the meeting and welcomed all members present. He welcomed Mr Charles Vincent, Whistleblowing Champion and Non-Executive Member of the Board, to the meeting. Prof Brown also welcomed Ms Liz Maconachie, Senior Audit Manager, Audit Scotland, who attended the meeting as an observer. Prof Brown thanked members for their submission of questions in advance of the meeting. In respect of the agenda for the meeting, Prof Brown proposed the addition of an item. He requested that Ms Grant provide an update on the Independent Review of Queen Elizabeth University Hospital (QEUH) and Royal Hospital for Children (RHC). Members were content to accept this additional item. There were no apologies noted. **NOTED**		

70.	**DECLARATIONS OF INTEREST**		
	Prof Brown invited those present to declare any interests in the topics being discussed. There were no declarations made. **NOTED**		
71.	**MINUTES OF THE MEETING HELD TUESDAY 2nd JUNE 2020**		
	On the motion of Mr Ian Ritchie, seconded by Ms Dorothy McErlean, the minute of the Interim Board Meeting of Tuesday 2nd June 2020 [Paper No. IB(M)20/05], was approved and accepted as an accurate record, subject to the following amendments: Item 59 – COVID-19 Update, page 3, paragraph 4, line 3, "antibiotics" was amended to "antibodies". Item 63 – Clinical and Care Governance Update, page 8, paragraph 3, line 3 "Royal Alexandra Hospital (RAH)" was amended to "Inverclyde Royal Hospital (IRH)". **APPROVED**		
72.	**MATTERS ARISING**		
a)	**ROLLING ACTION LIST**		
	The Interim Board reviewed the Rolling Action List [Paper No. 20/30]. Members agreed with the recommendation to close 2 actions from the Rolling Action List. In addition, the following matters were discussed: Clinical and Care Governance Report The Interim Board agreed that a Clinical and Care Governance Report would be presented to the full Board Meeting on 30th June 2020. In addition, members requested an update on the outstanding issue in respect of prison healthcare and enhanced monitoring of medical education. Ms Grant agreed to circulate an update on the current position by email. Should Board members wish to receive further information, this could be provided by a report to the full Board, if required. Governance Arrangements Members noted that Ms Vanhegan had circulated, by email, the papers which had been presented to, and approved by, the Strategic Executive Group (SEG), at the time of the establishment of the emergency arrangements in response to COVID-19. The paper described the ongoing governance of clinical governance and infection prevention and control arrangements, including the management of Significant Clinical Incidents (SCI) and Duty of Candour requirements. Ms Vanhegan noted that a meeting of the Board Infection Control Committee had taken place on 15th June 2020 and a meeting of the Acute Clinical Governance Committee had taken place on Monday 8th June 2020. Furthermore, Ms Vanhegan assured members that the approval of this and other similar matters at SEG meetings was recorded via a "decision log" to ensure governance of decisions made in the early phase of the pandemic. Following discussion about approval of governance decisions, members agreed to review the papers circulated and would		**Ms Grant**

	respond directly to Ms Vanhegan for clarity of any points and to indicate their agreement with the approach to ensure oversight. Finance Report Mr White confirmed that he had responded to the questions raised at the last meeting by email. In respect of the questions relating to the Integrated Joint Board (IJB) reserves position, Mr White explained that he was not in a position to provide a response to this, as the year-end outturn was awaited. Mr White agreed to provide an update on IJB reserves and the reconciliation of East Dunbartonshire IJB outturn position, when presenting the year end position, in due course. **APPROVED**		**Mr White**
73.	**INDEPENDENT REVIEW OF QEUH AND RHC AND ESCALATION TO LEVEL 4 OF NHS BOARD PERFORMANCE FRAMEWORK**		
	Independent Review of QEUH and RHC Ms Grant provided a verbal update on the position in respect of the Independent Review of the Queen Elizabeth University Hospital (QEUH) and the Royal Hospital for Children (RHC). The Independent Review was commissioned in March 2019, and the Terms of Reference of the Review was agreed in June 2019. Dr Brian Montgomery and Dr Andrew Fraser were appointed as co-Chairs of the Review. The Review considered if the design, build, and maintenance of the QEUH and RHC hospitals had impacted on the risk of healthcare associated infections. The Independent Review Report was published on 15th June 2020 and detailed two main, high level findings: • In the course of the Review, through examination of documentation, listening to witnesses, discussion with experts and input from the Review's expert advisers, and site visits, the Review did not establish a sound evidential basis for asserting that avoidable deaths have resulted from failures in the design, build, commissioning or maintenance of the QEUH and RHC; • The QEUH and RHC combined have in place the modern safety features and systems that we would expect of a hospital of this type. The general population, patients, staff and visitors can have confidence that the QEUH and RHC offers a setting for high quality healthcare. Additionally, the Report also detailed nine principal findings which were focused on potentially vulnerable groups of patients and made 63 recommendations. Ms Grant provided an overview of the themes identified within the principal findings and noted that an Action Plan was being developed to address those recommendations that refer directly to the NHS Board, rather than the Scottish Government. The Action Plan and Summary of the Report would be presented to the Board at the Board meeting on 30th June 2020. Prof Brown thanked Ms Grant for the update and commended the Executive Team for their swift response to publication of the Report. **Escalation to Level 4 of NHS Board Performance Framework** Ms Grant provided an overview of the current position. She noted that the organisation continued to work closely with the Oversight Boards established and the final report would be published in due course. There was a degree of flexibility		**Ms Grant**

	acknowledged in respect of the final publishing date of the report due to current COVID-19 challenges. The report would include the conclusions of the communications and engagement, peer review and infection prevention and control assessments. The case note review currently underway would be reported separately, and was expected to be completed by Autumn 2020. In respect of the Public Inquiry, it was noted that the Terms of Reference had been published and this would be circulated to all Board members for information. Prof Brown thanked Ms Grant for the update and invited comments and questions from members. In response to questions from members regarding the Scottish Government response to the publication of the Independent Review Report of QEUH and RHC, Prof Brown confirmed that a statement had been made by the Cabinet Secretary and Ms Vanhegan agreed to circulate this information to Board members. Ms Bustillo provided an overview of the range of communications that have taken place in respect of the outcome of the Review, including the publication of a Core Brief, and communications with the families of Ward 6a patients, and the staff based within the ward. In summary, the Interim Board were content to note the verbal update provided, and would anticipate further information circulated to members, and presentation of the Summary Report and Action Plan, to the June 2020 Board meeting. **NOTED**		**Ms Vanhegan** **Ms Vanhegan**
73.	**COVID-19 UPDATE**		
	The Interim Board considered the paper 'Response to COVID-19 – Interim Board Summary' [Paper No. 20/31] presented by the Chief Executive, Ms Jane Grant. The paper provided an update on the overall position in respect of the NHSGGC response to manage COVID-19 to provide assurance to members. Ms Grant highlighted that the position within the Acute Division was stable and Ms Grant commended the Acute Teams for their ongoing efforts. Challenges remained in respect of approximately 500 shielding patients. A small number of patients remained in Intensive Care Units (ICU). A significant amount of work had been done in respect of support to care homes, and Ms Grant thanked Ms Millar, Prof de Caestecker and Dr McGuire for their ongoing efforts. Whilst the overall position was positive, Ms Grant noted that NHS Boards remained on an emergency footing, and would do so for the next 100 days. Prof Brown thanked Ms Grant for the update and invited comments and questions from members. In response to a question regarding progress of implementation of the North East Commissioning Support (NECS) Team Report, Mr Best provided an overview of current performance in respect of the Emergency Department (ED) 4 hour target. He noted that performance in May 2020 was 95.4% and this had increased to 96% in June 2020. Whilst there had been a number of actions being taken to address performance following the NECS Report, it was acknowledged that the presentation of COVID-19 had driven rapid changes to the delivery of services,		

	such as the introduction of red and green pathways for suspected COVID-19-positive patients, and non-COVID-19 patients. Close working with the Partnerships Tactical Group had also driven a number of developments including the establishment of Mental Health Assessment Hubs. A number of changes had been made to triaging procedures including the deployment of specialty clinicians within specific areas to manage this and the introduction of an Ambulatory Care Pathway. Whilst the dynamic changes made had shown significant improvement in performance, it was acknowledged that attendance figures had begun to slowly increase, therefore it was essential that the changes made were embedded swiftly. In addition, analysis of the effectiveness of each of the changes made was required, along with consideration of the impact of redeployed staff returning to their previous roles and the reintroduction of non-urgent and scheduled care activity. A question was raised regarding delayed discharge and the causes of the decline in performance and if this was related to public confidence in care homes. Ms Millar highlighted that this was a complex picture, the causes of which varied dependent on a number of factors. She highlighted that the current position was being affected by challenges associated with Adults with Incapacity (AWI) and increased homecare activity. Ms Millar agreed to provide further detail in respect of delayed discharge causes within the Integrated Performance Report being prepared for the Board meeting on 30th June 2020. Furthermore, Prof de Caestecker agreed to include information on care home testing within the Integrated Performance Report, to provide assurance to members regarding the performance of testing in care homes, and the test and protect programme. In respect of a question raised regarding further information on staff uptake of annual leave for rest periods, Mr Best explained that there remained a number of staff who were absent due to a number of reasons such as shielding, sickness absence and other COVID-19 related reasons. Analysis was being done to understand the complexities and Mr Best assured members that ensuring staff have sufficient rest periods remained a priority. Consideration was being given to planning required for July and August periods. Mr Best assured members that standard processes and procedures remain in place to ensure a fair, consistent and balanced approach taken to managing annual leave absence whilst ensuring sufficient staffing levels. Dr McGuire highlighted that Chief Nursing colleagues continued to undertake weekly reviews of the position. She highlighted that a range of issues were being considered including the ongoing position with schools and the impact of this on staff. Ms McErlean added that collaborative working was key and staff side representatives were fully engaged in this process to ensure consistency of approach. A question was raised regarding care homes staff self-swab testing and how correct swabbing technique and compliance could be monitored, particularly given the reported issues with data access. Prof de Caestecker described the process in place and noted that weekly staff testing was in place using the UKG Social Care Portal now adopted by the Scottish Government. She highlighted that eHealth colleagues had been working closely with NHS National Services Scotland, to address the issues related to data access, to ensure overall compliance and monitoring of the number of insufficient swabs taken. Additionally, support had been provided to care homes in respect of testing, as well as the development of as well as the development of a webinar and detailed instructions for carrying out self-swabbing. Prof de Caestecker assured members that appropriate procedures were in place to carry out testing within care homes, as well as to monitor compliance and effectiveness of self-swabbing. She acknowledged that self-		**Ms Millar** **Prof de Caestecker**

	swabbing was causing some anxiety amongst staff and they require ongoing reassurance. In response to a question regarding reconciliation of the number of in-patients with COVID-19, and progress held in reserve due to the organisation remaining in emergency mode, Ms Grant described the current position, and acknowledged that there had been a reduction in in-patients with COVID-19. However, she noted that there were approximately 500 patients shielding and the Acute Team continued to work hard to support these patients. There has been a significant increase in activity in respect of support to care homes and activity continued to provide urgent and cancer care. In addition, the organisation continued to maintain the ability to rapidly expand ITU capacity, if necessary. Ms Grant was clear that this created a complex landscape, however she assured members that activity was being planned in a mindful way. **HIV Update** Prof de Caestecker provided an overview of the actions underway including increased support and provision of safe injecting equipment. A pocket of cases had been identified in Renfrewshire and, following investigation, it became clear that those affected had links between the local area and Glasgow city centre. Work continued to increase support for individuals and enhance point of care testing. Ms Millar assured members that work had begun to increase HIV testing and to quickly maintain this. A reconfiguration of Hunter Street Homeless Outreach Service has allowed the team to actively engage with hard to reach individuals, principally through the hotels in Glasgow City. Glasgow City HSCP was now exploring outreach services collectively and development of a funding bid to the Alcohol and Drugs Partnership (ADP) was underway to expand the outreach service with harm reduction front and centre of the operation including blood borne virus (BBV) testing. Ms Millar assured members that this work would be a key component of recovery planning moving forward. Prof Brown thanked Prof de Caestecker and Ms Millar for the update. The Interim Board were content to note the position and were assured by the information provided in respect of the actions being taken to address HIV infections. **NHSGGC Remobilisation Plan** Dr Armstrong provided a presentation which described the key elements of the Remobilisation Plan to cover the period to July 2020, which formed part of the wider recovery planning work. She noted the key principles of the plan including flexibility to respond to future COVID waves; the safety of patients and staff remained paramount; cross system working; maximisation of new ways of working and digital capability; an inequalities sensitive approach; the maintenance of social distancing; and the support of staff health and well-being. Dr Armstrong described governance of development of the plan including the establishment of the Recovery Tactical Group, to sit alongside the Acute Tactical Group and Partnerships Tactical Group. The Health Inequalities Team had undertaken an impact assessment to consider the health inequalities that have arisen as a result of the virus, which was detailed in the plan. There was also an assessment of digital access to ensure NHS services were tailored to the needs of the population. Dr Armstrong agreed to share this information with members. She provided an overview of a range of public health implications, along with new ways of working; impact on the workforce and on the workplace; Acute priorities; unscheduled care; mental health; and primary and community care.		**Dr Armstrong**

	Prof Brown thanked Dr Armstrong for the presentation. He commended Dr Armstrong and colleagues for their efforts to develop plans, in what could be considered as one of the biggest transformational change programmes of healthcare services. He highlighted the number of significant additional challenges including the test and protect programme; support to care homes; and unscheduled and scheduled care. He invited questions from members. In response to a question seeking assurance that those who do not have access to, or have difficulty accessing, digital methods of care, Dr Armstrong confirmed that consideration had been given to this. She noted that functionality was available to allow information on the requirement for alternative methods of care to be captured, and bespoke packages of care were being developed for specific groups such as older people, hearing and visually impaired, those who require interpreting services, amongst others. She also highlighted that solutions such as home visiting for appointments and treatment would be available. In addition, Ms Bustillo noted that she had recently met with colleagues from Health Improvement Scotland to discuss and consider their views in relation to stakeholder engagement. She noted that there was Scottish Government support being developed for digitally excluded communities, and this would be implemented nationally. Prof Brown further added that he had recently discussed stakeholder engagement with the Cabinet Secretary, given that NHS Boards have had to implement rapid changes to respond to the COVID-19 pandemic. He confirmed that this was being considered by the Scottish Government. Ms Grant added that a significant amount of work was underway to consider the implications for those who would be considered digitally excluded and options were being explored on a national basis. She was clear that the key priority within this was the preservation of patient safety, and therefore returning to previous methods of service provision was not an option, as to do so would increase the risk of transmission of COVID-19. A question was raised regarding the view at Scottish Government level of the implications of the additional charge in respect of support to care homes and if there was an indication of the overall strategic plan. Prof Brown noted that the strategic direction remained unresolved at this time, however he assured members that this was a high priority for the Cabinet Secretary. In summary, the Interim Board were content to note the report and endorse the direction of travel outlined. Prof Brown commended the Executive Team for their continued focus on patient safety, new ways of working, and consideration of the impact on inequalities. **NOTED**		
74.	**COVID-19 RISK REGISTER**		
	The Interim Board considered the paper 'COVID-19 Risk Register' [Paper No. 20/32] presented by the Director of Finance, Mr Mark White. The paper provided an overview of the latest COVID-19 Risk Register. Prof Brown thanked Mr White for the report. There were no questions raised and the Interim Board were content to note the report. **NOTED**		
75.	**SPEAK UP AND WHISTLEBLOWING REVIEW**		

	Prof Brown welcomed Mr Charles Vincent, Whistleblowing Champion and Non-Executive Director of NHSGGC. The Interim Board considered the paper 'Speak Up and Whistleblowing Review' [Paper No. 20/33] presented by Mr Vincent. The paper provided an overview of the current position of the Speak Up and Whistleblowing process within NHSGGC and the implementation of the New Whistleblowing Standards. Mr Vincent provided an overview of the report including the context by which the Speak Up and Whistleblowing Review was being conducted. He referred to a section within the Independent Review of the QEUH and RHC Report, which referenced whistleblowing. He noted that the report was presented to members as an update on the current position and to ensure the direction of travel moving forward. Mr Vincent highlighted that the New Standards for Whistleblowing were anticipated in due course. Prof Brown added that the Public Inquiry into the QEUH and RHC, and the Edinburgh Hospital for Children would include whistleblowing in NHS GGC. Prof Brown thanked Mr Vincent for the report and invited comments and questions from members. In response to a question regarding point 10 of the report which referred to "the right decisions", Mr Vincent explained that consideration would be given to how the organisation ensured that those conducting investigations have the necessary skills and experience, and how the organisation validated that there was sufficient evidence to show that a reasonable conclusion was reached. It was agreed that it would be useful for Mr Vincent to discuss this further with the co-Chairs of the Staff Governance Committee to ensure that the Committee retain ownership of these matters. In addition, Prof Brown suggested that the Director of Human Resources and Organisational Development be involved in these discussions. A question was raised regarding a point made in the report about communication with those who have raised concerns and it was suggested that this related more to the communication received by those individuals throughout the whistleblowing process, rather than communication of the outcome of investigations. Mr Vincent agreed to make this point more explicit. In summary, the Interim Board were content to note the report and were assured by the information provided. Members were asked to submit any final comments directly to Mr Vincent, with a copy to all members. **NOTED**		**Mr Vincent** **Mr Vincent**
76.	**FEEDBACK FROM AREA PARTNERSHIP FORUM**		
	Ms McErlean, Chair of the Area Partnership Form noted that the Area Partnership Forum continued to meet on a weekly basis. She provided an overview of recent topics discussed including recovery planning, care homes, social distancing measures, and the test and protect programme, and noted that the Forum continued to work well in partnership with staff side colleagues. She anticipated that the Forum would revert to a normal meetings schedule from July 2020.		

	Prof Brown thanked Ms McErlean for the update. He wished to note thanks on behalf of the Board for the ongoing support of the Area Partnership Forum and their ongoing commitment to patients, staff and the whole organisation. He remarked that the Forum had responded quickly to the challenges and had demonstrated positive working relationships throughout. There were no questions raised. **NOTED**		
77.	**FEEDBACK FROM AREA CLINICAL FORUM**		
	Mrs Thompson, Chair of the Area Clinical Forum, noted that there had been no further meetings of the Area Clinical Forum since the last meeting of 28th May 2020, however she assured members that she continued to work closely with the Executive Team in respect of issues raised. Prof Brown thanked Mrs Thompson for the update and wished to note thanks to all members of the Area Clinical Forum for their ongoing support and commitment. There were no questions raised. **NOTED**		
78.	**AOCB**		
	Prof Brown highlighted that a paper on corporate governance in NHSGGC would be presented to members at the Board meeting on 30th June 2020. The paper would incorporate a number of key areas including consideration of the current governance arrangements; progress of the Short Life Working Groups and the conclusion of this work; the short, medium and long term governance arrangements moving forward; and a review of committees, membership and any required changes to Terms of Reference to incorporate updated duties. Prof Brown added that, following recent correspondence from the Scottish Government, any proposed changes to the ongoing governance arrangements would be communicated to the Cabinet Secretary and Scottish Government colleagues, for endorsement, prior to implementation. Prof Brown thanked the members of the Interim Board for their support and contributions throughout this period, and reflected that the arrangements had worked well to strike a balance between ongoing oversight and governance, whilst ensuring that the Executive Team had sufficient time to focus on the response to COVID-19. **NOTED**		
	DATE OF NEXT MEETING		
	Full Board Meeting Tuesday 30th June 2020, 09:30am, via Microsoft Teams		
	The meeting concluded at 11:45am		