

## NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the  
Interim Board  
held via Microsoft Teams  
on Wednesday 8<sup>th</sup> April 2020, 09:30am**

**PRESENT**

Prof John Brown CBE (in the Chair)

Ms Susan Brimelow OBE	Cllr Jim Clocherty
Prof Linda de Caestecker	Mr Ross Finnie
Mrs Jane Grant	Mr Allan MacLeod
Mr John Matthews OBE	Ms Dorothy McErlean
Mrs Audrey Thompson	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 Susan Manion	..	Interim Director of GP Out of Hours Service
Ms Elaine Vanhegan	..	Head of Corporate Governance and Administration
Ms Geraldine Mathew	..	Secretariat Manager (Minutes)

		<b>ACTION BY</b>
<b>01.</b>	<b>WELCOME AND APOLOGIES</b>	
	Prof Brown welcomed those present to the meeting. He noted the key items for discussion included on the agenda.  There were no apologies noted.  <b>NOTED</b>	
<b>02.</b>	<b>DECLARATIONS OF INTEREST</b>	
	Prof Brown invited those present to declare any interests in the topics being discussed. There were no declarations made.  <b>NOTED</b>	
<b>03.</b>	<b>MINUTES OF THE VIRTUAL MEETING HELD 19<sup>TH</sup> MARCH TO 23<sup>RD</sup> MARCH 2020</b>	
	The Interim Board considered the minute of the virtual meeting held from 19 <sup>th</sup> March to 23 <sup>rd</sup> March 2020 [Paper No. NHSGGC(M)20/02]. Members noted that the minutes had already been considered and approved virtually by all Board members.	



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	<p>Prof Brown noted thanks to Ms Vanhegan, Mr Forrester, and the team for their work in respect of this. The Interim Board were content to note the report and ongoing work.</p> <p><b><u>NOTED</u></b></p>	
<p><b>06.</b></p>	<p><b>COVID-19 UPDATE</b></p>	
	<p>The Interim Board considered the paper 'Response to COVID-19 Interim Board Summary 6<sup>th</sup> April 2020' [Paper No. 20/03] presented by Ms Jane Grant, Chief Executive. The paper provided an update on the management of and response to the COVID-19 outbreak.</p> <p>Mrs Grant provided an overview of the key issues contained within the report. She noted that the Strategic Executive Group (SEG) continued to meet on a daily basis via Microsoft Teams. In addition, an Acute Tactical Team had been established and met regularly, as well as a Health and Social Care (HSCP) Tactical Group. Daily conference calls regarding Personal Protection Equipment (PPE) were in place, and Mr White continued to work closely with the Procurement Department in respect of supply and distribution of PPE. Prof de Caestecker had been undertaking work with care homes in respect of a number of issues. Mrs Grant thanked Ms Vanhegan as the leading author of the report. She thanked all of the Executive Management Team for their ongoing efforts to manage a rapidly evolving situation.</p> <p>Prof Brown was pleased to note the whole system approach being taken which was reflected well in the report. He thanked Mrs Grant, the Executive Team, Chief Officers, and other Directors for their efforts to manage the response to the outbreak. He invited comments and questions from members.</p> <p>In response to questions from members in relation to the number of Intensive Care Unit (ICU) beds being planned for and the organisation's capacity to manage the expected demands, Mr Best assured members that the Acute Team hold daily conference calls to consider the bed capacity across NHSGGC. The baseline number of ICU beds across NHSGGC was 45 beds. Action had been taken to increase this with capacity now of 95 beds, and it was anticipated that this would be expanded further to 170 beds. A significant amount of work had been undertaken to convert anaesthetic machines to ventilators and a number of staff had undertaken training in ICU support. Mr Best also noted that Red (for those patients suspected of having COVID-19) and Green (for those patients not suspected of having COVID-19) pathways had been implemented within the Acute Division.</p> <p>Members requested an update on the position in respect of care homes and Care at Home. Prof de Caestecker advised that the Public Health Team, Health and Social Care Partnerships (HSCPs) and the Care Inspectorate were working closely to provide advice on training, infection prevention and control, and Personal Protective Equipment (PPE) to Care Home Managers and staff.</p> <p>In response to questions from members in respect of continuing water filtration work, as referred to at paragraph 4.2.3 of the report, Mrs Grant clarified that the work being carried out was within the Institute of Neurological Sciences (INS) Building, and formed part of routine life cycle works and was not related to the</p>	

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<p>concerns with the water system that had already been addressed at the QEUH / RCH.</p> <p>Questions were raised in relation to communications, particularly in respect of ongoing capital works programmes. Ms Bustillo, Director of Communications and Engagement advised members that the Communications Team continued to work exceptionally hard to ensure that communications were released daily. In addition, a weekly update was circulated to all Board members, which captured all of the key issues. She encouraged all members who may be approached by the Press, to contact the Communications Team in the first instance. Ms Bustillo agreed to include within the weekly Board members update, information on any ongoing estates works.</p> <p>In response to questions from members in relation to recruitment of additional staff to support the increasing challenge, Mrs Grant highlighted a significant amount of work ongoing to recruit additional staff. She noted that a considerable number of interviews had taken place virtually and efforts were focused on obtaining the necessary pre-employment checks quickly.</p> <p>Members raised questions in respect of nursing homes and if this was within the jurisdiction of NHSGGC or HSCPs. Mrs Grant clarified that, whilst this area was not within the remit of the organisation, work was underway to ensure that this sector were supported and the Care Inspectorate were working closely with colleagues within NHSGGC, HSCPs and with Local Authorities.</p> <p>Mr White provided an overview of the financial position in respect of COVID-19. He noted that the organisation submitted weekly returns to the Scottish Government regarding the projected spend over the coming 12 months. This return included the potential increase in ICU provision and HSCP costs including social care costs. The Finance Team continued to work closely with a range of colleagues to identify the financial challenges and opportunities. Mr White agreed to provide further detail on this as a report to the Interim Board meeting on 5<sup>th</sup> May and would include information of the financial outturn position for 2019/20, along with implications of COVID-19.</p> <p>In response to questions from members in respect of development of the Louisa Jordan Hospital, Mrs Grant advised that regular conference calls with Ms Jill Young, Interim Chief Executive of the Louisa Jordan Hospital were taking place and work with Chief Executives across NHS Boards in Scotland was ongoing. Mrs Grant expected that the hospital would support a “step down” approach, however stressed that the implementation plan was yet to be concluded. Dr Chris Deighan, Deputy Medical Director, was taking a lead role on behalf of NHSGGC in respect of the development of the hospital site. In addition, a process was being put in place regarding requests received for information and/or staffing support to the hospital.</p> <p>Prof Brown thanked Mrs Grant and all those who had contributed to the update. The Interim Board were assured by the work described and were content to note the report. Prof Brown thanked a range of teams and staff for their ongoing efforts throughout this challenging period, including the Public Health Team and the Communications Team.</p> <p><b>NOTED</b></p>	<p><b>Ms Bustillo</b></p> <p><b>Mr White</b></p>
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07.	<b>LEVEL 4 ESCALATION UPDATE</b>	
	<p><b><u>Escalation 1</u></b>  Mrs Grant provided a verbal update on the position in respect of Escalation 1. A letter had been received from Prof Fiona McQueen, Chair of the Oversight Board, which indicated that the final report would be available in May 2020. Mrs Grant provided an overview of the key elements including the ongoing works within Wards 2a and 2b and the water remedial works. She noted that Ms Angela Wallace had been appointed as the operational Lead for Infection Prevention and Control. Prof Marion Bain retained the role of Director of Infection Prevention and Control and was currently undertaking a case note review.</p> <p>In respect of the Independent Review, this has continued, and it was expected that the final report would be published in May 2020.</p> <p>Mrs Grant agreed to circulate the letter received from Prof McQueen to members for their information.</p> <p><b><u>Escalation 2</u></b>  Mrs Grant advised that she had recently received a letter from Mr Malcolm Wright, Director-General of Health and Social Care, Scottish Government. The letter reflected similar letters received by other Health Boards subject to escalation as part of the NHS Scotland Performance Framework.</p> <p>In respect of the elective performance targets, agreed as part of the escalation, Mrs Grant was pleased to advise the Interim Board that the Scottish Government have accepted that prior to the Coronavirus outbreak NHS Greater Glasgow and Clyde were on track to achieve the elective performance targets required, those being that no more than 8,500 Treatment Time Guarantee (TTG) patients would wait &gt;12 weeks for an inpatient/day case procedure and that no more than 19,800 new outpatients would wait &gt;12weeks for a new outpatient appointment, as at 31<sup>st</sup> March 2020.</p> <p>In respect of the GP Out of Hours position, Mrs Grant highlighted the impact that the current situation had on this and noted that reporting to the Oversight Board would be via Mr Calum Campbell, Turnaround Director, would continue, taking into account the different ways of working required due to the establishment of Assessment Centres and Hubs to prepare for COVID-19.</p> <p>Prof Brown thanked Mrs Grant for the update and invited comments and questions from members. Members noted disappointment that Mr Wright's letter was not more positive in content and tone, given the significant achievements made in respect of the elective performance. The Interim Board were content to note the report and were assured by the information provided.</p> <p><b><u>NOTED</u></b></p>	Mrs Grant
08.	<b>GP OUT OF HOURS SERVICE UPDATE</b>	

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	<p>The Interim Board considered the paper ‘GP Out of Hours Redesign Progress Report’ [Paper No. 20/06] presented by Ms Susan Manion, Interim Director of GP Out of Hours Service. The paper described the early work and actions that have been put in place to stabilise and ensure the immediate viability of the service. Ms Manion provided an overview of progress and noted a number of key considerations including the development of assessment centres and hubs in respect of COVID-19; engagement with GPs and professional groups; and implementation of Red and Green pathways for those patients with/without suspected COVID-19 infection.</p> <p>Prof Brown thanked Ms Manion for the report and invited comments and questions from members.</p> <p>In response to questions from members in relation to the Equality Impact Assessment (EQIA) being undertaken, Ms Manion assured members that this was nearing completion and was currently being reviewed by the Inequalities Team to quality assure the assessment. Ms Manion agreed to present the EQIA report to the Interim Board when finalised, and that she hoped to be able to do so at the next meeting on 21<sup>st</sup> April 2020.</p> <p>Questions were raised in respect of the data contained within the Performance Report on temporary suspensions of GP Out of Hours Services. Given that business continuity measures had now been implemented, Ms Manion agreed that consideration needed to be given to the performance metrics reported and agreed to rectify this before the next Performance Report was presented to the Interim Board. In addition, consideration would also be given to the inclusion of suitable qualitative measures which provide greater assurance of the performance of the service. It was acknowledged that performance data was likely to present an artificial picture, given the impact of COVID-19 on the service.</p> <p>Following discussion regarding engagement with clinical staff groups, it was agreed that Ms Manion would discuss engagement with the Area Clinical Forum with Mrs Thompson, to agree a suitable time to present information to Forum members.</p> <p>In summary, the Interim Board were assured by the information provided, and requested that, if available, further information required be presented at the next meeting on 21<sup>st</sup> April 2020, to include revised performance metrics, outcome of the EQIA, and an update on progress of development of the new model.</p> <p><b>NOTED</b></p>	<p><b>Ms Manion</b></p> <p><b>Ms Manion</b></p> <p><b>Ms Manion/Mrs Thompson</b></p>
<p><b>09.</b></p>	<p><b>ELECTIVE PERFORMANCE RECOVERY PLAN</b></p>	
	<p>The Interim Board considered the paper ‘Elective Performance Recovery Plan’ [Paper No. 20/04] presented by the Chief Operating Officer, Mr Jonathan Best. The paper provided an overview of the elective target position and projections to 31<sup>st</sup> March 2020, as prepared for presentation to the Oversight Board meeting of 19<sup>th</sup> March 2020.</p> <p>Mr Best explained that the elective targets for both Treatment Time Guarantee (TTG) and outpatients would have been met at the 31<sup>st</sup> March 2020, though this has now been impacted by COVID-19. The Oversight Board and the elective targets would be suspended during the COVID-19 outbreak. Mr Best described</p>	

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	<p>the significant effort by the organisation to address the elective waiting times performance, particularly TTG. He described a number of initiatives including revisions to the NHSGGC Access Policy; Plastibell Service Redesign; high volume cataract through the Vale of Leven; high volume Orthopaedics service based at Gartnavel General Hospital (GGH); and a new anaesthetic rostering software system to improve productivity. Mr Best highlighted a number of areas which had been progressed quickly, to support the COVID-19 outbreak response, such as the “Attend Anywhere” programme.</p> <p>Prof Brown thanked Mr Best and his team for the extensive work undertaken to improve performance in this area and was reassured by the information provided that the Recovery Plan was likely to have been successful and would have delivered results. He invited comments and questions from members.</p> <p>Discussion took place regarding the ongoing governance and decision making processes of this work, given the suspension of the Oversight Board. Mr Best explained that operational issues remain governed by local processes, with implementation of actions monitored by Mr Best and Mr White. Mr White added that the actions described were scheduled to be presented for approval to the Acute Services Committee and the Finance, Planning and Performance Committee, however both of these meetings were cancelled due to the emerging COVID-19 outbreak. He highlighted that these actions had been approved by the Oversight Board, and required to be considered by the appropriate governance Committees and ultimately the NHSGGC Board. Had the NHSGGC Board not approved the proposed actions, this would have been referred back to the Oversight Board for further consideration. In respect of the Access Policy, Ms Grant confirmed that this would be presented to the Acute Services Committee for consideration in the first instance. Furthermore, Dr Armstrong was leading on the development of a Recovery Plan, which would incorporate a number of key elements including elective programme, cancer, screening programmes, digital programmes and new ways of working. However, the current focus of the organisation remained the response to the COVID-19 pandemic.</p> <p>The Interim Board were assured by the information presented that NHSGGC would have achieved the elective waiting times performance targets as at 31<sup>st</sup> March 2020 and thanked Mr Best, Mrs Grant, and the senior management teams for their efforts to achieve this position.</p> <p><b><u>NOTED</u></b></p>	
<p><b>10.</b></p>	<p><b>PERFORMANCE OVERVIEW</b></p>	
	<p>The Interim Board considered the paper ‘Interim Performance Report’ [Paper No 20/05] 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. It was noted that the data presented in the report was current data that had not yet been validated by Information Services Division (ISD).</p> <p>Prof Brown thanked Mr White for the update and invited comments and questions from members.</p>	

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	<p>In response to questions from members in relation to the levels of Staphylococcus aureus bacteraemia (SAB) infection rates and ensuring that this remained monitored, Ms Vanhegan advised that Ms Angela Wallace had confirmed that Healthcare Associated Infection rates continued to be monitored and reported on. Ms Wallace would be asked to present the Healthcare Associated Infection Report (HAIRT) to the Interim Board meeting of 5<sup>th</sup> May 2020.</p> <p>Questions were raised regarding the reported performance of the Child and Adolescent Mental Health Service (CAMHS) and members sought assurances regarding the actions being taken to prepare for the impact of COVID-19 on the service. Ms Manion assured members that an Improvement Plan had been developed and would shortly be presented to the Corporate Management Team for consideration. The Plan entailed a whole system approach and would address a number of key issues such as rejected referrals. She assured members that the Specialist Children's Services Team who manage the service, had worked closely with HSCP colleagues to quickly move to a business continuity approach to manage the impact of COVID-19, to ensure that the most vulnerable patients continued to be treated.</p> <p>In response to questions regarding the diagnostics performance, Mr Best assured members that significant progress had been made in this area prior to COVID-19. He explained that routine scopes had been scaled back and suspected cancer patients were being prioritised. He assured members that staff carrying out these procedures had the appropriate PPE, given that these were aerosol generating procedures (AGP). Routine surveillance scopes had been temporarily suspended across NHS Scotland. Mr Best was pleased to report that there was no longer a delay in respect of testing or reporting of imaging.</p> <p>The Interim Board were assured by the information presented and requested that the Implementation Plan being developed in respect of CAMHS be presented to members at the meeting of 5<sup>th</sup> May 2020.</p> <p><b>NOTED</b></p>	<p><b>Ms Vanhegan</b></p> <p><b>Ms Manion</b></p>
<b>11.</b>	<b>FINANCE OVERVIEW AND APPROACH TO FINANCIAL PLANNING</b>	
	<p>Mr Mark White, Director of Finance, provided a verbal update on the current position. Mr White noted an increase in prescribing costs for the month of March 2020, following an increase in patients requesting repeat prescriptions, in the days leading up to lockdown. He expected that this would level out in April and May. He noted other areas of increased spend, for example, the purchase of additional IT equipment to support implementation of the "Attend Anywhere" programme. He noted areas in which spend had reduced, such as elective care, which had been temporarily suspended in preparation for COVID-19. He estimated that the cost of COVID-19 could be in the region of between £15m and £20m per month, across NHSGGC and the 6 HSCP partnerships. There was concern regarding how this would be managed along with the savings programme for 2020/21, however Mr White noted that the Scottish Government had acknowledged the position and that it was unlikely that the savings programme would achieve its aims, particularly in the first part of the financial year.</p>	



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	<p>Mr White advised members that NHSGGC would record the costs of the development of the Louisa Jordan Hospital site via its financial reporting processes and therefore, the estimated figure of between £15m and £20m, would likely increase significantly. He assured members that he had received confirmation from Scottish Government that this additional sum would be fully reimbursed. Mrs Grant confirmed that the governance responsibilities of the Louisa Jordan Hospital would be overseen by an Oversight Board which had been established.</p> <p>Prof Brown thanked Mr White and invited comments and questions from members.</p> <p>In response questions from members regarding clarity of the financial accounting timetable and the impact that COVID-19 would have on the process, Mr White clarified that he expected that the final accounts for 2019/20 would be produced in August 2020. These would require to be audited throughout the months of September and October, however further confirmation on the process timetable was expected from Scottish Government.</p> <p>The Interim Board were content to note the update and were keen to receive further assurance in regards to the financial position of the annual accounts for 2019/20; the financial impact of COVID-19; the governance of this, and the governance of development of the Louisa Jordan Hospital. Members would anticipate a further report by Mr White to the Interim Board in due course.</p> <p><b><u>NOTED</u></b></p>	<p>Mr White</p>
<p><b>12.</b></p>	<p><b>FEEDBACK FROM AREA PARTNERSHIP FORUM</b></p>	
	<p>Mrs Dorothy McErlean, Chair of the Area Partnership Forum, noted that the Forum continued to meet regularly. In addition, meetings with the Full Time Officers also continued regularly. Concerns raised focused on supply of PPE for staff members and Mrs McErlean welcomed the recent guidance released in respect of PPE. Questions had also been raised in respect of the upcoming public holidays and if these would still be considered as holidays and a national review of this had taken place. Mrs McErlean advised that the public holidays would remain as public holidays and this had been confirmed to all staff via the Core Brief released yesterday.</p> <p>Prof Brown thanked Mrs McErlean and the Interim Board were content to note the verbal update provided.</p> <p><b><u>NOTED</u></b></p>	
<p><b>13.</b></p>	<p><b>FEEDBACK FROM AREA CLINICAL FORUM</b></p>	
	<p>Mrs Audrey Thompson, Chair of the Area Clinical Forum, provided an overview of recent discussions of the Area Clinical Forum. She noted similar issues raised in respect of supply of PPE and COVID-19 testing. Issues had also been raised regarding new ways of supplying medicines and the recent challenges experienced in community pharmacies, due to the increase in prescription requests. She noted that the Area Clinical Forum would continue to hold virtual meetings, and consideration was being given to the frequency of these.</p>	

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	<p>Prof Brown thanked Mrs Thompson and the Interim Board were content to note the verbal update provided.</p> <p><b><u>NOTED</u></b></p>		
<b>14.</b>	<b>AOCB</b>		
	<p>Prof Brown thanked those in attendance. He highlighted the key areas to be considered in order to further improve the flow of Interim Board meetings including careful consideration of the items included on the agenda; timescale for circulation of papers to members; and ensuring that the draft minute was circulated to members promptly.</p> <p><b><u>NOTED</u></b></p>		
<b>15.</b>	<b>DATE OF NEXT MEETING</b>		
	Tuesday 21 <sup>st</sup> April 2020, 09:30am, via Microsoft Teams		
	The meeting concluded at 11.50am		