

# Core brief

## Interim Board meeting update (7 May 2020, 8.10am)

Topics in this core brief:

- Interim Board meeting – 5 May 2020

### Interim Board Meeting

During the current COVID-19 outbreak it is important that, not only is effective corporate governance maintained, but also that the governance arrangements ensure senior managers within the organisation have the time to focus efforts to address the current challenges associated with the pandemic.

To facilitate this approach the NHSGGC Board has temporarily delegated all governance responsibilities to an Interim Board. The Interim Board meets fortnightly and has oversight of our response to COVID-19 and responsibility for any other matters that would ordinarily come to the Board or the Standing Committees at this time.

The latest Interim Board meeting took place on 5 May. [The full papers from the meeting are available here.](#)

### Appointment of Vice Chairs

The Chairman, Professor John Brown CBE, reported that Vice-chair, Ross Finnie, would leave the Board at the end of May, having completed two terms as a Board Member and a term as Vice-Chair.

The Chairman paid tribute to Mr Finnie's contribution to NHSGGC. He said: "I will greatly miss his advice and support to me as Chair and I know that you will want to join me in thanking Ross for all he has done to ensure that the Board operated as effectively as possible during his time with us. We wish him well for the future."

Professor Brown also reported that it has been agreed with the Cabinet Secretary for Health and Sport that NHSGGC should have two Vice Chairs. This is intended to strengthen the Board, with one Vice Chair leading on population health and one on mental health issues. Following a recruitment process, Board members John Matthews OBE and Ian Ritchie have been appointed as Vice Chairs for NHSGGC by the Cabinet Secretary. Professor Brown congratulated both on their appointment.



John Matthews OBE



Ian Ritchie

## COVID-19 Update

The Interim Board received a comprehensive update from the Chief Executive on the NHSGGC response to COVID-19. The Interim Board noted that whilst there was now some stability in the numbers of cases being admitted to hospital and being treated within the community, the demands on our services are still significant. The numbers being treated within our hospitals currently represents 32% of total Scottish inpatients and 40% of total critical care patients. Services are responding very well to the challenges being faced. Sadly, five members of staff have died from COVID-19 and the Board offered their condolences to the families and fellow colleagues affected.

Other issues covered:

- Significant support being provided to 196 care homes in the GGC area
- Arrangements in place to ensure a steady supply of PPE to staff
- Need to consider the socio-economic impact of COVID-19 on health inequalities of poverty and domestic abuse when developing the NHSGCC plans for recovery.

[The full report can be read here.](#)

## 'The Road to Recovery' – NHSGGC's Recovery Plan

Over the course of the next year, the Board will require to restore 'business as usual' services, including an element of catching up with activity that may have been scaled down or ceased as part of the pandemic response. This will require to be planned in a way which allows for flexibility to enable sufficient preparation and response to resurgence of waves of COVID activity.

We will need to consider services that will see an increased demand as a result of COVID-19 mitigation measures. To do this effectively, we cannot return to previous ways of working. We need to understand the changes we have made to services, assess the risks and opportunities in continuing with these changes and apply learning from the COVID response to our recovery planning.

The Interim Board received a report from the Medical Director, Dr Jennifer Armstrong, outlining the process to develop the Board's Recovery Plan covering Acute, Community and Public Health, taking into account the impact of social distancing, the potential for resurgence of COVID activity and the opportunity to build on new ways of working.

[The full paper is available here.](#)

## Healthcare Associated Infection Reporting Template (HAIRT)

Professor Angela Wallace, Interim Operational Director of Infection Control, presented the HAIRT report for the period. The HAIRT is a mandatory reporting tool for the Board to have oversight of the HAI targets (*Staphylococcus aureus* bacteraemias (SABs), *Clostridioides difficile* infections (CDIs), *E.coli* bacteraemias, incidents and outbreaks and all HAI other activities across NHSGGC.

Highlights for the month included:

- Compliance rates for October to December 2019 for CPE and MRSA screening were 95% and 96% respectively
- Responding to COVID-19 continues to be a priority for the Infection Prevention and Control Team
- The Board's cleaning compliance is 95% and estates compliance is 97% for the period
- The surgical site infection rate in all categories are stable and in control
- Two SABs were associated with intravenous vascular devices in March. 30% of all of our patients have an IV device *in situ* at any point in time therefore it is suggested that this demonstrates clear improvement in how NHSGGC maintains and manages these devices.

The Interim Board noted that the HAIRT report is under review and development and this new format was welcomed as clearly describing the action being taken in this important priority area for governance and assurance.

Please keep up-to-date with the latest guidance on our dedicated web pages at: [www.nhsggc.org.uk/covid19](http://www.nhsggc.org.uk/covid19). If you have any questions about the current situation please check the [FAQs](#) first. If you have any further questions, please email: [staff.covid19@ggc.scot.nhs.uk](mailto:staff.covid19@ggc.scot.nhs.uk)

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