

NHSGG&C(M) 20/01
Minutes: 01 - 29

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
NHS Greater Glasgow and Clyde Board
held in the William Quarrier Centre, 20 St Kenneth Drive, Glasgow, G51 4QD
on Tuesday 25th February 2020**

PRESENT

Prof John Brown CBE (in the Chair)

Dr Jennifer Armstrong	Cllr Caroline Bamforth
Ms Susan Brimelow OBE	Mr Simon Carr
Mr Alan Cowan	Cllr Jim Clocherty
Ms Jeanette Donnelly	Mr Ross Finnie (Vice Chair)
Ms Jacqueline Forbes	Cllr Mhairi Hunter
Ms Margaret Kerr	Ms Amina Khan
Dr Donald Lyons	Mr Allan MacLeod
Mr John Matthews OBE	Ms Dorothy McErlan
Dr Margaret McGuire	Ms Anne Marie Monaghan
Cllr Iain Nicolson	Mr Ian Ritchie
Ms Rona Sweeney	Mrs Audrey Thompson
Ms Flavia Tudoreanu	Mr Charles Vincent
Mr Mark White	

IN ATTENDANCE

Dr Marion Bain	..	Director of Infection Prevention and Control
Mr Jonathan Best	..	Chief Operating Officer
Ms Sandra Bustillo	..	Director of Communications and Engagement
Mr Calum Campbell	..	Turnaround Director
Dr Emilia Crighton	..	Deputy Director of Public Health
Ms Beth Culshaw	..	Chief Officer, West Dunbartonshire HSCP
Prof Michael Deighan	..	Fellow of the Royal College of Physicians Edinburgh (From Item 13)
Mr William Edwards	..	Director of eHealth
Mr Graeme Forrester	..	Deputy Head of Corporate Governance and Administration
Ms Jane Grant	..	Chief Executive
Mr David Leese	..	Chief Officer, Renfrewshire HSCP
Ms Louise Long	..	Chief Officer, Inverclyde HSCP
Mrs Anne MacPherson	..	Director of Human Resources and Organisational Development
Ms Susan Manion	..	Interim Director of GP Out of Hours Services (For Item 12)
Mrs Geraldine Mathew	..	Secretariat Manager (Minutes)
Ms Julie Murray	..	Chief Officer, East Renfrewshire HSCP
Dr Kerri Neylon	..	Clinical Director, GP Out of Hours Service (For Item 12)
Prof Sir Lewis Ritchie	..	To Item 12
Ms Caroline Sinclair	..	Interim Chief Officer, East Dunbartonshire HSCP
Ms Elaine Vanhegan	..	Head of Corporate Governance and Administration

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		ACTION BY
01.	WELCOME AND APOLOGIES	
	<p>Prof Brown welcomed those present to the first NHSGGC Board Meeting of 2020. He welcomed Mr Charles Vincent as the NHSGGC Whistleblowing Champion and new Non-Executive Director of the Board; Prof Sir Lewis Ritchie; Mr Calum Campbell, Turnaround Director; and Prof Marion Bain, Director of Infection Prevention and Control.</p> <p>He offered congratulations to Ms Sandra Bustillo, who had recently taken up post as the Director of Communications and Engagement. Ms Bustillo had previously been undertaking the role on an interim basis.</p> <p>Prof Brown noted that Prof Michael Deighan, Fellow of the Royal College of Physicians Edinburgh, and leading expert on healthcare governance, would join the meeting shortly. Prof Deighan has been invited by the Chair to assist NHSGGC in respect of assurance and governance matters.</p> <p>Prof Brown highlighted the range of topics on the agenda, including both standing business and updates on the escalation of NHSGGC to Level 4 of the NHS Boards Performance Framework.</p> <p>Board member apologies for absence were intimated on behalf of Prof Dame Anna Dominiczak, Prof Linda de Caestecker, Cllr Sheila Mechan and Cllr Jonathan McColl.</p> <p>Officer apologies were noted on behalf of Mr Tom Steele.</p> <p><u>NOTED</u></p>	
02.	DECLARATIONS OF INTEREST	
	<p>Prof Brown invited members to declare any interests in any of the agenda items to be discussed. There were no declarations made. Prof Brown reminded members to ensure that any amendments or additions to the Register of interest were advised to the Board Secretary, Ms Elaine Vanhegan.</p> <p>Prof Brown was pleased to advise members that he had recently been invited to join the Board of Glasgow Life.</p> <p><u>NOTED</u></p>	
03.	MINUTES OF THE MEETING HELD ON 17TH DECEMBER 2019	
	<p>The Board considered the minute of the NHSGGC Board Meeting of 17th December 2019 [Paper No. NHSGGC (M)19/06]. On the motion of Mr Matthews OBE, seconded by Mrs Thompson, the minutes were approved and accepted as an accurate record, subject to the following amendments:</p> <p>Page 1 – “In attendance” – Mr William Edwards was not in attendance at the meeting.</p>	

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	<p>Page 2 – “Welcome and Apologies” – 1st paragraph – Prof Brown confirmed that Dr Andrew Fraser and Dr Brian Montgomery, Co-Chairs of the Independent Review were not in attendance at the meeting.</p> <p>Page 10 – “Healthcare Associated Infection Report” – 4th paragraph – addition of the following sentence “Dr Armstrong noted that a case of <i>Serratia marcescens</i> colonisation had been identified in one patient just after the 2 week limit and would be investigated by the Incident Management Team (IMT).”</p> <p><u>APPROVED</u></p>	
04.	MATTERS ARISING	
a)	ROLLING ACTION LIST	
	<p>The Board considered the Rolling Action List [Paper No. 20/012].</p> <p>Members agreed with the recommendation of the closure of 7 actions from the Rolling Action List.</p> <p>In respect of action 144 – Whistleblowing Report – it was confirmed that the Whistleblowing Report had not been presented to the Staff Governance Committee at the meeting of 4th February 2020, therefore it was agreed that this action would remain ongoing.</p> <p>In respect of action 144 – Career Opportunities in Medicine – Mrs MacPherson provided an update and noted that links with the post graduate team had been made. In addition, a new project was being established in partnership with Prof Dame Anna Dominiczak and Glasgow University to widen opportunities. A further update would be presented in due course and it was agreed that this action would remain ongoing.</p> <p><u>NOTED</u></p>	<p>Mrs MacPherson</p> <p>Mrs MacPherson</p>
05.	CHAIRS REPORT	
	<p>Prof Brown provided an overview of recent engagement since the last Board Meeting. He noted a range of meetings in respect of the development plans as part of the escalation to Level 4 of the NHS Scotland Performance Framework. A number of sessions had taken place including meetings with non-Executive Directors and Chairs of Committees. He also noted a range of meetings with other stakeholders such as the Chief Executive of Health Improvement Scotland, and meetings with the Oversight Board Chair, as well as meetings with Prof Marion Bain, Prof Craig White and Mr Calum Campbell.</p> <p>He also met with the Cabinet Secretary and the Director General to discuss a range of matters including the delivery and pace of integration of health and social care; and Primary Care Improvement Plans. He also attended a meeting of NHS Scotland Chairs along with the Cabinet Secretary.</p> <p>In addition, MSPs were invited to attend a meeting hosted by Prof Brown and Mrs Grant, to provide an overview of the current position in respect of the</p>	

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	<p>escalation process. Prof Brown reported a positive meeting with 12 MSPs attending, of the 46 invited.</p> <p>Prof Brown was also invited to serve on the panel for interviews for new non-Executive Board Members of the Golden Jubilee National Hospital.</p> <p>Prof Brown noted upcoming commitments including the Scottish Drugs Crisis Conference and a meeting of the newly appointed Whistleblowing Champions.</p> <p>NOTED</p>	
<p>06.</p>	<p>CHIEF EXECUTIVES REPORT</p>	
	<p>Mrs Grant provided an overview of recent commitments including a positive meeting with Health Improvement Scotland and other colleagues in respect of sharing of information; a meeting of the Royal Alexandria Hospital (RAH) Medical Staffing Association which had established regular meetings and consideration was being given to the introduction of similar structures across the Board area; meetings of the Oversight Boards and Scottish Government colleagues; regular meetings with Mr Calum Campbell and Prof Fiona McQueen; undertaking of Performance Reviews with Health and Social Care Partnerships (HSCPs); a visit to the Intensive Psychiatric Care Unit (IPCU) at Inverclyde Royal Hospital with Ms Louise Long, Chief Officer of Inverclyde HSCP; and; a meeting with the Chief Executive of the Beatson Cancer Charity to explore ways in which the organisation could provide further support to the Charity. Mrs Grant also noted a meeting with colleagues from the Scottish Public Services Ombudsman (SPSO) to discuss emerging issues.</p> <p>Prof Brown thanked Mrs Grant for the update and invited comments and questions from members.</p> <p>In response to questions from members in relation to the meetings with Prof McQueen and Prof Bain and when the Board could expect to receive an update on progress, Prof Brown confirmed that Prof McQueen had been invited to attend the next Board Meeting in April. He invited Prof Bain to provide an overview of the current position.</p> <p>Prof Bain noted that she would provide an update on the operational aspects of infection prevention and control as part of the Healthcare Associated Infection Report. She noted that she had been asked by the Oversight Board to conduct a review of infection prevention and control procedures across the organisation, to ensure that these were fit for purpose, as part of the work of the Infection Prevention and Control Sub Group of the Oversight Board. Prof Bain was keen to draw on all sources of infection prevention and control data and also to hear the views of patients and staff. She continued to work closely with Mrs Grant and other members of the Executive Team, and wider teams, to draw conclusions. She anticipated that she would be in a position to make recommendations to the Chief Executive and the Board regarding systems and processes, by April 2020.</p> <p>In addition, Prof Bain was conducting a case review with assistance from an external expert panel. A workshop had taken place to produce a plan to conduct the review and letters had been sent to families to inform them of this. It was</p>	

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	<p>anticipated that the review would be complete by summer 2020, however Prof Bain would shortly confirm the finalised timelines.</p> <p>Prof Brown thanked Prof Bain for the update. The Board were content to note this.</p> <p><u>NOTED</u></p>	
07.	PATIENTS STORY	
	<p>Dr McGuire, Nurse Director, introduced a short film which featured feedback from the Clinical Nurse Specialist within the Soft Tissue Sarcoma Service at Glasgow Royal Infirmary in respect of the introduction of the “What Next?” document and feedback from a patient regarding her experiences of using the document and the positive impact this had had on her treatment journey.</p> <p>Prof Brown noted thanks on behalf of the Board to the patient for providing such invaluable feedback, and to the Clinical Nurse Specialist and Team for implementation of the document. He was pleased to note this as a great example of staff understanding patients’ needs and doing valuable work to help and support patients throughout their journey.</p> <p><u>NOTED</u></p>	
08.	PUBLIC HEALTH COMMITTEE – UPDATE	
	<p>The Board considered the update on key items of discussion at the Public Health Committee Meeting of 29th January 2020 [Paper No. 20/02]. Members were content to note this. In addition, the Board reviewed the approved minute of the public Health Committee Meeting of 23rd October 2019 [Paper No. PHSC(M) 19/04] and were content to note this.</p> <p>Prof Brown invited comments from the Chair of the Committee, Mr John Matthews OBE.</p> <p>Mr Matthews highlighted that at the last meeting of the Committee on 29th January 2020, Ms Louise Long, Chief Officer, Inverclyde HSCP, attended the meeting, following an invitation to all Chief Officers to attend. The Committee were interested to hear the views of Chief Officers and their perception of the Public Health Strategy from a HSCP perspective. The Committee were inspired by the type and range of public health work being undertaken in Inverclyde. Mr Matthews noted the upcoming Scottish Drugs Crisis Conference, and assured members that the Public Health Committee continue to consider this matter as a priority. There were a wide range of priority topics and Mr Matthews noted that the Committee would be arranging another development session to consider these further.</p> <p>Prof Brown thanked Mr Matthews and the members of the Committee for their continued work to address public health matters and ensure that population health matters remained a priority.</p> <p><u>NOTED</u></p>	

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09.	CORONAVIRUS UPDATE	
	<p>Dr Emilia Crighton, Deputy Director of Public Health, provided a presentation on the current position in respect of Coronavirus – COVID-19.</p> <p>She provided a background of the virus which begun, following an outbreak of pneumonia due to unknown cause, in late December 2019, in Wuhan City, Hubei Province, People’s Republic of China. In January 2020, the cause of the outbreak was identified as a new coronavirus. On 30th January 2020, the World Health Organisation (WHO) declared that the outbreak constituted as a Public Health Emergency of International Concern. The common symptoms of infection include high temperature or fever, cough, and shortness of breath. Generally, coronavirus could cause more severe symptoms in people with weakened immune systems, older people, and those with long term conditions such as diabetes, cancer and chronic lung disease. Dr Crighton provided an overview of the current medical advice available via the NHS Inform website; https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19, the publication of current test figures, and the World Health Organisation, Government and NHS responses to the outbreak. Dr Crighton provided an overview of the actions being taken to address the issues as the situation developed, and ongoing implementation of business continuity plans.</p> <p>Prof Brown thanked Dr Crighton for the update and invited comments and questions from members.</p> <p>In response to questions from members in respect of the testing of business continuity plans, Dr Crighton agreed to circulate further information to members by email with regards to this. Mrs MacPherson noted that all business continuity plans were tested extensively in 2019, and pathways were tested with the assistance of Acute colleagues. Mr Best also noted that the Acute Division continually carry out reviews of business continuity plans, in particular the Mass Casualty Plan.</p> <p>A question was raised regarding the capacity of the organisation to accept the likely number of additional patients. Dr Crighton advised that some individuals would require Acute hospital care, and an exercise has been carried out to identify the number of single use rooms, with en-suite facilities across the organisation and consideration was being given to planning requirements, should there be a significant increase in the number of people who require treatment as an in-patient. However, at this time, it was difficult to estimate the likely number of patients.</p> <p>Mr Best further clarified that, as part of the care pathways established for SARS (Severe Acute Respiratory Syndrome) and MERS (Middle East Respiratory Syndrome), there were a number of designated rooms within the Queen Elizabeth University Hospital (QEUH) identified, along with back up isolation rooms at Glasgow Royal Infirmary, and, special arrangements with the Scottish Ambulance Service (SAS) in respect of transport.</p> <p>In response to questions from members in relation to the comparison with seasonal influenza, Dr Crighton noted that influenza was a cause of many deaths per year, and explained that the most significant difference between influenza and the coronavirus, was that there was currently no treatment or vaccine</p>	Dr Crighton

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	<p>available for COVID-19. In addition, the origin and natural history of COVID-19 was unknown, as was its potential to evolve. She assured members that efforts continued internationally to develop a vaccine.</p> <p>Questions were raised in respect of the personal protective equipment available for staff, and what measures had been taken to protect staff. Dr Crighton clarified that the recent preparations for Brexit had involved consideration of maintaining supplies. As such, there were no shortages of any personal protective equipment. Staff were also trained on the procedures and sequences of donning and removing personal protective equipment.</p> <p>In response to questions from members in relation to anti-viral medicines, Dr Crighton confirmed that there were currently no effective anti-viral medicines for COVID-19. She assured members that a number of organisations were carrying out work to identify suitable anti-viral preparations and a vaccine.</p> <p>The Board were assured by the detailed information provided and the level of preparation ongoing in relation to this. Further information was requested in respect of the dates of business continuity testing exercises be circulated to members, prior to the next Audit and Risk Committee Meeting which would take place on 17th March 2020, at which a full review of business continuity planning and resilience testing would be undertaken.</p> <p><u>NOTED</u></p>	<p>Dr Crighton</p>
<p>10.</p>	<p>PUBLIC HEALTH SCREENING PROGRAMME ANNUAL REPORT</p>	
	<p>The Board considered the paper 'NHSGGC Public Health Screening Programme Annual Report 2019-20' [Paper No. 20/03] presented by the Deputy Director of Public Health, Dr Emilia Crighton. The paper provided information about NHSGGC Screening Programmes. Dr Crighton outlined the wide range of screening undertaken in NHSGGC including cervical, breast, bowel, pregnancy, newborn, pre-school vision, diabetic retinopathy, and aortic aneurysm. She noted the uptake rates of the individual screening programmes and percentage achieved against target. In addition, Dr Crighton described a number of actions being taken to address performance and improve uptake rates.</p> <p>Prof Brown thanked Dr Crighton for the update and for the significant amount of effort undertaken to improve uptake rates. He invited comments and questions from members.</p> <p>In response to questions from members in relation to the resource required to deliver the actions described and whether this was sufficient, Dr Crighton confirmed that adequate resource was available to undertake the actions described.</p> <p>Questions were raised in respect of the tests of change carried out in West Dunbartonshire, with the aim of improving bowel screening uptake rates for people with a learning disability, and how this would be rolled out to other areas, Dr Crighton agreed to include detail on the roll out of best practice in the next iteration of the report. She noted that commitment from other HSCP areas was required to ensure effective roll out and sharing of best practice. Ms Culshaw, West Dunbartonshire HSCP, added that the Chief Officers undertake a variety of approaches to share best practice.</p>	

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<p>In response to questions raised regarding the differences of the uptake rates of pre-school vision screening in the most deprived areas and the most affluent areas, why this was and what could be done to address this, Dr Crighton assured members that work was underway to address this to ensure a universal pathway and to target pre-school children in nurseries, both Local Authority and private. She noted that vision anomalies were more prevalent in deprived areas and agreed to explore this issue further and report her findings to the Public Health Committee at the next meeting.</p> <p>There were questions raised in relation to the collection of learning disability data. Ms Murray, Chief Officer, East Renfrewshire HSCP, advised that, following a recent redesign of learning disability services, each HSCP area was allocated resource in the form of a Learning Disability Coordinator. She also noted that there was a Board-wide Learning Disability Group which met regularly. She agreed to look into this further to confirm that resource was in place.</p> <p>Questions were raised in respect of the success of the health improvement initiatives and the impact of such. Dr Crighton noted that the situation remained challenging. She believed that austerity measures of recent years, had resulted in a reduction in life expectancy and a widening of inequalities. She noted that these were UK-wide challenges.</p> <p>A range of activities were underway in respect of the Healthy Children Programme. Approximately 200 additional Health Visitors had been recruited and a national evaluation by the University of Edinburgh was planned, to incorporate staff perceptions and views.</p> <p>In response to questions from members in relation to the teaser letters circulated for bowel screening, and how effective these were, Dr Crighton advised that the use of teaser letters was evaluated by a randomised trial which revealed an increase in uptake of screening amongst those who had received the letter. This was being rolled out across Scotland.</p> <p>Questions were raised regarding the total eligible population for pregnancy, and the position in respect of those not booked to attend an ante-natal clinic. Dr Crighton highlighted that the data included was retrospective. Dr McGuire added that it was very rare for women to be unknown and not recorded in the system, prior to delivery.</p> <p>Members highlighted that this report had already been discussed extensively at the recent Public Health Committee Meeting, therefore suggested that this could become a delegated function of the Committee to avoid duplication. Prof Brown agreed, however highlighted that a different level of discussion was required at Board level. Dr Lyons agreed to incorporate these views as part of his review in Board and Standing Committee Papers and Minutes, and would like to use this paper as a test for change for developing a new approach to Board papers.</p> <p>A question was raised regarding the time delay associated with the data provided in the report, and whether this could be reported sooner. Dr Crighton advised that this was a normal delay associated with the validation of data and subsequent publication, and confirmed that this was not due to a delay in the organisations systems. She agreed to consider opportunities to present information on a phased approach with the Public Health Committee.</p>	<p>Dr Crighton</p> <p>Ms Murray</p> <p>Dr Crighton</p>
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	<p>In summary, the Board were assured by the NHSGGC Public Health Annual Screening Report; agreed the proposed Adult Screening and Child & Maternal Health Key Performance Indicators (KPIs); and agreed to include the proposed activities within the relevant teams' work plan priorities for 2020/21.</p> <p>APPROVED</p>	
11.	GP OUT OF HOURS UPDATE	
	<p>The Board considered the paper 'NHSGGC GP Out of Hours Service Resilience' [Paper No.20/06] presented by Mrs Susan Manion, Interim Director of GP Out of Hours Service, and Dr Kerri Neylon, Interim Clinical Director of GP Out of Hours Service.</p> <p>The paper outlined the current challenges within the GP Out of Hours Service and the actions required to ensure business continuity.</p> <p>Mrs Manion described an increase in the number of temporary suspensions of service and a number of actions taken. She noted enhancements made to the leadership and management of the service and went on to provide the context of the current position.</p> <p>Dr Neylon described the short term and long term issues associated with the delivery of the service. She highlighted that the paper presented to the Board today outlined the short term solutions to the current challenges.</p> <p>Over the course of 2019, significant issues had affected the service. It was recognised that some issues were experienced on a national basis. Nationally, there had been a fall in the number of GPs volunteering to undertake shifts within the GP Out of Hours Service. This was due to changes to pension contributions affecting those GPs who did undertake Out of Hours shifts. Following engagement with GPs locally, additional issues were raised including the working environment and lack of facilities, uncontrolled workload, professional isolation, and wider team support. These issues have resulted in difficulties resourcing the service, temporary suspension of services, and a requirement to prioritise the provision of home visiting services. Dr Neylon wished to note her gratitude to those GPs who have continued to work within the service for their continued support in challenging circumstances.</p> <p>Initial steps to address the situation had been undertaken, with the appointment of Mrs Manion as Interim Director of GP Out of Hours Service and Dr Neylon, Interim Clinical Director of GP Out of Hours Service. Performance of the GP Out of Hours Service formed part of the escalation to Level 4 of the NHS Scotland Performance Framework, and support has been provided by the Scottish Government colleagues and Sir Lewis Ritchie.</p> <p>An Improvement Plan was being developed and a range of colleagues had met with both Mrs Manion and Dr Neylon to ensure that all staff within the service were fully supported.</p> <p>The recommendations within the paper proposed the enactment of business continuity actions in order to stabilise the service in the short term and allow work to continue on development of an Improvement Plan for the medium to long term.</p>	

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As part of the business continuity actions, there was a proposal to reduce the number of sites at which GP Out of Hours Services were provided, on a temporary basis. It was proposed that services would be provided at The New Victoria Ambulatory Care Hospital; Stobhill Ambulatory Care Hospital; and The Royal Alexandria Hospital; and The Vale of Leven Hospital.

Preparatory work was underway with colleagues from NHS24 to establish a pilot appointments system, currently used in other Boards. This would allow clinicians to manage workload and ensure safe and effective flow through the GP Out of Hours sites and ensure equity of access. Work was also underway to address the issues raised in respect of environment and facilities, and site visits by NHSGGC Estates and Facilities colleagues had taken place to explore ways to improve this. Consideration was being given to the wider team support to GPs such as nursing and administrative staff including how District Nursing colleagues could support the Out of Hours Service. Consideration of the wider issues such as the interface with NHS24 and Scottish Ambulance Service colleagues; ensuring that pay scales were appropriate and in keeping with other Board areas; extending the number of salaried GPs, and strengthening the leadership of the service. Work was also underway to develop the rebranding of the service to 'Urgent Care Services' to address inappropriate use of the service and reinforce the message that use of the service was intended for urgent matters that could not wait until GP in-hours services were available.

It was acknowledged that all of the actions described were substantial aims and would take time to develop. As current provision was unstable and inconsistent, Dr Neylon recommended the proposal to move to business continuity measures with immediate effect to allow implementation of the changes described. She highlighted to members that the proposals had been presented to the Clinical Leadership Groups including the Clinical Senate and the GP Sub Committee, who fully endorsed the proposal and supported the implementation plans described.

Prof Brown thanked Dr Neylon and Mrs Manion for the presentation. He wished to note thanks on behalf of the Board to the current workforce of the GP Out of Hours Service who continue to deliver the service under challenging circumstances. Prof Brown invited Sir Lewis Ritchie and Mr Calum Campbell, Turnaround Director, for their views.

Sir Lewis Ritchie was in agreement with the recommendations made within the report. In 2015, Sir Lewis undertook a national Review of Primary Care Out of Hours Services, following which he made 28 recommendations. Sir Lewis noted that, as highlighted in his report of 2015, there were a number of key issues in respect of GP Out of Hours Services. The current model was not sustainable and would continue to worsen, unless consideration was given to the recruitment and retention of staff including GPs and other multi-disciplinary staff. He considered that the current model was no longer fit for purpose and the case for immediate action was apparent.

Mr Calum Campbell was in agreement with the recommendations within the report. He was clear that the business continuity actions were a temporary measure to allow time to redesign the service model.

Prof Brown thanked Sir Lewis Ritchie and Mr Campbell for their views and invited comments and questions from members.

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Members enquired about the regular updates on performance and progress of the improvement Plan and future developments noted within the report. Members were keen to receive assurance in respect of the actions being taken forward and if consideration had been given to a definition of a “good service”.

Mrs Manion highlighted that consideration was being given to performance management, in the context of the national position. Consideration was being given to waiting times reporting, a range of qualitative and quantitative measures to demonstrate improvements, and complaints and feedback. Dr Neylon added that success would also be measured by an increase in the number GPs volunteering to undertake shifts within the service.

Further questions were raised about the definition of a safe, reliable service and the ambition of the plans. Mrs Grant noted that the measurements of performance required further consideration, however the vision was clear within Sir Lewis Ritchie’s Report of 2015. Further updates would be provided as this evolved and it was agreed that the current performance measures would continue to be reported to the Acute Services Committee, and additional measures of performance to demonstrate the impact of the service changes would be reported to and considered by the Acute Services Committee.

It was acknowledged that the suspension of services was a temporary measure to ensure the stability of the service, however further detail was requested on the rationale to select those sites to remain open and those selected for temporary suspension, at the next Board meeting in April. Mrs Manion noted that the recommendations were based on capacity available to deliver services within each of the sites and the geographic spread. Furthermore, the Vale of Leven Hospital site already has a designated service to support the in-patient service therefore it was reasonable to continue to operate this. She clarified that this model did not exist in Inverclyde.

There were questions raised about the potential implications of deferring the decision to the next Board meeting in April to allow further data to be presented. Dr Neylon advised that delaying the decision would have an impact on the rostering of GPs to the service. Any delay would affect the production of a rota and would likely result in the withdrawal of more GPs from the service, due to uncertainty about working arrangements. In response to a question regarding the timescales associated with the temporary suspension, Dr Neylon anticipated that this would be between 3 to 6 months, after which the Implementation Plan would provide the redesigned model of service.

Prof Brown clarified that the vision of the service was clearly detailed within Sir Lewis Ritchie’s report of 2015. He accepted that there were concerns in respect of the information and rationale used to come to a decision about which sites should remain in operation and which should be temporarily closed. He sensed from discussions that members accepted the approach in principle, and suggested that a further update on progress of the Implementation Plan of the new service model be presented in 3 months. Mr Campbell stressed that this was not a permanent closure and assured members that this remained a temporary measure to ensure appropriate time and security to build a stable and consistent service for the future. Prof Brown invited further comments from members.

Dr Armstrong reported that the recommendations had recently been presented to Area Medical Committee and the Area Clinical Forum members, who were in

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support of the plans to temporarily reduce the number of sites in order to stabilise service and develop a sustainable model. She was confident that the plans would provide an opportunity to consider other professions and their input and support of Out of Hours Services.

In response to questions about the Communications Strategy, members were assured that extensive engagement with key stakeholders would be undertaken in respect of the longer term redesign of the model. Ms Bustillo, Director of Communications and Engagement, highlighted the two key messages, those being, the requirement to use NHS24 to access the right treatment, in the right place, at the right time; and that the Out of Hours Service was intended for urgent care which could not wait for in-hours services to open. Ms Bustillo continued to work closely with Mrs Manion to quickly move to the new naming convention and to devise communications messages, building on the previous work undertaken to reduce the number of 'walk-in' cases. She assured members that in respect of the longer term plans, the Scottish Health Council, would be fully involved in this. The Area Clinical Forum were keen to engage with the development of the service, including the development of wider teams supporting out of hours care, along with the contributions which independent contractors could make.

In response to questions from members regarding the correlation between in-hours services and out of hour's services, Dr Neylon was confident that by stabilising the out of hours service, this would allow greater consideration of in-hours provision and ensuring this was managed appropriately, providing timely, person-centred care.

Members agreed that it was necessary to present further information on the rationale and information used to develop the recommendations made. Furthermore, an Equality Impact Assessment (EQIA) was required. It was agreed that further information on the rationale and information used and an EQIA would be presented to a future meeting.

Cllr Clocherty noted his disappointment in the recommendations made within the report. He highlighted the recent publication of the Scottish Index of Multiple Deprivation (SIMD) which reported that Greenock Town Centre and East Central Inverclyde, represented the most deprived area in Scotland. He highlighted the travel issues that the proposals pose for residents of Inverclyde and equity of access, which was not addressed within the paper. He was not in support of the proposal as he felt that the recommendations did not take into account the deprivation within the community and created an inequity of access.

In response to a question in respect of the arrangements in place to support residents who require to travel from Inverclyde to Royal Alexandra Hospital in Paisley, Dr Neylon highlighted that there was currently a transport service in place across NHS Greater Glasgow and Clyde. This service was available to all patients who require to visit the GP Out of Hours Service but do not have means of getting to a centre. She highlighted that this service would remain in place and assured members that there were no plans to change this service. She recognised the points made by Cllr Clocherty with regards to inequity of service, however pointed out that currently, the service within Inverclyde was unstable and therefore by adopting the proposals set out within the report, this would provide a stable service for all patients across NHSGGC and ensure a consistent service for residents within Inverclyde. Furthermore, this was not a long term solution, and represented a contingency plan to stabilise the service, whilst identifying the long term solutions. Mrs Manion assured members that work was

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ongoing with colleagues within Inverclyde HSCP to identify a bespoke service for the residents of Inverclyde, to ensure that this was both accessible and consisted of the right mix of staff to meet the needs of the community. In addition, consideration was being given to consolidation of the existing site in order to ensure an improved facility within Inverclyde was available, once longer term plans had been established. She assured members that the recommendation represented a temporary suspension of service and was not a permanent position.

In respect of questions raised regarding the other options explored, Dr Neylon noted that consideration was being given to accessibility and the potential to utilise programmes such as 'Attend Anywhere'. Extensive work was underway to attract GPs to undertake shifts, and Mrs Manion assured the Board that, should additional resource become available within Inverclyde to resource the service there, this would be reinstated if possible. Mr Campbell highlighted the GP House Visiting Service. No changes were proposed to this service, which would continue to be available to residents within Inverclyde.

The importance of ensuring that all staff were trained and supported to deal with walk-in occurrences was highlighted. Dr Neylon was confident that the introduction of the appointments system would address the number of walk-in occurrences.

Prof Brown invited Mrs Grant to provide a summary of the position presented. Mrs Grant provided a summary of the current position and the challenges. A 'status quo' position was untenable and would result in significant challenges in providing a service across the whole of NHSGGC. The proposals made would ensure continuity of service for every patient across NHSGGC, and a commitment was made to consider additional resource which could be provided in respect of the transport service, specifically for the Inverclyde patient group. She stressed the urgency of this decision to ensure provision of service and stabilisation in the short term, to allow full consideration of the long term solutions and service model.

In summary, consensus was reached to approve the recommendations and the Board were content to approve the recommendations to:

1. To support the redesign of the GP Out of Hours Service, allowing time for appropriate work to consider the long term model with appropriate proposals, including full engagement with staff, patients and members of the public, with a further update on progress to the Board Meeting in April 2020.
2. To support the enactment of temporary business continuity plans to provide continuity of service, with an appraisal of the geographical spread, the availability of staffing, site accessibility, and completion of an EQIA, to be presented to the Acute Services Committee in March 2020.

Cllr Clocherty was not in support of the decisions made.

APPROVED

12.	QUEEN ELIZABETH UNIVERSITY HOSPITAL AND ROYAL HOSPITAL FOR CHILDREN UPDATE	
	<p>The Board considered the paper ‘Queen Elizabeth University Hospital and Royal Hospital for Children Update’ [Paper No. 20/04] presented by the Chief Executive, Ms Jane Grant. The paper provided an overview of the process underway and progress being made with work programmes in respect of the Queen Elizabeth University Hospital (QEUH) and Royal Hospital for children (RHC) escalation to Level 4 of the NHS Scotland Performance Framework and the associated linked issues.</p> <p>NHSGGC were escalated to Level 4 of the NHS Scotland Performance Framework on 22nd November 2019, in light of what was described as ongoing issues around the systems, processes and governance in relation to infection prevention, management and control at the QEUH and the RHC. An Oversight Board was established in December 2020 chaired by Prof Fiona McQueen, the Terms of Reference for which were attached. Three sub groups were established including Infection, Prevention and Control; Communications and Engagement; and a Technical Group, chaired by Diane Murray, Craig White, and Alan Morrison, respectively.</p> <p>In respect of Infection Prevention and Control, Ms Angela Wallace, has been appointed to support the operational delivery aspects of Infection Prevention and Control to allow Prof Marion Bain, to carry out a case review.</p> <p>A Project Management Office (PMO) has been established, supported by both internal and external colleagues and continued link with both the Independent Review and the Public Inquiry.</p> <p>Mrs Grant provided an overview of progress in respect of the Communications and Engagement Sub Group, chaired by Prof Craig White. The group continued to meet regularly and were developing a tailored, person centred approach to communications and engagement with the parents and carers involved with the paediatric haemato-oncology unit. Feedback was sought from families on their preferred method of communication through a questionnaire issues to over 400 parents and carers. Dedicated webpages had been established on the corporate website regarding Ward 6a and 4b and a closed Facebook page was set up to provide a private space for families to engage with NHSGGC.</p> <p>Mrs Grant also noted that she had recently met with a number of MP and MSPs to discuss how the organisation could better communicate and engage with them. In addition, Mrs Grant and Ms Bustillo, had recently met with the Consultation Institute to discuss work to develop propositions and obtain quality assurance advice.</p> <p>The Technical Group was progressing and had agreed a Terms of Reference. One meeting had taken place so far. Mrs Grant noted that the remedial works being carried out in Wards 2a and 2b were scheduled for completion in summer 2020.</p>	

Linked Issues

Cryptococcus Neoformans

Mrs Grant provided an update on the Cryptococcus Expert Advisory Group, following the investigations carried out into two isolated cases of an unusual fungal infection within the QEUH. In November/December 2019, two cases of *Cryptococcus neoformans bacteraemia* were confirmed in inpatients within the QEUH and RHC. The incident was declared closed on 15th February 2020, following which a Cryptococcus Incident Management Team (IMT) Expert Advisory Sub Group was established to explore the hypothesis that patient acquisition could have resulted from spores of *Cryptococcus neoformans* (derived from the pigeon guano) likely to be present in the plant room air, which then 'gained access' in some way into the Air Handling Units (AHUs) which provided the ventilation to the wards in which the patients were treated. Mrs Grant highlighted that it had previously been suggested that this was categorically not the cause. She advised that, as the final report was awaited it was not yet possible to state this categorically, however reported that this hypothesis was very unlikely.

Mucoraceous Mould

Mrs Grant advised that in respect of the cases linked to Mucoraceous Mould which received significant media attention, extensive investigation of the environment was undertaken, however no mucoraceous mould was found. The Procurator Fiscal concluded that, in one case, the cause of death was due to infection with influenza.

Legal Proceedings

Mrs Grant provided an update on the position in respect of legal proceedings. She noted that an Action Plan to address the technical issues had been developed and work was being directed and managed by the Director of Estates and Facilities, with regular progress updates provided to the Finance, Planning and Performance Committee.

Health and Safety Executive (HSE) Investigation

Mrs Grant noted that on 24th December 2019, the organisation received notification from the Health and Safety Executive of their intention to serve an Improvement Notice, which required NHSGGC to carry out a verification of the ventilation system for Ward 4c, which provided care for renal transplantation and adult haemato-oncology patients. She noted that NHSGGC had appealed the decision on the grounds that, under Scottish Health Technical memoranda, general wards do not require to undergo the critical system verification that was being sought under the Improvement Notice.

QEUH/RHC Independent Review

Mrs Grant advised that the QEUH/RHC Independent Review continued to progress and she had attended regular meetings with the co-Chairs of the Review, Dr Brian Montgomery and Dr Andrew Fraser. It was expected that the final report from the Review would be available in late spring 2020.

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Public Inquiry

Mrs Grant noted that Lord Brodie QC had been appointed as the Inquiry Chair and the Terms of Reference for the Inquiry were expected for consultation imminently.

Prof Brown thanked Mrs Grant for the update. He wished to note thanks on behalf of the Board to Mrs Grant and the Executive Team, and all staff, for the ongoing efforts to resolve the issues as quickly as possible and return public confidence. He invited comments and questions from members.

Concern was raised regarding the significant amount of work that has resulted from the escalation. Assurance was sought regarding the Executive Team's ability to continue to manage operational responsibilities. Mrs Grant assured members that external additional support had been obtained. In addition, a Project Management Office had been established, and consideration was being given to additional support in some areas. A more detailed overview of this would be provided under Item 24 – Strengthening Senior Management Team in NHSGGC.

In response to questions from members regarding minutes of the Oversight Board meetings from the first escalation, Ms Bustillo advised that it was agreed that the minutes of the first escalation Oversight Board meetings would be made available publically, and were published on the NHSGGC website. She agreed to circulate the minutes to Board members by email.

Questions were raised in relation to the appointment of a Forensic Accountant, as noted under paragraph 3.1.2 of the report and what the purpose of this was. Mrs Grant confirmed that the Forensic Accountant was undertaking an analysis of Board and Committee minutes, to review the minutes and the sequence of events. It was confirmed that this was not in relation to financial work.

In response to questions from members regarding the response rate to the survey sent to families and whether the number of survey returns was in keeping with other surveys undertaken, Dr McGuire advised that over 400 surveys were sent out, of which there were 19 responses. 50% of the responses were positive and 50% were negative. Dr McGuire noted that it was not unusual to receive a low number of responses, dependent upon the type of survey. She indicated that, overall, the majority of this cohort of families were very satisfied with the care received. Dr McGuire noted that further communication had been sent to families recently to ascertain if they wish to continue to receive communications from NHSGGC, to ensure that all families who wish to be communicated with, were engaged with this.

Ms Bustillo highlighted that a meeting had taken place with the Consultation Institute, to discuss the ways in which the organisation could proactively and positively engage with patients, families and members of the public. A Communications and Engagement Strategy would be presented to the Board in due course.

Questions were raised in respect of the Health and Safety Executive Improvement Notice in relation to Ward 4c, and what the regulations were in England. Mrs Grant noted that this was principally about what type of patients were being cared for in the Ward. Advice has been sought from external parties and those treating similar patients in NHS England.

Ms Bustillo

Ms Bustillo

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	<p>In summary, the Board were assured by the process underway and progress being made with work programmes in respect of the Queen Elizabeth University Hospital and Royal Hospital for Children escalation to Level 4 of the NHS Scotland Performance Framework and the associated linked issues. The Board were also content to note that a number of associated papers were being presented to the Board in response to escalation on wider issues around performance, governance, and organisational culture. The Board would anticipate a further update from Prof Fiona McQueen at the next Board meeting in April.</p> <p>NOTED</p>	
	<p>13. SCHEDULED AND UNSCHEDULED CARE PERFORMANCE</p>	
	<p>The Board considered the paper 'Update on Level 4 Escalation under NHS Scotland's Performance Management Framework in relation to Scheduled and Unscheduled Care' [Paper No. 20/05] presented by the Chief Operating Officer, Mr Jonathan Best.</p> <p>Mr Best provided an overview of the Oversight Board structure in place and the objective to develop and progress a Recovery Plan and comprehensive improvement plans for 2020/21. A Project Management Office had been established to assist with the work streams. Project Initiation Documents (PIDs) had been developed for each of the work streams and membership of the Core Leadership Group had been agreed. The short term actions and aims were expected to be completed by March 2020, with Recovery and Implementation plans expected to be completed by May 2020.</p> <p>In respect of waiting times and long waiting patients, discussions with the Scottish Government regarding potential solutions were ongoing. A comprehensive plan was being developed and would include individual and group patient management plans, developed at Sector level. Significant areas of progress had been made in the current financial year, including within the Surgical Paediatrics Department which had insourced clinical service for circumcisions, and partnership working with NHS Lanarkshire to develop a sustainable, nurse-led model for future patients. Furthermore, significant progress had been made in increasing activity and reducing the number of patients waiting over 12 weeks within Ophthalmology.</p> <p>Mr Best noted that a programme of work had been established to implement the recommendations made by the North East Commissioning Support Team (NECS), as part of the QEUH Demand and Capacity Review. Sustained improvement of the 4/8/12 hour performance across sites was anticipated by the end of March 2020, and agreement on the long term improvement and sustainability with all planning partners was anticipated by the end of June 2020.</p> <p>Mr Best provided an overview of the work being undertaken with Health and Social Care Partnership (HSCP) colleagues to address urgent care demand within Emergency Departments (EDs). In addition, the dedicated Minor Injuries Units (MIUs) and the Intermediate Assessment Units (IAUs) performance reporting was being considered to ensure a consistent approach to reporting in line with other Boards. Furthermore, work was being done to focus on reducing</p>	

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	<p>presentation of the final Recovery Plan and Implementation Plan to the June 2020 Board Meeting.</p> <p>NOTED</p>	
<p>14.</p>	<p>HEALTHCARE ASSOCIATED INFECTION REPORT</p>	
	<p>The Board considered the paper ‘Healthcare Associated Infection Report’ [Paper No. 20/07] presented by the Director of Infection, Prevention and Control, Prof Marion Bain. The report provided the validated Health Protection Scotland data for both Healthcare Associated Infection and Community Associated Infection for <i>Staphylococcus aureus Bacteraemia</i> (SAB) and <i>Clostridioides difficile</i> (CDI). Prof Bain highlighted that from July to September 2019, there were 110 validated cases of <i>Staphylococcus aureus Bacteraemia</i> (SAB). This was above the national rate and marginally above the 95% confidence interval 22.0 cases per 100,000 bed days.</p> <p>Prof Bain went on to note that there was an increased incidence of gram negative cultures in patients in the Paediatric Intensive Care Unit (PICU). On 10th January 2020, the Scottish Government invoked the National Support Framework. The organisation continued to work closely with colleagues from Health Protection Scotland (HPS) and a Review Group has been commissioned by Prof Bain and included representatives from HPS.</p> <p>From 19th to 21st November 2019, there was an unannounced inspection of wards and departments in the QEUH Campus, which focused on safety and cleanliness. There were a number of positive areas noted such as improvements in environment; cleanliness and staff compliance. Improvements were required in respect of the Institute of Neurological Sciences (INS) Building, in relation to the building environment. The full report by the HPS and the action plan would be presented to the Clinical and Care Governance Committee in March 2020. Given the overall positive report, there was disappointment that this had not been highlighted within media reports. Prof Bain thanked all staff for their ongoing efforts.</p> <p>Prof Brown thanked Prof Bain for the update. He welcomed the introduction of the Review Group in respect of the PICU. Prof Brown expected that the Clinical and Care Governance Committee would consider the report and associated action plan in greater detail at the next meeting. He invited questions and comments from members.</p> <p>Dr Armstrong provided an overview of work ongoing in respect of the INS building. She noted that this remained a high priority and development of a business case was underway with regards to relocation of the service to a new facility.</p> <p>In response to questions regarding the opportunities to communicate with members of the public, Ms Bustillo advised that the organisation has developed channels for communication with the public. She noted that there was a press release following this inspection. She noted that the IPN database had almost 70,000 subscribers.</p> <p>Questions were raised in respect of local reduction aims, and it was agreed that further information would be provided on this in the next report.</p>	<p style="text-align: right;">Prof Bain</p>

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	<p>In summary, the Board were assured by the update on NHSGGC performance against Healthcare Associated Infection Standards and Performance Measures.</p> <p>NOTED</p>	
15.	ACUTE SERVICES COMMITTEE UPDATE	
	<p>The Board considered the update on key items of discussion at the Acute Services Committee Meeting of 21st January 2020 [Paper No. 20/08] and were content to note this. In addition, the Board reviewed the approved minute of the Acute Services Committee Meeting held on 19th November 2019 [Paper No. ACS(M)19/06].</p> <p>Mr Finnie, Chair of the Acute Services Committee, requested that consideration be given to issuing guidance for Committees regarding any changes required to practice following escalation to Level 4. Prof Brown acknowledged this and advised that this would be addressed as part of the Corporate Governance and Board Development Plan paper under item 27.</p> <p>NOTED</p>	
16.	CLINICAL AND CARE GOVERNANCE COMMITTEE UPDATE	
	<p>The Board considered the update on the key items of discussion at the previous meeting of 10th December 2019 [Paper No. 20/09] and were content to note this.</p> <p>NOTED</p>	
17.	AREA CLINICAL FORUM UPDATE	
	<p>The Board considered the update on the key items of discussion at the previous meeting of 13th February 2020 [Paper No. 20/10] and were content to note this. In addition, the Board considered the approved minutes of the meeting held on 5th December 2019 [Paper No. ACF(M) 19/06] and were content to note this.</p> <p>NOTED</p>	
18.	NHSGGC INTEGRATED PERFORMANCE REPORT	
	<p>The Board considered the paper 'NHSGGC Integrated Performance Report' [Paper No. 20/11] presented by the Director of Finance, Mr Mark White.</p> <p>The report provided a balanced overview of the December 2019 position and detailed performance against a range of measures including Local Delivery Plan Standards, national key performance indicators, Ministerial Steering Group measures, and HR and Governance related metrics. The report also included context of performance and detailed a number of key qualitative highlights. These included the accreditation of the Gartnavel Royal Hospital Intensive Psychiatric Care Unit (IPCU) by the Royal College of Psychiatrists, for demonstrating best practice and excellence in care of patients with severe and complex mental illnesses; recognition of the Glasgow Royal Infirmary's Assisted Conception Unit which reported the highest IVF success rate in Scotland and the second highest in the UK; a positive report by the Mental Welfare</p>	

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Commission following its visit to Rowanbank Clinical Forensic Psychiatric Unit in November 2019; and, in honour of the 200th birth anniversary of Florence Nightingale and the declaration of 2020 being the “Year of the Nurse and Midwife”, NHSGGC plan to host a number of events at local and regional level to pay homage to Florence Nightingale and the thousands of nurses and midwives serving in NHSGGC.

Mr White noted that the key challenges remained performance of the Treatment Time Guarantee (TTG) and unscheduled care.

Dr Crighton provided an overview of the Better Health indicators. She noted the achievement of the percentage of mums booked for Antenatal Care by 12 weeks gestation. In addition, the target for treatment of Drugs and Alcohol and the percentage of patient referred for treatment to wait no longer than 3 weeks to start their first treatment was achieved. Smoking cessation continued to perform well with performance 30% above the cumulative trajectory. Performance of delivery of Alcohol Brief Interventions (ABIs) required improvement. As there had been a drop in the number of returns from Primary Care due to the decoupling of payment for ABI delivery and recorded activity. An Action Plan was being developed to improve performance in this area.

Mr Best provided an overview of the Better Care indicators. He noted that improvements were required in respect of the Accident and Emergency (A&E) 4 hour wait target. A number of actions were being undertaken to address this including campaigns to promote the use of Minor Injuries Units (MIUs) and this had received a positive response. Work also continued with the North East Commissioning Support Team (NECS) to bring performance back in line with trajectory.

Mr Best paused for questions.

Questions were raised in respect of A&E attendance, the percentage of patients who attend from out with the Board area, and what actions were being taken within Health and Social Care Partnerships (HSCPs) to address inappropriate attendance at A&E. Mr Best clarified that unscheduled care provision to patients from other Board areas was covered by a Service Level Agreement. Regular teleconference calls took place with HSCPs situated out with the NHSGGC Board area, to discuss delayed discharges and to identify ways to reduce these. There were variances in challenges within each of the surrounding HSCP areas.

Prof Brown was keen to ensure that successful programmes to reduce delayed discharges in HSCPs was rolled out to all HSCPs across Scotland and noted that consideration of how this was done was required. Ms Culshaw and Ms Long assured members that the HSCPs within NHSGGC regularly share information in respect of successful pieces of work, and it was highlighted that following a recent presentation by Ms Culshaw to Inverclyde HSCP, work was being done to develop a Discharge Lounge within Inverclyde Royal Hospital. Furthermore, Mr Leese added that work continued within Renfrewshire HSCP to identify the reasons for inappropriate attendance at A&E facilities, including identification of frequent attendees and proactive engagement with individuals to identify their needs and prevent inappropriate attendance.

In respect of the new outpatients waiting > 12 weeks for a new outpatient appointment target, Mr Best noted a further improvement on the previous

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	<p>month's position with performance marginally above the revised trajectory. Weekly monitoring meetings continued to improve the position further.</p> <p>Mr Best provided an overview of the access to key diagnostic tests performance including scopes and imaging tests. He noted issues over the festive period were experience however performance remained on track.</p> <p>Patient unavailability was performing well, and current performance represented a reduction in the number of unavailable patients when compared to the previous month and the lowest number of unavailable patients reported since April 2019.</p> <p>A number of improvement plans were in place in respect of the cancer 62 day target.</p> <p>Mr Best paused for questions.</p> <p>Mrs Grant provided an overview of performance of the Child and Adolescent Mental Health Service. She noted challenges in some areas and assured members that a detailed plan was in place to address this. Overall performance remained positive. In addition, Access to Psychological Therapies performance exceeded the target.</p> <p>In response to questions from members regarding performance of responses to Freedom of Information (FOI) requests, Ms Bustillo assured members that the organisation responded to FOI requests as quickly as possible.</p> <p>Mrs MacPherson, Director of Human Resources and Organisational Development, provided an overview of the Better Workplace indicators. She highlighted compliance with TURAS and noted that this metric was also discussed in detail regularly at the Acute Services Committee and the Staff Governance Committee. Work with Trade Union colleagues continued to improve performance and Mr Best agreed to consider the reported issue within the South Sector with teams.</p> <p>Dr Crighton provided an overview of performance against the staff flu vaccination uptake target. She noted that plans were in place to improve performance for the next flu season. Discussion took place regarding performance in mental health, nursing and midwifery, and within HSCPs. Mrs McErlean noted that a series of meetings with key colleagues including Occupational Health, had been established to identify ways to address uptake in these key areas. Furthermore, there was good success reported within the nursing teams following the implementation of peer vaccination, however Dr McGuire noted some issues in respect of this and highlighted ways in which access for nursing staff could be improved.</p> <p>Prof Brown thanked colleagues for the update. In summary, the Board were content to note the current performance position across NHSGGC and the proposed improvement actions for those areas in need of improvement.</p> <p>NOTED</p>	<p style="text-align: center;">Mr Best</p>

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19.	FINANCE PLANNING AND PERFORMANCE COMMITTEE UPDATE		
	<p>The Board considered the update on key items of discussion at the Finance, Planning and Performance Committee Meeting of 11th February 2020 [Paper No. 20/12] and were content to note this. In addition, the Board considered the approved minute of the Finance, Planning and Performance Committee Meeting of 3rd December 2019 [Paper No. FPPC(M) 19/06] and were content to note this.</p> <p>Mrs Grant highlighted page 4, paragraph 3 of the minute of the 3rd December 2019, in relation to the hypotheses considered as part of the investigations of the <i>Cryptococcus neoformans</i> infections, it was clarified that the final report was not yet available.</p> <p>Prof Brown added that at the meeting of 11th February 2020, members received an update on performance of Alcohol Brief Interventions. Prof Brown asked that all IJBs consider ABI performance and identify ways in which performance could be improved.</p> <p>NOTED</p>		
20.	AUDIT AND RISK COMMITTEE UPDATE		
	<p>The Board considered the update on key items of discussion at the Audit and Risk Committee Meeting of 10th December 2019 [Paper No. 20/13] and were content to note this. Mr MacLeod noted that the next meeting of the Committee would take place on 17th March 2020.</p> <p>NOTED</p>		
21.	NHSGGC REVENUE AND CAPITAL REPORT		
	<p>The Board considered the paper ‘NHSGGC Month 9 Finance Report’ [Paper No. 20/14] presented by the Director of Finance, Mr Mark White.</p> <p>The report provided the Month 9 financial position, and included progress and position of the Financial Improvement Programme.</p> <p>Mr White noted that as at 31st December 2019, the Board reported expenditure levels of £25.3m over budget. The Financial Improvement Programme tracker recorded projects totalling circa £24.9m on a full year effect (FYE) and £30.6m on a current year effect (CYE). Due to extensive work by the Finance Team, the projected year-end deficit as at the 31st March 2020, had been reduced to £5m.</p> <p>Prof Brown thanked Mr White for the update and invited comments and questions from members.</p> <p>In response to questions from members in relation to the projected financial position, Mr White noted that there had been a number of key factors. He noted that the organisation very much remained in a winter pressures period, however there had been some opportunities to identify solutions early, along with discussions with Scottish Government colleagues in regards to the position.</p>		

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	<p>Following discussion regarding the pace of integration, in the context of earmarked and general reserves, it was agreed that it would be useful to dedicate time at a future Board Seminar to gain assurance of overall progress. It was agreed that this issue would be raised as part of the Assurance Information short life working group established as part of the escalation recovery.</p> <p>In summary, the Board were assured by the report of the revenue position and projection at Month 9; the Financial Improvement Programme position at Month 9; and the capital position at Month 9.</p> <p>NOTED</p>	
22.	NHSGGC FINANCIAL PLAN INITIAL DRAFT 2020/21	
	<p>The Board considered the paper ‘NHSGGC – 2020/21 Financial Plan (Initial Draft)’ [Paper No. 20/15] presented by the Director of Finance, Mr Mark White. The paper provided an update of the 2020/21 projected revenue and capital positions, and outlined the planning process to deliver key financial targets.</p> <p>Mr White outlined the initial budget settlement. All territorial Boards would receive a baseline funding uplift of 3%. In addition to the baseline funding uplift, a total of £461m would be invested across Scotland to improve patient care outcomes in Primary Care; Waiting Times Improvement; Mental Health and Child and Adolescent Mental Health (CAMHS); and, Trauma Networks.</p> <p>Mr White noted that the impact of the pay award was the biggest single factor in the projected deficit.</p> <p>The updated Financial Plan would be presented to the next Board Meeting in April 2020.</p> <p>Prof Brown thanked Mr White for the report and invited comments and questions from members.</p> <p>Questions were raised regarding the likely impact of regional planning. Mr White clarified that regional planning was an initiative which would link to Moving Forward Together (MFT) Programme as this progressed. Any benefits would be realised through the MFT Programme.</p> <p>In response to questions from members in relation to the predicted prescribing pressures, in the context of the UK leaving the EU, Mr White confirmed that this had been taken into account when calculating the projected prescribing pressures including potential short supply.</p> <p>There were questions raised in relation to the ongoing contingency arrangements for the uplift and disposal of clinical waste. Mr White confirmed that this arrangement remained in place, however progress had been made in respect of planning permission, and was therefore formally resolved, however the full financial benefit of this resolution would be realised in approximately 6 months.</p>	<p>Mr White</p>

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	<p>In summary, the Board were assured by the assessment of the 2020/21 estimated financial challenge and outline planning process; and the initial 2020/2 capital plan.</p> <p>NOTED</p>	
23.	STAFF GOVERNANCE COMMITTEE UPDATE	
	<p>The Board considered the update on key items of discussion at the Staff Governance Committee Meeting of 4th February 2020 [Paper No. 20/16] and were content to note this. In addition, the Board considered the approved minutes of the Staff Governance Committee Meetings of 21st August 2019 [Paper No. SGC(M) 19/03] and of 5th November 2019 [Paper No. SGC(M) 19/04] and were content to note these.</p> <p>Mr Cowan, Co-Chair of the Staff Governance Committee, advised members that the Committee had recently undertaken a visit to observe NHS Lanarkshire’s Staff Governance Committee, and planned to visit to observe Golden Jubilee National Hospital Staff Governance Committee.</p> <p>Discussion took place regarding the General Medical Council (GMC) visit to Inverclyde Royal Hospital. The formal feedback report was expected in due course. An action plan had been drafted following the initial informal feedback and 75% of the remedial actions had been put in place within the first week of the visit. It was agreed that the report and the action plan would be presented to both the Clinical and Care Governance Committee and the Staff Governance Committee in due course.</p> <p>NOTED</p>	
24.	STRENGTHENING SENIOR MANAGEMENT TEAM WITHIN NHS GREATER GLASGOW AND CLYDE	
	<p>The Board considered the paper ‘Strengthening Senior Management Team within NHSGGC’ [Paper No. 20/17] presented by the Chief Executive, Mrs Jane Grant. The paper provided an update on progress towards strengthening the senior management team to address the current challenges.</p> <p>Mrs Grant provided an overview of the key areas being progressed and additional resources being established to strengthen these including, Scheduled Care; Unscheduled Care; GP Out of Hours; Integration; Acute Division; Communications and Public Engagement; Moving Forward Together Programme; Quality and Person Centred Care; Finance and Performance; Estates and Facilities; Corporate Governance and Administration; and Human Resources and Organisational Development.</p> <p>Prof Brown thanked Mrs Grant for the update and invited comments and questions from members.</p> <p>Questions were raised in relation to the support required by the Chief Executive and if this was sufficient, Mrs Grant clarified that the establishment of a Director of Primary Care would be significantly beneficial. In addition, a Business Manager role was also being considered. Mrs Grant was confident that the plans being taken forward would provide sufficient support.</p>	

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	<p>Mrs Grant agreed to provide an update to the Board at the meeting in June, as to the effectiveness of the plans in place, once further information was received from the Oversight Boards.</p> <p>In summary, the Board were assured by the proposals to strengthening the senior management team and were content to note that appropriate approvals and updates would be taken to the Remuneration Committee, and the Finance, Planning and Performance Committee in due course.</p> <p>NOTED</p>	<p>Mrs Grant</p>
25.	NHSGGC – “A GREAT PLACE TO WORK” – OUR LEADERSHIP	
	<p>The Board considered the paper ‘NHS Greater Glasgow and Clyde (NHSGGC): A Great Place to Work – Our Leadership Approach’ [Paper No. 20/18] presented by the Director of Human Resources and Organisational Development, Mrs Anne MacPherson. The paper provided assurance to the Board about the importance, attention and resources that continued to be allocated to developing leadership capacity and capability.</p> <p>Mrs MacPherson noted a range of activities underway, including the development of the Staff Governance Framework by the Staff Governance Committee, the launch of succession planning in 2019, clinical leadership work to develop the ‘Civility Saves Lives’ and ‘Joy At Work’ programmes and how this could be cascaded throughout the organisation, implementation of the Investors in People programme, and Project Lift.</p> <p>Prof Brown thanked Mrs MacPherson for the update and invited comments and questions from members.</p> <p>There was support for the implementation of the Investors in People programme however there were questions raised regarding the focused approach required and whether current challenges would impact on the organisations ability to fully embrace and develop this programme. Mrs MacPherson assured members that a phased approach would be adopted. Furthermore, implementation of Investors in People would ensure an additional layer of external assurance.</p> <p>In summary, the Board were assured by the development of our leaders to support NHSGGC – A Great Place to Work, and the future development requirements for leadership capability. The Board were content to approve the Collective Leadership Programme and the proposal to introduce Investors in People.</p> <p>APPROVED</p>	
26.	NHSGGC – “A GREAT PLACE TO WORK” – EMPLOYEE ENGAGEMENT AND EXPERIENCE	
	<p>The Board considered the paper ‘NHS Greater Glasgow and Clyde (NHSGGC) – A Great Place to Work – Employee Engagement’ [Paper No. 20/18] presented by the Director of Human Resources and Organisational Development, Mrs Anne MacPherson. The paper provided assurance to the Board about the importance, attention and resources that continued to be allocated to develop</p>	

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	<p>the culture, and employee engagement and experience to ensure that NHSGGC was a great place to work.</p> <p>Prof Brown thanked Mrs MacPherson for the update and invited comments and questions from members.</p> <p>In summary, the Board were assured by the development and implementation of the NHSGGC Culture Framework entitled ‘NHSGGC – A Great Place to Work, and the related priorities, current activity, progress and the next steps to continue to improve employee engagement and experience. The Board were content to approve the proposal to introduce Investors In People.</p> <p>APPROVED</p>	
27.	CORPORATE GOVERNANCE AND BOARD DEVELOPMENT PLAN	
	<p>The Board considered the paper ‘Corporate Governance and Board Development Plan’ [Paper No. 20/20] presented by the Head of Corporate Governance and Administration, Ms Elaine Vanhegan.</p> <p>Due to time constraints, Prof Brown proposed that this item be deferred to the Board Seminar Session which would take place in March, to ensure sufficient time for consideration and approval. Members were content to accept this approach.</p> <p>NOTED</p>	Secretary
28.	REVIEW OF INTEGRATION SCHEMES	
	<p>The Board considered the paper ‘Review of Integration Schemes’ [Paper No. 20/21] presented by the Head of Corporate Governance and Administration, Ms Elaine Vanhegan.</p> <p>Due to time constraints, Prof Brown proposed that this item also be deferred to the Board Seminar Session, which would take place in March, to ensure sufficient time for consideration and approval. Members were content to accept this approach.</p> <p>NOTED</p>	Secretary
29.	DATE OF NEXT MEETING	
	Tuesday 28th April 2020, 09.30am, William Quarrier Centre, 20 St Kenneth Drive, Glasgow, G51 4QD.	
	The meeting concluded at 16.55	