ASC(M) 20/02
Minutes: 17 - 31

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Acute Services Committee held via MS Teams on Tuesday 21st July 2020

PRESENT

Mr Ian Ritchie (in the Chair)

Mrs Jane Grant (until item 10)	Mr Simon Carr
Ms Susan Brimelow OBE	Dr Margaret McGuire
Cllr Jim Clocherty	Mrs Audrey Thompson
Ms Margaret Kerr	Mr Mark White

IN ATTENDANCE

Dr Jennifer Armstrong (For Item 12)	..	Medical Director
Mr Jonathan Best	..	Chief Operating Officer
Prof John Brown CBE	..	Chairman
Ms Sandra Bustillo	..	Director of Communications
Ms Jacqueline Carrigan	..	Interim Assistant Director of Finance
Mrs Anne MacPherson	..	Director of Human Resources and Organisational Development
Ms Elaine Vanhegan	..	Head of Corporate Governance and Administration
Ms Liz Maconachie	..	Audit Scotland
Mr Graeme Forrester	..	Deputy Head of Board Administration
Mrs Geraldine Mathew	..	Secretariat Manager
Mrs Louise Russell	..	Secretariat Officer (Minutes)

			ACTION BY
17.	**WELCOME AND APOLOGIES**		
	The Chair welcomed those present to the meeting. Board member apologies for absence were intimated on behalf of Ms Paula Speirs. Officer apologies were intimated on behalf of Mr William Edwards. **NOTED**		
18.	**DECLARATIONS OF INTEREST**		
	The Chair invited members to declare any interests in any of the items being discussed. No declarations of interest were made.		

	NOTED		
19.	**MINUTES OF THE MEETING HELD 21st JANUARY 2020**		
	The Committee considered the minute of the meeting held on Tuesday 21st January [Paper No. ASC(M)20/01] and were content to approve the minutes as an accurate record. **APPROVED**		
20.	**MATTERS ARISING**		
a)	**ROLLING ACTION LIST**		
	The Committee considered the 'Rolling Action List' [Paper No. 20/10] and were content to accept the recommendation that 7 actions were closed. In addition, an update was provided on the following actions. Action 13 – Quarter 2 Patient Experience Report The action in relation to exploring linking complaints to Consultant and Doctors appraisals remained ongoing and would be reviewed post COVID and considered for the September Acute Services Committee Meeting. The Committee were content that this action remained ongoing. Action 07 – Consultation Space within Pharmacies In relation to clarification on whether minimum standards on consultation space within pharmacies was being considered, Mrs Thompson informed members that advice from the Scottish Government provided guidance on standards, however these were not mandatory. Mrs Thompson reported that out of the 290 properties within NHS Greater Glasgow and Clyde (NHSGGC), 3 pharmacies do not have separate consultation rooms. Members noted that there were no plans to introduce mandatory standards. Further discussions would take place at CMT regarding this issue. Members were content that this action was closed and considered that this would be a role for the Finance, Planning and Performance Committee to consider, moving forward. There were no other matters arising noted. **APPROVED**		
21.	**URGENT ITEMS OF BUSINESS**		
	The Chair invited members to raise any urgent items of business. There were no items raised. **NOTED**		
22.	**REVIEW OF TERMS OF REFERENCE**		
	The Committee considered the paper 'Review of Terms of Reference' (Paper 20/02) presented by the Head of Corporate Governance and Administration, Ms Elaine Vanhegan. In March 2020, the Committee were previously asked to		

	review its remit as part of the Annual Review of Governance. As part of that review, the membership was revised and changes made to the membership of the Committee. The Terms of Reference would be presented to the Board for approval at its meeting on 29th September 2020, as part of the Annual Review of Governance. Members recognised that the Terms of Reference would evolve over time, given the increased use of Microsoft Teams to conduct meetings. During the COVID-19 pandemic and the escalation process, Mr Ritchie suggested it would be beneficial to establish expectations in relation to methods of communication. Members noted that, where possible, there was an expectation that papers would be read by members prior to the meeting to allow more time for debate and discussion. In order to concentrate on the broader questions, Mr Ritchie suggested that any specific questions or clarifications could be sent to the authors of papers in advance of the meeting. It was agreed however, that members would continue to have the opportunity to raise questions at the meeting, if required. Members agreed to this approach. In summary, the Acute Services Committee was content to accept the Terms of Reference, subject to minor amendments to the number of Committee members, and anticipated that further amendments may be required, pending the Annual Review of Governance. **NOTED**		
23.	**ACUTE COVID-19 UPDATE**		
	The Committee considered the paper 'COVID-19 Update' [Paper No.20/12] presented by the Chief Operating Officer, Mr Jonathan Best. The paper provided an update on the position in respect of the NHSGGC response to manage COVID-19, and focussed on provision of Acute Services, and provided assurance to members. Mr Best reported that the level of patient activity was slowly decreasing. There were currently no patients in intensive care and one new case admitted to a general ward. It was reported that there were currently 671 patients shielding across NHSGGC. It was anticipated that further guidance from Scottish Government would be made available in preparation for the end of shielding, expected on 31st July 2020. Mr Best went on to report that staff deployed to other roles during the pandemic were in the process of returning to their substantive posts. In addition, all staff were being asked to utilise annual leave to ensure appropriate rest and recuperation. The Committee were encouraged to see that annual leave arrangements were being managed. Mr Best provided an update on the Test and Protect Programme. Testing was available to all symptomatic residents via the UK Government portal, either at Glasgow Airport or by using a postal self-testing kit. Testing was carried out for clinical reasons in the community assessment centres and hospitals, including regular testing of patients over 70 years and patients being discharged to care homes. Pathways were in place to test housebound people who were unable to attend assessment centres. NHSGGC continued to provide directly, or via UK		

	Government portals, testing for symptomatic staff and household contacts and testing of care home staff and residents. Mr Best reported that communication was received from the Chief Nursing Officer on the 29th June 2020, which indicated that asymptomatic healthcare staff testing for COVID-19 would be expanded to include weekly testing of healthcare staff working in specialist oncology wards, long term care of the elderly wards and long term care wards in mental health facilities. Mr Best confirmed that this process had begun and responses were submitted to the Scottish Government as requested. Mr Ritchie thanked Mr Best for the update and invited comments and questions from members. In response to a question in relation to whether the level of patient activity was similar across the country, Mr Best informed members that NHSGGC had admitted the majority of in-patients across Scotland. Mrs Grant reported that NHSGGC had treated 40% of the total ICU cases across Scotland. Members noted that a review on this would be carried out in due course. Cllr Clocherty reported that Inverclyde had experienced a higher incidence of cases. An investigation had been carried out to identify the causes of this and a report had been provided, however, there remained further questions regarding this. Cllr Clocherty suggested that a review into this would be helpful to understand what lessons could be learned. Mrs Grant reported that detailed work was being carried out by Public Health Scotland and Glasgow University. The result of this would be available in due course. The Committee were content to note the report and were assured by the information provided of the actions taken by NHSGGC in respect of the response to COVID-19. **NOTED**		
24.	**ACUTE SERVICES INTEGRATED PERFORMANCE REPORT**		
	The Committee considered the paper 'Acute Services Integrated Performance Report' [Paper No. 20/13] presented by the Chief Operating Officer, Mr Jonathan Best. The report provided the Committee with a balanced overview of the current performance position across Acute Services in relation to a number of high level key performance indicators during these unprecedented times. In light of the COVID-19 pandemic, the interim performance report was drafted to reflect current performance, and used local management information as opposed to the routine monthly validated performance information. The data provided was indicative of current performance levels to provide members with a more up to date view of the performance position during the COVID-19 pandemic. The data was subject to change as part of the data validation process. Mr Best reported that prior to the outbreak of COVID-19, Acute Services were on course to deliver the agreed Treatment Time Guarantee (TTG) and new outpatient trajectories set for 31 March 2020 (8,500 TTG patients and 19,800 new outpatients waiting > 12 weeks). However, in preparation for, and in response to, the COVID-19 outbreak, all routine elective work was temporarily		

	suspended across Scotland on a phased basis from the week beginning 16 March 2020, and this had a considerable impact on a range of key performance measures. Mr Best reported that the impact of temporarily pausing routine elective work during the past three months had an impact on the number of people waiting for treatment or a planned intervention. Whilst the overall number of referrals had not increase significantly, the length of wait for patients had, and continued to, increase markedly. As the number of COVID-19 cases were reducing, work was underway to review the approach to recovery as part of NHSGGC's Remobilisation Plan. This would include attend anywhere clinics, virtual and telephone appointments. Members noted that the Near Me clinics had been rolled out swiftly. Mr Best reported that since mid-March 2020, the total number of patients on the new outpatient waiting list increased by 1,600 (from 74,900 in mid-March 2020 to around 76,500 at the end of June 2020). However, during that same period, the number of patients waiting over 12 weeks had increased from around 20,500 in mid-March 2020 to almost 55,600 at the end of June 2020. This increase was mirrored across NHS Scotland. Mr Best reported that digital technology had been utilised during this time. Virtual consultations had been utilised and extended for planned care with a move to remote blood testing and ensuring that if face to face consultation were required, areas were equipped with social distancing procedures and new clinical pathways. Mr Best reported that work was being carried out with administrative support to revalidate the waiting list. He reported that work was also being carried out with primary care colleagues to remain in touch with patients who were shielding or unwilling to attend. In terms of in-patient/daycases, a similar position existed, with the overall in-patient/daycase list increasing by approximately 2,000 patients since mid-March 2020, from 22,300 to around 24,300 patients at the end of June 2020. However, again, the number of eligible TTG patients waiting over 12 weeks had increased markedly to just over 20,500 patients during that period, more than double the number of eligible patients (around 8,850) waiting over 12 weeks in mid-March 2020. Mr Best reported that considerable progress had been made, given that patients had to self-isolate 14 days prior to a planned in-patient admission and a pre-admission test taken 48 hours prior to any planned admission. Mr Best highlighted that the focus continued to remain on the treatment of cancer and urgent patients, with robotic surgery for urological cancer patients now restarted. Mr Best reported that routine endoscopy procedures had ceased in line with the British Society of Gastroenterology guidance regarding Aerosol Generating Procedures (AGP) since mid-March. This led to an increase in those patients waiting over six weeks for endoscopy to approximately 5,500 patients, from 750 in mid-March 2020. In addition, routine radiology examinations were also suspended, which led to the number of patients waiting over six weeks to increase to 12,376. As at May 2020, 80.4% of patients referred urgently with a suspicion of cancer began treatment within 62 days of receipt of a referral, which was below the 90% trajectory for the quarter ending June 2020. A total of seven of the 10 cancer types either met or exceeded the 90% trajectory for the quarter ending June 2020. The three cancer types currently below trajectory were Colorectal		

(60.7%), Lung (86.0%) and Urology (51.1%). Mr Best reported that the management of cancer patients and vital cancer services continued to remain a clinical priority during the COVID-19 outbreak, although changes to the clinical pathways of patients had been required to ensure all clinical risks were considered. NHSGGC were implementing the national guidance on the management of individual patients who required cancer treatments agreed by the National COVID-19 Treatment Response Group. The report highlighted that for some patients, treatment and management plans had to change which may continue during the coming period, due to the ongoing risks associated with COVID-19. The service was discussing and communicating directly with patients on their individual position. The introduction of alternative treatment pathways had impacted on cancer waiting times performance, due to a reduction in both diagnostics and treatment capacity in response to COVID-19 challenges. The report highlighted that cancer screening programmes across Scotland had been paused and resumption of screening programmes was currently being progressed. There was a significant reduction in the number of urgent suspicion of cancer referrals received on a weekly basis however, for the majority of tumour types, referral numbers were steadily increasing, with exception of lung cancer.

Mr Best went on to provide an update on recovery planning for cancer treatment. The main priority for NHSGGC continued to be the provision of cancer treatment. A full review of all cancer patients awaiting surgery was completed and patients were being scheduled for surgery in line with the urgency categories detailed below:

- Priority Level 1A Emergency – operation needed within 24 hours
- Priority Level 1B Urgent – operation needed within 72 hours
- Priority Level 2 – surgery than can be deferred for up to four weeks
- Priority Level 3 – surgery than can be delayed for up to three month

Mr Best reported that as of June 2020, there were no outstanding Level 1A/1B patients waiting for surgery which had not yet been scheduled, across NHSGGC (this also applied to patients from other Health Boards awaiting surgery within NHSGGC). Mr Best reported that treatment for Priority 2 patients started during June 2020 and plans to reduce patients in Priority 3 were underway.

Mr Best went on to provide an update on unscheduled care. In line with national trends, there had been a significant reduction (38%) in the number of patients attending the Emergency Departments (ED) when compared to the same period last year (reducing from 37,899 reported in June 2019 to 23,321 reported in June 2020) since national lockdown measures were put in place. The number of Accident and Emergency (A&E) and Minor Injuries Unit (MIU) attendances across NHSGGC had shown a month on month increase when compared to the April 2020 position due to the incremental changes in lockdown rules alongside the national 'NHS Is Open' campaign. The June 2020 position represented a 16% increase on the number of attendances reported in May 2020 (63% increase on the April 2020 position). However, even with the gradual increase in the weekly number, ED attendances were still considerably less than the number reported prior to the outbreak of COVID-19.

Mr Best reported that performance improvements had been sustained and continued to exceed the 95% national waiting times standard with the most recent monthly position at 96.4% for July 2020, despite the complexity of the patient pathways currently in place. In partnership with primary care, new

	community pathways were introduced which had seen a number of patients diverted to Community Assessment Centres (CAC) and telephone triaging. Within Acute, emergency access had been adapted with the introduction of Specialist Assessment and Treatment Areas (SATA). This new SATA model had seen many patients diverted away from Emergency Departments to the SATAs on the basis of their presenting condition fitting with COVID-19 symptoms. Mr Best reported that these initiatives assisted in managing the flow. In response to a question in relation to whether the tailing off of new outpatient virtual appointments was expected, Mr Best reported that he was confident that this would continue to improve. A positive start had been made and roll out would continue by deploying kit. Mrs Grant informed members that a piece of work was being led by the Director of eHealth to review the process for virtual, telephone and face to face appointments. The organisation was actively seeking feedback from patients and staff on these new ways of working. However, NHSGGC recognised that not all patients had access to digital platforms, therefore the process would ensure that patients were not disadvantaged. Ms Sandra Bustillo, Director of Communications and Engagement, reported that a patient experience report was being developed, with input from the Equalities and Patient Rights Team. This would include a satisfaction questionnaire to gather feedback from patients. Work was being carried out to gather feedback from areas where virtual appointments were working well. A report would be made available at the end of August, which would be shared with the Committee. In response to a question in relation to involvement and influence of the Non-Executive Board members in the recovery, the Committee noted that a governance framework was provided by the Scottish Government, therefore capacity to make strategic decisions in the short term was limited. The framework would ensure however that there was a balanced view across the whole area. The Committee noted the impressive activity that had taken place during this period and the continued achievement of objectives. Mr Best reported that a categorisation process had been implemented by the Imaging Department in order address the backlog of scanning and x-rays reporting, and were now moving to the second tranche of this work. Mr Best reported that the team were working closely with the Health and Social Care Partnerships (HSCP) for category 4 patients. Mr Ritchie thanked Mr Best for the updated and invited questions from the Committee. In response to a question regarding the delayed discharge figures and Adults with Incapacity (AWI) figures, the Committee noted that a piece of work was being carried out to explore the multi-faceted issues which were impacting on delayed discharge and the number of patients with AWI, the result of which would be reported to the Finance, Planning and Performance Committee (FP&P) in due course. It was acknowledged that clarity was required regarding the criteria for recording AWI's and delayed discharges and how COVID-19 testing is recorded for patients being discharged to care homes. The Committee noted this would be raised with the Scottish Government. A question was raised in relation to GP Out of Hours Service and recruitment of GP's to work within the service. Mrs Grant provided an overview on the current position. Following the implementation of business continuity measures,		**Ms Bustillo** **Dr McGuire**

	approved by NHSGGC Board in February 2020, work has continued to implement key actions. Good progress was being made and the appointment system recently implemented was working well. It was previously noted that working in isolation was raised as an issue by GP's, therefore 1 GP and 1 Advanced Nurse Practitioner (ANP) would work together on the attend anywhere clinics. The Committee recognised that it would take time to develop the new model and recognised that patient experience was at the centre of this. The Committee noted that the FP&P Committee were tasked with reviewing the GP Out of Hours Service Plan and would co-ordinate feedback from other Committees to incorporate in the Plan in due course. The Interim Director of GP Out of Hours Service, had been invited to attend the next FP&P Committee to provide a further update on progress. The Committee were content to note the report and were assured of the information provided. **NOTED**		
25.	**FINANCIAL MONITORING REPORT**		
	The Committee considered the paper 'Financial Monitoring Report' [Paper No. 20/14] presented by the Director of Finance, Mr Mark White. As at 31 May 2020, the Board reported expenditure levels £20.7m over budget, however Mr White noted that this included significant COVID-19 costs. There was an undertaking by the Scottish Government to meet costs associated with COVID-19, however further details were yet to be confirmed. The Committee noted it was therefore not possible to receive a definitive financial position at this stage without confirmation of funding. Mr White reported that, to date, the Board had incurred additional direct COVID-19 costs of £42.3m, which included £14.5m of unachieved savings and £4m for accrued annual leave. Further costs would be incurred during the coming months. Mr White noted that these were key areas for discussion with the Scottish Government. Mr White advised that, if the reimbursed costs of COVID-19 included the unachieved savings for April and May 2020, the Board would end month 2 at almost break-even. However, as outlined above, the position was unclear and carried a significant amount of risk. Mr White reported that non-pay budgets were showing an overall surplus of £5.7m, mainly due to the reduction of elective activity across all sites, however this position was envisaged to be temporary given the recovery plans underway. Mr Ritchie thanked Mr White for the updated and invited questions from the Committee. In response to a question on whether the deterioration of junior medical costs required further work to understand and address the reason why, the Committee noted that junior doctor costs were included in COVID-19 costs and were highlighted as a pressure. There was an increase in bank and agency staff to cover the gaps during this period. It was recognised that further work in this area was required and this would be reported to the FP&P Committee in due course. It was also recognised that reporting needed to be clear if COVID-19 had		**Mr White**

	impacted on this area. In addition, Mr White noted that recruitment was underway to appoint a Head of Financial Improvement Programme (FIP), in order to resume and revitalise the FIP. A question was raised regarding the £10m FIP target and if this remained realistic, Mr White reported that the target would remain. In response to a question regarding the national clinical waste contract position and whether clinical waste was included in the COVID-19 expenditure, Mr White reported that COVID-19 had impacted on the volume of clinical waste produced however costs remained within budget, therefore there were no current plans to make extra provision within the budget at this stage. A question was raised about the management of prescribing savings, Mr White reported that the process for prescribing savings was well embedded. He reported that prescribing levels and patterns were scrutinised and challenged when required. Other areas that assisted in making savings included rebates, reductions, price changes and drug switches. Mr White noted that the new Hospital Electronic Prescribing and Medicines Administration (HEPMA) model would also help make progress in savings. Mrs Thompson assured the Committee that extensive work was carried out in identifying opportunities for savings. She also reported that there was detailed engagement with clinicians. The Committee were content to note the Financial Monitoring Report - Month 2 position, and were assured by the information provided. **NOTED**		
26.	**EXTRACT FROM CORPORATE RISK REGISTER**		
	The Committee considered the paper 'Extract from Corporate Risk Register' [Paper No. 20/15] presented by the Chief Operating Officer, Mr Jonathan Best. The Committee noted the main changes in the Corporate Risk Register related to the pandemic. In response to a question in relation to the reputational risk in respect of public confidence related to recent issues and concerns expressed regarding the Queen Elizabeth University Hospital (QEUH) & the Royal Hospital for Children (RHC), Mrs Grant offered assurance that a piece of work dedicated to the QEUH was being carried out. The Committee noted that a new Risk Manager had been appointed. Mrs Grant informed the Committee that the Communications Department were promoting the efficiency and productivity of the QEUH and RHC. In response to whether the Board was being proactive in seeking out issues, Mrs MacPherson reported that the culture framework was paused during the COVID-19 pandemic, however work was restarting. The OD Team were engaging with teams to offer support and coaching. The focus was on employee voices. A feature was being developed with the Corporate Communications Team which would be available in the coming months. New whistleblowing champions were being supported in order to engage staff.		

	Mrs MacPherson reported that a short pulse survey would be circulated in September to all staff to gain feedback and pick up on any issues. The Committee were content to note the report and were satisfied that the risks and controls recorded were appropriate and the further actions were sufficient to mitigate the risks described. **NOTED**		
27.	**ANNUAL INTERNAL AUDIT PLAN**		
	The Committee considered the paper 'Annual Internal Audit Plan' [Paper No. 20/16] presented by the Director of Finance, Mr Mark White. The three-year Internal Audit Plan was approved by the Audit and Risk Committee (ARC) on 11 September 2018. During February 2020, a meeting took place with members of the Corporate Management Team (CMT) to obtain feedback on the planned audits for 2020/21 and a number of changes were made to reflect the changing risk profile and issues that have arisen since it was originally drafted. A draft of the 2020/21 plan was presented to the Audit and Risk Committee in March 2020. In light of the pressures and risks arising from COVID-19, the planned audits were subsequently discussed with management. There was agreement with management to proceed with certain planned audits that do not involve frontline staff. These audits account for around 70% of the contracted internal audit days. The Audit and Risk Committee were therefore asked to approve those audits. An email was circulated to members of the Audit and Risk Committee to request feedback by close of business Wednesday 22nd July 2020. The Committee noted that an audit of governance and board effectiveness during the pandemic would be carried out at a later date, the detail of which would be presented to the Board Seminar on 28th July 2020. Mr Ritchie thanked Mr White for the update and the Acute Services Committee were content to note the Internal Audit Plan. **NOTED**		
28.	**NHSGGC REMOBILISATION PLAN**		
	The Committee received a verbal update from the Medical Director, Dr Jennifer Armstrong, on the NHSGGC Remobilisation Plan. Dr Armstrong reported that the first draft of the plan, which covered to the period ending July 2020, was developed and submitted to the Scottish Government. The plan was well received by the Scottish Government. The next part of the plan would cover the period August 2020 to March 2021 and would be submitted to the Scottish Government by 31st July 2020. Dr Armstrong informed the Committee that the Recovery Tactical Group established remained in place, with meetings being held twice per week. Dr Armstrong noted that this had given increased pace and ensured there was staff		

	engagement from all levels. Dr Armstrong reported that a detailed presentation would be provided at the Board Seminar on 28th July 2020 Dr Armstrong highlighted some of the positive changes made with regards to public health during the pandemic including active travel, reduction in smoking and health behaviour change. Plans were being progressed in preparation for seasonal influenza and the vaccination of citizens and staff, as part of winter planning. In addition, support to care homes continued, along with the "Test and Protect" programme, as well as plans for the resumption of the public health screening programme, which had been temporarily paused. The use of digital technology had been positive during this period, and the number of remote consultations had been augmented rapidly. A significant number of staff had been trained to date, and this continued with support from clinicians and the establishment of Phlebotomy Hubs. A number of other innovation projects were underway, including remote monitoring of patients with Chronic Obstructive Pulmonary Disease (COPD). Dr Armstrong provided an overview of work in progress in respect of the workforce. She noted that a number of initiatives had been established to support staff throughout this period, including a series of health and wellbeing projects. There remained a number of staff currently shielding, however it was anticipated that shielding would come to an end on 31st July 2020. Staff were being encouraged to use annual leave to ensure adequate rest periods. Dr Armstrong highlighted acute priorities, which included; provision of Personal Protective Equipment (PPE), ongoing prioritisation of urgent cancer treatment and urgent care, patient pathways, and Imaging and Theatre arrangements. In addition, the development of the Major Trauma Centre at QEUH, and the development of a Centre of Excellence within Inverclyde remained ongoing. Dr Armstrong provided an update on unscheduled care including the national public messaging campaign, the establishment of Mental Health Assessment Hubs, the use of digital platforms and attend anywhere technology. Dr Armstrong reported that attend anywhere clinics for optometry were being considered and resumption of dental services was underway. The Committee acknowledged the vast amount that had taken place, and continued to take place, and congratulated the team on their efforts. Mr Ritchie thanked Dr Armstrong for the update and invited comments and questions from members. In response to a question in relation to improving staff uptake of flu immunisation, Mrs MacPherson informed the Committee that a piece of work had been commissioned, led by Ms Anne Harkness, Director, to review this in more detail. Consideration was being given to the establishment of a mandatory peer immunisation model and how this could be implemented, given that mass clinics would no longer be suitable due to COVID-19. Mr William Edwards, Director of eHealth was carrying out a piece of work to consider the IT infrastructure required. The Corporate Communications Team would develop a campaign, which would be rolled out earlier than usual. The Committee noted that there were no known issues with the current supply of the vaccine. Mr Ritchie thanked Dr Armstrong and Mrs MacPherson for the update and invited comments and questions from members.		

	A question was raised regarding the approach taken by the Health and Social Care Partnerships (HSCPs) to implement flu vaccination of both residents and staff, given that mass clinic immunisations were no longer appropriate due to COVID-19 restrictions. It was agreed that further discussion regarding this was required at the Finance, Planning and Performance Committee, to gain assurance of delivery. In response to a question regarding COVID-19 testing of staff within particular roles, e.g. within specialist oncology wards, long term care of the elderly wards and long term care wards in mental health facilities, and how the organisation would ensure that these staff had also received the seasonal flu vaccination, Mrs MacPherson assured members that work was underway to record and monitor COVID-19 testing and flu vaccinations. She noted that the Staff Governance Committee would be fully appraised of the complexities and would debate the opportunities available to establish mandatory requirements. The Committee were assured that the Executive Team were proactively addressing the issues regarding staff flu vaccination programme, in the context of COVID-19 and that the Staff Governance Committee would continue to monitor this. The Committee were content to note the verbal report provided by Dr Armstrong, and were assured by the information provided. **NOTED**		
29.	**ACUTE STRATEGIC MANAGEMENT GROUP**		
a)	**MINUTE OF MEETING HELD 19th DECEMBER 2019**		
	The Committee considered the minute of the Acute Strategic Management Group Meeting of 19th December 2019 [Paper No. SMG(M)19/12] and were content to note this. **NOTED**		
b)	**MINUTE OF MEETING HELD 30th JANUARY 2020**		
	The Committee considered the minute of the Acute Strategic Management Group Meeting of 30th January 2020 [Paper No. SMG(M)20/01] and were content to note this. **NOTED**		
30.	**CLOSING REMARKS AND KEY MESSAGES TO THE BOARD**		
	Mr Ritchie summarised the key messages to the Board. **1. COVID-19** The Committee recognised the extensive work carried out by the Executive Team, senior managers, and all staff members in tackling COVID-19.		

	2. Acute Integrated Performance Report The Committee received the report, and noted in particular, work underway to conduct a patient and staff experience survey. A report would be made available to the Committee with the results in due course. **3. Delayed Discharges in NHSGGC** The Committee recognised the complexities with delayed discharges and would continue to observe developments. **4. GP Out of Hours Service** The Committee noted that progress had been made with the GP Out of Hours Service, and noted that work continued to develop the longer term service model. The Committee would continue to monitor progress of this. **5. Financial Monitoring Report** The Committee noted, the Month 2 Financial Monitoring Report as at 31 May 2020, presented by Mr Mark White, Director of Finance and noted continued efforts to address the ongoing financial position and the implications of COVID-19. **6. Seasonal Flu Vaccinations** Detailed discussions were held regarding seasonal flu vaccinations, in particular flu vaccinations for staff. The Committee were assured that work was being carried out to promote uptake of the flu vaccination amongst staff and to develop the staff flu vaccination model. **NOTED**		
31.	**DATE OF NEXT MEETING**		
	Tuesday 22nd September 2020, 09:30am, MS Teams		