

NHSGGC (M) 20/06
Minutes: 75 - 94

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
NHS Greater Glasgow and Clyde Board
held on Tuesday 27th October 2020, at 09:30am
via MS Teams**

PRESENT

Professor John Brown CBE (in the Chair)

Dr Jennifer Armstrong	Cllr Caroline Bamforth
Ms Susan Brimelow OBE	Mr Alan Cowan
Cllr Jim Clocherty	Prof Linda de Caestecker
Ms Jacqueline Forbes	Ms Jane Grant
Cllr Mhairi Hunter	Ms Margaret Kerr
Ms Amina Khan	Mr Allan MacLeod
Mr John Matthews OBE	Cllr Jonathan McColl
Ms Dorothy McErlean	Dr Margaret McGuire
Cllr Sheila Mechan	Ms Ketki Miles
Ms Anne Marie Monaghan	Mr Ian Ritchie
Mr Francis Shennan	Ms Paula Speirs
Ms Rona Sweeney	Mrs Audrey Thompson
Mr Charles Vincent	Mr Mark White

IN ATTENDANCE

Ms Fiona Aitken	..	Royal College of Physicians of Edinburgh
Mr Jonathan Best	..	Chief Operating Officer
Ms Sandra Bustillo	..	Director of Communications and Engagement
Prof Michael Deighan	..	Royal College of Physicians of Edinburgh
Mr Graeme Forrester	..	Deputy Head of Corporate Governance and Administration
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 Service
Mrs Geraldine Mathew	..	Secretariat Manager (Minute)
Ms Susanne Millar	..	Chief Officer, Glasgow City HSCP
Ms Julie Murray	..	Chief Officer, East Renfrewshire HSCP
Ms Catherine Ospedale	..	Deputy Director of Communications and Engagement
Ms Caroline Sinclair	..	Interim Chief Officer, East Dunbartonshire HSCP
Mr Tom Steele	..	Director of Estates and Facilities
Ms Elaine Vanhegan	..	Head of Corporate Governance and Administration
Prof Angela Wallace	..	Interim Executive Director of Infection Prevention and Control (For Item 89)

		ACTION BY
75.	WELCOME AND APOLOGIES	
	The Chair welcomed those present to the meeting. The meeting combined both members joining video conferencing and a socially distanced gathering of some members within the Boardroom of JB Russell House. Members were asked to	

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	<p>observe usual etiquette protocol, and presenters were asked to provide short presentations to highlight key points.</p> <p>Prof Brown was pleased to note that arrangements had been made to invite members of the public to observe the meeting and that some members of the public had joined the meeting via video conferencing. He noted that the arrangements put in place would continue for future meetings.</p> <p>Member apologies were intimated on behalf of Prof Dame Anna Dominiczak and Ms Flavia Tudoreanu.</p> <p>Officer apologies were intimated on behalf of Mr William Edwards, Director of eHealth.</p> <p><u>NOTED</u></p>	
76.	DECLARATIONS OF INTEREST	
	<p>Prof Brown invited members to declare any interests in any of the items being discussed.</p> <p>Mr Charles Vincent declared an interest in respect of Item 08 – Queen Elizabeth University Hospital (QEUH) and Royal Hospital for Children (RHC) Update, and as such, would not participate in the discussion regarding this item.</p> <p>Mr Francis Shennan declared an interest in respect of Item 08 – Queen Elizabeth University Hospital (QEUH) and Royal Hospital for Children (RHC) Update, and as such, would not participate in the discussion regarding this item.</p> <p>The Board were content to note both declarations made.</p> <p><u>NOTED</u></p>	
77.	MINUTES OF PREVIOUS MEETINGS	
a)	MINUTE OF THE MEETING HELD 25TH AUGUST 2020	
	<p>The Board considered the minute of the NHS Greater Glasgow and Clyde Board Meeting held on Tuesday 25th August 2020 [Paper No. NHSGGC (M) 20/04]. On the motion of Mrs Thompson, seconded by Mr MacLeod, the minute of the meeting was approved and accepted as an accurate record.</p> <p>In addition, discussion took place regarding Minute 62 - NHSGGC Remobilisation Plan Update. In respect of the approval of the NHSGGC Remobilisation Plan, Prof Brown confirmed that, as the NHS in Scotland remained under emergency measures due to the COVID-19 pandemic, the role of the Board would be to oversee the implementation of the Remobilisation Plan, as opposed to approval of the Plan that had already been approved by the Scottish Government.</p> <p>In respect of the final paragraph on page 12, regarding the consideration of the Moving Forward Together (MFT) Steering Group Terms of Reference and that this action required to be added to the Rolling Action List, following discussion, it was agreed that this action would be addressed as part of the Board</p>	

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	Development Plan work being led by Ms Vanhegan, Head of Corporate Governance and Administration. <u>APPROVED</u>	
b)	MINUTE OF THE EXTRA-ORDINARY MEETING HELD 29TH SEPTEMBER 2020	
	The Board considered the minute of the extra-ordinary meeting of NHS Greater Glasgow and Clyde Board Meeting held on Tuesday 29 th September 2020 [Paper No. NHSGGC (M) 20/05]. On the motion of Ms Speirs, seconded by Ms McErlan, the minute of the meeting was approved and accepted as an accurate record. APPROVED	
78.	MATTERS ARISING	
a)	ROLLING ACTION LIST	
	The Board considered the Rolling Action List of the NHSGGC Board [Paper No. 20/49]. Members agreed to the closure of five actions from the Rolling Action List. In addition, the following matters were discussed: <u>NHSGGC Board Meeting of 25th August 2020 [Paper No. NHSGGC(M) 20/04] - Minute 57, Chief Executives Report, Page 5, Paragraph 4</u> Mr Carr confirmed that, at present, there were no formal meetings of Integration Joint Boards (IJBs) and NHS Board Chairs, however he would shortly meet with the Chair of the IJB Chairs and Vice Chairs Group to discuss this further and would provide an update on the outcome of discussions, in due course. The Board were content to note the Rolling Action List and the updates provided. <u>NOTED</u>	
79.	CHAIRS REPORT	
	Prof Brown had attended a number of meetings of the standing governance committees which had taken place since the last Board meeting including meetings of the Audit and Risk Committee; Finance, Planning and Performance Committee; and the Public Health Committee. In addition, Prof Brown had attended a range of both local and national meetings, including the NHS Board Chairs Group and the NHS Scotland Corporate Governance Steering Group. Prof Brown provided an overview of a recent meeting with the Cabinet Secretary and discussions regarding key priorities for Boards including the Test and Protect Programme; and the Flu Immunisation Programme. He noted that the National Clinical Director of the Scottish Government had also provided the NHS Board Chairs Group with an update on the national strategic framework, with further updates expected in due course, and the Chief Executive of NHS Scotland had provided an overview of winter plans and the requirement to	

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	<p>ensure workforce plans were considered as part of this, not only to ensure that staff were supported throughout the winter period, but to ensure the necessary levels of resource was in place to maintain service levels.</p> <p>Prof Brown noted the work underway in respect of Active Governance, and Ms Kerr, who was leading on this work nationally, was asked to provide an update on progress to the Board, once this work had progressed.</p> <p><u>NOTED</u></p>	<p>Ms Kerr</p>
<p>80.</p>	<p>CHIEF EXECUTIVES REPORT</p>	
	<p>Ms Grant provided an overview of key elements of focus since the last meeting, including the ongoing response to COVID-19 in respect of the Test and Protect Programme; the Flu Immunisation Programme; the redesign of unscheduled care; and the remobilisation of services. Ms Grant had attended a number of important meetings including standing governance committees; the Test and Protect Programme National Group; the Strategic Advisory Group on Unscheduled Care Redesign; a session on Active Governance; a meeting with the Chair of the Public Inquiry into the QEUH and RHC; attendance at the recent Health and Sport Committee; a meeting with legal advisors in respect of the legal claim; meetings with the new Non-Executive Directors of the Board; and a meeting with Prof McQueen in respect of the work of the Oversight Board.</p> <p>Ms Grant added that MSPs and MPs were invited to attend a meeting with her and the Chair this week to provide an update on progress with the Flu Immunisation Programme.</p> <p>Prof Brown thanked Ms Grant for the update and invited comments and questions with regards to both the Chief Executive’s update and the Chair’s update.</p> <p>A question was raised in respect of Intensive Care Unit (ICU) beds within Inverclyde Royal Hospital (IRH) and recent media reports alleging the closure of the beds. Ms Grant confirmed that there were two ICU beds within the IRH and she confirmed that there were no plans to close the ICU beds at IRH and assured members that all patients across NHSGGC were cared for in the most appropriate setting to ensure the best treatment and outcomes. During the initial response to COVID-19, a number of patients were stabilised at the IRH ICU and then transferred to ensure optimal care and the best possible outcomes for patients. It was this clinical pathway that forms part of the Critical Care Network that had been misrepresented in the media.</p> <p>Dr Armstrong, Medical Director, went on to provide a background of the establishment of the Critical Care Network. She noted that the QEUH offered specialist advice and opinion in a range of modalities. Clinicians at IRH ICU had developed close working relationships with the specialists based at QEUH whereby clinicians could call the direct number for advice and support directly from QEUH colleagues. There was no intention of closing the ICU beds at IRH and she noted that it was appropriate that patients were transferred to receive specialist treatment, where clinically necessary. She added that, during the initial response to COVID-19, additional experienced doctors were deployed to IRH to provide support to the service.</p>	

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	<p>Mr Best, Chief Operating Officer, confirmed that the 2 beds within IRH ICU were level 3 beds, which treated approximately 1450 patients in the previous year across the critical care floor, and less than 100 of those patients were stabilised at IRH ICU and transferred to QEUH for specialist treatment. He assured members that the organisation took into account the needs of the population of Inverclyde.</p> <p>In summary, the Board noted the position within Inverclyde, noted the overview provided by Ms Grant, Dr Armstrong and Mr Best, regarding the ongoing use of the ICU beds and the clinical pathways in place, and were assured that the clinical needs of the population of Inverclyde were taken into account, as was the case for the whole population of NHS Greater Glasgow and Clyde.</p> <p><u>NOTED</u></p>	
81.	PATIENT STORY	
	<p>Dr McGuire, Nurse Director, gave a presentation to members which provided an overview of the “Give and Go Volunteer Service” established in March 2020, during the initial response to the COVID-19 pandemic and the restricted visiting in hospitals as per national guidance, which was rolled out across all sites in April 2020. The presentation highlighted the positive difference the Service had made for patients, relatives and staff, which allowed family and friends to drop off personal items at a designated point in each site for delivery to the patient, with laundry collected from the patient and given to the relative or friend. The service dealt with approximately 2,000 bags per week across all hospital sites and has been extremely well received and appreciated by patients, staff, and patients’ family and friends.</p> <p>Prof Brown thanked Dr McGuire for the update. He commended the work of the service and volunteers for ensuring that patients received support during this difficult time and intended to write to the Coordinator of the service to express the gratitude of the Board to all staff and volunteers involved for making such a positive difference for patients and staff.</p> <p><u>NOTED</u></p>	
82.	QUEEN ELIZABETH UNIVERSITY HOSPITAL (QEUH) AND ROYAL HOSPITAL FOR CHILDREN (RHC) UPDATE	
	<p>The Board considered the paper ‘Queen Elizabeth University Hospital (QEUH) and Royal Hospital for Children (RHC) Update’ [Paper No. 20/50] presented by Ms Jane Grant, Chief Executive. The paper provided an overview of progress in respect of the various issues regarding the QEUH and RHC.</p> <p>Ms Grant provided an overview of key work streams including the work of the Oversight Boards in respect of Communications and Engagement; and Infection Prevention and Control. She noted the indicative timescales associated with the final reports of these Oversight Boards, and highlighted that the Case Note Review remained ongoing, in addition to estates work in respect of Ward 2a and 2b at RHC; the legal proceedings underway; and the work to implement the recommendations made by the Independent Review of QEUH and RHC.</p>	

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	<p>Prof Brown thanked Ms Grant for the update and invited comments and questions from members.</p> <p>In response to a question regarding oversight and timescales in respect of the implementation of the recommendations made by the Independent Review, Ms Grant anticipated that this would be presented to the Finance, Planning and Performance Committee in December 2020, and onwards to the Board Meeting in December 2020.</p> <p>A question was raised regarding the status of the Oversight Board reports and if these would be presented to the Board. Ms Grant highlighted that, as the Oversight Boards were commissioned by the Scottish Government, the reports would be approved by the Scottish Government, and any presentation of such to the Board would be for information purposes.</p> <p>In response to a question regarding the Public Inquiry Oversight Executive Group reporting mechanisms, Ms Grant confirmed that progress would be reported regularly to the Finance, Planning and Performance Committee.</p> <p>In summary, the Board were content to note the current position in respect of the escalation to Level Four of the NHS Scotland Performance Management Framework; the position regarding the recommendations of the Independent QEUH Report; the Public Inquiry into the Royal Hospital for Children and Young People in Edinburgh and the QEUH Campus; the position in relation to the pursuit of legal action for loss and damages in relation to the QEUH and RHC; and the work being progressed by the Board regarding the Health and Safety Executive investigation. The Board noted that the progress of implementation of the recommendations made by the Independent Review of QEUH and RHC; and the progress in respect of the Public Inquiry into the Royal Hospital for Children and Young People in Edinburgh and the QEUH Campus, would be reported to the Finance, Planning and Performance Committee, and then to the Board. The Board would anticipate updates in due course.</p> <p><u>NOTED</u></p>	
83.	NHSGGC REMOBILISATION PLAN UPDATE	
	<p>The Board considered the paper ‘Remobilisation Plan – Progress Update’ [Paper No. 20/51] presented by the Medical Director, Dr Jennifer Armstrong. The paper highlighted the progress achieved with remobilisation of health and care services during the COVID-19 pandemic. Dr Armstrong provided a presentation which covered a number of key elements which included the blueprint for transformation; background; public health priorities; planned care priorities; cancer care priorities; unscheduled care priorities; the West of Scotland Trauma Network; primary and community care; mental health; surge planning; and key issues.</p> <p>Prof Brown thanked Dr Armstrong for the update. He noted the comprehensive plan presented and the extensive work undertaken by the leadership team and all staff to develop this. He invited comments and questions from members.</p> <p>In response to a question raised regarding the ways in which health inequalities were being considered, Dr Armstrong confirmed that Equality Impact Assessments would be carried out on relevant aspects of the recovery plan. In</p>	

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addition, she noted that the Director of Communications and Engagement, Ms Sandra Bustillo, had been involved in development of work to gain the views and opinions of patients regarding the changes put in place due to COVID-19, and this would help inform longer term planning. Ms Bustillo provided an overview of this work which included three strands of evaluation work and would consider the implementation of “Near Me”; work with patients whose first language was not English; and the service changes implemented in respect of the GP Out of Hours Service. Prof de Caestecker, Director of Public Health, added that it was vital the organisation ensured that actions taken contributed to reducing health inequalities, and a range of areas were being considered including digital inclusion; employability; and poverty. She confirmed that updates on these areas of work would follow in due course.

A question was raised regarding the effectiveness of the Test and Protect Programme, if there was any data regarding follow up of contacts, and if individuals were complying with self-isolation requirements. Prof de Caestecker provided an overview of the process in respect of the Test and Protect Programme. She noted the range of testing facilities available including walk-through and drive-through testing. Every effort was made by Test and Protect staff to get in touch with contacts quickly, and appropriate advice given regarding self-isolation guidance. She noted that there was growing data in respect of compliance with self-isolation, however this was a matter for national consideration. She assured members that work continued with Local Authority colleagues to support the most vulnerable groups of the community who need additional support to self-isolate.

In response to a question regarding an increase in activity within GP Out of Hours Service and if this was a particular concern as winter approached, Ms Millar assured members that work continued across NHSGGC with HSCP colleagues, GP and Primary Care colleagues, to ensure a balance of remobilisation of services in the context of the quickly changing COVID-19 environment. She highlighted the implementation of virtual consultations; the ongoing infection prevention and control requirements within GP practices and cognisance of further surge of COVID-19.

A question was raised regarding the GP Out of Hours Service changes and if the changes made were sufficient in addressing the challenges raised under escalation. Ms Grant provided an overview of the current position. She highlighted that updates on progress were provided to Finance, Planning and Performance Committee regularly. She noted work was ongoing in respect of the Clyde arrangements, with GP colleagues fully involved in development of ways to augment the service there. Near Me had been implemented for use within the service, and a meeting with Sir Lewis Ritchie had recently taken place to provide an update on progress, with plans in place for an additional meeting. The organisation was in the process of engagement to build a multi-disciplinary workforce and overall, the service remained in a reasonable position.

In response to a question regarding the sustainability of the changes in the longer term, Mr White clarified that many of the models were under development, therefore the financial position remained inconclusive. Furthermore, discussions with Scottish Government colleagues remained ongoing in respect of the financial settlement for the financial year, however further information would be available by the Board Meeting in December 2020.

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A question was raised regarding the significant pressure on staff over the past months, and, whilst a focus on staff wellbeing was welcomed, concerns were raised regarding how this would be managed moving towards the winter period and additional COVID-19 surges. Ms Grant confirmed that the wellbeing of staff remained an important priority, particularly over the coming winter months. She acknowledged that staff had tackled significant challenges and additional challenges lay ahead in the coming months in respect of winter, COVID-19 and the remobilisation of elective care. She assured members that this would be monitored closely over the coming months and actions would be taken to address this where required.

Mr Best added that a significant amount of work had been undertaken to address the ongoing challenges. He noted that additional weekend sessions had been implemented, along with work with the Golden Jubilee National Hospital (GJNH), and establishment of outpatients within the NHS Louisa Jordan hospital, with the aim of ensuring a balance between response to the ongoing challenges associated with COVID-19, winter priorities, and elective care.

Mrs MacPherson, Director of Human Resources and Organisational Development, highlighted a number of key areas of work in respect of staff wellbeing. She noted the implementation of the Mental Health Wellbeing Plan and the increase in provision of counselling services, Cognitive Behavioural Therapy (CBT) and psychological therapies. She highlighted that over 400 staff have accessed additional support. She assured members that the key messages remained listening, supporting, and encouraging managers to provide coaching in a wellbeing focused environment. She noted that a formal proposal would be developed and presented to Corporate Management Team in due course in respect of clinical and peer support. All staff were encouraged to ensure appropriate rest periods and the use of annual leave. In addition, resilience programmes were under development, led by the Organisational Development Team. Ms McErlean added that Staff Side colleagues had been very supportive throughout this period and staff had demonstrated commitment and flexibility throughout this difficult period.

In response to a comment regarding reported problems with the roll out of digital ways of working and equipment to support this, Ms Grant commended the Director of eHealth, Mr William Edwards and the eHealth Team for undertaking a significant amount of work to implement equipment and new ways of working swiftly. She urged members to report any specific issues to Mr Edwards to ensure that the eHealth Team address this quickly.

A question was raised regarding the current challenges and the plans in place to both “dial up” or “dial down” services to address surges associated with COVID-19, and what consideration was being given to shielding, self-isolation, and future scenario modelling. Ms Grant was cognisant of the current challenges and assured members that the Strategic Executive Group (SEG) continued to meet three times per week to address these, therefore there was continual review of the position and the actions required to address this taken, to both reflect the local and national picture.

Given that NHS Scotland was currently under emergency powers due to the ongoing COVID-19 pandemic, a question was raised about the ways in which the public would be consulted with in respect of changes implemented. Prof Brown advised that Scottish Government colleagues were in the process of developing national guidance on how NHS Boards should be engaging with the

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	<p>public, at this time. He noted that a presentation would be provided at the next Corporate Governance Steering Group meeting in December to describe the approach.</p> <p>In summary, the Board were content to note the Remobilisation Plan submitted to the Scottish Government on 31st July 2020, and note the progress in remobilising services in the key priority areas. The Board anticipated fuller briefings on progress of remobilisation to Finance, Planning and Performance Committee, with brief updates to Board meetings, in due course.</p> <p>NOTED</p>	
84.	COVID-19 AND WINTER PRIORITIES	
	<p>The Board considered the paper ‘COVID-19 Update’ [Paper No. 20/52] presented by the Director of Public Health, Prof Linda de Caestecker. The paper provided an overview of the overall position in respect of the NHSGGC response to manage COVID-19. Prof de Caestecker noted that, whilst overall there was increasing incidence in infection, she noted a reduction in infections on the previous day, which was reflective of the current restrictions having a positive impact on transmission. She noted incidence in infection amongst specific population groups including the younger age groups; and the working age population. Discussions with Scottish Government advisors remained ongoing in respect of the level of infections and appropriate restriction level.</p> <p>Prof de Caestecker highlighted the meeting held with MP and MSP colleagues in respect of the ongoing flu immunisation programme and the vaccination of older people. Prof de Caestecker noted that the flu season inclined to commence in December of each year and assured members that all eligible groups, including the older population, would be invited for vaccination prior to this.</p> <p>Mr Best went on to provide an overview of the current position as it related to Acute Services. He noted that a significant amount of learning had been gained following the first surge of infections and this had informed the approach for the second surge. He noted that there had not been as sharp an increase in the number of patients requiring admission to ICU, therefore there were less patients in ICU but more patients in High Dependency Units, than in the first wave. However, the most significant impact currently was in respect of the closure of wards due to COVID-19 and staff requiring to self-isolate. He noted that there were currently more inpatients with COVID-19, than that of the peak of the first wave, however it was anticipated that this would begin to level off as the winter period approached.</p> <p>Prof Brown thanked Prof de Caestecker and Mr Best for the update and invited comments and questions from members.</p> <p>A question was raised regarding the recent communication about the flu immunisation programme, and it was felt that an overview of the current position would be useful. Additionally, it was suggested that, when circulating communications to Board members, that a background of the position be included. Prof Brown provided an overview of the background to this issue, which had resulted in concerns being raised about the arrangements for the older population to receive the flu vaccination. Prof Brown assured members</p>	

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that, whilst the concerns had been addressed fully, there was no risk given that the flu season had not yet commenced and assurances had been given that older people would be invited for vaccination by the start of the flu season. He did acknowledge the points raised regarding communications, and it was highlighted that these concerns provided useful learning, particularly in respect of planning for a future COVID-19 vaccination programme.

In response to a question regarding the staff flu vaccination programme, the number of staff vaccinated to date and if this represented an increase on uptake in the previous year, Prof de Caestecker confirmed that over 11,000 staff had been vaccinated to date, with a further 8,000 staff registered to attend a flu vaccination appointment. This represented a higher uptake than that of the previous year at this point.

A question was raised about work undertaken to model the likely impact of flu this season, given the social distancing measures in place. Prof de Caestecker advised that no specific modelling work had been done, however she noted that the southern hemisphere had experienced a much lighter flu season than that of previous years, therefore it was expected that there may be a positive impact of social distancing in respect of flu transmission. Additionally, it was important to note that there may also be an impact on flu cases from the effect of a more virulent virus in circulation.

In response to a question regarding the number of delayed discharges and whether there was potential to open additional beds for winter, Mr Best assured members that COVID-19 beds were planned alongside winter beds. He noted that a number of winter wards had been identified for use in December and January, and the position in respect of COVID-19 would continue to be monitored collectively with the need for additional winter beds. Dr McGuire, Nurse Director, added that some care homes were closed to admissions due to COVID-19, and this had resulted in an impact on delayed discharges. In addition, there were pressures in respect of the Equalities and Human Rights Commission (EHRC) legal challenge and Adults with Incapacity. She assured members that work continued with HSCP colleagues, to not only avoid admissions, but to reduce the number of delayed discharges, where possible. Ms Millar highlighted that the pressures experienced in the Acute Sector, were mirrored within community services. She highlighted the impact on staff during this second wave of COVID-19, and the number of care homes currently closed to admissions. She assured members that consideration was being given to manage the approach to closures. She confirmed that arranging suitable accommodation for AWI outside of the acute hospitals continued to be a challenge.

A question was raised about the management of the Corporate Risk Register and the COVID-19 risks. Mr White confirmed that both risk registers were being merged and risks reviewed to reflect COVID-19 implications. Both the Corporate Risk Register and the COVID-19 Risk Register would be presented to the Audit and Risk Committee in December 2020.

In response to a question about the potential to change the Ambulatory Care Hospitals (ACH) – Stobhill and Victoria, to extend past 23 hours, Ms Grant confirmed that this had been an option that was given consideration. She assured members that the organisation was actively considering how to ensure the continuation of as much elective care as possible, whilst ensuring this was reduced within main sites. Mr Best added that there was medical cover available

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	<p>at the ACH's, and activity took place Monday to Thursday, with additionality at weekends. He assured members that consideration was being given to maximising the potential of the ACHs moving forward, to support elective care.</p> <p>In summary, the Board were content to note the report, and a number of key issues described including current COVID-19 activity within hospitals; Acute and HSCP updates; the position in respect of care homes; the Test and Protect Programme; Remobilisation; and surge planning. The Board would anticipate further updates in due course.</p> <p><u>NOTED</u></p>	
85.	NHSGGC PERFORMANCE UPDATE	
	<p>The Board considered the paper 'Board Performance Summary Report' [Paper No. 20/53] presented by Mr Mark White, Director of Finance. The paper provided an overview of the current performance position across NHSGGC in relation to a number of high level key performance indicators.</p> <p>Mr White highlighted the key elements of the report including the change in format of the report to reflect the remobilisation plan trajectories and targets which had necessitated a change in style of the report. He noted the ongoing focus on activity, to return to pre-COVID-19 performance, highlighted the new suite of measures which focused on this and emphasised the summary position for Quarter 2 – July 2020 to September 2020.</p> <p>Prof Brown thanked Mr White for the update and invited comments and questions from members.</p> <p>In response to a question about the new trajectories, whether these were explicitly detailed within the Remobilisation Plan, and the governance process for reporting of these trajectories, Mr White highlighted that these were detailed within page 139 of the Remobilisation Plan. He confirmed that the key performance indicators would be presented to the Acute Services Committee for scrutiny, along with the Finance, Planning and Performance Committee.</p> <p>A question was raised regarding the increasing presentations at Emergency Departments, the reasons for this, and if the redirection activities were sufficient to address this. Mr Best highlighted the positive work undertaken within EDs to bring forward changes in respect of this. He noted the signposting approach being taken and that this was working well. The increased levels in presentations were likely related to people who would have previously presented at ED, but had not done so due to previous lockdown measures, returning. Mr Best described a range of work with colleagues, the establishment of the Community Assessment Centres (CACs) for COVID-19, the Specialist Assessment and Treatment Areas (SATAs), GP Assessment Units and the work of the Minor Injuries Unit, to tackle this and to ensure patients were treated in the right place, at the right time, without having to be redirected. Furthermore, Dr Armstrong described work ongoing nationally to develop an approach to redirection and an announcement by the Scottish Government was awaited, as part of the urgent care redesign work. Nevertheless, there remained a number of areas of work being pursued locally to ensure that patients were directed to the most appropriate service at the right time.</p>	

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	<p>In response to a question about the KSF/PDP performance and whether this had been paused due to COVID-19, Mrs MacPherson confirmed that, whilst this had not been paused, there had been a reduction in the number conducted, however there was currently no active monitoring in this area. She was clear that the organisation remained committed to the development of staff and KSF/PDP formed a key component of this, as it provided an opportunity for managers to meet with staff and discuss opportunities. Mrs MacPherson noted that iMatter had been paused this year due to COVID-19, however a staff survey had been undertaken. She assured members that these key areas of work would be refreshed in due course.</p> <p>In summary, the Board were content to note the current performance position against each of the measures outlined in the draft second-phase Remobilisation Plan and the proposed improvement actions for those areas in need of improvement.</p> <p><u>NOTED</u></p>	
86.	NHSGGC FINANCE UPDATE	
	<p>The Board considered the paper ‘Finance Report – Month 5’ [Paper No. 20/55] presented by the Director of Finance, Mr Mark White. The report provided the Month 5 financial position, including the progress and position of the Financial Improvement Programme (FIP). The report also included information on the additional expenditure incurred as a result of COVID-19, planned expenditure as part of Remobilisation and the negotiations with the Scottish Government about a corresponding financial statement.</p> <p>Mr White noted that, in Month 5, the organisation reported an overspend of just under £102m. This comprised of £66m of direct COVID-19 costs, and £36m attributed to unachieved savings.</p> <p>The Scottish Government had outlined the revised reporting process and a detailed submission was returned in September 2020. Mr White described the model used to allocate COVID-19 funding to NHS Boards, which resulted in NHSGGC being allocated £169m, which represented £102m for the Board, and £67m for HSCPs. Negotiation continued in respect of future allocations and Mr White highlighted that discussions with Scottish Government colleagues had been positive. Mr White described the likely position moving forward, and noted that, should NHSGGC receive the full requested amount, the organisation would likely breakeven, at 31st March 2021.</p> <p>Prof Brown thanked Mr White for the update and invited comments and questions from members.</p> <p>In response to a question raised regarding page 10 of the report and the four key areas highlighted, those being; NRAC; winter pressures; remobilisation; and unachieved savings, and the likelihood of these areas being financed in full by Scottish Government, Mr White highlighted that the Scottish Government were very supportive of the position, and he remained reasonably confident, however there remained a risk. He anticipated that there would be a greater understanding of the position by the December 2020 Board meeting. He emphasised that there would also be a requirement to consider the financial position for 2021/22 and the position in respect of sustainability.</p>	

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	<p>A question was raised regarding the Financial Improvement Programme and the likelihood of achieving the objectives of the programme in the second part of the year. Mr White remained optimistic and assured members that there were a number of key areas, not related to staffing, in which work could be undertaken to ensure efficiency. Whilst he acknowledged that this would be challenging, he emphasised the need to ensure that efficiency was the hallmark of everything we do.</p> <p>In summary, the Board were content to note the revenue position at Month 5 and the initial financial settlement position; note the Month 5 position with the FIP; and note the capital position at Month 5. The Board would anticipate a further update on further financial settlements, the financial outlook, and sustainability, at the next meeting in December 2020.</p> <p><u>NOTED</u></p>	<p>Mr White</p>
<p>87.</p>	<p>COMMUNICATIONS AND ENGAGEMENT STRATEGY</p>	
	<p>The Board considered the paper ‘Draft Stakeholder Communications and Engagement Strategy’ [Paper No.20/56] presented by Ms Sandra Bustillo, Director of Communications and Engagement. The paper set out the draft strategy to deliver a planned and sustained approach to communications and engagement which aimed to build collaborative, trusted relationships between the Board, our patients, their carers, and our communities, based on honesty, openness and transparency.</p> <p>Ms Bustillo provided a presentation which covered the key elements. She provided an overview of the context of the Strategy including COVID-19; Moving Forward Together; HSCP Strategic Plans; Quality Strategy; QEUH and RHC’ and Turning the Tide Through Prevention. In addition, Ms Bustillo outlined the strategic aims; stakeholder mapping and sentiment analysis; communications; engagement; and reputation.</p> <p>Prof Brown thanked Ms Bustillo for the update and invited comments and questions from members.</p> <p>Members commended the report and presentation, which described clearly the outcomes and strategic aims, and noted the proposal to develop an Annual Delivery Plan.</p> <p>In response to a question regarding clinical engagement and the role of the Area Clinical Forum, Ms Bustillo recognised that there was wider consultation and engagement with staff and this was incorporated into a separate strategy which was routinely presented to the Area Partnership Forum and Area Clinical Forum for consultation and contribution.</p> <p>A question was raised regarding the Annual Delivery Plan and the timescales for completion. Ms Bustillo stated that this would be developed through the coming year, with review and approval via the Corporate Management Team, and the Finance, Planning and Performance Committee.</p> <p>In response to a question regarding the Remobilisation Plan, the service change within that, the need to ensure that the Strategy references this, Ms Bustillo</p>	

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<p>agreed that the Strategy should be more explicit in respect of the ongoing Remobilisation Plan.</p> <p>A question was raised regarding the Moving Forward Together Programme and clarity was sought regarding this, as members understood that this had been paused. Ms Bustillo clarified that, whilst the MFT programme had been paused, the themes and principles of the programme have continued to be delivered through Remobilisation Plan. In many respects, the themes and principles of the MFT programme had been implemented at a much greater pace.</p> <p>In response to a question regarding Equality Impact Assessments undertaken in respect of the new ways of working implemented during the response to the COVID-19 pandemic, Ms Bustillo advised that an Equality Impact Assessment (EQIA), sponsored by the Scottish Government, had been undertaken on a national basis on behalf of NHS Scotland, in respect of the Near Me Video Consulting Programme. Ms Bustillo agreed to circulate this to members for information.</p> <p>A question was raised regarding acknowledgement of when things could have gone better and the learning gained from these. Ms Bustillo stated that this was an important element and it was critical that learning from this was incorporated into development of plans.</p> <p>In response to a question regarding engagement with media colleagues and Editors, Ms Bustillo assured members that the Communications Team continued to work closely with media colleagues and Editors. The Team had developed strong relationships with a wide range of key colleagues within the media. She further assured members that the Team proactively respond timeously to refute and resolve any inaccurate reports.</p> <p>A question was raised regarding communications with Elected Members and it was suggested that contact be made with the Members Services Team within Local Authorities, to develop ways to improve engagement and communication with Elected Members. Ms Bustillo acknowledged that this was a useful suggestion. She highlighted that the Communications Team prepared weekly communications briefings for MPs and MSPs. In addition, Ms Bustillo highlighted that a report was prepared following each Board meeting which detailed the key areas discussed and this was also circulated to the IPN network, and papers from each Board meeting were publically available on the website.</p> <p>Mr Ritchie, Chair of the Stakeholder Reference Group (SRG) highlighted the crucial role of the SRG in respect of the Strategy. He stressed the importance of ensuring that consideration was given to those who may not have access to means of communicating and engaging digitally. In addition, Mr Ritchie was keen that consideration be given to including the process of communicating with patients on waiting lists for services that had been paused due to COVID-19.</p> <p>In summary, the Board were content to approve the Draft Communications and Engagement Strategy; the development of the Annual Development Plan; and recommended consideration be given to the following areas:</p> <ul style="list-style-type: none">• Remobilisation Plan• Clarity regarding MFT Programme• How the organisation responds when things have not gone as well as they could	<p>Ms Bustillo</p>
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	<ul style="list-style-type: none"> • The organisations relationship with the media • Increasing communications with Elected Members via Member Services • Emphasis on ways in which communication and engagement would be undertaken, i.e. not solely digital methods <p>The Board acknowledged the effort applied to develop the Strategy and would anticipate the next iteration of the Strategy at the December 2020 Board meeting, with an update on the Annual Development Plan to be presented to the Board in April 2021.</p> <p>APPROVED</p>	<p>Ms Bustillo</p>
<p>88.</p>	<p>STRENGTHENING LEADERSHIP CAPACITY</p>	
	<p>The Board considered the paper 'Update on Strengthening the Senior Management Team' [Paper No. 20/57] presented by the Chief Executive, Ms Jane Grant. The paper provided an update on the previously presented papers and described the overall position in respect of the changes to the Senior Management Team, as outlined in the February 2020 Board paper. Ms Grant provided an overview of the key areas augmented including Acute Division; GP Out of Hours; Communications and Engagement; Nursing and Allied Health Professionals (AHP) Directorate; Public Health; Finance; support for the Head of Corporate Governance and Administration and the Chief Executive; HR and Organisational Development; Moving Forward Together; Health and Social Care Partnerships; and Estates and Facilities.</p> <p>Prof Brown thanked Ms Grant for the update and invited comments and questions from members.</p> <p>In response to a question regarding the costs associated with the additional support, and authorisation of the posts, Ms Grant confirmed that none of the additional posts described required approval by the Remuneration Committee. In respect of the costs, Mr White agreed to compile these and include them within an overarching additional costs overview and it was agreed that a report would be presented to the Finance, Planning and Performance Committee. Furthermore, Mrs MacPherson confirmed that an overview of all senior management posts, whether they require Remuneration Committee approval or not, was provided at each meeting of the Committee.</p> <p>A question was raised regarding the maximisation of additional support and ensuring that this was enough to support the additional challenges. Ms Grant advised that this would be reviewed on an ongoing basis and arrangements made for additional support, if required.</p> <p>In response to a question regarding the balance between operational requirement and strategic requirement, and if this would be sufficient to support the Chief Executive, Ms Grant was keen to ensure that the Senior Management had sufficient time to focus on strategic requirements, and was confident that the additional resource to support operational aspects, would create capacity for the senior team to focus on strategic matters. However, Ms Grant assured members that this would continue to be monitored regularly.</p> <p>Prof Brown welcomed the report and was keen that this formed a regular update to the Board, and suggested that the next update be provided in April 2021.</p>	<p>Mr White</p>

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	<p>In summary, the Board were content to note the update on the strengthening the senior management team.</p> <p><u>NOTED</u></p>	
89.	HEALTHCARE ASSOCIATED INFECTION REPORT	
	<p>The Board considered the paper ‘Healthcare Associated Infection Report’ [Paper No. 20/54] presented by the Interim Executive Director of Infection Prevention and Control, Prof Angela Wallace.</p> <p>Prof Wallace provided an overview of the key elements of the report, including the current pressures in respect of the ongoing response to COVID-19 and infection prevention and control measures. She noted steady performance in respect of Staphylococcus aureus bacteraemia (SAB), Clostridioides difficile infection (CDI), and Escherichia coli bacteraemia (ECB). Prof Wallace assured members that work continued across NHSGGC to ensure a high focus on reduction of infections. She highlighted that the report contained the individual Sector reports and the improvement activities in place.</p> <p>Prof Wallace confirmed that the number of COVID-19 presentation across all areas in NHSGGC were increasing, reflecting evident community transmission of COVID-19. These were reported within the Healthcare Associated Infection Report for September. She stated that the Infection Prevention and Control; Clinical; and Management Teams were working closely to respond to the pandemic. She continued by highlighting the outbreaks and incidents being managed at this time and were detailed within the report, including the areas of focus and the actions taken.</p> <p>Prof Brown thanked Prof Wallace for the update and invited comments and questions from members.</p> <p>In response to a comment about the inclusion of upper control limits, warning limits, and also the average, Prof Wallace explained that the average score was included in the report, as the numbers were small, therefore averages could help in understanding the position. She explained that the narrative that supported each data section was designed to explain the data and its significance in relation to the performance across the AOP standards. Prof Brown added that Ms Margaret Kerr was undertaking work nationally on Active Governance and this included how best to present data, therefore he was content for minor amendments to be made to the report, however, as there was other work underway nationally, and locally, he advised against any major overhauls of the reporting templates used.</p> <p>A question was raised regarding the action list contained within page 12 of the report which referenced contaminated blood culture receptacles, and how this issue was identified. Prof Wallace advised that this was a well-known national and international issue, and Prof Wallace highlighted that, although the numbers as highlighted in the report were extremely small, the improvement work noted on page 12 was designed to support and improve the reliability of taking blood cultures, reducing further contamination. A group of colleagues were taking forward this work and she explained to members that key actions were being taken as part of this work to support staff and provided training to minimise the occurrence of this. She further explained that the issue was identified through</p>	

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	<p>continued review of individual care by clinical teams, infection control and laboratory staff.</p> <p>In response to a question regarding Prof Wallace’s view of the functioning of the overall infection prevention and control system, Prof Wallace advised that she has provided consistent, clear feedback during her time as Interim Executive Director of Infection Prevention and Control. She assured members that she was fully supported by the Chief Executive, Senior Management Team, Infection Prevention and Control Team and clinical staff in respect of carrying out her responsibilities and throughout her time in this role, she has observed satisfactory management of infection prevention and control in NHSGGC. This led her to express the view that the current infection prevention and control systems across NHSGGC were of a standard that mitigated risks to an acceptable level. She explained that she continues to work with colleagues in moving services forward and to benchmark NHSGGC with other systems to capture learning including sharing good practice she has found in NHSGGC. She went on to describe a range of areas of work being taken forward to improve infection prevention and control designing a whole system improvement collaborative and the establishment of an infection control community leadership with Mr Tom Steele, Director of Estates and Facilities, as part of a Gold Command delivery system chaired by Ms Jane Grant, Chief Executive.</p> <p>In summary, the Board were content to note the Healthcare Associated Infection Report; note the performance in respect of the Annual Operational Plan (AOP) Standards for SAB; CDI and ECB; note the detailed activity in support of the prevention and control of Healthcare Associated Infection; and note contribution of the Infection Prevention and Control Team to NHSGGC recovery plans. The Board noted Prof Wallace’s professional assessment and as a result were assured that the management of infection prevention and control was currently effective across NHSGGC and within the Board’s risk appetite. The Board welcomed the work undertaken by Prof Wallace and the Infection Prevention and Control Team.</p> <p><u>NOTED</u></p>	
90.	GOVERNANCE ASSURANCE FRAMEWORK	
	<p>The Board considered the paper ‘Governance Assurance Framework’ [Paper No. 20/58] presented by the Head of Corporate Governance and Administration, Ms Elaine Vanhegan. The paper provided an update on the development of the approach to Active Governance and the phases of development.</p> <p>Ms Vanhegan provided an overview of the key elements of the report including the focus on the Board Development Plan; the aims and values of the recrafted Corporate Objectives; the consideration of key corporate risks; and development of the assurance framework.</p> <p>Prof Brown thanked Ms Vanhegan and all those involved in the development of the work including Ms Kerr, Ms Mullen, and Dr Davidson. He invited comments and questions from members.</p> <p>In response to a question regarding how this would link into the processes described, Ms Kerr provided an overview of the current national work ongoing in respect of Active Governance. She advised that there were a number of aspects</p>	

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	<p>being considered. In respect of performance measures, one set of indicators would not suit all Boards. She explained that work was ongoing to explore a number of areas including what type of information was required by Board members; what skills they would require; and what type of questioning would be useful, and a project was underway to look at these matters.</p> <p>In summary, the Board considered the phased approach to Active Governance in NHSGGC; noted the reaffirmed Board Purpose, Aims, Values and approved the recrafted Corporate Objectives and lead standing committee allocation; noted the further work to be undertaken in reviewing Corporate and Business Risks, Board Strategies which linked to the Corporate Objectives, and the development of the Information Assurance System reviewing targets and performance measures; and; noted the timescale for full implementation as April 2021.</p> <p><u>APPROVED</u></p>	
91.	PHARMACY PRACTICES COMMITTEE UPDATE	
	<p>Mr Matthews, Chair of the Pharmacy Practices Committee, provided an overview of the current position. He noted that the Committee had not met, and the Scottish Government was giving consideration to how the Committee could meet to fulfil its legislative obligations.</p> <p><u>NOTED</u></p>	
91.	MINUTES OF BOARD GOVERNANCE COMMITTEE MEETINGS	
a)	ACUTE SERVICES COMMITTEE	
	<p>The Board considered the paper ‘Acute Services Committee Chairs Report’ [Paper No. 20/60] presented by the Chair of the Acute Services Committee, Mr Ian Ritchie. The report provided an overview of the items discussed at the recent Committee meeting on 27th October 2020. The Board were content to note this.</p> <p>The Board considered the approved minute of the Acute Services Committee meeting of 21st July 2020 [Paper No. ASC (M) 20/02] and were content to note this.</p> <p><u>NOTED</u></p>	
b)	CLINICAL AND CARE GOVERNANCE COMMITTEE	
	<p>The Board considered the paper ‘Clinical and Care Governance Committee Chairs Report’ [Paper No. 20/61] presented by the Chair of the Clinical and Care Governance Committee, Ms Susan Brimelow. The report provided an overview of the items discussed at the recent Committee meeting on 15th October 2020. The Board were content to note this.</p> <p>The Board considered the approved minute of the Clinical and Care Governance Committee meeting of 3rd March 2020 [Paper No. CCG (M) 20/01] and were content to note this.</p>	

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	<p>The Board considered the approved minute of the Clinical and Care Governance Committee meeting of 17th August 2020 [Paper No. CCG (M) 20/02] and were content to note this.</p> <p><u>NOTED</u></p>	
c)	AREA CLINICAL FORUM	
	<p>The Board considered the paper ‘Area Clinical Forum Chairs Report’ [Paper No. 20/62] presented by the Chair of the Area Clinical Forum, Mrs Audrey Thompson. The report provided an overview of the items discussed at the recent Committee meeting on 8th October 2020. The Board were content to note this.</p> <p>The Board considered the approved minute of the Area Clinical Forum meeting of 13th August 2020 [Paper No. ACF (M) 20/06] and were content to note this.</p> <p><u>NOTED</u></p>	
d)	FINANCE, PLANNING AND PERFORMANCE COMMITTEE	
	<p>The Board considered the paper ‘Finance, Planning and Performance Committee Chairs Report’ [Paper No. 20/63] presented by the Chair of the Finance, Planning and Performance Committee, Mr Simon Carr. The report provided an overview of the items discussed at the recent Committee meeting on 13th October 2020. The Board were content to note this.</p> <p>The Board considered the approved minute of the Finance, Planning and Performance Committee meeting of 11th August 2020 [Paper No. FPPC (M) 20/02] and were content to note this.</p> <p>The Board considered the approved minute of the Finance, Planning and Performance Committee special meeting of 15th September 2020 [Paper No. FPPC (M) 20/03] and were content to note this.</p> <p><u>NOTED</u></p>	
92.	NHSGGC BOARD AND GOVERNANCE COMMITTEE CALENDAR 2021/22	
	<p>The Board considered the paper ‘NHSGGC Board and Governance Committee Calendar 2021/22’ [Paper No. 20/64] presented by Ms Elaine Vanhegan, Head of Corporate Governance and Administration.</p> <p>The Board were content to adopt the calendar of dates for NHSGGC Board and Governance Committees, as presented.</p> <p><u>NOTED</u></p>	
93.	AOCB	
	<u>Valedictory</u>	

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	<p>Prof Brown informed members that Mr David Leese, Chief Officer of Renfrewshire HSCP, had resigned from his post and would shortly leave the organisation to take up a post out with the public sector. Mr Leese had had a long career with NHSGGC. He joined the organisation in 1993 and had been Chief Officer of Renfrewshire HSCP since 2015. Over that time, Mr Leese had made a significant contribution to the NHS and to the HSCP. Prof Brown thanked Mr Leese for his commitment over a number of years. He wished Mr Leese well on behalf of the Board, for his future endeavours, and noted that Mr Leese would be greatly missed by a significant number of colleagues.</p> <p>Mr Leese noted his thanks to a number of colleagues including Board members, IJB colleagues, and the wider teams, for their support throughout his career.</p>	
94.	DATE OF NEXT MEETING	
	Tuesday 22 nd December, 09:30am, MS Teams	