

BOARD OFFICIAL
DRAFT – TO BE RATIFIED

NHSGGC (M) 20/07
MINUTES: 95 – 110

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
NHS Greater Glasgow and Clyde Board
Held on Tuesday 22nd December 2020, at 09:30
Via MS Teams**

PRESENT:

Mr John Matthews OBE (in the Chair)

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

IN ATTENDANCE:

Mr Callum Alexander	..	UCC Planning and Implementation Support Manager
Mr Jonathan Best	..	Chief Operating Officer
Ms Sandra Bustillo	..	Director of Communications and Engagement
Ms Beth Culshaw	..	Chief Officer, West Dunbartonshire HSCP
Mr William Edwards	..	Director of eHealth
Ms Jennifer Haynes	..	Corporate Services Manager – Governance (minute)
Ms Lorna Kelly	..	Interim Director of Primary Care
Ms Anne MacPherson	..	Director of Human Resources and Organisational Development
Ms Susanne Millar	..	Chief Officer, Glasgow City HSCP
Ms Louise Russell	..	Secretariat Officer (minute)
Mr Tom Steele	..	Director of Estates and Facilities
Ms Shiona Strachan	..	Interim Director of Renfrewshire HSCP
Ms Elaine Vanhegan	..	Head of Administration and Corporate Governance
Prof Angela Wallace	..	Interim Executive Director of Infection Prevention and Control (item 10)

		ACTION BY
95	WELCOME AND APOLOGIES	
	<p>Mr John Matthews welcomed those present to the meeting, and explained that he was chairing in the absence of the Board Chair, Prof John Brown. The meeting combined members joining via video conferencing, and a socially distanced gathering of some members within the Boardroom of JB Russell House. Mr Matthews reminded everyone that the meeting was public, and asked members to keep presentations succinct, as everyone had received and had an opportunity to review papers in advance.</p> <p>Member apologies were intimated on behalf of Prof Brown and Prof Dame Anna Dominiczak.</p> <p>Officer apologies were intimated on behalf of Ms Julie Murray, Chief Officer for East Renfrewshire HSCP.</p> <p><u>NOTED</u></p>	
96	DECLARATIONS OF INTEREST	
	<p>Mr Matthews invited members to declare any interests in any of the items being discussed. Mr Matthews also reminded members of the requirement to keep their details on the register of interest up to date, and notify Ms Elaine Vanhegan, Head of Administration and Corporate Governance, of any changes.</p> <p>Mr Francis Shennan noted that he was in receipt of a gift from Multiplex in March 2020, which he had previously declared.</p> <p><u>NOTED</u></p>	
97	MINUTES OF PREVIOUS MEETING	
a)	MINUTE OF THE MEETING HELD 27TH OCTOBER 2020	
	<p>The Board considered the minute of the NHS Greater Glasgow and Clyde Board Meeting held on 27th October 2020 [Paper No. NHSGGC (M) 20/06]. On the motion of Ms Paula Speirs, seconded by Ms Jacqueline Forbes, the minute of the meeting was approved and accepted as an accurate record.</p> <p><u>APPROVED</u></p>	
98	MATTERS ARISING	
a)	BOARD ROLLING ACTION LIST	
	<p>The Board noted the Rolling Action List of the NHSGGC Board [Paper No. 20/65]</p> <p><u>NOTED</u></p>	

99	CHAIR'S REPORT	
	<p>Mr Matthews confirmed that he had spoken to Prof Brown, who confirmed that he would provide a report at the next meeting of the Board.</p> <p><u>NOTED</u></p>	
100	CHIEF EXECUTIVE'S REPORT	
	<p>Ms Grant confirmed that she would provide an overview of key issues since the last meeting, which would also cover some of what Prof Brown had planned to convey.</p> <p>Ms Grant noted that COVID-19 remained a significant challenge, coupled with routine winter pressures, and the redesign of unscheduled care. The Annual Review of NHS GGC had also taken place at the start of December 2020, and the Interim Report for the QEUH / NHS GGC Oversight Board (the Interim Report) had been published on 21 December 2020.</p> <p>With regards to COVID-19, Ms Grant noted there had been a lot of activity around test and protect, as well as mass testing for both patients and staff, which required a high degree of orchestration. A new regional laboratory for the West, being operationally managed by NHS GGC, was opened on 12 December 2020, and the Cabinet Secretary visited that day, which had been a positive visit.</p> <p>Ms Grant noted that that winter planning was well underway, the flu vaccination programme was almost complete, and that there was a focus on roll out of the COVID-19 vaccination programme, with vaccinations for care home residents and HSCP staff already underway.</p> <p>A new model for unscheduled care had a soft launch on 1 December 2020, with patients phoning 111 before attending Emergency Departments. Initial results were encouraging. Work on the GP Out of Hours Service continued, and it was hoped in the New Year this will be a fuller service.</p> <p>Ms Grant noted a number of senior appointments, including: Shiona Strachan as Interim Chief Officer for Renfrewshire HSCP; Melanie McColgan as Director for Clyde Sector; Ms Jackie Carrigan and Fiona McEwan as Assistant Directors of Finance; Lorna Kelly as Interim Director of Primary Care and; Geraldine Jordon as Head of Clinical Governance.</p> <p>Ms Grant noted the ongoing work regarding the legal claim with regards to the QEUH, and confirmed that this would be discussed in more detail at a private Board session on 19 January 2021.</p> <p>In terms of the Interim Report, Ms Grant confirmed that the recommendations would be addressed in a positive and constructive manner, and indeed some actions were already well underway. A final report was likely in early 2021, as was the Case Note Review outcome.</p> <p>Ms Grant noted a significant increase in drug deaths, which had been widely reported in the media. Professor Linda de Caestecker, Director of Public Health, confirmed that data published on 15 December 2020</p>	

	<p>reported an increase of 6.5% in Scotland compared to last year, with an increase of 2.5% in NHSGGC. In the Glasgow City Council boundary there was a small reduction, for the first time since 2013. The rate of change was variable in different HSCP areas, drug deaths were more prominent in males, and affected the age 45-54 age range most.</p> <p>Prof de Caestecker noted that this issue was an important contributor to the stalling of life expectancy. Alcohol and Drug Partnerships were looking at the data in detail, and considering strategies to deal with the issue. Prof de Caestecker noted that this required to be a cross agency approach, with a safe drug service, and access to rehabilitation services.</p> <p>Ms Grant also acknowledged the recent media coverage with regards to building cladding at the QUEH site, as a result of the issues identified in the Grenfell Public Inquiry. Mr Tom Steele, Director of Estates and Facilities, noted that we had been following all appropriate advice and guidance, had written to Multiplex to establish product quality, and, in the meantime, had undertaken a local investigation. We await a formal response from Multiplex.</p> <p>Ms Grant gave feedback on the Annual Review, noting that she and the Chairman had both considered it positive and constructive. Ms Grant reported that there was recognition of progress and improvement in some key areas.</p> <p>Mr Matthews thanked Ms Grant.</p> <p><u>NOTED</u></p>	
101	PATIENT STORY	
	<p>Dr Margaret McGuire, Nurse Director, gave a presentation to members which provided an overview of 'Attend Anywhere' and virtual appointments for patients, noting that since March 2020, there had been 116,617 virtual appointments across Acute Services, Mental Health and Primary Care. An optional evaluation survey had shown positive feedback; patients reported that they did not feel it was an issue not being in the same room as their clinician, many found it preferable to physically having to attend an appointment, and others felt it was more efficient for staff. Carers also reported positively about virtual appointments, noting that it was especially useful for those who were anxious about leaving their home.</p> <p>In terms of learning, Dr McGuire commented that there had been an assumption that older people may not like it, but that was not the case. Dr McGuire invited Ms Sandra Bustillo, Director of Communication and Engagement, to comment, and Ms Bustillo noted that although there were significant benefits, it was not a 'one size fits all' model, and that it was not appropriate to completely move to that model, as there were still times when a face to face consultation was most appropriate. There were also vulnerable groups – for example, as a result of domestic abuse – where there was not a safe space at home to participate, and so face to face consultations with a clinician were more appropriate.</p>	

	<p>The learning had been shared with Virtual Patient Management Group, which was considering how to adapt the use of technology based on the feedback. The learning had also been shared learning with the front facing services. Ms Bustillo confirmed that they were looking at ways to promote the usage, to encourage future patient to feel comfortable. Dr McGuire noted that the success of the programme was testament to both patients and the eHealth team to embracing its usage.</p> <p>Mr Matthews thanked Dr McGuire and Ms Bustillo, noting that one of the few positives of the COVID-19 position was the opportunity to embed new and innovative ways of working, such as this.</p> <p>Mr Alan Cowan commented on whether those from areas of deprivation would have the same access to this service as others from more affluent areas, in terms of devices and training, and asked if consideration had been given to ensuring equity of access. Dr McGuire confirmed this was something that had been considered, and Mr William Edwards, Director of eHealth, elaborated further, explaining that all appointments were booked by the Referral Management Centre, and before a consultation was arranged, patients were given a choice of face-to-face or virtual appointments. The technology also runs on mobile phones, and some consultations were also undertaken by telephone call. There was therefore a blended approach to suit all patients.</p> <p>Ms Ann Marie Monaghan noted that from another piece of work she was involved with, she was aware of significant work nationally to support individuals get on line, including providing computer hardware, to help address inequalities. Ms Speirs asked about the dependence on public WiFi, and Dr McGuire confirmed that had also been taken into consideration, with solutions in place.</p> <p><u>NOTED</u></p>	
102	COVID-19 AND WINTER PRIORITIES	
	<p>The Board considered the paper 'COVID-19 and Winter Pressures' (Paper No. 20/66) presented by Prof de Caestecker. Prof de Caestecker confirmed that the numbers of COVID-19 positive cases had been declining slowly, but had increased in recent days, with the rate currently at 135 per 100,000. The estimated dissemination (local R number) had remained consistently below 1, and was now at 0.98 in NHSGGC as a whole, but over 1 in West Dunbartonshire and Inverclyde. Outbreaks remained consistent in terms of location, which tended to be in, for example, care homes and schools.</p> <p>Prof de Caestecker commented on the expansion of testing, in particular to care home visitors, and that work was underway with care homes to put in systems of testing, and lateral flow testing, in place for visitors.</p> <p>Pilots had been undertaken of community testing in Johnstone and two areas within Glasgow in December 2020. In Johnstone, this had been lateral flow testing, with very few positive cases; there had been more positive cases in the other two pilots. Learning had been taken from the pilots in terms of how to expand mass testing to targeted / high risk areas.</p>	

Prof de Caestecker also noted that twice weekly lateral flow testing had been implemented for staff, as well as for all emergency and elective patient admissions.

Prof de Caestecker confirmed that we had been vaccinating staff with the Pfizer vaccine, and were managing the logistical challenges as a result of the very low temperature required for storage. This was being rolled out based on priority, with health care staff at the front line and care home staff / residents being vaccinated first. Upon receipt of the AstraZeneca vaccine, which should be at end of December 2020, the vaccination programme will move to those aged 80+ years and all front line staff.

Mr Jonathan Best was invited to give an overview on how Acute Services were coping with the pandemic. Mr Best confirmed that hospital sites remained challenged, with positive COVID-19 inpatients peaking at 702. This had declined to 675 in the last 24 hours. There had been a slow decline of COVID-19 patients in ICU, but that had risen from 18 to 22. 22 wards were closed due to COVID-19, and this created a challenging picture, with the need to continue to prioritise cancer and trauma patients.

Mr Best confirmed that winter plans were in place, and that on a positive front, the number of staff absences as a result of shielding has come down.

Mr Matthews thanked Prof de Caestecker and Mr Best, and invited questions from members. Ms Forbes welcomed the news about the AstraZeneca vaccine, and asked whether there were plans to use the Moderna vaccine, which had recently been approved for use in the USA. Prof de Caestecker noted that the initial batch of the AstraZeneca vaccine would be small, and that there had been no national advice about the Moderna vaccine thus far. Ms Forbes also asked about the new strain of COVID-19 reported in the media. Prof de Caestecker confirmed this could not be picked up through PCR testing; only through genome sequencing testing. There had been 18 cases of the new strain so far in Scotland.

Ms Mhairi Hunter asked, in view of what had been reported about the new strain being more infectious in young people, whether any consideration had been given to adding secondary school teachers to the priority list. Prof de Caestecker reaffirmed the current priority list, which was subject to change, and based on national guidance.

Ms Rona Sweeney asked how many people had been vaccinated, and when the vaccination programme would be complete. Mr Edwards confirmed that 11,200 people had been vaccinated as of 18 December 2020, and Ms Grant confirmed that the plan was to vaccinate 15,000 staff and care home residents by the end of December 2020. Prof de Caestecker said it was estimated the vaccination programme would be complete by Spring / Summer, but that was dependent on availability of the vaccines.

Ms Sweeney also asked about lateral flow testing. Prof de Caestecker described that lateral flow testing worked best if the person was symptomatic, and therefore it was helpful that we were testing staff twice weekly, as the regularity increased the sensitivity; when infrequent, it could result in false negatives.

Ms Amina Khan asked what risk mitigation was in place for staff self-isolating. Ms Anne MacPherson, Director of Human Resources and Organisational Development, confirmed that 800 staff had been off work for COVID-19 related reasons, and that number had reduced to 525. Ms MacPherson also described the lateral flow testing underway, with 9000 kits distributed across several sites, and confirmed that staff were required to self-isolate if they tested positively for COVID-19. Ms MacPherson described that worst case scenario predictions were 4% for Covid-19 related absence, and that planning was in place.

Ms Khan also asked about progress in relation to delayed discharge and the elective programme. Mr Best noted that there were currently 202 delayed discharges, and that this was an issue which remained challenging for both Acute Services and the HSCPs. In terms of the elective programme, Mr Best confirmed that we were keeping in touch with patients via different methods to keep them abreast of waiting times, and that the cancer programme was now back up to full capacity, with referrals exceeding pre COVID-19 levels. There was a remobilisation plan, but it was an evolving picture, and Ms Grant stressed the current context, in that there were more COVID-19 positive inpatients in hospital now than there was at the peak of wave 1 in Spring 2020, and this would have an impact on the elective programme.

Mr Matthews commented on how well operational teams were doing, and commented on his recognition of the challenges that January and February 2021 would likely bring.

Ms Flavia Tudoreanu asked about breast feeding women being a priority for vaccination. Prof de Caestecker replied that it had not yet been recommending that breast feeding women get vaccinated.

Ms Speirs asked about workforce challenges. Ms Grant commented that here were a number of priorities that impact staff, including Test and Protect, vaccinations, and managing COVID-19 positive inpatients. Current staffing resource was therefore being maximising, as was the staffing resource to via the Staff Bank. In addition, Human Resources colleagues were working with services to speed up recruitment process, as well as recruiting additional staff. Ms MacPherson also confirmed that to manage this, staff were considered in different cohorts. Recently retired staff had been utilised, as had contractors. It had been challenging to balance, but supported by trade unions.

Ms Speirs also asked about Out of Hours Services. Ms Grant confirmed there had not been a big impact on GP Out of Hours, and Mr Best and Dr Armstrong confirmed that the new flow navigation hub had made some impact to Emergency Departments within hours (10:00 – 22:00). Additional awareness and clinical pathways would increase the impact further. Ms Bustillo noted that communication around contacting 111 before attending the Emergency Departments would begin in January.

Mr Allan MacLeod asked about utilising resource in other Health Boards, including the Golden Jubilee National Hospital, but Ms Grant noted that neighbouring Health Boards were equally as challenged.

	<p>Mr Matthews commented on the helpfulness of the discussion, and hoped that Board members were assured by the responses to their questions.</p> <p><u>NOTED</u></p>	
103	NHSGGC PERFORMANCE UPDATE	
	<p>The Board considered the paper ‘Board Performance Summary Report’ [Paper No. 20/67] 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 that the paper was set against the second phase in the Remobilisation Plan, and performance had been starting to improve, for example, in elective work, despite the pressures. Mr White described that outpatient targets had been more of a challenge.</p> <p>Mr Matthews thanked Mr White, and invited questions from members.</p> <p>Ms Speirs asked about visibility to members on 2020/21 planning. Mr White confirmed that the targets were under revision due to the changing COVID-19 position, and the aim was for it to come to a Board meeting in early 2021.</p> <p>Ms Kerr asked to what extent there would be a national message about this. Ms Grant confirmed that the Board was working with the Scottish Government, and that although this was within a framework, Boards would have a level of autonomy, given that there are different positions for Boards based on prevalence within the geographical area.</p> <p>Mr Charles Vincent asked what was being done regarding the gap in CAMHS referrals. Ms Grant confirmed that the team had worked hard on a full recovery plan and the activity target had been reached, but there remained challenges, due to the demand on the service. Ms Susan Manion, Chief Officer, noted that all HSCPs were focussed on this matter, to ensure that children and young people had access to the service within waiting time guarantees. There was therefore focus on reducing long waits, as well as the response to referrals.</p> <p>Cllr Bamforth commented that the Scottish Government and local authorities were providing significant support for children and young people through, for example, school counselling. Ms Manion acknowledged additional funding that had been invested, and commented that each of the HSCPs were doing work to engage local authorities and the third sector to support children and young people at the earliest opportunities, however, it was not just funding related; it was also dependent, for example, on being able to recruit staff with the right expertise and knowledge.</p> <p>Mr Matthews thanked Mr White for the paper and presentation, and members for the discussion.</p> <p><u>NOTED</u></p>	

104	HEALTHCARE ASSOCIATED INFECTION REPORT	
	<p>Prof Angela Wallace, Interim Director of Infection Prevention and Control (IPC), was invited to present on her paper 'The Healthcare Associated Infection Reporting Template (HAIRT)' [Paper No. 20/68]. This paper was is a mandatory reporting template which was issued by SG designed to provide assurance in relation to infection prevention and control, including targets, and how NHSGGC responded to issues. Prof Wallace noted that she wished to draw members' attention to four key areas:</p> <ol style="list-style-type: none"> 1. The Annual Operation Plan target in relation to SABs, CDI and E.coli bacteraemias. Prof Wallace highlighted that we continued to be in a reasonable position in terms of progress against 2022 targets. We were slightly behind for E.coli, and Prof Wallace noted that the Scottish Government continued to review this target in light of emerging evidence. The December 2020 position showed that all figures were within control limits. Prof Wallace noted the fantastic effort from staff in relation to achieving this; 2. COVID-19. Prof Wallace noted that in relation to COVID-19 from an IPC perspective, the focus of the IPCT was supporting staff to implement national guidance to reduce transmission of the virus. Prof Wallace noted that the national position in relation to definite hospital onset was around 2.1% and NHSGGC was at 2.6% This was not unexpected as the community prevalence rate in GG has been one of the highest in Scotland for some weeks and GGC has the most deprived and diverse population in Scotland both risk factors for both acquisition and poor outcomes. Prof Wallace also noted the challenges of wards closures due to COVID-19. 3. There were a range of activities that staff undertake to assure quality and prevent avoidable infections. Prof Wallace confirmed there had been one new outbreak in Glasgow Royal Infirmary, but swift actions taken to avoid a recurrence; 4. Prof Wallace highlighted an overall stable performance against targets. <p>Ms Tudoreanu noted an inconsistency, and Prof Wallace apologised for an error in the report with regards to the SAB rate.</p> <p>Mr Vincent asked if the HAI figures for COVID-19 included staff, and Prof Wallace confirmed that they did not; it was for patients only. Mr Vincent also asked about work on identifying methods of transmission (for example, was it patient to patient, patient to staff, and so on). Prof Wallace confirmed that this was constantly looked at; a hypotheses would be formed, tested and considered. NHSGGC is also participating in UK wide studies in relation to this issue. In addition, all raw data was sent to Health Protection Scotland, who validate it. There were also weekly meetings with the Scottish Government, and ARHAI which included consideration of what was happening in other Health Boards. Prof Wallace noted that a major challenge was the asymptomatic presentation of COVID-19 which is why regular staff testing was in place.</p> <p>Ms Forbes thanked Prof Wallace for a comprehensive report, and noted that a year on from being put on special measures, it would be helpful to see a comparison of the position from the same time last year. Prof Wallace confirmed she was happy to arrange that, however, 2020 had</p>	<p style="text-align: right;">Prof Wallace</p>

	<p>been very unusual, which made comparisons more difficult. However she underlined that over time, NHSGGC's performance has been improving.</p> <p>Mr Matthews also made reference to the special measures, asking how much the Scottish Government were aware of the improvements. Prof Wallace confirmed that updates have been given, to demonstrate the systematic improvements. Mr Matthews thanked Prof Wallace, noting that members were keen to understand this, and see NHSGGC be de-escalated.</p> <p>Ms Brimelow asked, on a related point, for assurance that the recommendations within the Interim Report would be acted upon at the earliest opportunity. Ms Grant confirmed that they would be, with a high degree of priority and rigour.</p> <p>Mr Matthews thanked members for a good discussion, and complemented Prof Wallace on a thorough report.</p> <p><u>NOTED</u></p>	
105	NHSGGC FINANCE UPDATE	
a)	FINANCIAL PLAN 2020/21	
	<p>Mr White was invited to present his paper 'Finance Report' [Paper No. 20/69]. Mr White explained that the report was the position at Month 7, and included the projection to the end of the financial year. It also included a high level initial outlook into 2021/22.</p> <p>Mr White noted the interim position of the COVID-19 funding allocations from Scottish Government to help remobilisation, and confirmed that further allocations were expected to come at the end of the financial year. A 'break even' position was expected for this financial year, but Mr White stressed that that this was dependent on the winter months, and the outcome of discussions regarding additional allocations.</p> <p>Mr White noted that 2021/22 was likely to be a challenge, but figures would be formalised.</p> <p>Mr MacLeod noted that there had been a recent and detailed discussion at the Finance, Planning and Performance Committee meeting, and that it was reassuring from the Board's perspective that the Scottish Government appeared to recognise the disproportionate impact of COVID-19 financially, and that was likely to be reflected in reimbursement levels. Mr MacLeod noted his thanks to Mr White and his team for making a strong case.</p> <p>Mr Matthews also noted his thanks to Mr White, and expressed that he too was pleased that the disproportionate financial weight of COVID-19 had been recognised.</p> <p><u>NOTED</u></p>	

106	DRAFT STAKEHOLDER COMMUNICATION AND ENGAGEMENT STRATEGY	
	<p>Ms Bustillo was invited to present her paper ‘Draft Stakeholder Communications and Engagement Strategy’ [Paper Np. 20/70]. Ms Bustillo noted that she had taken a previous draft to members at the Board meeting in October 2020, and had amended the draft strategy based on the comments and feedback received. Since then, further engagement had taken place with external stakeholders, and it had also gone to Health Improvement Scotland Community Engagement team for review. Further revisions were also made to the draft presented, based on this work. Ms Grant confirmed that she and Ms Bustillo had met with the Scottish Government’s Head of Communication for ratification of the approach within the strategy.</p> <p>Members were invited to ask questions, and Ms Brimelow asked whether the strategy addressed recommendations within the Interim Report. Ms Grant confirmed that it did, and that Ms Bustillo and Dr McGuire would meet with Professor Craig White from the Scottish Government in the New Year to reaffirm this.</p> <p>Ms Speirs thanked Ms Bustillo, noting that comments previously made had been reflected in the updated draft. She also asked about the annual delivery plan and timing with the action plan. It was confirmed that this would go to the Corporate Management Team in February, and Finance, Planning and Performance Committee thereafter.</p> <p>Ms Khan noted she was happy to approve the strategy, and welcomed the call for engagement, especially with vulnerable groups and those with protected characteristics. She asked about the capacity and resources of the equalities team to engage with BAME patients. Ms Bustillo confirmed she had worked closely with the Equalities Team, and would continue to do so.</p> <p>Ms Monaghan commented that she felt the strategy was an excellent document, that she was encouraged by it, and felt it would be useful in building a positive reputation. She asked about the learning that would take place, and Ms Bustillo noted that there was learning for staff (including training materials), learning for services (in terms of taking on board patient feedback) and national learning.</p> <p>Mr Matthews thanked Ms Bustillo and the team, noting the sense of achievement.</p> <p><u>APPROVED</u></p>	
107	BREXIT UPDATE	
	<p>The Board considered the paper ‘Withdrawal from the European Union (Brexit)’ [Paper No. 20/71]. Ms MacPherson noted that all Board business continuity plans had been updated, risk assessments were in place, and scenario planning had been undertaken. Ms MacPherson also highlighted that recruitment, in terms of staff being registered through the Settlement</p>	

	<p>Scheme was being addressed, and refreshed communications materials (such as FAQs, videos and Core Briefs) had been arranged. For radiopharmaceuticals, the method of delivery had changed to air, to avoid any hold ups en route, an issue previously highlighted to the Board.</p> <p>Ms MacPherson confirmed she had been given assurance of stock supply, including medicines, and that there were no issues in goods coming into the UK. Between experiences and lessons learned from COVID-19, Ms MacPherson noted that NHSGGC was prepared, and continued to work conscientiously, including with community and care home colleagues.</p> <p>Mr Shennan noted that given the rapidly changing situation, this appeared to be good piece of planning. With regards to radiopharmaceuticals, Mr Shennan asked whether any problems were anticipated with paperwork. Ms MacPherson confirmed that suppliers were dealing with all the import documentation, it had been discussed by both local and national procurement, and no issues were foreseen.</p> <p>Cllr Bamforth asked whether there were any long term plans to keep stocks of medicines. Ms MacPherson replied that we were guided by both Scottish and UK Government regarding stocks, who dissuaded from stockpiling for more than 6 weeks supply worth of what was required. Ms MacPherson said she was not aware of any cost issues coming through from any suppliers at the moment.</p> <p>Mr Matthews thanked Ms MacPherson.</p> <p><u>NOTED</u></p>	
108	MINUTES OF BOARD GOVERNANCE COMMITTEE MEETINGS	
a)	ACUTE SERVICES COMMITTEE	
	<p>The Board considered the paper 'Acute Service's Committee Chair's Report' [Paper No. 20/72], presented by the Chair of the Acute Services Committee, Mr Ian Richie.</p> <p>Mr Richie made reference to the earlier updates at the Board meeting from Mr Best and Mr White. Mr Ritchie also commented being reassured by a presentation on the major trauma centre, and additional changes that were being made, and that these should have a positive impact on services.</p> <p>The Board were content to note the minutes of the Acute Services Committee meeting held on 22 September 2020 [Paper No. ASC(M) 20/03].</p> <p><u>NOTED</u></p>	
b)	CLINICAL AND CARE GOVERNANCE COMMITTEE	
	<p>The Board considered the paper 'Clinical Care and Governance Committee's Chair's Report' [Paper No. 20/73], presented by the Clinical Care and Governance Committee Chair, Mrs Brimelow.</p>	

	<p>The Board were content to note the minutes of the Clinical Care and Governance Committee meeting held on 15 October 2020 [Paper No. CCG(M) 20/03].</p> <p><u>NOTED</u></p>	
c)	AREA CLINICAL FORUM	
	<p>The Board considered the paper 'Area Clinical Forum's Chair's Report' [Paper No. 20/74], presented by the Chair of the Area Clinical Forum, Ms Audrey Thomson.</p> <p>Ms Thomson described that the latest meeting of this committee had discussed at great length the priority groups of staffing for vaccinations, and were content with the prioritisation levels, recognising it was based on risk. There was a welcome of focus on staff wellbeing.</p> <p>The Board were content to note the minutes of the Clinical Care and Governance Committee meeting held on 8 October 2020 [Paper No. ACF(M) 20/07].</p> <p><u>NOTED</u></p>	
d)	FINANCE, PLANNING AND PERFORMANCE COMMITTEE	
	<p>The Board considered the paper 'Finance, Planning and Performance Committee's Chair's Report' [Paper No. 20/75], presented by the Chair of the Finance, Planning and Performance Committee, Mr Simon Carr.</p> <p>Mr Carr noted a proposal to commission Scott Moncrief to do some work on governance, and that there would be further discussions in the New Year regarding this with Prof Brown, Ms Vanhegan and Scott Moncrieff. Mr Carr also described that he and Ms Vanhegan were working on how to further establish the panning aspect of the committee.</p> <p>The Board were content to note the minutes of the Committee meeting held on 13 October 2020 [Paper No. FPPC(M) 20/04].</p> <p><u>NOTED</u></p>	
e)	STAFF GOVERNANCE COMMITTEE	
	<p>The Board considered the paper 'Staff Governance Committee's Chair's Report' [Paper No. 20/76], presented by the Chair of the Staff Governance Committee, Mr Alan Cowan.</p> <p>Mr Cowan described the Whistleblowing Review currently being undertaken by Mr Vincent and Mr Kenny Small. Mr Vincent had brought an interim recommendation forward prior to completion of the review, related to finding a number of issues that had deemed not to be whistleblowing, and a need to tighten the process on making that decision. This had been agreed.</p> <p>Ms Brimelow asked about a previous issue about feedback from recommendations made as part of a whistleblowing investigation. Mr Cowan had confirmed that he had met with Mr Vincent and Ms Jennifer</p>	

	<p>Haynes, Corporate Services Manager, to discuss that matter, and was happy about the work being taken forward to improve this.</p> <p>The Board were content to note the minutes of the Committee meeting held on 18 August 2020 [Paper No. SGC(M) 20/02].</p> <p><u>NOTED</u></p>	
f)	AUDIT AND RISK COMMITTEE	
	<p>The Board considered the paper 'Audit and Risk Committee's Chair's Report' [Paper No. 20/77], presented by the Chair of the Audit and Risk Committee, Mr Allan MacLeod.</p> <p>Mr MacLeod noted the balance of internal audit resources, against a background of COVID-19 and the balance carried forward. A draft work plan was in place for next year.</p> <p>The Board were content to note the minutes of the Committee meetings held on 8 September 2020 [Paper No. ARC(M) 20/02] and 22 September [Paper No. ARC(M) 20/03].</p> <p><u>NOTED</u></p>	
g)	PUBLIC HEALTH COMMITTEE	
	<p>Mr Matthews noted there had been an ad hoc meeting of the Public Health Committee on 27 November 2020. This had considered the COVID-19 vaccine position, the flu vaccine programme, and the test and protect service.</p> <p><u>NOTED</u></p>	
109	AOCB	
	<p>Ms Grant highlighted that she and Prof Brown had agreed ongoing light governance arrangements in light of the COVID-19 position, which meant shorter and more focussed agendas. This would be reviewed in the New Year, with the possibility that the Board will have to move back to an interim Board arrangement.</p> <p>It was noted that there was a Board meeting scheduled for 19 January 2021, which was a private session, specifically to a legal case.</p> <p>Mr Matthews wished his best wishes to members for a happy Christmas, and thanked them for their attendance and contribution.</p>	
110	DATE OF NEXT MEETING	
	Tuesday 23 February at 09:30am, MS Teams	