

NHSGGC (M) 21/04
Minutes 46 - 62

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
NHS Greater Glasgow and Clyde Board
held on Tuesday 29 June 2021 2021 at 9.30 am
via Microsoft Teams**

PRESENT

Professor John Brown CBE (in the Chair)

Dr Jennifer Armstrong	Ms Dorothy McErlean
Cllr Caroline Bamforth	Dr Margaret McGuire
Ms Susan Brimelow OBE	Professor Iain McInnes
Cllr Jim Clocherty	Cllr Sheila Mechan
Mr Alan Cowan	Ms Ketki Miles
Professor Linda de Caestecker	Cllr Iain Nicolson
Ms Jacqueline Forbes	Mr Ian Ritchie
Mrs Jane Grant	Dr Paul Ryan
Cllr Mhairi Hunter	Mr Francis Shennan
Mrs Margaret Kerr	Ms Paula Speirs
Ms Amina Khan	Mrs Audrey Thompson
Mr Allan MacLeod	Mr Charles Vincent
Rev John Matthews OBE	Ms Michelle Wailes
Cllr Jonathan McColl	Mr Mark White

IN ATTENDANCE

Mr Callum Alexander	..	Business Manager
Mr Jonathan Best	..	Chief Operating Officer
Ms Sandra Bustillo	..	Director of Communications and Engagement
Ms Beth Culshaw	..	Chief Officer, West Dunbartonshire HSCP
Ms Gillian Duncan	..	Secretariat (Minutes)
Mr William Edwards	..	Director of eHealth
Ms Lorna Kelly	..	Interim Director of Primary Care
Ms Christine Laverty	..	Interim 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
Mrs Geraldine Mathew	..	Secretariat Manager
Ms Susanne Millar	..	Chief Officer, Glasgow City HSCP
Ms Julie Murray	..	Chief Officer, East Renfrewshire HSCP
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
Professor Angela Wallace	..	Interim Executive Director of Infection Prevention and Control

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46.	WELCOME AND APOLOGIES	
	<p>Professor John Brown, Chair, welcomed those present to the June 2021 meeting of the NHS Greater Glasgow and Clyde Board.</p> <p>The meeting combined Members joining via video conferencing and a socially distanced gathering of some members within the Board Room of JB Russell House. Professor Brown reminded Members of the appropriate etiquette during the online discussion and welcomed the members of public who were joining the Board meeting as observers.</p> <p>Member apologies were intimated on behalf of Mr Simon Carr, Ms Anne-Marie Monaghan and Ms Flavia Tudoreanu.</p> <p>Professor Brown extended a very warm welcome to the two new Board Members – Ms Michelle Wailes and Dr Paul Ryan – who had joined the Board on 1 June 2021.</p> <p>Professor Brown also welcomed Ms Christine Lavery who would be replacing Ms Shiona Strachan as interim Chief Officer for Renfrewshire HSCP. Professor Brown thanked Ms Strachan for her much valued contribution to the health and social care system in NHSGGC and, on behalf of the Board, wished her a happy retirement.</p> <p>Professor Brown also advised that this would be Mr Allan MacLeod and Ms Audrey Thompson’s last meeting as their terms as Board Members were coming to an end. Professor Brown advised that Dr Lesley Rousselet had taken over from Ms Thompson as Chair of the Area Clinical Forum and had been appointed to the NHS Board from 1 July 2021.</p> <p>Professor Brown also recorded the Board’s congratulations to Ms Louise Long, Chief Officer, Inverclyde HSCP, on her appointment as Chief Executive of Inverclyde Council.</p> <p>On behalf of the Board, Professor Brown recorded the Board’s congratulations to Mr John Stuart, formerly Chief Nurse North Sector, and Dr Kerri Neylon, Deputy Medical Director for Primary Care, who had been recognised in the Queen’s Birthday Honours List. He advised that both Mr Stuart and Dr Neylon had made significant contributions to the success of NHSGGC.</p>	

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	<p>He also recorded the Board’s congratulations to Ms Neena Mahal and Mr Tom Herbert who were awarded MBEs. Professor Brown advised that in addition to her work as Chair of NHS Lanarkshire, Ms Mahal had also led work at national level to improve the diversity of the people who sit on the NHS Scotland Boards. Mr Tom Herbert had been actively campaigning for the relocation of some cancer services to Stobhill Hospital and Professor Brown was pleased to see that his commitment had been recognised.</p> <p>Professor Brown also reported that Glasgow Royal Infirmary had been named as Scotland’s best hospital as part of a global survey by the US magazine Newsweek. He congratulated everyone involved for this remarkable achievement, including Professor Colin McKay, the Chief of Medicine, Mr John Carson, the Chief Nurse, and Ms Isobel Neil, the Director of the North Sector. Professor Brown advised that Ms Neil had recently retired and recorded his appreciation on behalf of the Board for her contribution to NHSGGC over a long and successful career and wished her a happy retirement.</p> <p>Professor Brown reminded Members that June was Pride month and that while NHSGGC continuously strived for inclusivity and respect for all, he recognised that there were still challenges being faced by LGBTQ+ people, including those who are also from BAME communities, in accessing healthcare and experiencing negative attitudes. Professor Brown stressed the importance of breaking down these barriers and promoting a Health Service that is inclusive for all. He also reminded Members that NHS Scotland had created a new ‘Pride Pledge’ to promote a message of inclusion, speak up and challenge intolerance. He stressed that it was important that all Board Members joined himself and Mrs Grant in signing the ‘Pride Pledge’ to show personal and collective support for this important initiative.</p> <p>Professor Brown thanked the Executive Team for providing the papers and Ms Elaine Vanhegan for her work on standardising and improving the presentation of the papers.</p> <p>NOTED</p>		
47.	DECLARATION(S) OF INTEREST(S)		
	<p>Professor Brown invited Members to declare any interests in any of the items being discussed.</p> <p>Mr Charles Vincent and Mr Francis Shennan both declared an interest in the paper being presented on the Queen Elizabeth</p>		

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	<p>University Hospital and Royal Hospital for Children which did not preclude them from taking part in the discussion.</p> <p>Cllr Jonathan McColl advised that he was now a Councillor member of West Dunbartonshire Integration Joint Board. Professor Brown thanked Cllr McColl and advised that membership of an IJB did not constitute a conflict of interest and would not preclude him from taking part in any discussions.</p> <p>Professor Brown also reminded Members of the requirement to keep their details on the Register of Interest up to date and asked for any changes to be notified to the Secretariat team.</p> <p><u>NOTED</u></p>		
48.	MINUTES OF PREVIOUS MEETING		
	<p>The Board considered the minute of the NHS Greater Glasgow and Clyde Board Meeting held on 27 February 2021 [Paper No. NHSGGC (M) 21/03].</p> <p>On the motion of Mr Allan MacLeod, seconded by Ms Audrey Thompson, the minute of the meeting was approved and accepted as an accurate record.</p> <p><u>APPROVED</u></p>		
49.	MATTERS ARISING		
	<p>The Board considered the Rolling Action List of the NHSGGC Board [Paper No. 21/26].</p> <p>Professor Brown asked the Board if they had any matters arising that they wished to raise. No matters were raised and Members agreed to the closure of the 8 actions noted on the Rolling Action List.</p> <p><u>APPROVED</u></p>		
50.	CHAIR'S REPORT		
	<p>Professor Brown reported that he had attended and contributed to a wide range of meetings since the April Board meeting. These included the Acute Services Committee, Clinical and Care Governance Committee, Finance, Planning and Performance Committee and the Audit and Risk Committee.</p>		

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	<p>Professor Brown had met with the Standing Committee Chairs on 22 June 2021. He had also had a number of conversations with individual Board Members as part of the process to confirm roles and responsibilities for the rest of this year. Details of the outcomes of those discussions had been included as an appendix to the paper on Active Governance that would be discussed later in the agenda.</p> <p>Professor Brown had met with the West of Scotland Chairs Group and the NHS Scotland Board Chairs Group. A wide range of issues that affected all Boards in Scotland was discussed, however, these were still predominately about the NHS Scotland response to the COVID-19 pandemic.</p> <p>Professor Brown had also attended the NHS Scotland Board Chairs first meeting with the new Cabinet Secretary for Health and Social Care, Mr Humza Yousaf MSP, and his team. Ms Maree Todd MSP, the Minister for Public Health, Women's Health and Sport, and Mr Kevin Stewart MSP, Minister for Mental Wellbeing and Social Care. The Cabinet Secretary had also invited Ms Angela Constance MSP, Minister for Drugs Policy, to attend this session and she had spoken to the Board Chairs about her latest thinking on tackling the drugs problem in Scotland.</p> <p>Professor Brown reported that the Cabinet Secretary had described his priorities as steering the NHS out of the COVID-19 pandemic while being realistic about recovery and renewal, and taking care of the workforce. He advised that all of these ambitions were reflected in the NHSGGC Remobilisation Plan that would be discussed later in the agenda.</p> <p>Professor Brown had also attended a new group that had been set up by the NHS Scotland Board Chairs to consider how efforts to improve population health and reduce health inequalities could be supported. He advised that Mr John Matthews was leading on this for the Board and had been invited to join this group. Mr Ian Ritchie had also been invited to contribute given his lead responsibility for mental health issues at Board level. Professor Brown advised that the Board would be updated on how this progressed through the Public Health Committee.</p> <p>Professor Brown had also chaired the Glasgow Centre for Population Health Board Meeting. He also continued to work with colleagues on the NHS Scotland Corporate Governance Steering Group to further develop the NHS Scotland approach to Active Governance.</p>	

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	<p>Professor Brown continued to chair the NHS Scotland Global Citizenship Advisory Board and as part of this work had been discussing the possibility of launching a new charity to support this important work with a small group of experts in this field.</p> <p>Professor Brown advised that he and the Chief Executive had reinstated their regular meetings with MSPs and MPs now that the Scottish Parliament elections had taken place. He reported that the first two meetings had gone well and the main topic of discussion had been the NHSGGC response to the COVID-19 pandemic.</p> <p>Professor Brown and Mrs Grant had visited the new Greenock Health Centre and had been very impressed by the new building and the services it provide to the local population.</p> <p>Professor Brown and Mrs Grant had also accompanied the Cabinet Secretary on a visit to Glasgow Royal Infirmary to see the new Da Vinci robot that would help to improve surgical outcomes and reduce waiting times for patients.</p> <p>Professor Brown had also been invited to present the Quality Improvement Awards to teams from the Acute Division’s South Sector which had included the Dame Denise Coia Award for Quality Improvement in Patient Care.</p> <p>Professor Brown and Mrs Grant had met with Lord Brodie and David Shepard QC when the Public Inquiry Team visited the QEUH Campus on 23 June 2021. Professor Brown reported that the visit had gone well and Lord Brodie had been complimentary about the reception he had received and the people that he had met while touring the hospitals.</p> <p>Finally, Professor Brown advised that he had continued to work with Professor Michael Deighan and the participants in the Royal College of Physicians of Edinburgh (RCPE) Governance Fellowship. The third development session with the NHSGGC participants had taken place on 24 June 2021 and Professor Brown was pleased to report that the programme was going well and the improvement projects that had been referred to in the Active Governance paper discussed at the April Board were beginning to take shape.</p> <p><u>NOTED</u></p>		
51.	CHIEF EXECUTIVE’S REPORT		
	<p>Mrs Grant reported that she continued to be involved in a significant number of discussions, both locally and nationally,</p>		

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	<p>around the COVID-19 pandemic, particularly focusing on the balance between remobilisation and ensuring the NHS in Scotland was prepared for the potential of a third wave.</p> <p>Mrs Grant reported that the first meeting of the Advice, Assurance and Review (AARG) Group which had been set up by the Scottish Government to replace the Oversight Board Structure had taken place on 7 June 2021 chaired by Professor Amanda Croft, Chief Nurse, Scottish Government.</p> <p>Mrs Grant advised that she had also had a number of interactions with the new Ministers. This had also included a meeting with Ms Maree Todd MSP who had outlined her view on the next steps for the Best Start programme for neonatal and maternity care.</p> <p>Mrs Grant had also attended a joint NHS Board and Local Authority Chief Executives meeting. She reported that this had been a productive meeting and they had discussed innovation over the last year and how this could be continued and expanded on while ensuring a focus on reducing inequalities.</p> <p>As reported by the Professor Brown, Mrs Grant was pleased to report that Ms Christine Laverty had been appointed as the Interim Chief Officer of Renfrewshire HSCP. She advised that a new senior member in the Corporate Services team and a new Acute Director had been appointed as well as a Director of Access.</p> <p>Mrs Grant was pleased to report that notification had been received that the Board had been de-escalated from Level 4 to Level 2 on the NHS Scotland Performance Management Framework for performance issues which was a significant achievement, particularly given the COVID-19 pandemic. Mrs Grant advised that NHSGGC remained at Level 4 in terms of infection control.</p> <p>Professor Brown thanked Mrs Grant for the update and welcomed the de-escalation which reflected the hard work and commitment of Mrs Grant and the rest of the team.</p> <p><u>NOTED</u></p>		
52.	PATIENT STORY		
	<p>Dr Margaret McGuire, Nurse Director, presented the patient story which was particularly relevant as it followed the COVID-</p>		

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	<p>19 vaccination journey of a young person with learning disabilities and complex health needs.</p> <p>Dr McGuire said that this story reflected how the special arrangements and extra support that had been made possible by liaison between staff and services had ensured this had been a positive experience for the young person and his family.</p> <p>Professor Brown thanked Dr McGuire for the presentation and said this had been a great opportunity for NHSGGC to act as a learning organisation and was an excellent example of patient centred care.</p> <p>Professor Brown advised that the patient story for a future Board Meeting would reflect the discussions that had taken place previously about the NHSGGC response to equalities and human rights and the importance of hearing about the experiences of other communities, such as LGBTQ+ and BAME.</p> <p>NOTED</p>		Dr McGuire
53.	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. 21/27] presented by Mrs Jane Grant, Chief Executive.</p> <p>As noted during the Chief Executive update, Mrs Grant advised that the first meeting of the AARG had taken place on 7 June 2021. Mrs Grant advised that this first meeting had been positive and the Action Plans relating to the QEUH and RHC had been well received as had the progress that had been made to date. She advised that around a third of the recommendations had been completed and the remainder were in progress. A full briefing on the recommendations and actions had been provided to the Finance, Planning and Performance Committee at its meeting on 15 June 2021. Mrs Grant advised that the Terms of Reference for the AARG had been approved and further meetings were being arranged for August and September 2021. Mrs Grant reassured the Board that collaborative work with the Scottish Government also continued outwith the AARG meeting.</p>		

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	<p>In terms of the Public Inquiry, Mrs Grant advised that Lord Brodie had has team had visited the QEUH and RHC on 23 June 2021. Mrs Grant advised that the first substantive hearings would commence in September 2021 and would focus on understanding the experiences of affected patients and their families. Work was also ongoing to respond to the information request received in February 2021.</p> <p>Mrs Grant advised that the completion date for Ward 2A/2B at the RHC had still to be confirmed but this was expected to be the end of August and thereafter a date for the wards reopening would be agreed.</p> <p>Mrs Grant advised that feedback on the legal claim was expected in early July.</p> <p>Mrs Grant also advised that the dialogue on the HSE Improvement Notice was ongoing.</p> <p>Mrs Grant reported to the Board that there was an emerging issue in relation to internal wall panels at the QEUH and Mr Tom Steele, Director of Estates and Facilities, was invited to provide further detail on this.</p> <p>Mr Steele reported that work had been ongoing with Multiplex over the last few months regarding internal wall panels and it had been decided that the best remedial option was to remove these. Mr Steele advised that as well as going through due diligence with building standards there had been close contact with the fire and rescue service who had confirmed they were satisfied with the measures undertaken so far and the remedial proposals. Mr Steele advised that there was a considerable cost associated with this but at the moment it was expected this would be met by Multiplex.</p> <p>In response to a question about the legal claim for the cold water system, Mr Steele clarified that this was a separate claim that had been formally lodged in court but would be heard at same time at the end of July.</p> <p>Professor Brown thanked Mr Steele for the update and confirmed that the recent Finance, Planning and Performance Committee had received a detailed update on these issues.</p> <p>In response to a query about Ward 2A/2B, Mr Steele confirmed that there would be a significant amount of post-handover work undertaken before the wards would re-open, including independent tests and validation. Dr McGuire said that it was appreciated that there would be considerable anxiety and sensitivity around the reopening and she</p>	

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	<p>confirmed that there would be communication with patients, families and staff to provide reassurance in advance of the wards opening.</p> <p>Mr Steele confirmed that the ongoing programme of remedial work at the QEUH and RHC was already underway and NHSGGC was currently looking to appoint a long-term construction partner. He reassured the Board that there was no impediment to starting the process and the remedial work was not dependent on the outcome of the legal activity.</p> <p>The Board were content to note the update.</p> <p>NOTED</p>		
54.	COVID-19 UPDATE		
	<p>The Board considered the paper ‘COVID-19 Update’ [Paper No. 21/28] presented by Professor Linda de Caestecker, Director of Public Health.</p> <p>Professor de Caestecker provided an overview of the current position in respect of the NHSGGC response to the COVID-19 pandemic. She reported that the number of cases had been increasing since the start of May and that all Local Authorities in NHSGGC were over 300 cases per 100,000 currently with the highest number of recent cases being seen in the 18-24 age group.</p> <p>Professor de Caestecker advised that the effect on the workforce had increased which was mainly due to staff having to self-isolate. There had also been an increase in the number of hospital admissions but this was not to the same level as had been seen previously. There were currently no significant concerns in relation to Care Homes.</p> <p>Professor de Caestecker advised that the rising number of cases had led to a corresponding increase in the demand on the test and protect service. New contact tracing staff were being recruited and some contact tracing processes had been changed in line with national processes.</p> <p>Professor de Caestecker advised that the vaccination programme was continuing at pace and NHSGGC was on track to complete all first doses in July and second doses by the middle of September.</p> <p>Professor de Caestecker was asked about the two different definitions used to measure the number of COVID-19 cases in</p>		

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	<p>hospital and whether the reporting of the <28 day definition could cause complacency among the population as this was a much smaller number. Professor de Caestecker explained that the <28 day definition was more important in terms of epidemiology and testing which is why it was widely used to report the number of cases. She also reported that patients were less unwell and in hospital for less time than had been seen previously. It was noted that the higher figure included the whole NHSGGC area and not just Acute beds.</p> <p>The Board was advised that Professor Iain McInnes had been the Chief Investigating Officer for the UK on the OCTAVE trial which was looking at the impact of the COVID-19 vaccination on vulnerable groups and the results of that study would begin to be reported within the next few weeks.</p> <p>Professor de Caestecker was asked about booster vaccinations. She advised that confirmation and guidance was awaited from the JCVI but planning for the flu vaccination programme and COVID-19 boosters was underway on the assumption that there would be similar priority groups as before.</p> <p>In response to a query about long-COVID, Professor de Caestecker advised that work was underway both nationally and locally on long-COVID and how this would be best assessed and managed. She advised that she would provide a further update on this in August.</p> <p>Professor de Caestecker was asked if there were issues with delays in the reporting of COVID-19 test results and whether this posed any risk to NHSGGC. She provided reassurance that any backlog in reporting had related to dataflow and not the analysis of tests and that NHSGGC was not only reliant on one laboratory.</p> <p>Professor de Caestecker responded to a query about capacity after the Hydro closed as a vaccination centre in mid-July. She advised that additional capacity would be put into community clinics and opening times and space could be expanded as required.</p> <p>In response to a query about the change from 12 weeks to 8 weeks for second vaccinations, Professor de Caestecker advised that there had been a recent issue when the national system had sent out appointment letters early in error but that had been resolved quickly. She confirmed that appointments could be changed via the online portal.</p> <p>In response to a query about self-isolation, Professor de Caestecker said that the guidelines on this were being</p>	<p>Prof de Caestecker</p>

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	<p>followed but discussions were taking place nationally on whether this would continue or if this would move to daily testing. Mr Jonathan Best, Chief Operating Officer, said that while there had been a slight increase in the number of staff who were self-isolating this had not had an impact on services and he provided assurance that staffing was closely monitored every day.</p> <p>The Board were content to note the COVID-19 update</p> <p><u>NOTED</u></p>	
55.	NHSGGC PERFORMANCE UPDATE	
	<p>The Board considered the paper ‘NHSGGC Performance Update’ [Paper No. 21/29] presented by Mr Mark White, Director of Finance.</p> <p>Mr White advised that the report outlined the performance against the Key Performance Indicators (KPIs) outlined in the Remobilisation Plan 3 between 1 April 2021 to 31 May 2021. Mr White advised that the suite of measures had been split into actual targets and key metrics</p> <p>He reported that in terms of performance against the KPIs, there were 7 green, 3 red and one not applicable. He assured the Board that the Finance, Planning and Performance Committee had gone through the KPIs in detail at its recent meeting.</p> <p>Professor Brown thanked Mr White for the update and said that to have achieved seven green out of eleven performance measures in the current situation was a significant achievement and he commended everyone involved.</p> <p>In response to a query about Delayed Discharges and Adults with Incapacity (AWI) numbers, Dr McGuire said that although the court processes had recommenced, this was still a slow process and there were also a number of other factors that also impacted on Delayed Discharges. She advised that work with HSCPs and others on reducing Delayed Discharges was continuing with important work planned over the next few months.</p> <p>There was a question on whether the number of A&E and attendances and emergency admissions were linked to pressure in other parts of the system. Mr Best advised that the A&E attendances were from a variety of sources. With regards to emergency admission, Mr Best said that there</p>	

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	<p>would always be a percentage of patients admitted after presenting at Emergency Departments (EDs) and as the EDs were returning to pre-COVID levels of attendance the number of admissions had increased.</p> <p>Ms Susanne Millar, Chief Officer Glasgow City HSCP, was invited to respond to concerns about waiting times for CAMHS and Psychological Therapies. Ms Millar said she shared the Board's concerns at the current performance and advised that there had been an increase in the number referrals and a higher acuity of patients. She provided assurance that work was ongoing to reduce waiting times while ensuring patients on the list were supported and offered quick access to urgent care if their condition changed.</p> <p>The Board noted that there had been significant improvement in GP Out of Hours (OOH) activity and considerable work had been undertaken to stabilise the workforce and increase the cohort of GPs in the service. Professor Brown asked for the Board's appreciation for this to be passed on to the GP OOH service.</p> <p>Dr McGuire was asked to respond to a query about staff turnover in mental health services. In terms of nursing, she advised that the demographics demonstrated a high proportion of nurses in the 50 plus age range, many of whom were likely to retire in the near future. She advised that work was underway to encourage these staff to remain in the service or return to work on a part time basis. She also advised that some of the high turnover had been as a result of staff development, enabling nurses to move to specialist and promoted posts. As well as recruitment of newly qualified nurses work was underway on retention and recruitment to ensure that vacancies could be filled in a timely manner</p> <p>Ms Millar also provided reassurance that the Mental Health Programme Board had a workforce workstream which looked at these issues. The recruitment of Consultant staff was also a national issue.</p> <p>Mrs MacPherson agreed and advised that there had been some success in recent recruitment campaigns and work was underway with Chief Officers and Human Resources colleagues in HSCPs looking at career pathways and creating opportunities while retaining staff.</p> <p>In response to a query about support in the community for mental health, Professor Brown suggested that it was important to look at the role of local groups in supporting mental health and NHS Boards across Scotland were looking</p>	

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	<p>at new ways of working with partners in the third sector as they came out of the COVID-19 pandemic.</p> <p>In response to a query about the average length of stay for emergency admissions compared to the target, Mr Best advised that this had not been a typical 18 months in terms of the type and acuity of patients admitted to hospital, but this as was now returning to pre-COVID levels the average length of stay had been reducing. Mrs Grant agreed and said that this might be fluid for the next few months depending on the impact of COVID-19 and the target could be revisited for the next Remobilisation Plan.</p> <p>NOTED</p>		
56.	THE HEALTHCARE ASSOCIATED INFECTION REPORT		
	<p>The Board considered the paper ‘Healthcare Associated Infection Report’ [Paper No. 21/30 presented by Professor Angela Wallace, Executive Director of Infection Prevention and Control.</p> <p>Professor Wallace provided an overview of the key elements of the report. She advised that the format of the Board report had changed and this was now a summary report and the full Healthcare Associated Infection Reporting Template (HAIRT) that was submitted to the Scottish Government had been considered in detail at the Clinical and Care Governance Committee at its meeting on 8 June 2021.</p> <p>Professor Wallace advised that this was a positive and stable report in relation to Infection Control during March and April 2021. She advised that NHSGGC’s performance against the key infection control AOP targets remained within accepted ranges.</p> <p>Professor Wallace advised that there was significant progress on the Infection Control whole system Improvement Network and that staff had responded well to the challenges of improving the system across NHSGGC. This work is designed to further improve performance against the Infection Control standards.</p> <p>She added that the dedicated actions in the QEUH and RHC Action Plans relating to Infection Control were all on track. She highlighted that two areas, ie, the IMT process review and the infection control processes benchmarking work were also</p>		

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	<p>on track and more information on this would be provided in the August update.</p> <p>Professor Brown thanked Professor Wallace for the update. He welcomed the positive report and assurance that the current system was recording infection rates within acceptable levels and he was keen that the public were aware that hospitals across NHSGGC were safe.</p> <p>In response to a query about why NHSGGC was still at Level 4 on the performance escalation framework given the positive reports, Professor Wallace said that she continued to provide information and evidence of the positive work that was ongoing in NHSGGC and was working closely with the Scottish Government to ensure that this information was shared as part of the Scottish Governments Assurance Advice and Review group (AARG) aspects was balanced and impactful.</p> <p>The Board were content to note the Healthcare Associated Infection Report.</p> <p>Professor Brown thanked Professor Wallace for her insight and her assurance that the progress made would be reported back to the AARG, who in turn would consider the Board’s position in relation to the NHS Scotland Performance Management Framework.</p> <p><u>NOTED</u></p>		
57.	NHSGGC FINANCE UPDATE		
	<p>The Board considered the paper ‘NHSGGC Finance Update’ [Paper No. 21/31] presented by Mr Mark White, Director of Finance.</p> <p>This paper provided the Board with the month 12 financial position and Mr White said that the key message was that NHSGGC had achieved its three financial targets, ending the year with a small revenue surplus of £0.5 million. However, this financial balance had been underpinned by the additional funding received for COVID-19. This would now be subject to the external audit process and was therefore subject to change.</p> <p>Mr White advised that there had, however, been an increase in the underlying recurring deficit and reducing this would be a key priority for this financial year.</p>		

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	<p>In response to a query about the Financial Improvement Programme (FIP) given the continued uncertainty around COVID-19, Mr White agreed that this would be challenging but advised that the FIP Performance Management Board had been established and the Executive Directors were looking at ways to make efficiency savings.</p> <p>In response to a query around prescribing budgets, Dr Jennifer Armstrong, Medical Director, advised that there were pharmacists in primary care teams providing advice to patients and GPs as it was incumbent on all NHS Boards to ensure best value for money. She advised that considerable savings were made each year by prescribing generic drugs and this was routine for all NHS Boards.</p> <p>In response to a query about the difficulties in engaging staff in discussions around financial savings in the current climate, Mrs Grant agreed that staff have worked extremely hard over the last 18 months and it would be difficult to focus on financial savings. However, she stressed that this work was important and engagement with clinical teams would be key to building on the collaborative work that had been undertaken over the last 18 months.</p> <p>Professor Brown thanked Mr White for the update and the Board was content to note:</p> <ul style="list-style-type: none"> - the revenue position at Month 12, the projection to the year-end and the initial financial settlement position. - the capital position at Month 12. - the initial outlook into 2021/22. <p><u>NOTED</u></p>		
58.	REMOBILISATION PLAN (RMP3)		
	<p>The Board considered the paper ‘Remobilisation Plan (RMP3)’ [Paper No. 21/32] presented by Dr Jennifer Armstrong, Medical Director.</p> <p>Dr Armstrong also provided a presentation to the Board describing the key commitments and priorities in the RMP3. She said that the RMP3 aimed to set out a realistic way forward in dealing with the COVID-19 and remobilisation while not losing sight of the longer-term aims of Moving Forward Together (MFT).</p> <p>Professor Brown thanked Dr Armstrong and said the RMP3 was an impressive piece of work. He said the key message</p>		

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	<p>was that remobilisation had started and would be ongoing for some time, innovation and best practices had been identified and none of this would be possible without the support of the staff.</p> <p>In response to a query around social prescribing and the concern about over-prescribing in mental health, Dr Armstrong said there had been discussions at the Area Clinical Forum on ensuring people were signposted to where they can get help and providing reassurance that anxiety concerning the pandemic was normal in some instances and may require signposting to support services to help people cope. Ms Millar agreed and said that there was a significant piece of work being led by the HSCPs to maximise independence and support people earlier in their mental health journey. She also advised that the Mental Health Strategy had clear objectives about mental health support in primary care and working with people in their local community</p> <p>In response to a query regarding the recording of ethnicity by services, Mr William Edwards, Director of eHealth, advised that the Scottish Government had written to NHS Boards asking that this was recorded as part of a national dataset, however, he provided assurance that the right to refuse to disclose this information was paramount.</p> <p>There was a query about how long it would take to recover and whether MFT would be refined as new ways of working post COVID-19 were identified. Dr Armstrong said COVID-19 continued to have an impact on capacity planning and service delivery across the UK and recovery would take time. She advised that MFT had been looked at as part of this process.</p> <p>Dr Armstrong said that the RMP3 was a complex piece of planning that set out the key priorities for COVID-19 and remobilisation over the next year. Work was also underway to look at what changes that had been made over the last 18 months should be retained and built on and in addition to surveying clinicians, patients had been asked their views on changes in services such as GPOOH and this had elicited a positive response.</p> <p>Professor Brown said the recovery and reform approach outlined in the paper gave the Board assurance and patient and staff engagement was key to taking this forward. He noted that operational capacity plans were being developed to support RMP3 and he said that the new MFT Advisory Group would be considering how COVID-19 impacted on the MFT.</p>	

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	<p>Ms Dorothy McErlean, Employee Director, said that it was important that staff were involved in the changes and listened to, while taking cognisance of what they've been through over the past 18 months. Professor Brown agreed and said that it would be important to be assured of partnership working in developing and delivering the detail of the plan.</p> <p>There was also discussion around equality and ensuring this would be integrated within the Strategic Plans. Mrs MacPherson said that there was an active workforce group and staff network. Professor Brown said the LGBTQ+ survey was a good starting point to build on. He said it was important to see staff as service users as well as staff members.</p> <p>In response to a query about ensuring integration across the system and the importance of patients and staff being aware of services available, Ms Sandra Bustillo, Director of Communications and Public Engagement, advised that there were regular meetings with the Local Authority and HSCP Communications Teams and that they used each other's networks for messaging across the system. This would augment the promotion of services and ensure cross-system understanding of what is available.</p> <p>In response to concerns about whether the shift to digital platforms had meant barriers for some people in terms of Public Involvement and Public Engagement, Ms Bustillo advised that the Communications and Engagement Team was working to ensure a blend of online, in person and telephone contact while physical engagement was restricted. Within some service elements there was also dialogue with clinical teams and patients about changes to service.</p> <p>Professor Brown thanked Dr Armstrong and everyone involved in pulling together this comprehensive plan.</p> <p>The Board was content to approve the RMP3.</p> <p>APPROVED</p>		
59.	IMPLEMENTING THE ACTIVE GOVERNANCE APPROACH		
	<p>The Board considered the paper 'Implementing the Active Governance Approach' [Paper No. 21/33] presented by Ms Elaine Vanhegan, Head of Corporate Governance and Administration.</p>		

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	<p>Ms Vanhegan advised that this paper provided an update on Phase 1 of the approach being taken to implement active governance in NHSGGC. She confirmed that all Phase 1 actions had been delivered and good progress continued to be made across all other phases of the Active Governance programme.</p> <p>In response to a query about the role of the Board Champions, Professor Brown clarified that these were not operational roles and the key responsibilities were set out in the paper. He confirmed that it had been agreed that there were currently two Diversity Champions, one focused on BAME and one focused on Disability. He stressed that diversity was everyone’s responsibility and all Board Members had a role in ensuring that was understood and embedded across NHSGGC.</p> <p>In response to a query around the organisation’s capacity and capability in terms of risk management, Mr White said that in addition to the expert input from Azets, it was important to remember that there was also an internal risk resource. Further discussion on risk would take place at the development session on 27 July 2021.</p> <p>The Board were assured as to the position with the Active Governance programme and would receive an update on Phase 2 at the meeting on 17 August 2021.</p> <p>The allocation of Board Members to Standing Committees and IJBs as set out in Appendix B was approved subject to the following amendments:</p> <ul style="list-style-type: none"> - Mr Alan Cowan was now Chair of Inverclyde IJB. - Ms Margaret Kerr would become Chair of the Audit and risk Committee and join the Finance, Planning and Performance committee when Mr Allan MacLeod demitted from his role at the end of July. <p>The Board noted the Annual Cycle of Business set out in Appendix C of the paper. The Board approved the Terms of Reference for the Standing Committee Chairs network and the Integration Joint Boards Leads Network set out in Appendices D and E. The Board noted that Ms Jennifer Haynes had taken on the role of Board Secretary and the key aspects of that role were set out in Appendix F of the paper.</p> <p><u>APPROVED</u></p>	<p style="text-align: center;">Ms Vanhegan</p> <p style="text-align: center;">Ms Vanhegan</p>

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60.	MINUTES OF BOARD GOVERNANCE COMMITTEE MEETINGS		
a)	Finance, Planning and Performance Committee		
	The Board were content to note the Chairs Report of the Finance, Planning and Performance Committee held on 15 June 2021 [Paper No. 21/34]. <u>NOTED</u>		
b)	Audit and Risk Committee		
	The Board were content to note the Chairs Report of the Audit and Risk Committee held on 22 June 2021 [Paper No. 21/35]. <u>NOTED</u>		
c)	Clinical and Care Governance Committee		
	The Board were content to note the Chairs Report of the Clinical and Care Governance Committee held on 8 June 2021 [Paper No. 21/36]. <u>NOTED</u>		
d)	Staff Governance Committee		
	i) <u>Minute of the meeting held on 15 April 2021</u> The Board were content to note the minute of the Staff Governance Committee held on 15 April 2021 [SGC(M) 21/02]. <u>NOTED</u>		
	ii) <u>Chair's report of the meeting held on 11 May 2021</u> The Board were content to note the Chair's Report of the Staff Governance Committee held on 11 April 2021 [Paper No. 21/37]. <u>NOTED</u>		
e)	Area Clinical Forum		
	i) <u>Minute of the meeting held on 8 April 2021</u>		

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	<p>The Board were content to note the minute of the Area Clinical Forum held on 8 April 2021 [ACF(M)21/02].</p> <p><u>NOTED</u></p>		
	<p>ii) <u>Chair's report of the meeting held on 10 June 2021</u></p> <p>The Board were content to note the Chair's report of the Area Clinical Forum held on 10 June 2021 [Paper No. 21/38].</p> <p><u>NOTED</u></p>		
61.	ANY OTHER BUSINESS		
	<p>Professor Brown closed the business of the meeting and asked the Board to record and reflect on losing two key Board Members, Mr Allan MacLeod and Ms Audrey Thompson.</p> <p>Professor Brown advised that Ms Thomson had joined the Board in July 2017 and had made a significant impact on the work of the Area Clinical Forum and was an active and valued contributor to the Acute Services Committee and the Clinical and Care Governance Committee, as well as a great success in her day job.</p> <p>Professor Brown advised that Mr Allan MacLeod had joined the Board in 2015 and had brought with him a wealth of experience of problem solving as well as an inclusive and collaborative style to supporting the Board and its Committees. He was grateful for MacLeod's perspective and advice from his background as a Finance Director</p> <p>On behalf of the Board, Professor Brown thanked Ms Thomson and Mr MacLeod for their hard work and support and wished them well for the future.</p> <p>Professor Brown advised that an extra Board meeting was being arranged for September to approve the Annual Accounts and formal notification of this would be sent shortly.</p> <p>There were no other items of business raised.</p> <p>Professor Brown closed the meeting by thanking the Board Members for a comprehensive discussion. He also offered his thanks to the Executive Team for producing the suite of Board papers and for all the support they provided to the Board.</p>		Ms Vanhegan

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62.	DATE AND TIME OF NEXT SCHEDULED MEETING		
	Tuesday 17 August 2021 at 9:30 am via MS Teams		