

NHSGGC(M) 21/05  
Minutes 63 - 79

**NHS GREATER GLASGOW AND CLYDE**

**Minutes of the Meeting of the  
NHS Greater Glasgow and Clyde Board  
held on Tuesday 17 August 2021 at 9.30 am  
via Microsoft Teams**

**PRESENT**

Professor John Brown CBE (in the Chair)

Dr Jennifer Armstrong	Ms Ketki Miles
Cllr Caroline Bamforth	Ms Dorothy McErlean
Ms Susan Brimelow OBE	Ms Anne-Marie Monaghan
Mr Simon Carr	Cllr Iain Nicolson
Cllr Jim Clocherty	Mr Ian Ritchie
Mr Alan Cowan	Dr Lesley Rousselet
Professor Linda de Caestecker	Dr Paul Ryan
Mrs Jane Grant	Mr Francis Shennan
Cllr Mhairi Hunter	Ms Paula Speirs
Mrs Margaret Kerr	Ms Rona Sweeney
Ms Amina Khan	Ms Flavia Tudoreanu
Rev John Matthews OBE	Mr Charles Vincent
Dr Margaret McGuire	Ms Michelle Wailes
Cllr Sheila Mechan	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 Gillian Duncan	..	Secretariat
Dr Emila Crighton	..	Deputy Director of Public Health
Ms Beth Culshaw	..	Chief Officer, West Dunbartonshire HSCP
Ms Lorna Kelly	..	Interim Director of Primary Care
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 (Minutes)
Ms Susanne Millar	..	Chief Officer, Glasgow City HSCP
Mr Iain Paterson	..	Corporate Services Manager
Ms Caroline Sinclair	..	Interim Chief Officer, East Dunbartonshire HSCP
Ms Elaine Vanhegan	..	Head of Corporate Governance and Administration
Professor Angela Wallace	..	Interim Executive Director of Infection Prevention and Control

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		<b>ACTION BY</b>
<b>63.</b>	<b>WELCOME AND APOLOGIES</b>	
	<p>Professor John Brown, Chair, welcomed those present to the August 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 Boardroom of JB Russell House. Members were reminded to observe appropriate etiquette, and presenters were asked to provide short presentations to highlight key points.</p> <p>Professor Brown extended a warm welcome to the new Board member, Dr Lesley Rousselet. Dr Rousselet has been appointed as the new Chair of the Area Clinical Forum and has been appointed to the NHSGGC Board as a stakeholder member.</p> <p>Professor Brown welcomed members of the public who had joined the Board meeting as observers.</p> <p>Board member apologies were intimated on behalf of Ms Jacqueline Forbes, Cllr Jonathan McColl, and Professor Iain McInnes.</p> <p>Officer apologies were intimated on behalf of Mr Tom Steele, Ms Julie Murray, and Mr William Edwards.</p> <p>Professor Brown provided a brief overview of the items to be considered at today's meeting. He noted that there were three late papers, those being:-</p> <ul style="list-style-type: none"> <li>• Item 10 – Paper 21/42 – NHSGGC Integrated Performance Report</li> <li>• Item 11 – Paper 21/43 – NHSGGC Revenue and Capital Report</li> <li>• Item 16bi – Paper 21/50 – Chairs Report of the Finance, Planning and Performance Committee meeting of 10<sup>th</sup> August 2021</li> </ul> <p>Professor Brown asked Board members to confirm if they had any objections to accepting the late papers for consideration at today's meeting. Members were content to accept the late papers for consideration.</p> <p><b><u>NOTED</u></b></p>	

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<b>64.</b>	<b>DECLARATIONS OF INTEREST</b>		
	<p>Professor Brown invited members to declare any interests in any of the items being discussed.</p> <p>A declaration of interest was made by Ms Paula Speirs, in respect of her post as Director of Strategy, Planning and Performance, NHS24. The Board were content to note the declaration.</p> <p><b><u>NOTED</u></b></p>		
<b>65.</b>	<b>MINUTES OF PREVIOUS MEETING</b>		
	<p>The Board considered the minute of the NHS Greater Glasgow and Clyde Board Meeting held on Tuesday 29<sup>th</sup> June 2021 [Paper No. NHSGGC(M)21/04]. On the motion of Mr Ian Ritchie, seconded by Mr John Matthews OBE, the minute of the meeting was approved and accepted as an accurate record, subject to the following amendments:</p> <p><u>Item 46 – Welcome and Apologies – Page 2, paragraph 3</u> Ms Rona Sweeney had submitted apologies for the meeting.</p> <p><b><u>APPROVED</u></b></p>		
<b>66.</b>	<b>MATTERS ARISING</b>		
<b>a)</b>	<b><u>ROLLING ACTION LIST</u></b>		
	<p>The Board considered the Rolling Action List [Paper No. 21/39].</p> <p>The Board agreed to the closure of five actions from the Rolling Action List.</p> <p>In addition, the following matters were discussed:</p> <p><u>NHSGGC Board Meeting of 29<sup>th</sup> June 2021 [Paper No. NHSGGC(M)21/04] – Minute 53, Queen Elizabeth University Hospital and Royal Hospital for Children Update, Page 9, Paragraph 5 &amp; 6</u></p> <p>It was noted that Mr Steele had provided further information with regards to the internal wall panels and a further update on this was requested. As Mr Steele was unable to attend the meeting, Mrs Grant provided an overview of the current position. She advised that a significant amount of work was ongoing with Multiplex to address this, and whilst it was anticipated that the</p>		

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	<p>outcome would likely be that the panels were removed, further discussion and work was required to review all of the options and develop a proposal for action. It was agreed that an update on this would be presented to Finance, Planning and Performance Committee meeting on 12<sup>th</sup> October 2021, with an update to the full Board at its meeting on 26<sup>th</sup> October 2021. In addition, further discussion on this topic would take place at the Board Seminar Session scheduled for 15<sup>th</sup> September 2021.</p> <p>A question was raised regarding the risks associated with this, and if this was captured on the Corporate Risk Register. Mr White confirmed that the Queen Elizabeth University Hospital (QEUH) and Royal Hospital for Children (RHC) ongoing works and maintenance were included on the Corporate Risk Register. In respect of this specific piece of work, he noted that, once the discussions with Multiplex had concluded and a course of action agreed, this would be updated on the Risk Register accordingly. He assured members that QEUH/RHC works were scrutinised in detail by both the Corporate Management Team and the Finance, Planning and Performance Committee.</p> <p><b>NOTED</b></p>	Mr Steele
<b>67.</b>	<b>CHAIR'S REPORT</b>	
	<p>Professor 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 Acute Services Committee; Remuneration Committee; Staff Governance Committee; and the Finance, Planning and Performance Committee. Professor Brown also met with Standing Committee Chairs and chaired the first meeting of the Moving Forward Together Advisory Board.</p> <p>Professor Brown also attended the Integration Joint Board (IJB) Chairs and Vice Chairs Network event, where he provided the group with an update on the NHS Scotland approach to Active Governance.</p> <p>He went on to note that he had chaired meetings of the NHS Scotland Corporate Governance Steering Group and the Global Citizenship Advisory Board.</p> <p>Additionally, two meetings with local MSPs and MPs had taken place, where, in addition to the usual update on the response to the COVID-19 pandemic, the Chief Executive and the Executive</p>	

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	<p>Directors provided the elected representatives with some insight into plans for remobilisation, recovery and reform.</p> <p>Professor Brown was very impressed by a recent visit to the Lighthouse Laboratory on the QEUH campus and noted how Professor Dame Anna Dominiczak and her team had converted a large part of the Teaching and Learning Centre into a state of the art laboratory.</p> <p><b><u>NOTED</u></b></p>	
<b>68.</b>	<b>CHIEF EXECUTIVE’S REPORT</b>	
	<p>Mrs Jane Grant, Chief Executive, provided an overview of activities since the last Board Meeting. She noted that, in addition to the meetings highlighted by the Chair, she had also met with the Cabinet Secretary and discussed the response to the COVID-19 pandemic; the COVID-19 Vaccination Programme; and the COVID-19 Test and Protect Service.</p> <p>She highlighted that significant work was underway in respect of Remobilisation Plan 4 (RMP4), as well as the ongoing work at QEUH/RHC. The first meeting of the Advice Assurance and Review Group (AARG) had taken place, and the second meeting of the Group had been scheduled to take place on 11<sup>th</sup> August 2021, however this had been postponed at the request of the Scottish Government.</p> <p>Mrs Grant went on to note progression of work in respect of internal performance reporting, following the recent Board Seminar Session, with key actions being considered. She assured members that work with the standing committee Chairs would be undertaken in preparation for the next cycle of standing committee meetings.</p> <p>Mrs Grant highlighted a recent visit by the Minister of the Cabinet Office, the Rt Hon Michael Gove MP, to the University of Glasgow. The visit was led by Professor Iain McInnes.</p> <p>Mrs Grant was pleased to note the appointment of an Interim Chief Officer, Inverclyde HSCP. Mr Allan Stevenson would assume the role, once formally appointed to the interim position by the Inverclyde IJB.</p> <p>Professor Brown thanked Mrs Grant for the update, and invited comments and questions from members, on any of the matters</p>	

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	<p>raised by the Chief Executive Report and the Chairs Report. There were no questions or comments raised.</p> <p><b><u>NOTED</u></b></p>		
<b>69.</b>	<b>PATIENT STORY</b>		
	<p>Dr Margaret McGuire, Nurse Director, introduced the Patient Story, which featured a video of Dr Lara Mitchell, Consultant, Department for Medicine for the Elderly, South Sector. Dr Mitchell described how the Frailty Team at QEUH, engaged with people who use the service to identify improvements to their care experience whilst in the Acute Receiving Unit – Area 4.</p> <p>Professor Brown thanked Dr McGuire for the presentation. He noted thanks on behalf of the Board to Dr Mitchell and the Frailty Team for the efforts to engage with people who use the service and identify ways to improve patient care experience. He invited comments and questions from members.</p> <p>It was acknowledged that the work described was focused on the Acute experience of patients, however a question was raised about the efforts being made to improve the care experience throughout the whole care pathway. Dr McGuire confirmed that, whilst this piece of work was specifically focused on the Acute care experience, she described the wide range of other initiatives that were underway in respect of the other elements of the pathway including care homes and community services.</p> <p><b><u>NOTED</u></b></p>		
<b>70.</b>	<b>COVID-19 UPDATE</b>		
	<p>The Board considered the paper ‘COVID-19 Update’ [Paper No. 21/40] presented by the Director of Public Health, Professor Linda de Caestecker. The paper provided an update on the overall position in respect of the NHSGGC response to managing COVID-19.</p> <p>Professor de Caestecker provided an overview of the key elements of the report including the current COVID-19 activity within hospitals; Acute and HSCP updates; Care Homes; the Test and Protect Service; and the Vaccination Programme.</p> <p>She noted that whilst infection rates were stabilising, these were higher than had been experienced in any of the previous waves, however this had not transferred to the same levels of severity of</p>		

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	<p>illness and mortality, and it was likely that this was due to the success of the Vaccination Programme and uptake. As of today, there were eight patients currently in Intensive Treatment Units (ITU) under 28 days, and 97 patients in hospital overall under 28 days.</p> <p>Whilst social distancing restrictions had been relaxed, 2 metre distancing in hospital remained in place. Self-isolation guidance had also changed, however there remained a significant workload for the Test and Protect Service, along with the Community Assessment Centres (CACs). Outbreaks in Care Homes had remained low, with a very small number of outbreaks, mainly associated with infections amongst staff.</p> <p>Professor de Caestecker went on to provide an overview of the Vaccination Programme, and highlighted the range of activities including drop-ins and a mobile bus, to increase vaccination uptake.</p> <p>More data was being obtained in respect of the impact of long COVID-19, and a research programme with the University of Glasgow was underway to consider the incidence and prevalence rates. Dr Emilia Crighton, Deputy Director of Public Health, went on to highlight the current statistics in respect of long COVID-19 prevalence; those most likely to be affected; and the most common symptoms displayed.</p> <p>Professor Brown thanked Professor de Caestecker and Dr Crighton for the update, and invited comments and questions from members.</p> <p>In response to a question regarding the Test and Protect Service, and if the Service had been augmented or adjusted during the response during the pandemic, to reflect fluctuations in the volume of workload or to improve efficiency, Professor de Caestecker described the changes made to the service to respond flexibly to the fluctuations in volume, which were done in collaboration with the national team. She noted the use of an automated system to handle contacts during periods of high volume.</p> <p>A question was raised regarding the proportion of staff within the Test and Protect Service that represent those who have been diverted to the Service from their substantive role and those who have been recruited specifically for that role. Professor de Caestecker noted that this had changed over time. At the inception of the service, most staff were those who had been reallocated from other roles, however now the majority of the staff</p>	

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	<p>within the service were those who had been recruited specifically for that role. There remained some Health Improvement staff within the service, however plans were in place to reallocate these staff to their substantive posts in the coming weeks.</p> <p>In response to a question about the number of patients being treated for COVID-19 symptoms, versus the number of patient who had been admitted for other reasons but tested positive for COVID-19, Professor de Caestecker agreed to include this information in the next version of the report to be presented to the Board in October.</p> <p>A question was raised regarding the changes to restrictions for staff members in respect of COVID-19, and the option to “volunteer” to attend work and if this was likely to put increased pressure on staff. Professor de Caestecker noted that, prior to 9<sup>th</sup> August 2021, there was provision to allow staff to attend work, where services were particularly stretched, however this provision was not used in NHSGGC. Furthermore, Mrs MacPherson, Director of Human Resources and Organisational Development, assured members that this would involve a discussion with staff on an individual basis, to review the circumstances and the risks, to reach a mutual agreement, therefore it was suggested that perhaps “volunteer” was not the correct phrase to describe this. She highlighted the use of an internal checklist to ensure risk assessments were carried out, and that Lateral Flow testing was undertaken for 10 days. This was considered through Gold Command and Local Command to ensure appropriate steps taken on a case by case basis.</p> <p>In response to a question about plans in place to address the potential increase in cases, due to schools and universities returning, Professor de Caestecker advised that a significant amount of planning had been undertaken on a national basis. She highlighted the recent change in respect of guidance when infections were identified and noted that a nationally agreed letter had been drafted and this had been sent to all parents of school age children. Additionally, extensive work had taken place with universities, in order to prevent school children and university students from missing vital education due to COVID-19.</p> <p>A question was raised regarding the number of wards currently closed due to COVID-19. Mr Best, Chief Operating Officer, confirmed that there were currently 3 wards closed to admissions due to COVID-19, which was low compared to 22 wards closed during the peak of COVID-19. He assured members that point of care testing at front doors to hospitals was in place.</p>	<p style="text-align: center;">Prof de Caestecker</p>

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	<p>In response to a question regarding the levels of absence within the Acute Division, and how this was being managed, Mrs MacPherson highlighted that, prior to COVID-19, the absence rate for the organisation was approximately 5.2%, with this rising to approximately 6% during the winter season. For the period during the summer, the absence rate was at 6%. She reassured members that the rates of absence due to COVID-19 were small, given the size of the workforce. She assured members that this continued to be monitored closely.</p> <p>A question was raised regarding the plans in place for the winter flu vaccination programme, and if there was any further information in respect of a further COVID-19 booster vaccination. Professor de Caestecker advised that information on the requirement to undertake COVID-19 booster vaccinations was awaited. She noted that the seasonal flu vaccination programme would commence in early September 2021, with additional priority groups added including school teachers, prison staff and prisoners. Planning for this was well underway to ensure required resources were in place.</p> <p>Professor Brown thanked Professor de Caestecker and all teams currently undertaking work to respond to COVID-19. In summary, the Board were content to note the overall position in respect of the NHSGGC response to managing COVID-19 and were assured by the information provided.</p> <p><b><u>NOTED</u></b></p>		
71.	<b>QUEEN ELIZABETH UNIVERSITY HOSPITAL (QEUH) AND ROYAL HOSPITAL FOR CHILDREN (RHC) UPDATE</b>		
	<p>The Board considered the paper 'QEUH/RHC Update' [Paper No. 21/41] presented by the Chief Executive, Mrs Jane Grant. The paper provided an update on the position regarding the QEUH/RHC in respect of the Oversight Board and Case Note Review Report; the Public Inquiry; the Legal Claim; Ward 2a and 2b; and the Health and Safety Executive (HSE) Appeal.</p> <p>Mrs Grant noted that the second meeting of the AARG had been postponed at the request of Scottish Government and would now take place later this week. She assured members that a significant amount of work had been undertaken in respect of the Action Plan.</p>		

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	<p>In respect of the Public Inquiry, evidential hearings would commence on Monday 20<sup>th</sup> September 2021, initially for three weeks. Members would have further opportunity to discuss this matter at the Board Seminar Session scheduled to take place on Wednesday 15<sup>th</sup> September 2021.</p> <p>In respect of the Legal Claim, Mrs Grant noted that hearings had taken place regarding the challenges submitted, led by Multiplex and Capita in respect of, whether there was a contractual requirement for both parties to adjudicate prior to raising the Court action; and; where the NHSGGC claim was within the five year time bar when it was lodged through Court action in January 2020. It was likely that the outcome of the hearing would not be known for eight to twelve weeks.</p> <p>Mrs Grant noted that work had progressed in respect of Ward 2a/2b, with the main contractor handover expected at the end of September 2021, with specialist commissioning completion in October 2021.</p> <p>Professor Brown thanked Mrs Grant for the update and invited comments and questions from members.</p> <p>In response to a question regarding the Action Plan referenced in paragraph 3.1.1 of the report, Mrs Grant provided an overview of the methods used to track progression of the actions, and would keep members up to date on this moving forward.</p> <p>A question was raised regarding the governance structure in place to oversee requests for information received by the Public Inquiry Project Management Office, and who the accountable officer was. Ms Vanhegan, Head of Corporate Governance and Administration assured the Board that there was a robust process established in respect of this. She highlighted that much of the requested information, was routine, however the Executive Oversight Group which met on a weekly basis, routinely reviewed and discussed requests received.</p> <p>In summary, the Board were content to note the report presented for assurance, and were assured by the information provided in respect of the key areas including the Oversight Board and Case Note Review Report; the Public Inquiry; the Legal Claim; Ward 2a/2b; and the HSE Appeal.</p> <p><b><u>NOTED</u></b></p>	
<b>72.</b>	<b>NHSGGC INTEGRATED PERFORMANCE REPORT</b>	

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	<p>The Board considered the paper 'Performance Report' [Paper No. 21/42] presented by the Director of Finance, Mr Mark White. The report provided the Board with the performance against the key indicators outlined in the Remobilisation Plan 2, which covered the period 1<sup>st</sup> April 2021 to 31<sup>st</sup> July 2021. He highlighted that the key indicators had been presented to and considered by both the Acute Services Committee and the Finance, Planning and Performance Committee.</p> <p>Mr White highlighted the table contained within page 2 of the report which showed that, of the ten RMP3 indicators, six were rated green, with 4 rated red. He noted that new outpatient activity and the number of new outpatient referrals received, was exceeding trajectory by 2.3%. In respect of unscheduled care performance, the 4 hour target was being maintained and had exceeded the Scottish average.</p> <p>Professor Brown thanked Mr White for the update and invited comments and questions from members.</p> <p>In response to a question regarding the unscheduled care performance and what steps had been taken to improve performance, Mr Best assured members that a range of actions had been taken, however he noted that responding to COVID-19 remained along with the need to maintain red pathways. Planning for winter had been undertaken, and the redesign of unscheduled care was beginning to successfully divert people to self-care, and Minor Injures Units. Furthermore, the Mental Health Assessment Units (MHAUs) were working well, and overall the situation was improving.</p> <p>A question was raised regarding the current Child and Adolescent Mental Health Service (CAMHS) waiting times. Mrs Grant assured members that this was monitored closely at the Internal Performance Board. She assured members that the focus remained on urgent patients, along with longest waiting patients. Mrs Manion, offered further assurance that this remained a key focus across the Health and Social Care Partnerships (HSCPs), and was monitored closely by Chief Officers. Focus remained on the most urgent cases to ensure patient safety. In respect of a further question about the challenges associated with staff turnover, recruitment and retention, Mrs Manion confirmed that recruitment to CAMHS remained a national issue. She noted that in respect of staff turnover, this was due to movement of staff between HSCPs and promoted posts.</p>	

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	<p>In response to a request for more historical trend data to be included in performance reports, Ms Vanhegan confirmed that, following the useful discussions at the recent Board Seminar Session, further work was underway as part of the Active Governance programme to review, the type of metrics used in performance reports, what was required and in which way this would be presented. A briefing had been circulated to standing committee Chairs in respect of this.</p> <p>A question was raised regarding the delay in respect of the building warrant required for the additional CT pod being located at the QEUH and why this was delayed. Mr Best confirmed that this was a paperwork issue. He highlighted that the CT pod was in place and ready to be used, and agreed to discuss this with Local Authority colleagues to expedite this.</p> <p>A question was raised in respect of the performance of unscheduled care, if the data presented was specifically in relation to Emergency Department (ED) and 4 hour targets, and if consideration was given to the wider pathways and Primary Care performance. Ms Lorna Kelly, Interim Director of Primary Care, provided an overview of the complexities in respect of this. She noted that there was not a single, agreed national data set for GP activity, however she noted that some data was received from GP practices and that she was very much involved in national work being progressed. Ms Kelly highlighted that an update on the Primary Care Implementation Plans (PCIPs) would be presented to the Finance, Planning and Performance Committee in October 2021, and also to the Board in October 2021.</p> <p>In response to a question regarding the impact assessment detailed on the cover report, and why this was rated as positive, given the current backlog in respect of Treatment Time Guarantee (TTG), Professor Brown advised that he had a discussion with Executive Directors regarding this, to ensure consistency going forward. In addition, Professor Brown was keen that a review of all papers would be undertaken at the end of the year, to review the number of papers presented for assurance, awareness, and approval, and how many were rated as having a positive, neutral or negative impact on the Boards Aims and Corporate Objectives.</p> <p>Further clarity was sought in respect of other Primary Care services, such as dental services and optometry. Mrs Grant confirmed that these were included within RMP3 and assured members that there was dedicated work in respect of other independent contractors.</p>	<p style="text-align: center;">Mr Best</p>

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	<p>A question was raised regarding the psychological therapies measure, and why this had changed from green to red, since the report presented to the Finance, Planning and Performance Committee. Mrs Grant assured members that this had been discussed. She noted that the figure reported was in relation to the trajectory set within RMP3. However, overall performance was positive, albeit lower than trajectory. Mr White added that the figures presented did not include the full activity, and agreed to consider this issue for the next report to ensure this was clearer.</p> <p>In response to a question raised regarding delayed discharges related to Adults with Incapacity (AWI) and what actions were being taken to address this, Dr Margaret McGuire, Nurse Director, provided the Board with an overview of the main causes of this. She noted that there remained a substantial challenge in relation to the Court system within Glasgow. Additionally, the current legislation has caused challenges, and whilst there were views that the legislation required review and amendment, there were no plans to review this in the next eighteen months. Ms Caroline Sinclair, Interim Chief Officer, East Dunbartonshire HSCP, provided an overview of the actions being taken to address the variable margins, however highlighted that this was very complex. She assured members that every effort was being made to address the issues that could be influenced.</p> <p>In summary, the Board were content to note the performance against the key indicators outlined in the Remobilisation Plan 3, and were assured by the information provided that extensive work continued to address key areas to improve performance.</p> <p><b><u>NOTED</u></b></p>	Mr White
<b>73.</b>	<b>NHSGGC REVENUE AND CAPITAL REPORT</b>	
	<p>The Board considered the paper 'NHSGGC – Month 3 Finance Report' [Paper No. 21/43] presented by the Director of Finance, Mr Mark White. The paper provided an overview of the Month 3 Revenue position; the Month 3 Financial Improvement Programme (FIP) position; the Month 3 Capital position; and the 2021/22 Projection. The report had been scrutinised at the recent meeting of the Finance, Planning and Performance Committee.</p> <p>Mr White advised that, as at 30<sup>th</sup> June 2021, the Board's financial ledger highlighted an overspend of £35.9m, which was almost wholly attributable to unachieved savings.</p>	

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	<p>Mr White confirmed that the direct COVID-19 expenditure for the three months of the year had been covered by the initial allocations received from the Scottish Government, that being, £48.0m (£33.5 for the Board and £14.5m for IJBs) for direct expenditure on remobilisation and delivery of services due to COVID-19. In addition, unachieved savings due to the focus and effort on COVID-19 delivery of £16.9m (£15.6m related to the Board and £1.3m to the IJBs).</p> <p>The report also highlighted that the projected spend for the year had been submitted to the Scottish Government and totalled £290m. Mr White would continue to provide regular updates on the projected/actual spend as the year progressed.</p> <p>In respect of the Financial Improvement Programme (FIP), the Programme had been refreshed and remobilised this year. Mr White provided an overview of the current schemes, and the two-pronged approach to FIP this year, including a bottom up approach, and a top down approach for wider scale, strategic schemes.</p> <p>Mr White noted that, taking account of the current projection, level of risk and emerging pressures, the organisation was predicting a break even position at the year end.</p> <p>Professor Brown thanked Mr White for the update and invited comments and questions from members.</p> <p>In response to a question raised regarding the likely COVID-19 settlement from the Scottish Government and whether this would include unachieved savings, Mr White advised that this was still being considered by Scottish Government colleagues, however, he anticipated that the organisation would receive some contribution to unachieved savings.</p> <p>A question was raised about the final pay settlement for Agenda for Change pay grades. Mrs MacPherson confirmed that for Bands 1 – 4, this was a fixed amount of £1,009; Bands 5 – 7, a 4% increase; and for Bands above 7, a 2% increase was awarded. Mr White added that, as the pay deal entered years 3 and 4, it would be difficult to predict the financial impact, due to movement between Bands.</p> <p>In summary, the Board noted the report; noted the Month 3 Revenue position; the Month 3 Capital position; the Month 3 FIP position; and the Projection for 2021/22. The Board noted that the organisations ledger, as at 30<sup>th</sup> June 2021, recorded an overspend of £35.9m.</p>	

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	<b><u>NOTED</u></b>	
<b>74.</b>	<b>HEALTHCARE ASSOCIATED INFECTION REPORT</b>	
	<p>The Board considered the paper ‘The Healthcare Associated Infection Report for May and June 2021’ [Paper No. 21/44] presented by the Executive Director for Infection Prevention and Control, Professor Angela Wallace. The paper provided an overview of the Healthcare Associated targets in respect of <i>Staphylococcus aureus bacteraemia</i> (SAB), <i>Clostridioides difficile</i> infections (CDI), and <i>E.coli bacteraemias</i> (ECB); incidents and outbreaks and all other healthcare associated infection activities across NHSGGC over the period of May and June 2021. Professor Wallace confirmed that the report would be presented to the Board as a bi-monthly report moving forward, with the full Healthcare Associated Infection Report Template (HAIRT) considered by the Clinical and Care Governance Committee on an ongoing basis.</p> <p>Professor Wallace highlighted that, for <i>Staphylococcus aureus bacteraemias</i> (SAB), <i>Clostridioides difficile</i> infections (CDI), and <i>E.coli bacteraemias</i> (ECB) incidences, these were above aim, however remained within control limits. Professor Wallace assured the Board that there had been ongoing, sustained improvement in performance across NHSGGC.</p> <p>In respect of outbreaks detailed on page 7 of the report, Professor Wallace provided assurance that all Infection, Prevention and Control management processes had been applied. Where these required an IMT, Professor Wallace shared that Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) have supported these processes.</p> <p>In respect of the estates position, Professor Wallace highlighted positive performance of cleanliness, responsiveness of estates intervention and the organisations hand hygiene performance.</p> <p>Professor Brown thanked Professor Wallace for the update and invited comments and questions from members.</p> <p>In response to a question about hospital acquired COVID-19 rates, Professor Wallace confirmed that this was included in the full HAIRT considered by the Clinical and Care Governance Committee. She highlighted that rates in NHSGGC were favourable in terms of the Scotland wide position.</p>	

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	<p>A question was raised regarding the escalation to Level 4 of the NHS Scotland Boards Performance Framework. Mrs Grant confirmed that the organisation remained at Level 4 of the framework in respect of infection prevention and control. She assured members that work continued and there was strong progress to deliver across the action points detailed within the Action Plan and that progress was presented to the AARG.</p> <p>In response to a question regarding the reported death due to hospital acquired CDI, and if there was any learning from this, Professor Wallace provided an overview of this incident, assured members that this was not an infection transmission issue.</p> <p>A question was raised regarding the outbreak reported in June, and if all actions had been taken. Professor Wallace assured members that all actions had been completed. Professor Wallace highlighted the significant work that had been undertaken in NHSGGC in respect of the IMT process. Professor Wallace shared the positive impact and learning that this work was making in respect to the IMT process.</p> <p>In summary, the Board noted the Healthcare Associated Infection Report; the performance in respect of the Annual Operational Plan (AOP) Standards for SAB, CDI, and ECB; the detailed activity in support of the prevention and control of Healthcare Associated Infection; and the contribution of the Infection Prevention and Control Team to NHSGGC response to COVID-19.</p> <p><b><u>NOTED</u></b></p>		
<b>75.</b>	<b>REMOBILISATION PLAN 3 (RMP3) UPDATE</b>		
	<p>The Board considered the paper 'Remobilisation Plan 3 (RMP3) Update' [Paper No. 21/45] presented by the Medical Director, Dr Jennifer Armstrong. The paper provided an update on remobilisation planning and implementation, and provided assurance of a robust project management approach to maintenance of RMP3.</p> <p>Dr Armstrong noted that RMP3 described how the health and social care system would remobilise in 2021/22. She noted that monthly progress reports were considered by the Strategic Executive Group (SEG) meeting, and exception reports were produced for areas where there were delays. The report described the high level overview of remobilisation commitments and activity for the first quarter of 2021/22.</p>		

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	<p>Dr Armstrong noted that the Scottish Government had requested a formal update of the plan by 30<sup>th</sup> September 2021 (RMP4) which would include revised activity projections.</p> <p>Professor Brown thanked Dr Armstrong for the update. He wished to note thanks on behalf of the Board to all of the teams who had contributed to the work. He invited comments and questions from members.</p> <p>In response to a question regarding the submission of the RMP4 update to Scottish Government, if this would include the Winter Plan, and if this could be presented to the Board in October, Mrs Grant confirmed that the submission would include the Winter Plan. She noted that authority from the Scottish Government was required before this could be published, therefore it was unlikely that the RMP4 would be available by the October Board meeting, however she agreed that a presentation would be provided at the October Board meeting on the key elements.</p> <p>A question was raise regarding the Mental Health Assessment Units (MHAUs), if these would be retained, and what the financial commitment was. Dr Armstrong confirmed that the MHAUs would remain in place. She noted that a financial framework had been established and that work continued to ensure longer term sustainability. Ms Susanne Millar, Chief Officer, Glasgow City HSCP, added that the MHAUs were set up as an immediate response to COVID-19. The initial model had a significant financial commitment, however this had since been brought in line with mental health funding. Additionally, establishment of MHAUs has now been mandated by the Scottish Government for NHS Scotland, and funding has been confirmed for these.</p> <p>In response to a question regarding remobilisation of services and if there were any services that had not been at least partially remobilised, Dr Armstrong confirmed that the vast majority of services had been fully, or partially remobilised. There were some services, for example Day Care which were more difficult to remobilise due to social distancing issues. Ms Millar further advised that there had been some challenges associated with Day Care services in the community, particularly in relation to transport to and from care centres, however this had been resolved using a hybrid or reduced model.</p> <p>A question was raised regarding the 440 actions included within RMP3, and if RMP4 provided an opportunity to refine or reduce these, or if it was anticipated that these would remain. Dr Armstrong confirmed that the targets and trajectories would be</p>	<p>Dr Armstrong</p>

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	<p>considered by the teams. However teams across NHSGGC were focused on the delivery of NHSGGC remobilisation targets with plans to achieve the actions set out in RMP3.</p> <p>In response to a question regarding dental procedures undertaken in dental practices under private care, Ms Sinclair confirmed that this issue had been raised and was an ongoing, national issue.</p> <p>A question was raised regarding the remobilisation of podiatry and physiotherapy and if providing this digitally was considered as full remobilisation. Dr Armstrong advised that a blended model was in place. Virtual consultations had been used, along with face to face consultations where this was safe and appropriate to do so. Ms Beth Culshaw, Chief Officer, West Dunbartonshire HSCP, added that the use of technology had advanced within the field of Allied Health Professions, and work was ongoing in engaging with staff and service users, to measure satisfaction and outcomes.</p> <p>In response to a question regarding support to carers, Ms Millar advised that there was support for carers in place, and all HSCPs had developed outreach models to ensure support was provided in the community.</p> <p>In summary, the Board noted the RMP3 which outlined how the health and social care system would remobilise in 2021/22; that monthly progress reports were reviewed at the Strategic Executive Group meetings with exception reports produced where required; the commitments and activity for the first quarter of 2021/22; and that a formal update on the plan had been requested by Scottish Government by 30<sup>th</sup> September 2021 (RMP4). The Board would anticipate a presentation on RMP4, including the Winter Plan, to the October 2021 Board meeting.</p> <p><b><u>NOTED</u></b></p>		Dr Armstrong
76.	<b>IMPLEMENTING THE ACTIVE GOVERNANCE APPROACH</b>		
	<p>The Board considered the paper 'Implementing the Active Governance Approach in NHS Greater Glasgow and Clyde – Phase Two Update' [Paper No. 21/46] presented by Ms Elaine Vanhegan, Head of Corporate Governance and Administration. The paper provided an update against Phase Two activities and one Phase One action. The paper also asked the Board to</p>		

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	<p>consider and approve the proposal to roll forward the operational priorities, agreed for the first quarter of the year to the full year.</p> <p>Ms Vanhegan provided an overview of the process undertaken to review the Corporate Risk Register, with standing committees reviewing their allocated risks, and the final document presented to the Board in October 2021. Additionally, the recent Board Seminar Session provided an opportunity to discuss and review the approach to risk, risk appetite and risk strategy. Useful feedback had been received from members in respect of this and the work on risk would be presented to the Audit and Risk Committee in September 2021, prior to presentation to the Board in October 2021.</p> <p>Ms Vanhegan outlined the operational priorities included within RMP3, which have subsequently been aligned to relevant committees and referenced within the Terms of Reference, as part of the annual review of committee terms of reference. She highlighted that this would also be presented to the Audit and Risk Committee in September 2021, prior to presentation to the Board in October 2021.</p> <p>Ms Vanhegan highlighted that work on the Corporate Objectives had progressed, and colleagues within the Communications Team were engaged in developing work to make these more visible across the full organisation.</p> <p>Professor Brown thanked Ms Vanhegan for the update and invited comments and questions from members.</p> <p>In response to a question regarding the governance of the eHealth Strategy, Ms Vanhegan confirmed that this was governed through the Finance, Planning and Performance Committee. A further question was then raised regarding the possibility to develop a Data Strategy, given the work to review the performance measures and data gaps. Mrs Grant advised that a full system review of performance measures and data was required, however she would be happy to discuss this further with Mr William Edwards, Director of eHealth and update the Board accordingly.</p> <p>In response to a question regarding the risk appetite, this being aligned to the orange book, and if benchmarking with other Boards would also be beneficial, Ms Vanhegan confirmed that benchmarking with other Boards had been undertaken to ascertain their approach to risk appetite. Mr White added that alignment to the orange book was suggested by members at the recent Board Seminar Session on risk. Additionally, the orange</p>	<p>Mrs Grant/ Mr Edwards</p>

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	<p>book was the basis of Scottish Government risk management strategy.</p> <p>A question was raised regarding the direction of travel and linkages with national strategy, care programmes and workforce planning. Professor Brown responded that the MFT Programme formed the direction of travel and this includes the Clinical Strategy. Mrs Grant added that there were specific references to workforce planning within the operational priorities. Mrs MacPherson confirmed that Workforce Planning was carried out on an annual basis, and also formed a significant element of winter planning.</p> <p>In summary, the Board noted the report, and were content to approve the operational priorities were adopted for the year and that these would be aligned to personal objectives for performance appraisal purposes.</p> <p><b><u>APPROVED</u></b></p>		
77.	<p><b>PUBLIC HEALTH SCREENING PROGRAMME ANNUAL REPORT 2019/20</b></p>		
	<p>The Board considered the paper ‘Public Health Screening Report 2019-2020’ [Paper No. 21/47] presented by the Deputy Director of Public Health, Dr Emilia Crighton. The paper was presented for assurance and included information about NHSGGC screening programmes for the period April 2019 to March 2020.</p> <p>Dr Crighton provided an overview of the screening programmes including, cervical screening; breast screening; bowel screening; pregnancy screening; newborn screening; pre-school vision screening; primary 7 school vision screening; diabetic retinopathy screening; and abdominal aortic aneurysm screening.</p> <p>Professor Brown thanked Dr Crighton for the update and thanked all teams across NHSGGC that deliver screening programmes. He invited comments and questions from members.</p> <p>In response to a question raised regarding the data contained within the report and if this was used to address health inequalities, Dr Crighton explained the way in which the data was captured. She highlighted that there was a wealth of data, and whilst this data was retrospective, there was live data and key performance indicators for specific performance and also for quality assurance. Each screening programme has a</p>		

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	<p>corresponding National Programme Board, which validates the data, which was then presented to the Public Health Committee.</p> <p>Further discussion took place regarding the ways in which health inequalities could be addressed and Professor de Caestecker agreed that consideration would be given by the Public Health Committee as to what further actions could be taken to address this.</p> <p>In response to a question about obesity in pregnant women, and that incidences had increased on the previous year and what was being done to address this, Dr Crighton assured members that work was underway with universities in respect of research and identification of the most effective ways to address this.</p> <p>A question was raised regarding the data recorded for child vision screening. Dr Crighton explained that there was delay in producing the report due to schools being closed. Furthermore, the report covered the school year term, as opposed to the fiscal year.</p> <p>In summary, the Board noted the Public Health Annual Screening Report and noted the Adult Screening and Child and Maternal Health Key Performance Indicator against set targets.</p> <p><b><u>NOTED</u></b></p>		Prof de Caestecker
<b>78.</b>	<b>MINUTES OF BOARD GOVERNANCE COMMITTEE MEETINGS</b>		
<b>a)</b>	<b>ACUTE SERVICES COMMITTEE</b>		
<b>i)</b>	<b>CHAIRS REPORT OF THE MEETING HELD ON 20<sup>TH</sup> JULY 2021</b>		
	<p>The Board were content to note the Chairs Report of the Acute Services Committee meeting held on 20<sup>th</sup> July 2021 [Paper No. 21/49].</p> <p>A question was raised regarding the presentation provided by Dr Scott Davidson, Deputy Medical Director, on orthopaedic waiting times, specifically if these were not considered as Priority 1 and 2, then when would these be addressed. Mrs Grant confirmed that work had been undertaken to treat the Priority 1 groups, and that</p>		

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	work was now ongoing in respect of Priority 2 groups, and the longest waiters. She highlighted that recovery of the elective programme was a national issue which would take time to resolve, given the complexity of this. She assured members that every effort was being made to redesign services in order to address this.		
	<b><u>NOTED</u></b>		
<b>ii)</b>	<b>MINUTE OF THE MEETING HELD ON 18<sup>TH</sup> MAY 2021</b>		
	The Board were content to note the approved minute of the Acute Services Committee meeting of 18 <sup>th</sup> May 2021 [Paper No. ASC(M)21/01].		
	<b><u>NOTED</u></b>		
<b>b)</b>	<b>FINANCE PLANNING AND PERFORMANCE COMMITTEE</b>		
<b>i)</b>	<b>CHAIRS REPORT OF MEETING HELD ON 10<sup>TH</sup> AUGUST 2021</b>		
	The Board were content to note the Chairs Report of the Finance, Planning, and Performance Committee Meeting of 10 <sup>th</sup> August 2021 [Paper No. 21/50].		
	<b><u>NOTED</u></b>		
<b>ii)</b>	<b>MINUTE OF THE MEETING HELD ON 15<sup>TH</sup> JUNE 2021</b>		
	The Board were content to note the approved minute of the Finance, Planning and Performance Committee Meeting of 15 <sup>th</sup> June 2021 [Paper No. FPPC(M)21/02].		
	<b><u>NOTED</u></b>		
<b>c)</b>	<b>PUBLIC HEALTH COMMITTEE</b>		
<b>i)</b>	<b>CHAIRS REPORT OF THE MEETING HELD ON 6<sup>TH</sup> JULY 2021</b>		
	The Board were content to note the Chairs Report of the Public Health Committee Meeting of 6 <sup>th</sup> July 2021 [Paper No. 21/51].		
	<b><u>NOTED</u></b>		

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<b>d)</b>	<b>STAFF GOVERNANCE COMMITTEE</b>		
<b>i)</b>	<b>CHAIRS REPORT OF THE MEETING HELD ON 3<sup>RD</sup> AUGUST 2021</b>		
	The Board were content to note the Chairs Report of the Staff Governance Committee Meeting of 3 <sup>rd</sup> August 2021 [Paper No. 21/52].  <b><u>NOTED</u></b>		
<b>ii)</b>	<b>MINUTE OF THE MEETING HELD ON 11<sup>TH</sup> MAY 2021</b>		
	The Board were content to note the approved minute of the Staff Governance Committee Meeting of 11 <sup>th</sup> May 2021 [Paper No. 21/02].  <b><u>NOTED</u></b>		
<b>e)</b>	<b>PHARMACY PRACTICES COMMITTEE</b>		
<b>i)</b>	<b>CHAIRS REPORT OF THE MEETING HELD ON 21<sup>ST</sup> JULY 2021</b>		
	The Board were content to note the Chairs Report of the Pharmacy Practices Committee Meeting on 21 <sup>st</sup> July 2021 [Paper No. 21/53].  NOTED		
<b>ii)</b>	<b>CHAIRS REPORT OF THE MEETING HELD ON 21<sup>ST</sup> JULY 2021 – SECTION 2 BUSINESS</b>		
	The Board were content to note the Chairs Report of the Pharmacy Practices Committee – Section 2 Business Meeting held on 21 <sup>st</sup> July 2021 [Paper No. 21/54].  <b><u>NOTED</u></b>		

<b>79.</b>	<b>DATE AND TIME OF NEXT SCHEDULED MEETING</b>		
	The next meeting would be held on:		

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	<p><u>Special Board Meeting</u> Tuesday 21<sup>st</sup> September 2021, 1:00pm, via MS Teams</p> <p><u>Board Meeting</u> Tuesday 26<sup>th</sup> October 2021, 09:30am, via MS Teams</p>		
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