

NHSGGC (M) 21/07  
Minutes 89 - 110

**NHS GREATER GLASGOW AND CLYDE**

**Minutes of the Meeting of the  
NHS Greater Glasgow and Clyde Board  
held on Tuesday 26 October 2021 at 9.30 am  
via Microsoft Teams**

**PRESENT**

Professor John Brown CBE (in the Chair)

Dr Jennifer Armstrong	Professor Iain McInnes CBE
Cllr Caroline Bamforth	Cllr Sheila Mechan
Ms Susan Brimelow OBE	Ms Ketki Miles
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
Mrs Margaret Kerr	Ms Rona Sweeney
Ms Amina Khan	Ms Flavia Tudoreanu
Rev John Matthews OBE	Mr Charles Vincent
Ms Dorothy McErlean	Ms Michelle Wailes
Dr Margaret McGuire	Mr Mark White

**IN ATTENDANCE**

Ms Lesley Aird		Assistant Director of Finance - Financial Services, Capital & Payroll
Mr Jonathan Best	..	Chief Operating Officer
Ms Sandra Bustillo	..	Director of Communications and Engagement
Ms Beth Culshaw	..	Chief Officer, West Dunbartonshire HSCP
Mr William Edwards		Director of eHealth
Mrs Jennifer Haynes		Corporate Services Manager
Ms Lorna Kelly	..	Interim Director of Primary Care
Ms Christine Laverty	..	Interim Chief Officer Renfrewshire HSCP
Mrs Anne MacPherson	..	Director of Human Resources and Organisational Development
Mrs Geraldine Mathew	..	Secretariat Manager
Ms Susanne Millar	..	Chief Officer, Glasgow City HSCP
Ms Julie Murray		Chief Officer, East Renfrewshire HSCP
Mr Tom Steele		Director of Estates and Facilities
Mr Allen Stevenson	..	Interim Chief Officer, Inverclyde 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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		ACTION BY
<b>89.</b>	<b>WELCOME AND APOLOGIES</b>	
	<p>Professor John Brown CBE, Chair, welcomed those present to the October 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 asked to ensure microphones remained on mute until invited to speak, use the virtual hands up function when wishing to contribute, and to refrain from using the chat function.</p> <p>Professor Brown welcomed members of the public who had taken up the invitation to attend the Board meeting, as observers, therefore the virtual hands up function should not be used by observers and they must remain on mute throughout the meeting.</p> <p>Professor Brown provided a brief overview of the key items of focus of today's meeting including Service Delivery; Remobilisation, including Winter Plan update; and Governance issues.</p> <p>The Chair highlighted that there were three late papers, those being:</p> <ul style="list-style-type: none"> <li>• Item 08 – Paper 21/61 - COVID-19 Update</li> <li>• Item 10 – Paper 21/63 – QEUH/RHC Update</li> <li>• Item 15 – Paper 21/68 – Implementing Active Governance Update</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>Board member apologies were intimated on behalf of Cllr Jonathan McColl, Ms Jacqueline Forbes, Ms Anne Marie Monaghan, Cllr Mhairi Hunter, and Ms Paula Speirs.</p> <p><b><u>NOTED</u></b></p>	

<b>90.</b>	<b>DECLARATIONS OF INTEREST</b>		
	<p>The Chair invited members to declare any interests in any of the items being discussed. There were no declarations made.</p> <p>In addition, the Chair reminded all members of the requirement to keep their details on the Register of Interests up to date. Members were asked to please inform Ms Jennifer Haynes, and Professor Brown by email, should any of their details change.</p> <p><u>NOTED</u></p>		
<b>91.</b>	<b>MINUTES OF PREVIOUS MEETING</b>		
<b>a)</b>	<b>MINUTE OF MEETING HELD 17 AUGUST 2021</b>		
	<p>The Board considered the minute of the NHS Greater Glasgow and Clyde Board Meeting held on Tuesday 17 August 2021 [Paper No. NHSGGC(M)21/05]. On the motion of Ms Flavia Tudoreanu, seconded by Cllr Sheila Mechan, the minute of the meeting was approved and accepted as an accurate and complete record.</p> <p><u>APPROVED</u></p>		
<b>b)</b>	<b>MINUTE OF MEETING HELD 21 SEPTEMBER 2021</b>		
	<p>The Board considered the minute of the NHS Greater Glasgow and Clyde (NHSGGC) Board Meeting held on Tuesday 21 September 2021 [Paper No. NHSGGC(M)21/06]. On the motion of Cllr Sheila Mechan, seconded by Ms Margaret Kerr, the minute of the meeting was approved and accepted as an accurate and complete record.</p> <p><u>APPROVED</u></p>		
<b>92.</b>	<b>MATTERS ARISING</b>		
<b>a)</b>	<b><u>ROLLING ACTION LIST</u></b>		
	<p>The Board considered the paper 'Rolling Action List' [Paper No. 21/60].</p> <p>The Board agreed to the closure of eight actions from the Rolling Action List.</p> <p>In addition, the following matter was discussed:</p>		

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	<p><u>Minute 76 – Data Strategy</u></p> <p>It was highlighted that Ms Kerr had raised an issue in respect of this action, and it was agreed that this would be addressed as part of the Scheme of Delegation being discussed under Item 15 – Implementing the Active Governance Approach Update.</p> <p><u>APPROVED</u></p>		
<b>93.</b>	<b>CHAIRS REPORT</b>		
	<p>Professor Brown had attended a number of meetings which had taken place since the last Board meeting, including, five meetings of the Standing Governance Committees. He also met with the Standing Committee Chairs and had regular discussions with the Vice Chairs concerning a wide range of issues.</p> <p>In addition to attending the August and October Meetings of the NHS Scotland Chairs with the Cabinet Secretary, Professor Brown had been attending a weekly meeting with Mr Yousaf and the NHS Scotland Chairs and Chief Executives. All these meetings have been mainly focused on managing the current situation.</p> <p>Professor Brown had also attended four meetings of the NHS Scotland Board Chairs Group and two meetings with the West of Scotland Chairs. In addition to focussing on the current challenges faced by the NHS, these meetings discussed the Scottish Government’s proposals for a National Care Service. These proposals were also the topic of a recent Board development session and an earlier meeting with the Chief Executive, and the NHS Leads on the six IJB that cover NHS Greater Glasgow and Clyde.</p> <p>Professor Brown also attended two meetings with the local MSPs and MPs where, in addition to the usual update on our response to the pandemic, Ms Grant and the Executive Directors provided the elected representatives with some insight into plans for supporting COP26.</p> <p>Ms Grant and Professor Brown also met with the Director of the NHS Scotland Test and Protect Programme recently, and discussed the next phase of the Test and Protect Strategy and how NHS Greater Glasgow and Clyde could assist in the ongoing fight against the Coronavirus.</p> <p>Professor Brown also hosted the official opening of the new Greenock Health and Care Centre by the Cabinet Secretary.</p>		

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	<p>In addition, Professor Brown also chaired meetings of the NHS Scotland Corporate Governance Steering Group, the Global Citizenship Advisory Board, and a meeting of the Board of the Glasgow Centre for Population Health. Along with Professor Brown's NHS work, he also continued to contribute to the work of the RCPE Quality Governance Collaborative, the Advisory Board of the University of Dundee and the Board of Glasgow Life.</p> <p><u>NOTED</u></p>		
<b>94.</b>	<b>CHIEF EXECUTIVES 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 also attended a variety of meetings in respect of efforts to address the ongoing COVID-19 pandemic including the vaccination programme, testing and contact tracing. Significant work had also continued in respect of preparations for COP26. In addition, meetings with Central Legal Office (CLO) and Legal Counsel in respect of the Scottish Hospitals Public Inquiry and the ongoing legal claim had taken place.</p> <p>Mrs Grant also noted a meeting of the Advice, Assurance and Review Group (AARG) and good progress had been made in respect of the action plan.</p> <p>Considerable pressure remained in respect of emergency demand and urgent elective care, and focus continued on addressing this.</p> <p>Finally, Mrs Grant noted that, following a successful recruitment process, Mr Neil McCallum, had been appointed as the Director of North Sector.</p> <p>Professor Brown thanked Mrs Grant for the update and invited comments and questions from members, both on the Chief Executive update and the Chairs update. There were no questions raised.</p> <p><u>NOTED</u></p>		
<b>95.</b>	<b>PATIENT STORY</b>		
	<p>Dr Margaret McGuire, Nurse Director, introduced the Patient Story, which featured Ms Florence Dioka, a key individual in the African communities in Greater Glasgow and Clyde. The story described how NHS Greater Glasgow and Clyde made connections with the African communities to understand and</p>		

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	<p>address barriers to uptake of COVID-19 vaccinations, and Ms Dioka provided her perspective on the COVID-19 pandemic, the effects on her community and both her involvement within NHSGGC and the organisations response.</p> <p>Professor Brown thanked Dr McGuire and noted special thanks to Ms Dioka for her contributions. He requested that the video be circulated by email to members.</p> <p><u>NOTED</u></p>		<b>Secretary</b>
<b>96.</b>	<b>COVID-19 UPDATE</b>		
	<p>The Board considered the paper 'COVID-19 Update' [Paper No. 21/61] presented by Professor Linda de Caestecker, Director of Public Health. The paper provided an update on the overall position in respect of the NHS Greater Glasgow and Clyde response to managing COVID-19.</p> <p>Professor de Caestecker provided an overview of the current COVID-19 activity. She noted that the number of cases in NHSGGC had stabilised into an oscillating plateau pattern in recent weeks. Additionally, the number of COVID-19 cases in hospital, had begun to decline in recent weeks, however there remained a sustained and substantial level of COVID-19 related occupancy. As of 18 October 2021, there were 789 inpatients across all hospital sites, 275 inpatients within 28 days and 21 patients in ICU after testing positive for COVID-19.</p> <p>The winter vaccination programme had commenced and Professor de Caestecker highlighted the vaccinations being offered to specific groups including the seasonal flu vaccination and booster COVID-19 vaccinations. Discussions had taken place at the recent Population Health and Well Being Committee, regarding the vaccination programme. It was noted that, due to the current functionality of the IT system being provided by NHS National Services Scotland to deliver the vaccination programme, there was limited data available in respect of staff flu vaccination uptake rates. This remained a national issue, and work was underway to consider how more detailed information could be obtained for Health Boards.</p> <p>Professor Brown thanked Professor de Caestecker for the update and invited comments and questions from members.</p> <p>In response to a question regarding the length of stay in hospital for those with COVID-19, Professor de Caestecker described the complexities in respect of this. There had been a reduction in the length of stay in hospital, and that there were potentially a number</p>		

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<p>of reasons for this, specifically, that those being admitted were of a younger age than previously and more patients were vaccinated. In addition, more effective treatments were available which would also impact on the length of stay.</p> <p>Further information was requested in respect of the current sickness absence rates amongst staff. Mrs MacPherson confirmed that current absence rates were in line with the national position. She noted prevalence in respect of depression, stress and anxiety disorders and highlighted that HR Teams had been deployed to support managers. Additionally, the Occupational Health Team continued to support a cohort of staff with managing the impact of long COVID-19 related health issues. The Staff Governance Committee continued to monitor staff absence and actions taken to support staff and managers.</p> <p>A further question was raised in relation to staff absence and assurance sought about the speed of testing for staff isolating due to COVID-19. Professor de Caestecker assured members that test turnaround times continued to be very good. Additionally, she highlighted that the staff PCR testing service had been maintained, along with the general population testing system.</p> <p>In response to a question regarding the current number of hospital admissions for COVID-19 over 28 days, and what the reasons for this were, Professor de Caestecker assured members that the rate was reducing slowly, however she highlighted that this continued to be an oscillating plateau. Focus remained on encouraging the public to continue to be vigilant and ensure uptake of the COVID-19 vaccination.</p> <p>A question was raised about the impact of long COVID-19 and the likely impact of this on unscheduled care. Professor de Caestecker advised that extensive planning had been undertaken in relation to long COVID-19, and that this was being led by the Head of Allied Health Professionals (AHP), with consideration being given to how best to respond to this, self-help and self-care resources and specialist care for complex issues. She agreed to provide further information on this within the next report.</p> <p>In summary, the Board were content to note the report, and were assured by the information provided that significant effort continued in respect of all aspects of the organisations response to COVID-19. The Board noted the updates provided in respect of key areas including COVID-19 activity within hospitals; the Acute Division; Health and Social Care Partnerships (HSCPs); Care Homes; Test and Protect; and the Vaccination Programme. Professor Brown noted appreciation on behalf of the Board, to all of the teams and staff who continued to work tirelessly to respond to the ongoing challenges associated with COVID-19.</p>	<p><b>Prof de Caestecker</b></p>
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	<u>NOTED</u>		
<b>97.</b>	<b>PLANNING FOR COP26</b>		
	<p>The Board considered the paper ‘Planning for COP26’ [Paper No. 21/62] presented by Professor Linda de Caestecker, Director of Public Health. The paper provided an overview of the ongoing planning for the forthcoming session of the Conference of Parties (COP26) to the United National Framework Convention on Climate Change.</p> <p>In addition to contributing to planning of the event itself, planning of the impact of the event on NHSGGC staff and services continued with involvement in the daily command control and coordination structure. Professor de Caestecker provided an overview of communications, training and capacity arrangements.</p> <p>Professor Brown thanked Professor de Caestecker for the update and invited comments and questions from members.</p> <p>In response to a question regarding arrangements for patient appointments and procedures, Mr Best advised that planning had been ongoing regarding this for some time, to ensure minimal disruption to patients and services. He noted a number of actions taken including increasing the number of virtual appointments available, and work with colleagues within the Scottish Ambulance Service (SAS) to ensure that crews allotted additional time for transporting patients to appointments.</p> <p>A question was raised regarding the likelihood of an increase in admissions. Mr Best explained that intelligence had been gathered from previous COP26 events. The greatest health requirements at previous events were minor ailment type issues and work had been undertaken to ensure Minor Injuries Units were fully utilised throughout this period, along with support from community pharmacy. Additional staff would also be available over the weekend of 6 and 7 November.</p> <p>In response to a question regarding input from voluntary first aid organisations, Mr Best confirmed that co-ordination of this had been done through SAS, and that arrangements were in place to provide a presence at demonstrations, where required.</p> <p>A question was raised about delegate requirements in respect of COVID-19. Professor de Caestecker advised that all delegates expected to be doubly vaccinated (though it was not a strict requirement) with support to those for whom it was difficult to access vaccination. PCR tests were also required at specific</p>		

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	<p>times following entry to the country, along with daily LFT testing, wearing of masks and adhering to one metre social distancing. In respect of protestors attending, extensive messaging had been undertaken to reinforce the importance of LFT testing before they arrive as well as test kits being made available in a range of pick up points including community pharmacies and hotels. Additional PCR testing sites and arrangements for visitors to self-isolate had been put in place, and communications to organisers of protests had resulted in positive engagement and a commitment to making protests COVID-19 safe.</p> <p>In response to a question about modelling of the likely impact of the COP26 event on COVID-19 rates, Professor de Caestecker confirmed that this was being undertaken by the national team. In addition, local monitoring of real time data in terms of admissions would also be conducted.</p> <p>A question was raised regarding the remobilisation of beds and concerns raised about Day Surgery Units in Victoria ACH and Stobhill ACH, and whether these would be closed to increase bed availability for unscheduled care. Mr Best assured members that there were no plans to redeploy day surgery beds, and that current activity would continue.</p> <p>In summary, the Board were content to note the planning underway, and were assured by the information provided in respect of the actions taken to minimise the impact of COP26. Professor Brown wished to note thanks on behalf of the Board, to Professor de Caestecker and all staff who had contributed to planning and preparation for COP26.</p> <p><u>NOTED</u></p>		
<b>98.</b>	<b>QEUH/RHC UPDATE</b>		
	<p>The Board considered the paper ‘QEUH/RHC Update’ [Paper No. 21/63] presented by Mr Tom Steele, Director of Estates and Facilities. The paper provided an overview of the position regarding the Queen Elizabeth University Hospital (QEUH) and Royal Hospital for Children (RHC) in respect of:-</p> <ul style="list-style-type: none"> <li>• The Oversight Board and Case Note Review Report;</li> <li>• The Scottish Hospitals Public Inquiry;</li> <li>• The Legal Claim;</li> <li>• The Rectification Programme;</li> <li>• Ward 2a/2b;</li> <li>• The HSE Appeal.</li> </ul>		

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	<p>Mr Steele noted that work continued in respect of the action plans following the report by the Oversight Board, which were 95% complete. Scrutiny of the 5% outstanding actions continued.</p> <p>The Scottish Hospital Public Inquiry evidence hearings resumed on 25 October, following a two week break.</p> <p>In respect of the Legal Claim, a written decision from Lord Tyre on the recent hearing on the matter of interrupted time bar, was awaited.</p> <p>Mr Steele provided an overview of the Rectification Programme of remedial works to rectify technical issues that were the subject of the legal claim, the costs of which would initially be met by the Scottish Government, with any recovery achieved transferred to Scottish Government Health Department. A Principal Supply Chain Partner (PSCP) for all remedial works had been appointed along with independent Cost Advisors and Project Managers to administer the contract on behalf of NHSGGC. Mr Steele noted that a decant ward may be needed to provide vacant access for works on a rolling programme.</p> <p>In respect of Ward 2a/2b, Mr Steele noted that significant remedial work to provide HEPA filtered environmental conditions suitable for use by immune-compromised patients including positive pressure single bedrooms and en-suite facilities was nearing completion. Works were scheduled for completion on 6 October, however due to issues with the resistance testing of the new terminal in-room HEPA filters, this had been delayed. The product manufacturer and the Board's Technical Advisors were engaged in product quality assurance. As soon as this was rectified, and appropriate checks, testing and sampling had been undertaken, the ward would be ready for occupation.</p> <p>Mr Steele noted that the Health and Safety Executive (HSE) have advised in writing that they were satisfied that the actions taken by the organisation as indicated in their Notification of Contravention issued in 2019 were complied with and the matter closed. This improvements made to Adult ITU and PICU which have resulted in the ventilation system being brought in line with SHTM03-01 as far as was reasonably practicable. The appeal against the Improvement Notice issued in 2019 regarding 4c was still outstanding. Expert reports were due to be submitted by both parties. The HSE have asked for a further extension prior to submitting their report. Discussion was underway with the Executive Team regarding timescales of the case overall.</p> <p>Professor Brown thanked Mr Steele for the update and invited comments and questions from members.</p>	
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<p>In response to a question regarding section 3.1.1 of the report and the outstanding actions, Mrs Grant confirmed that these were very small in number. None of the actions were critical, and three of the actions remained in discussion with Scottish Government. It was agreed that a further update on the outstanding actions would be provided to the next Finance, Planning and Performance Committee meeting in December, should these remain outstanding.</p> <p>A question was raised about the costs associated with the rectification works. Mr Steele assured members that there remained significant oversight of the costs. Greater confidence in relation to the costs and the funding awarded for these would be obtained in the coming weeks. Mr White confirmed that he remained comfortable with the current position.</p> <p>In response to a question about the Advice Assurance and Review Group (AARG) and if the organisation remained at Level Four of the NHS Scotland Performance Management Framework, Mrs Grant confirmed that, whilst the organisation remained at Level Four, discussions with Scottish Government continued in respect of the progress made and the outstanding actions. It was anticipated that formal communication from the Scottish Government would be received on the position in relation to escalation by the end of the year.</p> <p>A question was raised regarding the Atrium walls and further detail was sought. Mr Steele advised that all of the wall linings would be replaced in the atrium of the QEUH. Contractors had been on site in the last two weeks to consider how this could be achieved. It was estimated to take approximately 46 weeks from commencement of the works to completion. There were complexities in respect of limitations of numbers of trade staff in the area at any one time, and the requirement to maintain ongoing public access.</p> <p>In response to a question regarding input from the Microbiology Team in relation to Ward 2a/2b works and when the Ward would be reopened, Mr Steele confirmed that there was significant input from Microbiology colleagues, with Infection Control Doctors and Infection Control Nurses also involved. There was significant expert support and advice in respect of both ventilation and water systems. Once the issue had been resolved in respect of the HEPA filters, extensive testing and sampling would be undertaken and the Ward would be ready for reoccupation once all certification was completed. The Board were assured that a cautious approach would be taken to ensure extensive testing and assurances were received prior to any reoccupation of the Ward.</p>	<p><b>Mr Steele</b></p>
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	<p>In summary, the Board were content to note the significant activity which continued across all of the strands of work related to the QEUH/RHC and Professor Brown thanked Mr Steele and all teams and staff involved in all aspects of the key elements reported.</p> <p><u>NOTED</u></p>		
<b>99.</b>	<b>NHSGGC BOARD PERFORMANCE REPORT</b>		
	<p>The Board considered the paper ‘NHSGGC Board Performance Report’ [Paper No. 21/64] presented by the Director of Finance, Mr Mark White. The paper provided an overview of performance against the key indicators outlined in the Remobilisation Plan 3 (RMP3), which covered 1 April 2021 to 30 September 2021.</p> <p>Mr White highlighted that performance against the key indicators had been extensively scrutinised by both the Acute Services Committee and the Finance, Planning and Performance Committee. Of the ten indicators, six indicators were reported as green and four indicators were reported as red. Performance reflected the ongoing requirement to respond to continued COVID-19 challenges.</p> <p>Mr White explained the requirement to submit Remobilisation Plan 4 (RMP4) and the Winter Plan to the Scottish Government by 30 September 2021. Formal feedback was awaited on both RMP4 and the Winter Plan from Scottish Government, and once this had been received, these would form the basis of the indicators for Performance Reports, moving forward.</p> <p>Professor Brown thanked Mr White for the update and invited comments and questions from members.</p> <p>In response to a question about the Children and Young People Mental Health Service (CAMHS) performance, which had declined since the last report, Mrs Grant assured members that significant work was underway to improve performance. Regular performance meetings with Health and Social Care Partnership (HSCP) Chief Officers and the Director of Finance continued to address this priority. Recruitment in some areas continued to be a challenge, and consideration was being given to different models, ways to improve recruitment, and how resource could be distributed across HSCPs to target areas experiencing difficulties. A significant amount of work was in progress, however it was acknowledged that the demand profile continued to grow, along with an increasing number of urgent cases, therefore, whilst some success had been achieved in reducing the longest waits, challenges remained due to increasing demand.</p>		

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	<p>A further question was raised about the Integration Joint Board (IJBs) oversight and scrutiny of performance, and Ms Susanne Millar, Chief Officer, Glasgow City HSCP, assured the Board that this remained a key area of focus across all HSCPs and all HSCPs were fully engaged in partnership working to improve the position. Furthermore, Glasgow City IJB would consider a detailed paper on this issue at its next meeting on Monday 1 November, therefore the Board were assured of IJB oversight and scrutiny.</p> <p>In response to a question raised about the mitigating actions being taken, and when these were likely to result in an improvement in performance, Ms Millar assured members that the mitigations being implemented had resulted in improvements already, however rising demand had impacted this. She highlighted that a Performance Monitoring Group had been established and continued to redirect resource to the areas of greatest need.</p> <p>The Board were content to note the performance across NHSGGC in relation to the Key Performance Indicators (KPIs) outlined in RMP3. Professor Brown noted thanks on behalf of the Board, to Mr White, Mrs Grant, Ms Millar, and all teams and staff for their efforts, and recognised the significant amount of work in relation to improving performance in all areas.</p> <p><u>NOTED</u></p>		
<b>100.</b>	<b>NHSGGC REVENUE AND CAPITAL REPORT</b>		
	<p>The Board considered the paper ‘NHSGGC – Month 5 Finance Report’ [Paper No. 21/65] presented by the Director of Finance, Mr Mark White. The paper provided an overview of the Month 5 financial position, including the position of the Financial Improvement Programme (FIP) and the forecast for COVID-19 expenditure for 2021/22.</p> <p>Mr White highlighted that the report had been fully scrutinised by the Finance, Planning and Performance Committee at its recent meeting on 12 October 2021.</p> <p>Mr White noted that, as at 31 August 2021, the Board’s financial ledger recorded overspend of £41.4m, which was wholly attributable to unachieved savings. He noted that direct expenditure on remobilisation and delivery of services due to COVID-19 was £61.6m (£56.1m for the Board and £5.5m for the Health costs within the IJBs), and this had been covered by the initial allocations received from the Scottish Government.</p>		

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	<p>Mr White went on to note the COVID-19 spend total projection of £289.3m, split between £214.6m for the Board and £74.4m for the IJBs. It was anticipated that all COVID-19 expenditure would be met, however discussions remained ongoing with Scottish Government in respect of reimbursement of unachieved savings.</p> <p><u>Financial Improvement Programme</u> On a full year basis, the Financial Improvement Programme has achieved £11.1m as at August 2021. There were 250 live projects and it was anticipated that the Programme would achieve a total of £30m at the end of the year, which represented 70% of the overall target.</p> <p>In summary, Mr White noted that, despite the potential gap of £20m increasing to £25.8m due to additional pressures associated with the AFC pay award and final uplift agreement and increased cost pressures from Office 365, current projections indicate financial break-even in-year was achievable.</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 financial impact of preparations related to COP26, Mr White advised that a return had been submitted to the UK Government in respect of costs associated with COP26, with all costs being covered.</p> <p>The Board noted the revenue position at Month 5; the Month 5 position with the FIP; and the capital position at Month 5. Professor Brown thanked Mr White, the Finance Team, and all staff for their efforts to maintain financial balance despite the ongoing challenges.</p> <p><u>NOTED</u></p>		
<b>101.</b>	<b>HEALTHCARE ASSOCIATED INFECTION REPORT</b>		
	<p>The Board considered the paper ‘Healthcare Associated Infection Reporting Template (HAIRT) for July and August 2021’ [Paper No. 21/66] presented by Professor Angela Wallace, Executive Director for Infection Prevention and Control. 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>; incidents and outbreaks and all other healthcare associated infection activities across NHSGGC over the period of July and August 2021.</p>		

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	<p>Professor Wallace confirmed that <i>Staphylococcus aureus</i> bacteraemia (SAB), <i>Clostridioides difficile</i> infections (CDI), and <i>E.coli</i> bacteraemias; incidences, all remained within control limits. Professor Wallace noted that there remained ongoing, sustained improvement within NHSGCC.</p> <p>Professor Wallace noted the Quarterly Report of Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland. The data provided within the ARHAI Report demonstrated that NHSGGC were not outliers in any category presented and the charts within the report clearly highlighted continuous improvement over time. As a result of the improvement work within NHSGGC, the organisation had been asked to contribute to examples of best practice and sharing of learning across NHS Scotland Boards.</p> <p>Collaborative working with eHealth colleagues had been undertaken to incorporate several measures into the MicroStrategy dashboard. Professor Wallace noted thanks to Mr William Edwards, Director of eHealth, the eHealth Team, and all staff who had contributed to the development of this unique tool.</p> <p>Professor Brown thanked Professor Wallace and invited comments and questions from members.</p> <p>In response to a question regarding the sustained improvements made in respect of Infection Prevention and Control and the ongoing escalation to Level Four of the NHS Scotland Boards Performance Framework, Mrs Grant highlighted that she, and the Board Chair, would shortly meet with Scottish Government colleagues to discuss this issue further.</p> <p>A question was raised regarding ward closures due to COVID-19, and the reported increase from July to August, and what the current position was. Professor Wallace confirmed that there were currently eight wards closed across NHSGGC. She assured members that the Infection Prevention and Control Teams and Operational Managers continued to work extremely hard to ensure safety and continuity of service. Mr Best added that the majority of wards closed were due to COVID-19. He noted that one ward was closed currently due to a norovirus outbreak. He assured members that daily meetings took place at each site with ward closures to ensure this was managed effectively.</p> <p>A question was raised regarding the decision making process undertaken when closing a ward due to infection and whether staff were considered and tested as part of this process. Professor Wallace confirmed that both patients and staff were tested as part of any response to any potential infection outbreak.</p>		
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DRAFT – TO BE RATIFIED

	<p>In response to a question about incidences of wards closed due to the redeployment of staff and if this information was included, Mrs Grant confirmed that there had been a reduction of the elective programme because of the emergency demand, therefore some surgical wards had received medical patients. This was the position across other NHS Boards. Mr Best added that the organisation was required to report formally on the closure of wards due to infection, however he assured members that there were processes in place in respect of the redeployment of staff and this was recorded via the performance reporting mechanism.</p> <p>In summary, the Board were content to note the HAIRT 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 Infections; and the contribution of the infection Prevention and Control Team (IPCT) to the organisations response to COVID-19. Professor Brown thanked Professor Wallace, the IPCT, and all teams and staff for their contributions to achieving an ongoing, sustained improvement in respect of healthcare associated infections.</p> <p><u>NOTED</u></p>		
<b>102.</b>	<b>REMOBILISATION PLAN 4 AND WINTER PLAN UPDATE</b>		
	<p>The Board considered the paper ‘Remobilisation Plan 4 and Winter Plan Update’ [Paper No. 21/67] presented by the Medical Director, Dr Jennifer Armstrong. The paper provided an update on the current remobilisation position and the preparations and plans developed for winter 2021/22. Dr Armstrong highlighted that a presentation had been provided to the Finance, Planning and Performance Committee, at its recent meeting of 12 October 2021.</p> <p>Dr Armstrong provided an overview of the key elements of RMP4 including staff health and wellbeing; the elective programme; critical care; primary care; mental health; digital programmes; sustainability/green agenda; and finance.</p> <p>Dr Armstrong went on to provide an overview of the key elements of the Winter Plan 2021/22, including primary care; redesign of urgent care; secondary care; children; community services; and mental health.</p> <p>Professor Brown thanked Dr Armstrong for the update and invited comments and questions from members.</p>		

OFFICIAL SENSITIVE  
DRAFT – TO BE RATIFIED

	<p>In response to a question regarding public messaging and redirection policy, Dr Armstrong advised that there were three elements in respect of this. She highlighted the extensive work being undertaken to direct patients to the right place of care, to ensure they accessed the most appropriate service.</p> <p>Furthermore, signposting at Emergency Departments (EDs) was being undertaken by dedicated nurses, and this would be further strengthened by a redirection policy to allow clinicians to redirect individuals to more appropriate care. This work was being done on a national basis, therefore implementation would be done in tandem with all NHS Scotland Boards. Mrs Grant added thanks on behalf of the Board to Dr Scott Davidson and his Team for their efforts over the weekend to signpost patients and encourage use of the most appropriate services to reduce inappropriate attendances at EDs.</p> <p>A question was raised about efforts to continue communications and reassurance to the public, given the current pause of elective programmes. Mr Best assured members that the Outpatient Referral Management Centres had undertaken extensive work to contact patients regularly to advise them of the current position. Patients were reminded at every opportunity, that should their condition worsen, then they should contact their GP immediately.</p> <p>In response to a question about peer support programmes, and the current position in respect of this, Dr Armstrong advised that external training had been obtained and approximately thirty consultants had been trained to act as peer supporters. Mrs MacPherson added that early discussions had taken place regarding the peer support programme, and the model of best practice. Significant stakeholder input was acquired and a model for all staff was being developed.</p> <p>The Board were content to note the revised planning assumptions and service changes since the submission of RMP4; and the preparations and plans developed for the Winter Plan 2021/22. The Board would anticipate a further update on this at the next meeting of the Board in December 2021.</p> <p><u>NOTED</u></p>		<p><b>Dr Armstrong</b></p>
<p><b>103.</b></p>	<p><b>IMPLEMENTING THE ACTIVE GOVERNANCE APPROACH UPDATE</b></p>		
	<p>The Board considered the paper 'Implementing the Active Governance Approach Update' [Paper No. 21/68] presented by the Head of Corporate Governance and Administration, Ms Elaine Vanhegan. The paper provided an update on implementation of the Active Governance approach in NHSGGC.</p>		

OFFICIAL SENSITIVE  
DRAFT – TO BE RATIFIED

Ms Vanhegan noted progress in respect of the Active Governance Programme actions and highlighted that the actions in respect of risk, had been completed and were included as a separate item on the agenda for today's meeting. Ms Vanhegan noted the further work undertaken on the Scheme of Delegation and highlighted that this had been included within the paper.

Professor Brown thanked Ms Vanhegan for the update and invited comments and questions from members.

In response to a question regarding the governance of whistleblowing and this being overseen by the Audit and Risk Committee without input from the Staff Governance Committee, Professor Brown advised that discussion regarding this took place at the recent Audit and Risk Committee meeting, specifically in relation to the range of issues raised by whistleblowing. This could represent a very wide range with many of these issues not specifically related to staff issues. Oversight by the Staff Governance Committee reflects a false assumption that the majority of the matters raised were related specifically to staff issues. Furthermore, significant effort had been made whilst reviewing the Scheme of Delegation to ensure minimal duplication of scrutiny by Standing Committees. Mr Charles Vincent highlighted that he was supportive of whistleblowing being overseen by the Audit and Risk Committee, however he acknowledged that there were potentially some staffing issues which arose from whistleblowing cases. In particular, the oversight of the protection and treatment of whistle-blowers remained a fundamental component of the whistleblowing process.

Following discussion, it was agreed that the Audit and Risk Committee would receive the Quarterly and Annual Whistleblowing Reports, with the Board receiving the Annual Report. In addition, the Staff Governance Committee would also receive the Annual Report for consideration of any staff matters raised, including the support received by whistleblowers.

A question was raised about the timescales for resuming Board Member Visits. Mrs Grant explained that the current ongoing position in respect of COVID-19 made this particularly challenging, along with the ongoing demand challenges and additional work associated with the visit programme, therefore it was anticipated that the programme would resume in Spring 2022 at the earliest.

In response to a question about the Corporate Statements and if these had been updated on the website, Ms Sandra Bustillo confirmed that work was underway to improve the visibility of the Corporate Statements, both on the website and through



OFFICIAL SENSITIVE  
DRAFT – TO BE RATIFIED

	<p>A question was raised regarding the oversight of allocated risks by individual standing committees. Professor Brown clarified that it was intended going forward, that each standing committee carried out an in-depth scrutiny of one of their allocated risks at each meeting, with the Board then reviewing the Corporate Risk Register on a bi-annual basis.</p> <p>In response to a question regarding the risks associated with tackling waiting list initiatives, specifically funding available in respect of this, Mr White explained that this issue remained under scrutiny and continued to be debated. He highlighted that this was not necessarily an issue in respect of the financial implications, more so related to the availability of staff to increase productivity.</p> <p>A suggestion was made in relation to the description of risks and that these should include, where possible, the cause and impact within the description. Furthermore, some gaps were highlighted including the following risk areas:-</p> <ul style="list-style-type: none"> <li>• The loss of members of the corporate management team;</li> <li>• The ineffective use of medicines – further clarity was sought in respect of timescales for reviews;</li> <li>• The implementation of the Public Protection Strategy – further clarity was sought in respect of timescales;</li> <li>• The delivery of urgent care out of hours – required to be added to the risks;</li> <li>• Where there was no change to the impact or likelihood of a risk, assurance was sought that actions had been taken to identify any other mitigations.</li> </ul> <p>In summary, the Board were content to note the ongoing work of the Audit and Risk Committee and other standing committees in scrutinising, reviewing and updating their risk registers and took assurance from that process; reviewed and accepted the updated overarching Corporate Risk Register, subject to any changes or feedback to relevant standing committees as agreed.</p> <p><u>NOTED</u></p>		<p><b>Mr White</b></p>
<p><b>b)</b></p>	<p><b>RISK APPETITE STATEMENT</b></p>		
	<p>The Board considered the paper ‘Risk Management – Risk Appetite Statement’ [Paper No. 21/69b] presented by Mr Mark White, Director of Finance. The paper described the work undertaken to develop a Risk Appetite Statement to clarify the Board’s position and articulate its views on risks. The Risk Appetite Statement formed a key element of the risk management arrangements.</p>		

OFFICIAL SENSITIVE  
DRAFT – TO BE RATIFIED

	<p>Mr White noted that development of the Risk Management System remained in progress. He highlighted work undertaken to review processes and mapping of additional areas of risk, and that this would be updated as the process moved through the stages. The next stage of the process would be to align departmental risks. Mr White noted the appointment of a Senior Risk Officer to strengthen the position and to assist standing committees in their scrutiny of risk.</p> <p>Professor Brown thanked Mr White for the update and invited comments and questions from members. There were no questions raised.</p> <p>In summary, the Board were content to note the work that had been undertaken to develop the Risk Appetite Statement; the ongoing annual review process; and approved the enclosed updated Risk Appetite Statement as recommended by the working group. Professor Brown thanked Mr White, his team, and all staff involved in developing this important work.</p> <p><u>APPROVED</u></p>		
<p><b>105.</b></p>	<p><b>NHSGGC CLINICAL AND CARE GOVERNANCE ANNUAL REPORT 2020/2021</b></p>		
	<p>The Board considered the paper ‘NHSGGC Clinical and Care Governance Annual Report 2020/21’ [Paper No. 21/70] presented by Dr Jennifer Armstrong, Medical Director. The paper described the clinical governance arrangements, and progress made in improving safe, effective, and person centred care. It detailed a small selection of the activities and interventions, therefore was illustrative rather than comprehensive and it was important to note that there was substantially more activity at clinician, team, and service level arising from the shared commitment to provide high quality of care.</p> <p>Professor Brown thanked Dr Armstrong for the update and invited comments and questions from members. There were no questions raised.</p> <p>The Board were content to note the Clinical and Care Governance Annual Report 2020/21, and Professor Brown noted thanks on behalf of the Board to Dr Armstrong, Ms Geraldine Jordan, and all teams and staff for their contributions to clinical governance and ensuring safe, effective, and person centred care.</p> <p><u>NOTED</u></p>		

OFFICIAL SENSITIVE  
DRAFT – TO BE RATIFIED

<b>106.</b>	<b>WHISTLEBLOWING ANNUAL REPORT</b>		
	<p>The Board considered the paper ‘Whistleblowing Annual Report’ [Paper No. 21/71] presented by Ms Elaine Vanhegan, Head of Corporate Governance and Administration. The paper provided an overview of whistleblowing activity from 2020/21 and offered assurance that whistleblowing investigations took place in line with the Whistleblowing Policy and that all preparatory work was undertaken to ensure that NHSGGC was compliant with the new National Whistleblowing Standards.</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 arrangements for home working, if there was information regarding the percentage of staff working from home, and if the Staff Governance Committee had considered this, Mrs MacPherson advised that there was currently no data on the percentage of staff home working, however she highlighted that through provisions made and work undertaken by Mr Edwards team, a significant number of staff had opportunity to undertake home working. In addition, a homeworking group had been established. Discussions were underway to develop a national policy, and there was currently local guidance supported by staff partnerships.</p> <p>The Board were content to note the performance from the year 2020/21; and the improvement work undertaken to make the whistleblowing service effective, supportive and fit for purpose. Professor Brown noted thanks on behalf of the Board to Ms Jennifer Haynes, Corporate Services Manager – Governance, for her significant efforts to implement the required amendments in respect of whistleblowing and for production of an excellent report.</p> <p><u>NOTED</u></p>		
<b>107.</b>	<b>MINUTES OF BOARD GOVERNANCE COMMITTEE MEETINGS</b>		
<b>a)</b>	<b>ACUTE SERVICES COMMITTEE</b>		
<b>i)</b>	<b>CHAIRS REPORT OF MEETING HELD 21 SEPTEMBER 2021</b>		
	<p>The Board were content to note the Chairs Report of the meeting held on 21 September 2021 [Paper No. 21/72].</p> <p><u>NOTED</u></p>		

OFFICIAL SENSITIVE  
DRAFT – TO BE RATIFIED

<b>ii)</b>	<b>MINUTE OF THE MEETING HELD ON 20 JULY 2021</b>		
	The Board were content to note the minute of the meeting held on 20 July 2021 [Paper No. ASC(M)21/02].  <u>NOTED</u>		
<b>b)</b>	<b>FINANCE, PLANNING AND PERFORMANCE COMMITTEE</b>		
<b>i)</b>	<b>CHAIRS REPORT OF THE MEETING HELD ON 12 OCTOBER 2021</b>		
	The Board were content to note the Chairs Report of the meeting held on 12 October 2021 [Paper No. 21/73].  <u>NOTED</u>		
<b>ii)</b>	<b>MINUTE OF THE MEETING HELD ON 10 AUGUST 2021</b>		
	The Board were content to note the minute of the meeting held on 10 August 2021 [Paper No. FPPC(M)21/03].  <u>NOTED</u>		
<b>c)</b>	<b>AUDIT AND RISK COMMITTEE</b>		
<b>i)</b>	<b>CHAIRS REPORT OF THE MEETING HELD ON 14 SEPTEMBER 2021</b>		
	The Board were content to note the minute of the meeting held on 14 September 2021 [Paper No. 21/74].  <u>NOTED</u>		
<b>ii)</b>	<b>MINUTE OF THE MEETING HELD ON 16 MARCH 2021</b>		
	The Board were content to note the minute of the meeting held on 16 March 2021 [Paper No. ARC(M)21/01].  <u>NOTED</u>		
<b>iii)</b>	<b>MINUTE OF THE MEETING HELD ON 22 JUNE 2021</b>		
	The Board were content to note the minute of the meeting held on 22 June 2021 [Paper No. ARC(M)21/02].  <u>NOTED</u>		

OFFICIAL SENSITIVE  
DRAFT – TO BE RATIFIED

<b>d)</b>	<b>CLINICAL AND CARE GOVERNANCE COMMITTEE</b>		
<b>i)</b>	<b>CHAIRS REPORT OF THE MEETING HELD ON 14 SEPTEMBER 2021</b>		
	The Board were content to note the Chairs Report of the meeting held on 14 September 2021 [Paper No.21/75].  <u>NOTED</u>		
<b>ii)</b>	<b>MINUTE OF THE MEETING HELD ON 8 JUNE 2021</b>		
	The Board were content to note the minute of the meeting held on 8 June 2021 [Paper No. CCGC(M)21/01].  <u>NOTED</u>		
<b>e)</b>	<b>POPULATION HEALTH AND WELL BEING COMMITTEE</b>		
<b>i)</b>	<b>CHAIRS REPORT OF THE MEETING HELD ON 13 OCTOBER 2021</b>		
	The Board were content to note the Chairs Report of the meeting held on 13 October 2021 [Paper No. 21/76].  <u>NOTED</u>		
<b>ii)</b>	<b>MINUTE OF THE MEETING HELD ON 6 JULY 2021</b>		
	The Board were content to note the minute of the meeting held on 6 July 2021 [Paper No. PHC(M)21/01].  <u>NOTED</u>		
<b>f)</b>	<b>AREA CLINICAL FORUM</b>		
<b>i)</b>	<b>CHAIRS REPORT OF THE MEETING HELD ON 12 AUGUST 2021</b>		
	The Board were content to note the Chairs Report of the meeting held on 12 August 2021 [Paper No. 21/77].  <u>NOTED</u>		
<b>g)</b>	<b>PHARMACY PRACTICES COMMITTEE</b>		
<b>i)</b>	<b>CHAIRS REPORT OF THE MEETING HELD ON 1 SEPTEMBER 2021</b>		

OFFICIAL SENSITIVE  
DRAFT – TO BE RATIFIED

	The Board were content to note the Chairs Report of the meeting held on 1 September 2021 [Paper No. 21/78].		
	<u>NOTED</u>		
<b>108.</b>	<b>VALEDICTORY</b>		
	Professor Brown advised members that Ms Dorothy McErlean had notified the Board of her intention to retire in December 2021, as such this would be Ms McErlean's last meeting with the Board. Professor Brown wished to note thanks to Ms McErlean on behalf of the Board, for her dedication and commitment to the Board and the organisation over a number of years, not only as a Board member but also as a member of IJBs. Ms McErlean was an asset to the organisation and had successfully demonstrated a balance between her role as Employee Director and as a Board member. Ms McErlean's support and specialist advice on a wide range of issues would be missed. Professor Brown noted congratulations to Ms McErlean and wished her a long and happy retirement.		
	<u>NOTED</u>		
<b>109.</b>	<b>FORMER DIRECTOR OF COMMUNICATIONS OF NHSGGC</b>		
	It was with sorrow that Professor Brown informed the Board of the recent passing of Mr Ally McLaws, the former Director of Communications within NHSGGC, following a long battle with cancer. Mr McLaws had written about his experiences of having the disease in the Sunday Herald and many Board members and staff within the organisation had continued to follow Mr McLaws journey through his column. Professor Brown noted appreciation for everything Mr McLaws brought to the Board over the years and the legacy he left within the organisation, and within the Communications and Engagement Team, enabling them to make a positive impact on the health and wellbeing of the people of Greater Glasgow and Clyde. Mr McLaws would be sorely missed, and Professor Brown and Board members thoughts were with his family at this very sad time.		
<b>110.</b>	<b>DATE AND TIME OF NEXT SCHEDULED MEETING</b>		
	The next meeting would be held on Tuesday 21 December 2021, at 9.30 am, via MS Teams.		