

NHSGGC (M) 21/01
Minutes: 01 - 04

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
NHS Greater Glasgow and Clyde Board
held on Tuesday 19th January 2021, at 1.00pm
via MS Teams**

PRESENT

Prof John Brown CBE (in the Chair)

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

IN ATTENDANCE

Mr Jonathan Best	..	Chief Operating Officer
Ms Sandra Bustillo	..	Director of Communications and Engagement
Mr William Edwards	..	Director of eHealth
Mr Graeme Forrester	..	Deputy Head of Corporate Governance and Administration
Mrs Jennifer Haynes	..	Corporate Services Manager – Governance
Ms Louise Long	..	Chief Officer, Inverclyde HSCP
Mrs Anne MacPherson	..	Director of Human Resources and Organisational Development
Ms Susan Manion	..	Interim Director of GP Out of Hours Service
Mrs Geraldine Mathew	..	Secretariat Manager (Minute)
Ms Susanne Millar	..	Chief Officer, Glasgow City HSCP
Ms Julie Murray	..	Chief Officer, East Renfrewshire HSCP
Ms Caroline Sinclair	..	Interim Chief Officer, East Dunbartonshire HSCP
Mr Tom Steele	..	Director of Estates and Facilities
Ms Elaine Vanhegan	..	Head of Corporate Governance and Administration

		ACTION BY
01.	WELCOME AND APOLOGIES	
	The Chair welcomed those present to an additional meeting of the NHS Greater Glasgow and Clyde Board, the first meeting of 2021. The meeting combined members joining via video conferencing, members of the public observing via video conferencing, and a socially distanced gathering of some members within the Boardroom of JB Russell House. Members were asked to observe the standard etiquette protocol, and presenters were asked to provide short	

OFFICIAL SENSITIVE
DRAFT – TO BE RATIFIED

	<p>presentations to highlight key points. In addition, the Chair highlighted that members of the public had been invited to observe the meeting, and as such were reminded to ensure mics were on mute throughout the meeting.</p> <p>Apologies were intimated on behalf of Cllr Iain Nicolson and Mr Francis Shennan.</p> <p>Prof Brown detailed the items included on the agenda, those being a presentation on the ongoing response to the COVID-19 pandemic and a paper to consider the Governance Review Update.</p> <p>In addition, a third item of business would be considered, that being the Queen Elizabeth University Hospital(QEUH) and Royal Hospital for Children (RAH) Legal Position, following the Board's decision in December 2020 which required the Chief Executive to instruct MacRoberts LLP to act on behalf of NHSGGC Board to raise appropriate court proceedings.</p> <p><u>Invoking of Standing Order 5.22 – Resolution to take Agenda Item 5 in Private Session</u></p> <p>Prof Brown invited members to consider the proposal to resolve to invoke <i>Standing Order 5.22 – Board Meeting in Private Session</i>, in order to consider <i>Agenda Item 5 – QEUH/RHC Legal Position Update</i>.</p> <p>The Board resolved to invoke <i>Standing Order 5.22 – Board Meeting in Private Session</i> in order to consider <i>Agenda Item 5 – QEUH/RHC Legal Position Update</i>.</p> <p>APPROVED</p>	
02.	DECLARATIONS OF INTEREST	
	<p>Prof Brown invited Board members to declare any interest in any of the items to be discussed. There were no declarations made.</p> <p>NOTED</p>	
03.	COVID-19 UPDATE	
	<p>Ms Jane Grant, Chief Executive, provided a presentation on the current position in respect of the response to the COVID-19 pandemic. The presentation covered a number of key areas including current community prevalence; current impact on Acute and Health and Social Care Partnership (HSCP) services; Care Homes' Support; and the COVID-19 Vaccination programme.</p> <p><u>Community Prevalence</u></p> <p>Prof de Caestecker, Director of Public Health, provided an overview of current community prevalence. She noted that infection rates remained elevated and the Test and Protect Service continued to respond to the challenge. From 8th January 2021 to 14th January 2021, a total of 4,089 cases were reported to the Test and Protect Service. However, it was noted that the number of contacts of an infected individual had reduced which indicated that current social distancing restrictions were having a positive impact on transmission. The current level of infection was 330 cases per 100,000.</p>	

OFFICIAL SENSITIVE
DRAFT – TO BE RATIFIED

Acute Services Position

Mr Jonathan Best, Chief Operating Officer, provided an overview of the current position in respect of Acute Services. He noted that the service remained under pressure to respond to the impact of relaxation of restrictions during the festive period. Daily meetings were taking place to manage the situation and there were 526 inpatients within the last 28 days, and a total of 907, an increase of 49% above the position reported in April 2020. There were a total of 1,272 staff absent due to COVID-19 infection, self-isolation, and shielding, and a total of 16 Wards closed due to COVID-19. In respect of the elective position, Mr Best noted that focus continued to manage Priority 1 and 2 patients, and support from Golden Jubilee National Hospital (GJNH) was in place to maintain this.

HSCP Position

Ms Susanne Millar, Interim Chief Officer, Glasgow City HSCP, provided an overview of the current position within HSCPs. The Community Assessment Centres (CACs) remained active. There were currently 5 CACs in operation, with a total of 668 contacts within the last 9 days. Daily oversight of the activity of the CACs and the virtual hubs continued to ensure ongoing management of the position. In respect of delayed discharges, Ms Millar assured members that this remained a key focus, however challenges continued due to a number of care homes closed to new admissions due to COVID-19, with a total of 42 care homes currently experiencing an outbreak. Colleagues within HSCPs and Acute Services continued to work closely to manage the position, and an action plan was in place. The Mental Health Assessment Units (MHAUs) continued to work well and Ms Millar noted the essential work carried out by the MHAUs.

Care Homes Support

Prof de Caestecker, Director of Public Health, provided an overview of the current position in respect of the support being provided to care homes. She noted that there continued to be challenges in respect of care home outbreaks, and assured members that data on care homes staffing levels, infections, and vaccination rates, was reviewed on a daily basis to identify and deploy appropriate support. Daily meetings with a range of multi-disciplinary and HSCP colleagues were in place, as were weekly meetings with Care Inspectorate colleagues.

COVID-19 Vaccination Programme

Prof de Caestecker provided an overview of the current position in respect of the COVID-19 Vaccination Programme. She noted that there were two vaccinations approved for use in the first phase of the vaccination programme, those being the Courageous (Pfizer) vaccine and the Talent (Oxford/AZ) vaccine. A third vaccine, the Moderna vaccine, had also been approved for use in the first phase of the programme, however this vaccine was unlikely to be available in the UK until March/April 2021. Prof de Caestecker highlighted the confirmed Priority Groups for the first phase of the programme, as detailed within the Chief Medical Officers letter. These included:

- Care Home residents in Care Homes for Older Adults;
- Care Home workers in Care Homes for Older Adults;
- Healthcare staff working with direct face to face contact in healthcare settings;
- Long stay inpatients aged over 80 years old;
- Individuals over 80 years old in the community;
- Social care front facing staff.

OFFICIAL SENSITIVE
DRAFT – TO BE RATIFIED

Vaccination of the above priority groups commenced in December 2020, and would be completed by 5th February 2021, with circa 100,000 people vaccinated.

From 1st February 2021, a further circa 188,000 people would be vaccinated in the following groups:

- Commencement of second dose for the first priority groups;
- People over the age of 65 years;
- People on the shielding list.

In summary, COVID-19 cases remained elevated, and it was anticipated that this would increase. Hospital bed demand was significantly higher than that of the first wave and with Care Homes continuing to require significant support. The COVID-19 Vaccination Programme was progressing well.

Prof Brown thanked Ms Grant, Prof de Caestecker, Mr Best and Ms Millar, for the updates provided. He commended the work of Ms Grant and the Executive Team for their ongoing commitment to manage the emergency situation. He expressed gratitude on behalf of the Board to all staff across health and social care services, and external partner organisation staff, for their ongoing support and commitment to manage the position. He invited comments and questions from members.

In response to a question regarding the elective programme sessions being undertaken at the GJNH and if these were staffed by NHSGGC staff or GJNH staff, Mr Best confirmed that, elective work undertaken by the GJNH as part of the Service Level Agreement (SLA) in place was staffed by GJNH staff. Additional support undertaken by GJNH out with the SLA, has been undertaken with a mix of both GJNH and NHSGGC staff. A further question was raised about the impact of staff absence due to self-isolation and shielding within GJNH. Mr Best advised that the GJNH had experienced a similar level of absence to that of NHSGGC.

A question was raised regarding the current impact of COVID-19 restrictions on attendances and activity at Emergency Departments (EDs). Mr Best explained that there had been a reduction in attendances at ED and described the current arrangements in respect of unscheduled care, including the Specialist Assessment and Treatment Area (SATA); the ED; and the GP Assessment pathway.

In response to a question regarding the 16 wards closed due to COVID-19 and if this included mental health wards, Mr Best confirmed that the wards alluded to did not include mental health wards.

A question was raised regarding the care homes currently closed to new admissions, and what proportion of care homes this represented. Ms Millar confirmed that this represented approximately just over one third of care homes across NHSGGC. She reported that, in some HSCP areas, this represented approximately half of care homes. This issue remained a quickly changing and complex position.

In response to a question regarding the MHAUs and if there were any delays associated with commencement of treatments such as psychological therapies,

OFFICIAL SENSITIVE
DRAFT – TO BE RATIFIED

<p>Ms Millar explained that there was a substantial amount of data available regarding access, referrals and performance. Furthermore, access to psychological therapies formed part of the Remobilisation Plan of mental health services which continued to be progressed. Prof Brown confirmed that an update on progress of the full Remobilisation Plan would be presented to the Board at the February 2021 meeting.</p> <p>A question was raised regarding uptake of the COVID-19 vaccination amongst care home staff and if there was any evidence to suggest staff were reluctant to receive the vaccination. Prof de Caestecker advised that there had been some concern that some younger care home members of staff were reluctant to receive the vaccination due to misinformation circulating on social media, however she assured members that there had been a very high uptake of the vaccination amongst care home staff. This was due to the immunisation staff visiting the care homes to provide information to the staff members, at the time of immunisation. Furthermore, Ms Bustillo, Director of Communications and Engagement, and the Communications Team, were fully involved in planning activities in respect of the vaccination programme. In addition, Dr Syed Ahmed, Clinical Director and Consultant in Public Health Medicine, had been working on producing Webinars for care home staff to ensure they receive correct information and to diffuse any myths about vaccination.</p> <p>In response to a question raised regarding the availability of data to demonstrate the vaccination uptake rate, Prof de Caestecker advised that data would be available in February 2021, which would indicate the uptake rates amongst the first priority groups.</p> <p>A question was raised regarding the common side effects of the vaccines and if this information was available online. Prof de Caestecker advised that there were few, mild side effects reported. This information was collated on a national basis, therefore agreement to publish a list of common side effects would remain a national decision.</p> <p>Discussion took place regarding patient stories and the potential to feature patients who had been vaccinated. Ms Bustillo highlighted a recent patient story of a patient being vaccinated on their 108th birthday. She assured members that good progress was being made in respect of communications regarding the vaccination programme. Prof Brown wished to note thanks on behalf of the Board to Ms Bustillo, and the Communications Team for their efforts to ensure ongoing external and internal communications throughout this challenging period, and acknowledged their hard work and efforts.</p> <p>In response to a question regarding the impact of COVID-19 on health inequalities and what actions were being taken to address this, Prof de Caestecker advised that this been taken into account when planning the locations of the mass vaccination clinics, a number of which were being located within the most deprived communities to ensure accessibility. Furthermore, she assured members that this would be closely monitored to ensure additional support which may be required by specific communities. A further question was raised about the vaccination of Black and Minority Ethnic (BME) staff members, and Prof de Caestecker advised that staff who identified as being within the BME community, were invited to attend for vaccination during the initial roll out and there had been a positive response to this.</p>	<p>Ms Grant/ Dr Armstrong</p>
--	--------------------------------------

