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NHSGG&C (M) 20/03
Minutes: 34 - 51



NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
NHS Greater Glasgow and Clyde Board
held on Tuesday 30th June 2020, at 09:30am
via Microsoft Teams**

PRESENT

Prof John Brown CBE (in the Chair)

Dr Jennifer Armstrong	Cllr Caroline Bamforth
Ms Susan Brimelow OBE	Mr Simon Carr
Mr Alan Cowan	Cllr Jim Clocherty
Prof Linda de Caestecker	Ms Jeanette Donnelly
Ms Jacqueline Forbes	Ms Jane Grant
Cllr Mhairi Hunter	Ms Margaret Kerr
Ms Amina Khan	Dr Donald Lyons
Mr Allan MacLeod	Mr John Matthews OBE
Cllr Jonathan McColl	Ms Dorothy McErlan
Dr Margaret McGuire	Cllr Sheila Mechan
Ms Ketki Miles	Ms Anne Marie Monaghan
Cllr Iain Nicolson	Mr Ian Ritchie
Mr Francis Shennan	Ms Paula Speirs
Ms Rona Sweeney	Mrs Audrey Thompson
Ms Flavia Tudoreanu	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 Geraldine Mathew	..	Secretariat Manager (Minutes)
Ms Susanne Millar	..	Chief Officer, Glasgow City HSCP
Ms Catherine Ospedale	..	Deputy Director of Communications and Engagement
Ms Nareen Owens	..	Deputy Director of Human Resources and Organisational Development
Ms Elaine Vanhegan	..	Head of Corporate Governance and Administration
Prof Angela Wallace	..	Executive Director for Infection Prevention and Control

		ACTION BY
34.	WELCOME AND APOLOGIES	
	Prof Brown welcomed those present to the first meeting of the full Board since the meeting in February 2020 and the first meeting which combined both members joining via video conferencing and a socially distanced gathering of some members within the Boardroom of JB Russell House. He welcomed the	

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	<p>newly appointed Non-Executive Board members, Ms Ketki Miles, Mr Francis Shennan and Ms Paula Speirs.</p> <p>A number of key topics would be discussed at the meeting including service delivery; an update on COVID-19; the Remobilisation Plan; and consideration of a paper presented which detailed improvement to Corporate Governance in NHSGGC. Prof Brown wished to note thanks to the Non-Executive Board members and Executive Leads who took forward work within their respective Short Life Working Groups (SLWGs), and to Ms Tricia Duncan, for her assistance to draw together the conclusions of the SLWGs that contributed to the development of the Corporate Governance Action Plan being considered at the meeting.</p> <p>Prof Brown also noted that there were a number of Board Standing Committee and Interim Board minutes submitted to the Board for noting. He added that whilst a number of documents were being presented to the Board today for noting, members were reminded that this provided an opportunity for members to raise and questions, comments and seek assurances on the information provided.</p> <p>There were no Board member apologies noted.</p> <p><u>NOTED</u></p>	
35.	DECLARATIONS OF INTEREST	
	<p>Prof Brown invited members to declare any interests in any of the agenda items to be discussed.</p> <p>Ms Speirs declared an interest in respect of a number of the items being discussed, in consideration of her position as Associate Director of Planning, NHS24. The Board were content to note this.</p> <p>Mr Charles Vincent declared an interest in respect of Item 8 – Paper 20/24 – Queen Elizabeth University Hospital (QEUH) and Royal Hospital for Children (RHC). The Board were content to note the declaration made, with the caveat that Mr Vincent did not take part in any of the discussions regarding Item 8.</p> <p><u>NOTED</u></p>	
36.	MINUTES OF PREVIOUS MEETINGS	
a)	MINUTES OF NHSGGC BOARD MEETING HELD 25TH FEBRUARY 2020	
	<p>The Board considered the minute NHSGGC Board Meeting of 25th February 2020 [Paper No. NHSGGC (M) 20/01]. On the motion of Mrs Thompson, seconded by Mr Ritchie, the minute was approved and accepted as an accurate record, subject to the following amendments:</p> <p>Item 03a – GP Out of Hours Update, page 12, paragraph 5, line 8 – corrected to “<i>deprivation</i>”.</p>	

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	<p>Item 09 – Coronavirus Update, page 7, paragraph 2, line 4 – corrected to “As such, there were no known shortages of any personal protective equipment, at this time”.</p> <p>Item 23 – Staff Governance Committee Update, page 25, paragraph 2, line 2 – corrected to “Co-Chairs of the Staff Governance Committee had recently undertaken a visit to observe NHS Lanarkshire’s Staff Governance Committee, and planned to visit to observe Golden Jubilee National Hospital Staff Governance Committee”.</p> <p>APPROVED</p>	
	<p>b) MINUTES OF NHSGGC INTERIM BOARD MEETING HELD 16TH JUNE 2020</p>	
	<p>The Board considered the minute of NHSGGC Interim Board Meeting of 16th June 2020 [Paper No. IB (M) 20/06]. On the motion of Mr Matthews OBE, seconded by Mr MacLeod, the minute was approved and accepted as an accurate record.</p> <p>Members queried an action in respect of Item 75 – Speak Up and Whistleblowing Review, page 8, final paragraph. Prof Brown clarified that Mr Vincent would meet with the Co-Chairs of the Staff Governance Committee, and with the Director of Human Resources and Organisational Development, in respect of how conclusions were reached following investigations and if the conclusion reached was considered reasonable. A copy of the final terms of reference would be circulated to members, following approval by the Staff Governance Committee.</p> <p>APPROVED</p>	<p>Ms Vanhegan</p>
	<p>37. MATTERS ARISING</p>	
	<p>a) ROLLING ACTION LIST OF NHSGGC BOARD</p>	
	<p>The Board considered the Rolling Action List of the NHSGGC Board [Paper No. 20/22a].</p> <p>Members agreed to the closure of 26 actions from the Rolling Action List.</p> <p>In addition, the following actions were discussed;</p> <p>Item 24 “Strengthening Leadership” Action - A number of business areas would require to be refreshed in the context of COVID-19, and members were keen to ensure continued overview of this key element was retained. An update on progress of this action would be provided in due course.</p> <p>Item 14 “Staff Flu Vaccination Programme” Action – Prof de Caestecker noted that planning for the next influenza season was underway and included both health and social care staff groups. There was a possibility that this may be combined with a COVID-19 vaccination, however this was dependent on development of a vaccine. Emphasis on the importance of staff receiving the influenza vaccination was crucial and work would be undertaken to improve uptake rates amongst specific staff groups. A survey of the staff groups with the lowest uptake rates would be considered as part of this work, along with wider</p>	

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	<p>consideration of how staff views could be obtained. There was an intention to seek the views of nursing staff within this work and this would be reported via the Staff Governance Committee and the Public Health Committee. Ms McErlean was supportive of the approach to consider other ways of obtaining feedback from staff groups and links created with the Area Partnership Forum and Staff Governance Committees regarding this.</p> <p><u>NOTED</u></p>	
b)	ROLLING ACTION LIST OF INTERIM BOARD	
	<p>The Board considered the Rolling Action List of the NHSGGC Interim Board [Paper No. 20/22b].</p> <p>Members agreed to the closure of nine actions from the Rolling Action List.</p> <p>In addition, the Board noted that one action remained ongoing in respect of the “Speak Up and Whistleblowing Review” and would anticipate an update on this action in due course.</p> <p><u>NOTED</u></p>	
38.	HEALTHCARE ASSOCIATED INFECTION REPORT (HAIRT)	
	<p>The Board considered the paper ‘Healthcare Associated Infection Report (HAIRT)’ [Paper No. 20/27] presented by the Executive Director of Infection Prevention and Control, Prof Angela Wallace. The report had recently been redesigned and this was the second occasion that the report had been presented in the revised format. Prof Wallace welcomed the opportunity to further develop the report to incorporate the key comments from Board members. It had recently been considered and approved by the NHSGGC Board Infection Control Committee (BICC).</p> <p>Prof Wallace provided an overview of the key elements of the report including the new Annual Operational Plan targets set for 2019-22 for <i>Staphylococcus aureus bacteraemia</i> (SAB), <i>Clostridioides difficile infection</i> (CDI), and <i>Escherichia coli bacteraemia</i> (ECB); and, information regarding incidents and outbreaks. Prof Wallace highlighted the key summary of activity demonstrated across the HAIRT. She drew attention to the ongoing efforts of staff across NHSGGC in relation to reducing healthcare associated infections (HAI). Prof Wallace was pleased to report that all infection prevention targets remained within control limits in this period.</p> <p>Prof Brown thanked Prof Wallace for the update and invited comments and questions from members.</p> <p>In response to a suggestion that further consideration of the format of the report was required, particularly by Non-Executive Board members with a non-clinical background, Prof Brown highlighted that this had been considered as part of the Corporate Governance Report [Paper No. 20/30], which included proposals to revise the user requirements of Board reports, including the format and frequency of reporting.</p>	

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	<p>Clarification was sought regarding the identification of two gram negative bacteraemia within Ward 6A of the Queen Elizabeth University Hospital (QEUH). Prof Wallace provided an overview of the systematic approach taken to investigate this incident and describe the findings and the actions taken. Prof Wallace was confident there was a good level of ongoing clinical engagement with families led by the Paediatric clinical and management team. .</p> <p>In response to a question regarding the reporting of Healthcare Environment Inspectorate (HEI) inspections, Prof Wallace confirmed that there had not been any inspections carried out in this period. Prof Wallace explained that HAI inspections were a standard feature of the HAIRT; it had been omitted in this report as inspections had been paused during COVID-19. HEI inspections were due to recommence on Monday 6th July 2020 across NHS Scotland, with a focus on Community Hospitals.</p> <p>A question was raised regarding the achievability of the <i>Escherichia coli</i> bacteraemia (ECB) reduction targets, and Prof Wallace confirmed that discussions remained ongoing with Scottish Government colleagues in respect of this target. She explained however that NHSGGC had plans in place to reduce the incidence of ECB infections and these would continue to be a focus for improvement. NHSGGC would continue to work with the Scottish Government in any discussions regarding the ECB targets.</p> <p>In summary, the Board were content to note the report and were assured by the information provided that the efforts of all colleagues involved in the prevention and control of infection across NHSGGC continued to deliver improvements in this area.</p> <p><u>NOTED</u></p>	
39.	CHAIRS REPORT	
	<p>Prof Brown provided an overview of the key elements of his recent discussions with the Cabinet Secretary. There remained a clear focus on the ongoing management of the response to the COVID-19 pandemic, and it was acknowledged that NHSGGC, being the largest Board within Scotland, faced the greatest challenge. The organisation required to exercise caution whilst planning the resumption of NHS services and continue to be mindful of the potential for a second wave of COVID-19 infections. It was crucial that the organisation continued to be alert to, and address, potential transmission risks within primary and secondary care services. The focus of the organisation remained, as always, on saving and protecting lives. The Remobilisation Plan represented a long term framework moving forward and NHSGGC was committed to participating a “Once for Scotland” approach to ensure a consistent position.</p> <p><u>NOTED</u></p>	

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40.	CHIEF EXECUTIVES REPORT	
	<p>Ms Grant provided an overview of recent meetings with Scottish Government and Chief Executive colleagues regarding the ongoing efforts to respond to the COVID-19 pandemic. She paid tribute to all health and social care staff for their dedication and ongoing efforts throughout this challenging time. Significant learning had been obtained from the increased whole system working approach of recent weeks, along with the implementation of digital approaches, and new pathways, all implemented at pace, whilst ensuring the ongoing protection of patients from COVID-19 and retaining a patient-focused approach. Ms Grant assured members that the significant achievements made would continue to be built upon through the development of the Remobilisation Plan to transform healthcare services.</p> <p>Prof Brown thanked Ms Grant for the update and invited comments and questions from members on both the Chief Executive update and the Chairs update.</p> <p>In response to a question regarding the “Once for Scotland” approach and if engagement in service change would be considered on a national basis, Prof Brown advised that clarity was awaited in respect of this from the Scottish Government. He noted that engagement with stakeholders remained an important part of service change, however consideration was being given to this on a national level, to explore the ways in which this could best be achieved in the current climate.</p> <p><u>NOTED</u></p>	
41.	COVID-19 UPDATE	
	<p>The Board considered the paper ‘COVID-19 Update’ [Paper No. 20/23] presented by the Chief Executive, Ms Jane Grant. The report provided an update on the overall position in respect of the NHSGGC response to manage COVID-19.</p> <p>Ms Grant highlighted that the position within the Acute Division, whilst stable, continued to be very busy. A significant amount of work had been undertaken in a number of areas including with HSCP Chief Officers in relation to the Partnerships Tactical Group; and the continued support to care homes. Staff health and well-being remained central to all of the work being undertaken, from a short, medium and long term perspective.</p> <p>Prof Brown thanked Ms Grant for the update and invited comments and questions from members.</p> <p>In response to a question regarding the rationale behind visits to care homes rated “green”, Dr McGuire confirmed that visits to “green” rated care homes formed part of the request by the Scottish Government and was important to establish a baseline of information, particularly in respect of infection control, standards of care and staffing. Ms Millar added that feedback received from Scottish Care regarding the visits undertaken was positive and this was working well across all HSCP areas.</p>	

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A question was raised regarding the testing of care home residents who were unable to give consent. Ms Millar confirmed that the Mental Welfare Commission (MWC) guidance had been circulated extensively. The Care Homes Group established and attended by Dr McGuire, Prof de Caestecker, Ms Long, and Ms Millar, had also sought advice in respect of this issue from the Chief Social Work Officer for Scotland.

Assurance was sought regarding which care homes were included within the support provided. Dr McGuire confirmed that all care homes, including learning disability facilities and residential facilities, were included. There were a total of 196 facilities across NHS GGC, and Dr McGuire assured members that plans were in place to visit all care home facilities. Improvement work was underway in any home giving rise for concern.

In response to a question regarding the effectiveness of the national testing portal, compliance by care homes, and if there was any oversight of this by the Health and Social Care Partnerships (HSCPs), Prof de Caestecker assured members that initial issues were being resolved but they remain the responsibility of the UKG/NSS programme. Care homes had been asked to register with the portal and older people's care homes had done so. Implementation of testing had created an additional administrative burden within care homes and work was underway to streamline the process of submitting information of testing kits, in order to reduce this burden. Prof de Caestecker noted that the Director of eHealth, Mr Edwards and the eHealth Team had undertaken work to develop data collection methods, and data on care home testing were now available. HSCPs were fully engaged in support to care homes and were developing additional ways in which care homes could be supported. Ms Grant added that all Chief Executives, Chief Officer, and their teams, continued to focus on delivery of support to care homes and to work through issues and identify solutions, in a rapidly changing environment. Ms Millar highlighted that all HSCPs had been working closely with Prof de Caestecker and Dr McGuire, to support care homes and build on existing relationships with care homes. In addition, they have worked closely with Scottish Care and the Care Inspectorate. Prof Brown wished to record thanks on behalf of the Board to Prof de Caestecker, Dr McGuire, Ms Millar, all Chief Officers, and HSCP teams for their ongoing commitment to support care homes throughout this challenging time.

A question was raised regarding the decision taken to discharge patients to care homes at the beginning of the outbreak of COVID-19 and how this decision was reached. There had been a clear instruction from Scottish Government colleagues about the requirement to rapidly reduce delayed discharge. There was an initial requirement to move swiftly, and it was acknowledged that, at the initial outbreak, there was limited information in respect of the nature of the virus, with learning only obtained as this developed. It is anticipated that there would be further discussion on this while the COVID-19 outbreak remained very much an ongoing situation.

Discussion took place regarding the establishment of the Lighthouse Laboratory to undertake COVID-19 testing for care homes, and Prof Dominiczak wished to note the exceptional achievements made in respect of this work. She noted the capacity of the lab had been significantly increased at pace, and commended the work of all colleagues involved. The Board agreed to have further discussion on this work at the next meeting. Prof Brown noted thanks on behalf of the Board

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	<p>to Prof Dominiczak and Glasgow University colleagues for their ongoing support to develop this.</p> <p>In summary, the Board were content to note the report and were assured by the information provided in respect of the overall position of NHSGGC response to manage the COVID-19 pandemic.</p> <p><u>NOTED</u></p>	
<p>42.</p>	<p>QUEEN ELIZABETH UNIVERSITY HOSPITAL AND ROYAL HOSPITAL FOR CHILDREN UPDATE</p>	
	<p>The Board considered the paper 'Queen Elizabeth University Hospital and Royal Hospital for Children Update' [Paper No. 20/24] presented by the Chief Executive, Ms Jane Grant. The paper provided an update following the paper presented to the Board at its meeting on 25th February, with regards to the QEUH and RHC escalation and associated work streams. In addition, the paper provided a summary position and detailed the findings, recommendations and initial action status stemming from the publication of the External Review of the QEUH led by Dr Andrew Fraser and Dr Brian Montgomery.</p> <p>Prof Brown thanked Ms Grant for the update and invited comments and questions from members.</p> <p>In response to a question about themes highlighted in the External Review Report regarding the culture of the organisation, how this was perceived both from an internal and external perspective, and what action had been taken to address this, Ms Grant noted that at the Board meeting of 25th February, there were three papers presented which considered the culture and leadership of the organisation and included communications; engagement; and organisational development. Ms McErean and Mrs MacPherson, Director of Human Resources and Organisational Development, had presented this work to the Oversight Board, which included a focus on the principle of clinical leadership. There were a number of key elements of work in progress including development of Investors in People (IIP) and work with the Consultation Institute. Ms Owens, Deputy Director of Human Resources and Organisational Development, noted that a number of the work streams were included as part of the Workforce Strategy. Engagement with staff had commenced prior to the COVID-19 outbreak, and further engagement with staff post-COVID-19 would take place to gain learning. This work would continue to be reported to the Staff Governance Committee.</p> <p>A question was raised regarding the recent BBC Scotland Disclosure programme, and if there was a specific reason why an NHSGGC representative did not appear on the programme. Prof Brown noted that there was no specific Scottish Government policy which prevented participation. Significant advice was sought in respect of this, from a number of colleagues including the Central Legal Office (CLO) and legal counsel representing NHSGGC, and, in order to protect patient confidentiality and for legal implications, it was not recommended by the Board's legal advisors. A full statement was released to BBC Scotland, however the statement broadcasted was truncated. Members requested that a copy of the full statement provided be circulated to the Board.</p>	<p style="text-align: right;">Secretary</p>

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	<p>In response to comments regarding the themes raised within the External Review Report, including infection prevention and control leadership, accountability and team dynamics, Ms Grant assured members that work continued to address the issues highlighted by the report including significant work with an external Organisational Development consultant to understand what has driven specific team dynamics; implementation of learning; and the work of Prof Wallace in respect of infection prevention and control. A significant number of colleagues had been engaged with and consideration was being given to how further feedback and learning could be obtained, the results of which would be reported to the Staff Governance Committee in due course. Dr McGuire added that the Infection Prevention and Control Team had carried out a significant amount of work to strengthen the Team and continued to ensure the safety of all patients across NHSGGC. Dr McGuire commended the Infection Prevention and Control Team for their efforts throughout this challenging time, was assured by the positive results reflected within the Healthcare Associated Infection Report (HAIRT) and noted thanks to all of the Infection Prevention and Control Team members.</p> <p>A question was raised regarding the recommendations noted at point 21 and 22, regarding electronic records, and if this should be extended to all records, not only those related to major projects. Ms Grant noted that work had commenced in respect of these recommendations and noted that consideration was required to the process by which reports undertaken were escalated to senior management to ensure senior oversight of any issues.</p> <p>In summary, the Board were content to note the update in respect of the escalation of the QEUH and RHC and associated issues; the key findings and recommendations of the QEUH Review Report; and the approach being employed to ensure the relevant recommendations were fully implemented within NHSGGC and presentation of the outline action plan on the initial status.</p> <p><u>NOTED</u></p>	
43.	NHSGGC PERFORMANCE REPORT	
	<p>The Board considered the paper 'NHSGGC Performance Report' [Paper No. 20/25] presented by the Director of Finance, Mr Mark White. The paper represented a truncated version, which was tailored to address COVID-19 issues, therefore focused on Acute performance, including waiting times. Mr White highlighted that, as discussed at the Interim Board, the report included local management information as opposed to the routine monthly validated performance information and was indicative of current performance levels, to provide a more up to date view of the performance position during COVID-19 pandemic.</p> <p>Mr Best provided an overview of current performance in respect of a number of key areas including New Outpatients Waiting >12 weeks; number of eligible Treatment Time Guarantee (TTG) Patients Waiting >12 weeks for an Inpatient/Day case Procedure; number of patients waiting >6 weeks for a key diagnostic test; and the cancer 62 days waiting time from receipt of an urgent referral with a suspicion of cancer to first cancer treatment. Prior to the COVID-19 outbreak, NHSGGC was on target to meet the trajectory set out by the Scottish Government by the end of March 2020. He noted the ongoing</p>	

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management of a number of shielding in-patients and the prioritisation of urgent suspicion of cancer and urgent care.

Prof Brown thanked Mr White and Mr Best for the update, and acknowledged that the report reflected the current performance based on COVID-19 priorities. He invited comments and questions from members.

In response to a question raised about the key elective access measures and if there was concern about the number of referrals received, Mr Best noted that there had been a reduction in the number of referrals, however following a successful media campaign, the number of referrals was beginning to increase steadily. For example, the number of suspicion of cancer referrals was usually in the region of 1,000 referrals per week. This had dropped to 300 – 400 due to COVID-19, and this was now beginning to increase and was now in the region of 700 – 800. The increase in general outpatient referrals was slower, however Mr Best assured members that the Acute Team continued to work with the Primary Care Interface Group to monitor and explore ways to increase this.

In response to a question regarding the implementation of digital methods to conduct virtual outpatient appointments and if this was likely to increase or reduce the number of patients seen, Mr Edwards described a significant amount of work undertaken to implement the use of digital technology to carry out virtual outpatient consultations. Over 5,000 consultations had taken place per month, in addition to a significant number carried out within in General Practice. There was a commitment to deliver care virtually as much as possible, provided this was suitable for the patient and the service being carried out. Further detailed comparison would be undertaken and initial feedback received from patients and clinicians was positive. It was expected that implementation of digital methods would result in patients being seen faster, however this would be measured per specialty, the results of which would be reported to the Acute Services Committee in due course.

There was a question raised regarding the reason for the increase in adults with incapacity (AWI) delayed discharges. Ms Millar provided an overview of the current position. She noted the pre-COVID-19 legal challenge by the Equality and Human Rights Commission (EHRC), and the changes implemented as the legal process continued. She noted the addition of emergency legislation in response to COVID-19, which allowed the moving of AWI patients in the event that the Acute system became under intolerable pressure because of COVID-19. This remained under close scrutiny by the Scottish Government, and there had not been a requirement to enact the powers within the legislation to date. Due to COVID-19, court proceedings had been suspended, and this had also contributed to AWI delayed discharge performance. She noted that the court system would recommence on Monday 6th July, and Mental Health Officers (MHOs) were currently working closely with Acute colleagues to progress this.

A question was raised regarding delayed discharge performance and if confidence in care homes was a factor. Ms Millar assured members that colleagues continued to work closely with families to increase confidence levels and provide reassurance.

There was a question about the performance framework and if this had been effectively paused by the Scottish Government. Ms Grant explained that there were three main elements of the performance framework, those being; scheduled care, unscheduled care and GP Out of Hours. Weekly meetings with

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colleagues regarding these individual elements continued, however it was acknowledged that the demand profile was not what it had been due to the impact of COVID-19. There continued to be a focus on provision of care for urgent suspicion of cancer and urgent care and consideration was being given to the potential to work regionally, in addition to ongoing clinical prioritisation.

A question was raised regarding the reduction in demand in Emergency Departments (ED), in particular, inappropriate attendances at Accident and Emergency (A&E), and if there was evidence that this had begun to increase. Mr Best confirmed that demand had fallen due to a number of reasons, those being, the COVID-19 outbreak and the behaviours of the public; and the implementation of different ways of working such as the deployment of Orthopaedic Consultants within the Minor Injuries Units (MIUs), the deployment of Band 7 nurses to triage patients who had attended ED, and the establishment of the Mental Health Hubs. Mr Best assured members that the additional measures implemented during COVID-19, would be evaluated swiftly, and those measures which proved successful, would be quickly implemented on a permanent basis. It was crucial that new ways of working were embedded at pace.

In response to a question regarding the waiting times for the Child and Adolescent Mental Health Service (CAMHS), the variations in waiting times across HSCP areas, and if cross cover arrangements were in place, Ms Millar assured members that cross locality working was in place across the six HSCPs and an ongoing commitment to this. Chief Officers continued to closely monitor waiting times and staffing levels to make the best use of resources across NHSGGC.

A question was raised about the possibility of establishing “COVID-19 free Hospitals” within NHSGGC to increase public confidence and assist with the reintroduction of the elective programme. Mr Best described the red and green pathways model which had been implemented across Acute hospitals. Red pathways were established for treatment of suspected COVID-19 positive patients and green pathways established for COVID-19 free patients, which, in effect, created “COVID-19 free” zones within the hospital sites.

Questions were raised regarding access to psychological therapies, the impact of COVID-19 on waiting times for these services, and what additional support was available for vulnerable groups such as asylum seekers. In addition, an update was sought regarding the prevalence of COVID-19 within older people’s mental health wards. Ms Millar stressed that the safety and well-being of patients within older people’s mental health wards remained of the upmost priority and Chief Officer colleagues continued to work closely with colleagues within Acute to ensure this. There was currently one COVID-19 positive patient, within one ward. All other wards remained COVID-19 free. She assured members that mental health services was a key component of the recovery plans and a significant amount of work was underway in respect of the public health approach to mental health services. Extensive support to vulnerable groups such as asylum seekers continued throughout the COVID-19 pandemic and this would continue through the recovery phases.

In summary, the Board were content to note the Performance Report based on local management information and the indicative level of current performance, and were assured by the information provided.

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	<p>NHSGGC consultants. The central contract with Nuffield Hospital was in place until the end of August, at which point this would be reviewed.</p> <p>There were questions raised regarding the overall costs of recovery and how this would align with the Moving Forward Together (MFT) programme. Mr White advised that detailed scenario planning had been undertaken by the Finance Team to consider all the potential financial implications, based on a significant number of various scenarios. There were some uncertainties such as the shape and impact of the Attend Anywhere model and digital access, however he assured members that this continued to be analysed and further information would be presented in due course.</p> <p>In summary, the Board were content to note the additional COVID-19 costs incurred by the Board in the first two months of financial year 2020/21 and would anticipate further information in due course. The Board were assured by the information provided that significant consideration was being given to the financial challenges and the impact of recovery moving forward.</p> <p>NOTED</p>	<p>Mr White</p>
<p>45.</p>	<p>CLINICAL AND CARE GOVERNANCE REPORT</p>	
	<p>The Board considered the paper 'Clinical and Care Governance Report' [Paper No. 20/28] presented by the Medical Director, Dr Jennifer Armstrong. The report provided an overview of how the Board was maintaining responsibility for monitoring and improving the quality of care as NHSGGC emerged into the "recovery phase" of the COVID-19 emergency.</p> <p>Prof Brown thanked Dr Armstrong for the report and invited comments and questions from members.</p> <p>In response to a question regarding the introduction of iPads within wards, funded by the Endowments fund, to allow patients to remain in contact with friends and relatives, and if additional iPads could be purchased, Dr McGuire advised that this was being developed. A minimum of 2 iPads were purchased for each area, some areas had requested additional iPads, and additional devices would be rolled out in due course. The Board noted that the roll out of iPads had been well received by patients, staff and members of the public and Prof Brown paid tribute to Dr McGuire, Mr Edwards and their teams for the success of this initiative.</p> <p>Dr McGuire noted the positive work undertaken in respect of bereavement and end of life care, and noted the donations of knitted hearts and the efforts of volunteers. She highlighted the deployment of 2 Band 7 nursing staff from the Pain Management Team, who have made a significant contribution to caring for families of those who had sadly passed away. There was a number of key learning points from this work and a commitment to ensure that learning from this was widely implemented moving forward.</p> <p>It was noted that the Ethics Advice and Support Group established had met on one occasion. Mr Ritchie noted that there had been no significant ethical questions presented to the Group and this was testament to the excellent skill and experience of all clinical staff.</p>	

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	<p>In summary, the Board were content to note the Clinical and Care Governance Report and noted the modified arrangements for clinical governance and healthcare quality maintained during the early period of the COVID-19 pandemic in Scotland, that during the current “recovery phase” the structural arrangements were being re-established.</p> <p><u>NOTED</u></p>	
<p>46.</p>	<p>NHSGGC REMOBILISATION PLAN</p>	
	<p>The Board considered the paper ‘NHSGGC Remobilisation Plan’ [Paper No. 20/29] presented by the Medical Director, Dr Jennifer Armstrong. The paper provided an overview of the key priorities for re-mobilisation in the period to the end of July 2020.</p> <p>Dr Armstrong noted that the Plan was submitted to the Scottish Government on the 4th June 2020, and extensive consultation had been undertaken with a wide range of clinical staff and staff partnership groups. She highlighted the establishment of the Recovery Tactical Group to oversee the development of the Plan and this group continued to meet on a weekly basis. Membership of the group consisted of a wide range of colleagues, including the Chief Officer of Glasgow City HSCP, the Chief Operating Officer, and Public Health Consultants, amongst many others.</p> <p>Prof Brown thanked Dr Armstrong for the report and invited comments and questions from members.</p> <p>Questions were raised regarding the Remobilisation Plan and how this aligned to the Annual Operational Plan (AOP); the timescale associated with the Remobilisation Plan; how these timescales aligned with the national phases; the level of HSCP involvement in the Remobilisation Plan; and how the Plan would align with the MFT programme.</p> <p>Mr White advised that the AOP had not been formally approved, and therefore, the Remobilisation Plan was being considered as superseding the AOP.</p> <p>Dr Armstrong confirmed that the Remobilisation Plan comprised of the period up to and including the 31st July 2020. A further request by the Scottish Government to develop plans from 1st August 2020 to the 31st March 2021 was anticipated. Dr Armstrong acknowledged that the use of the term “phase” may be misconstrued with the Scottish Government’s national phasing approach to the management of COVID-19, however she assured members that the stages described within the Remobilisation Plan were considered in the context of the phasing approach and there were detailed plans underpinning the overall Remobilisation Plan presented.</p> <p>Ms Millar described the significant contribution of the HSCPs within the development of the Remobilisation Plan, and noted that a Partnership Tactical Group had been established, which met three times weekly. The work of the Partnership Tactical Group was closely linked with, and, reported into, the Recovery Tactical Group. HSCPs also continued to report information to their respective Integration Joint Board (IJB), and the Partnerships Tactical Group ensured an overall, whole system view and approach. This had achieved significant benefits and this approach would be embedded moving forward. Ms</p>	

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Millar assured the Board that the Remobilisation Plan was robust, inclusive and had taken a whole system approach to planning.

Prof Brown noted that the NHSGGC Corporate Governance paper [Paper No. 20/30] presented to the Board today, included recommendations to review the MFT programme in the context of COVID-19 and in the current climate. Dr Armstrong added that the work already completed through the MFT programme had proved useful to manage the response to the COVID-19 pandemic, and had allowed significant changes to be implemented at pace. Prof Brown commended Dr Armstrong and colleagues involved in the development of the MFT programme for their efforts.

A question was raised regarding provision of maternity and ante-natal services and what plans were in place to reintroduce support activities, additional birthing partners, and home births. Dr McGuire noted that some of the measures introduced during COVID-19 remained nationally prescribed requirements such as the one birthing partner present. Work was underway to ensure appropriate staffing levels and safety of patients and staff to recommence home birthing across NHSGGC and Dr McGuire anticipated that this would be in place by the end of August. The Home Birthing Service had recommenced at Vale of Leven Hospital and Dr McGuire assured members that the service was being reviewed daily and on a case by case basis.

A suggestion was made to include additional narrative in the next iteration of the Remobilisation Plan to include a commitment to address the balance to reflect preventative public health. As such, the Board agreed to the inclusion of the following narrative: *'Public Health will work on plans to move forward and accelerate a greater balance between preventative medicine versus responsive medicine'*. There was further discussion about the opportunities for preventative medicine and the public health approach to shape the future of healthcare services, integrate the public health agenda, and to lead stakeholders and partners in this approach. It was therefore suggested that the Public Health Committee be renamed as the 'Population Health and Wellbeing Committee' to fully reflect a greater balance between preventative medicine and responsive medicine. The Board were supportive of this approach, and suggested further discussion about the public health agenda with emphasis on the Remobilisation Plan, was required. Dr Armstrong was supportive of emphasising the preventative medicine approach within the next iteration of the Remobilisation Plan.

In response to a question about mitigation of risks in respect of the resumption of the elective programme, and in particular, the risks to the black and minority ethnic (BAME) community and staff members. Mr Best assured members that work was underway to consider the risks associated with the resumption of the elective programme. Public messaging was key to ensuring public confidence, and work continued with Primary Care colleagues to manage this. There was a requirement to ensure alignment with evolving evidence and the national position. Members were assured that there was a commitment to safeguard ongoing support to staff members including those within vulnerable groups.

In summary, the Board were content to note the Remobilisation Plan submitted to the Scottish Government on 4th June, and were assured by the information provided that the organisation continued to consider a wide range of key issues of recovery planning moving forward.

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	NOTED	
47.	NHSGGC CORPORATE GOVERNANCE	
	<p>The Board considered the paper 'NHSGGC Corporate Governance' [Paper No. 20/30] presented by the Head of Corporate Governance and Administration, Ms Elaine Vanhegan. The paper provided an update on the work which had been ongoing since April 2019 to strengthen and improve governance arrangements in line with the standards set out in the Blueprint for Good Governance and to describe the changes being proposed to further develop the Board's capability and capacity to effectively govern NHSGGC.</p> <p>Ms Vanhegan highlighted the key elements of the paper including setting the direction; business objectives; standards, targets and key performance indicators; corporate objectives; the MFT programme; reinstatement of Board and Board Standing Committee governance arrangements; development of an assurance framework; assessment of risk; engagement with stakeholders; influencing culture; assurance information systems; audit services and administration arrangements.</p> <p>Prof Brown thanked Ms Vanhegan for the report and thanked all members of the Short Life Working Groups (SLWGs) for their contributions to develop this work. Prof Brown added that Ms Vanhegan would consider the priorities and timescales associated with these and this would be presented to the Board in due course. He invited comments and questions from members.</p> <p>A question was raised regarding the reporting mechanism for reporting performance against the corporate objectives, and it was noted that this would be achieved through the assurance framework and assurance information system actions.</p> <p>During lockdown, it was highlighted that IJB leads met to consider issues of common interest, and it was suggested that this could be arranged as a regular meeting throughout the year, given that participants found this useful. Prof Brown agreed that this was a good suggestion and further discussion would be taken forward.</p> <p>It was suggested that, in light of the recent Black Lives Matter (BLM) movement, more explicit statements regarding the organisations commitment to anti-racism and efforts to address inequalities in healthcare, could be included within the corporate objectives. Ms Owens highlighted that a significant amount of research was being done in respect of COVID-19 and increased risk to BAME communities. In respect of BAME staff, a series of online events were planned to obtain feedback on the issues experienced and how learning could be implemented. This work formed part of the Workforce Strategy. Work continued in conjunction with the Scottish Government to examine the diversity of leaders within the organisation. The Board agreed to include this key area within the corporate objectives.</p> <p>In summary, the Board:</p> <ul style="list-style-type: none"> • Approved the recommendation in the paper to reinstate the arrangements for the Board Standing Committees with effect from 1st July 2020. 	Ms Vanhegan

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	<ul style="list-style-type: none"> • Approved a review of the effectiveness of the changes of the governance arrangements from March 2020 to June 2020 to be conducted by Internal Audit and reported to the Audit and Risk Committee as part of the work to finalise the 2019/20 Annual Report. • Approved the recommendations that came out of the work of the Short Life Working Groups on governance to further strengthen the NHSGGC approach to corporate governance. • Approved the 2020/21 Business Objectives to be included in the Annual Operating Plan as detailed in Appendix Two of the paper. • Approved the changes to the membership of the Board Standing Committees, the Integration Joint Boards and the Endowments Fund Management Committee as detailed in Appendix Three of the paper. <p><u>APPROVED</u></p>	
48.	MINUTES OF NHSGGC BOARD VIRTUAL MEETING 19TH TO 23RD MARCH 2020	
	<p>The Board noted the minutes of the NHSGGC Board Virtual Meeting held between 19th March to 23rd March 2020 [Paper No. NHSGGC (M) 20/02].</p> <p><u>NOTED</u></p>	
49.	MINUTES OF INTERIM BOARD MEETINGS	
	<p>The Board noted the approved minutes of the Interim Board Meetings [Paper No. IB(M) 20/01, IB(M) 20/02, IB(M) 20/03, IB(M) 20/04 and IB(M)20/05] of 8th April, 21st April, 5th May, 19th May, and 2nd June 2020.</p> <p><u>NOTED</u></p>	
50.	MINUTES OF BOARD GOVERNANCE COMMITTEE MEETINGS	
a)	PUBLIC HEALTH COMMITTEE MEETING OF 29TH JANUARY 2020	
	<p>The Board noted the virtually approved minute of the Public Health Committee Meeting of 29th January 2020 [Paper No. PHSC (M) 20/01].</p> <p><u>NOTED</u></p>	
b)	ACUTE SERVICES COMMITTEE MEETING OF 21ST JANUARY 2020	
	<p>The Board noted the virtually approved minute of the Acute Services Committee Meeting of 21st January 2020 [Paper No. ASC (M) 20/01].</p> <p><u>NOTED</u></p>	
c)	CLINICAL AND CARE GOVERNANCE COMMITTEE MEETING OF 10TH DECEMBER 2019	
	<p>The Board noted the approved minute of the Clinical and Care Governance Committee Meeting of 10th December 2019 [Paper No. CCG (M) 19/04].</p>	

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	<u>NOTED</u>		
d)	AREA CLINICAL FORUM MEETINGS OF 13TH FEBRUARY 2020, 1ST APRIL 2020, AND 1ST MAY 2020		
	The Board noted the approved minutes of the Area Clinical Forum Meetings of 13 th February 2020, 1 st April 2020, and 1 st May 2020 [Paper No. ACF (M) 20/01, ACF (M) 20/02, and ACF (M) 20/03].		
	<u>NOTED</u>		

e)	FINANCE PLANNING AND PERFORMANCE COMMITTEE MEETING OF 11TH FEBRUARY 2020		
	The Board noted the virtually approved minute of the Finance, Planning and Performance Committee Meeting of 11 th February 2020 [Paper No. FPPC (M) 20/01].		
	<u>NOTED</u>		
f)	AUDIT AND RISK COMMITTEE MEETINGS OF 10TH DECEMBER 2019 AND 17TH MARCH 2020		
	The Board noted the approved minute of the Audit and Risk Committee Meeting of 10 th December 2019 [Paper No. ARC (M) 19/05], and the virtually approved minute of the meeting of 17 th March 2020 [Paper No. ARC (M) 20/01].		
	<u>NOTED</u>		
g)	STAFF GOVERNANCE COMMITTEE MEETING OF 4TH FEBRUARY 2020		
	The Board noted the virtually approved minute of the Staff Governance Committee Meeting of 4 th February 2020 [Paper No. SGC (M) 20/01].		
	<u>NOTED</u>		
h)	PHARMACY PRACTICES COMMITTEE MEETINGS OF 7TH FEBRUARY 2020, 2ND MARCH 2020 AND 12TH MARCH 2020		
	The Board noted the Pharmacy Practices Committee Chairs Reports of the meetings of 7 th February 2020, 2 nd March 2020, and 12 th March 2020 [Paper No. PPC (M) 20/01, PPC (M) 20/02, and PPC (M) 20/03].		
	<u>NOTED</u>		

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51.	VALEDICTORY		
	<p>Prof Brown highlighted that, as Dr Donald Lyons and Ms Jeanette Donnelly's tenures as Non-Executive Directors of the Board would come to an end on 30th June 2020, this would be their last meeting.</p> <p>Dr Lyons has served as a Non-Executive Director of the Board since 2014, in addition to his extensive career within the NHS and the Mental Welfare Commission for Scotland. Dr Lyons has made a significant contribution to the development of the Non-Executive Director of the Board role over the course of his service and contributed greatly to the development of a number of committees including the Public Health Committee and the Clinical and Care Governance Committee, along with his contributions to Renfrewshire Integration Joint Board. Dr Lyons' skills and experience as a Non-Executive Director of the Board would be greatly missed and Prof Brown wished to note his appreciation to Dr Lyons on behalf of the NHSGGC Board, for his service, and wished him well for the future.</p> <p>Ms Donnelly has served as a Non-Executive Director of the Board since July 2016, and brought a fresh perspective and approach, due to her extensive experience in a wide range of areas including mental health and young carers, which transcended the clinical and social care aspects of health. Ms Donnelly has made a significant contribution to the development of the Public Health Committee; Staff Governance Committee; and to Glasgow City Integration Joint Board. Prof Brown thanked Ms Donnelly on behalf of NHSGGC Board, for her contributions over the term of her service, and wished Ms Donnelly well for the future. Ms Donnelly's skills and experience as a Non-Executive Director of the Board would be greatly missed.</p>		
	DATE OF NEXT MEETING		
	Tuesday 25 th August 2020, 09:30am		
	The meeting concluded at 2.30pm.		