

IB(M) 20/02  
Minutes: 16 - 28

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the  
Interim Board  
held via Microsoft Teams  
on Tuesday 21<sup>st</sup> April 2020, 09:30am**

**PRESENT**

Prof John Brown CBE (in the Chair)

Ms Susan Brimelow OBE	Cllr Jim Clocherty
Prof Linda de Caestecker	Mr Ross Finnie
Ms Jane Grant	Mr Allan MacLeod
Mr John Matthews OBE	Ms Dorothy McErlean
Mrs Audrey Thompson	Mr Mark White

**IN ATTENDANCE**

Mr Jonathan Best	..	Chief Operating Officer
Ms Sandra Bustillo	..	Director of Communications and Engagement
Mr Graeme Forrester	..	Deputy Head of Corporate Governance and Administration
Ms Susan Manion	..	Interim Director of GP Out of Hours Service
Ms Elaine Vanhegan	..	Head of Corporate Governance and Administration
Ms Geraldine Mathew	..	Secretariat Manager (Minutes)

		ACTION BY
<b>16.</b>	<b>WELCOME AND APOLOGIES</b>	
	<p>Prof Brown welcomed those present to the meeting. He noted the key items for discussion included on the agenda.</p> <p>There were no apologies noted.</p> <p><b>NOTED</b></p>	
<b>17.</b>	<b>DECLARATIONS OF INTEREST</b>	
	<p>Prof Brown invited those present to declare any interests in the topics being discussed. There were no declarations made.</p> <p><b>NOTED</b></p>	
<b>18.</b>	<b>MINUTES OF THE MEETING HELD 8<sup>TH</sup> APRIL 2020</b>	
	<p>On the motion of Mr John Matthews OBE, seconded by Mrs Audrey Thompson, the minute of the Interim Board Meeting of Wednesday 8<sup>th</sup> April 2020 [Paper No. IB(M)20/01], was approved and accepted as an accurate record, subject to the following amendments:</p>	



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	<p>In respect of paragraphs 5.3 and 5.4 which describe the arrangements for publication of papers and minutes of Interim Board meetings, Ms Vanhegan agreed to amend these to reflect that papers and minutes of the Interim Board meetings would be circulated to all NHSGGC Board members, as well as being published on the NHSGGC website. The amended version of the Terms of Reference would be re-circulated to all NHSGGC Board members. As discussed and agreed with the Chair and Chief Executive, papers of the latest meeting, along with the approved minutes of the previous meeting, would be published on the website the day after the meeting. In addition, Ms Vanhegan agreed to discuss these arrangements with Audit Scotland and Scottish Government colleagues, to ensure that the arrangements meet expectations.</p> <p>A question raised regarding paragraph 2.4, which referenced the attendance of a Chief Officer representative at each Interim Board meeting. It was clarified that Ms Manion was present at the meetings to provide Chief Officer representation, in addition to presentation of papers in respect of the GP Out of Hours Service.</p> <p>In response to a question raised regarding the omission of reference to the NHSGGC Mobilisation Plan within the Interim Board Terms of Reference and the governance accountabilities associated with this, Ms Grant clarified that the draft NHSGGC Mobilisation Plan had been submitted to the Scottish Government. The COVID-19 Update presented to the Interim Board contained the key elements of information within the Mobilisation Plan. Ms Vanhegan agreed to clarify with Scottish Government in regards to the governance accountabilities of the Mobilisation Plan and whether there was an expectation that this was signed off by the Interim Board.</p> <p>In summary, the Interim Board were content to note the Terms of Reference and the suggested amendments to be made to paragraphs 5.3 and 5.4 for consideration by the NHSGGC full Board. Ms Vanhegan would confirm with Audit Scotland colleagues in respect of the publication of papers and minutes of Interim Board meeting, and would confirm with Scottish Government colleagues in respect of governance accountabilities of the NHSGGC Mobilisation Plan.</p> <p><b><u>NOTED</u></b></p>	<p><b>Mr Forrester</b></p> <p><b>Ms Vanhegan</b></p> <p><b>Ms Vanhegan</b></p> <p><b>Ms Vanhegan</b></p>
<p><b>21.</b></p>	<p><b>COVID-19 UPDATE</b></p>	
	<p>The Interim Board considered the paper 'NHSGGC Response to COVID-19 Interim Board Summary 15<sup>th</sup> April 2020' [Paper No. 20/09] presented by the Chief Executive, Ms Jane Grant. The paper provided the Interim Board with an update on the overall position in respect of NHSGGC response to COVID-19.</p> <p>Ms Grant noted the outstanding efforts of all teams and staff, who have responded exceptionally well to the challenge. There was currently just over 600 COVID-19 positive in-patients within NHSGGC and 60 in-patients within intensive care and this represented a third of the overall Scottish in-patient numbers.</p> <p>Mr White had undertaken a significant amount of work in respect of Personal Protective Equipment (PPE) and has recently been working with colleagues from the Army, who have been providing support.</p>	

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Ms Grant had recently received a letter from Mr Malcolm Wright, Director-General Health And Social Care and Chief Executive of the NHS. Within the letter Mr Wright outlined expectations in respect of support to care homes. The Public Health Team had already carried out significant work in this area, and discussions with Chief Officer colleagues had taken place to take forward the key elements outlined in Mr Wright’s letter.

Prof Brown thanked Ms Grant and invited comments and questions from members.

In response to a question in respect of the timescale for the resumption of elective programme, Mr Best described the arrangements in place to retrain and re-orientate staff within elective care to intensive care. Balance was required to ensure the continued resourcing of the intensive care units for COVID-19, in addition to ongoing cancer treatment and trauma. The organisation was not yet in the peak of the pandemic, therefore it was anticipated that the elective programme would remain suspended.

A question was raised regarding the storage of waste PPE, given the issues with the National contract for the disposal of waste and if the system for the disposal of waste was working effectively. Mr White advised that the new National clinical waste contract had been temporarily postponed due to COVID-19, therefore the existing arrangements remained in place. He described recent challenges in respect of PPE, particularly in respect of quickly changing PPE guidance, and input from professional bodies and Trade Unions. Work had been undertaken, with support from Army colleagues, to model the demand and good progress had been made in respect of this. Daily calls with a range of colleagues including Health and Safety and Infection Prevention and Control, were taking place, to raise any areas of short supply quickly.

In response to a question in relation to the NHS Louise Jordan Hospital, if the role of the facility had now been agreed and what the staffing resource implications were, amidst recent media reports that the facility would never be required, Ms Grant noted that the facility had opened on 20<sup>th</sup> April 2020. The facility would be used as a “step down” resource at this current time. The role of the facility may change moving forward, dependent on the impact of the peak of the pandemic. A number of staff had been trained to support the facility if required, however this was not imminent. A paper describing the support and resource which NHSGGC had contributed to the NHS Louisa Jordan facility would be presented to the full Board in due course. Prof Brown wished to note thanks on behalf of the Board. He commended Ms Grant and the Executive Team for their efforts to support the development of the facility.

A question was raised in respect of the assistance provided to care homes. Ms Grant highlighted that the Director of Public Health has assumed a lead role in respect of this work. The work would focus on a number of key elements including staff training and PPE, and would involve an assessment of care homes, based on the key elements. A teleconference with three Chief Officers had taken place to discuss the process and approach required. Ms Grant highlighted the extent of this work, given that NHSGGC has 196 care homes. Prof de Caestecker went on to note that teleconferences had been increased to daily calls and a number of care homes had already been engaged with to ensure appropriate staff training, PPE and guidance was being followed. Staff COVID-19 testing had been expanded and included those staff working with care homes. Members were grateful to Ms Grant and Prof de Caestecker for their

**Ms Grant**

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	<p>efforts to ensure appropriate support to care homes and were assured by the actions described.</p> <p>In response to a question raised about recent media reports regarding contract arrangements for bank staff, Ms Grant advised that she had spoken with the Director of Human Resources and Organisational Development, who had confirmed that the organisation had taken into account specific requests regarding shift preferences, and the vast majority of requests were accommodated. Ms McErlean confirmed that this was not an issue raised via the Area Partnership Forum, or with Trade Union representatives, and was confident that staff requests were being accommodated, with staff offered alternative positions should shifts offered not be suitable. Ms Grant was clear that the organisation had accommodated staff preferences in the majority of cases, however it was important to ensure that staff were aligned to areas of greatest demand.</p> <p>In respect of the issue raised in the media regarding death in service, this continued to be an issue being considered on a national basis.</p> <p>A question was raised regarding delayed discharge performance. Ms Grant acknowledged that there were a small number of Health and Social Care Partnership (HSCPs) experiencing challenges, particularly given the current position, and the fact that some care homes were no longer accepting new patients. Ms Grant was confident that all HSCPs were working hard to address performance as a matter of urgency.</p> <p>In summary, the Interim Board were content to note the report. Members were assured by the information provided on the actions being taken by the organisation to address the current challenges associated with COVID-19.</p> <p><b>NOTED</b></p>	
<b>22.</b>	<b>FINANCE UPDATE</b>	
	<p>Mr Mark White, Director of Finance, provided a verbal overview of the current financial position. He was confident that the organisation had maintained a break even position for 2019/20. Discussions with colleagues at Scottish Government continued to ascertain the requirements for identifying and reporting of costs associated with COVID-19. He noted two main areas of pressure including the accumulation of annual leave entitlement of staff, and increased prescribing costs within Primary Care in preparation for COVID-19. Mr White indicated that the financial position for 2020/21 remained an evolving picture, and as such agreed to present further detail to the Interim Board on 5<sup>th</sup> May.</p> <p>Prof Brown thanked Mr White and the wider Finance Team for their ongoing efforts throughout this challenging time.</p> <p>The Interim Board would anticipate further detail presented on 5<sup>th</sup> May 2020.</p> <p><b>NOTED</b></p>	<b>Mr White</b>
<b>23.</b>	<b>COVID-19 RISK REGISTER</b>	

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	<p>The Interim Board considered the paper ‘NHSGGC COVID-19 Risk Register’ [Paper No. 20/10] presented by Mr Best, Chief Operating Officer. The paper provided the Interim Board with an overview of risks currently included within the COVID-19 Risk Register.</p> <p>Prof Brown invited comments and questions from members.</p> <p>A question was raised regarding the omission of a risk in relation to non-COVID-19 patients not presenting for treatment for other conditions and the impact of this on NHSGGC capacity downstream. Mr Best explained that patients suspected of having cancer continue to be prioritised. At an early stage, colleagues developed a Standing Operating Procedure (SOP) in respect of cancer treatments. Chemotherapy and radiotherapy continued to be provided and good process had been implemented to do this. Regular discussions with the Deputy Medical Director – Acute, and the Chiefs of Medicine, were taking place, and consultants had been asked to validate patient lists to ensure that patients continued to be monitored. There had been a drop in referrals for suspicion of cancer from GPs and actions were being taken to address this to ensure that patients continue to be referred.</p> <p>Ms Vanhegan noted that work was underway to review the Corporate Risk Register, to ensure that any potential impact of COVID-19 on existing risks and mitigating actions, was considered. The COVID-19 Risk Register considers COVID-19 specific risks. Members were content that the risk in relation to non-COVID-19 patients not presenting for treatment for other conditions be added to the Corporate Risk Register, as part of the review to ensure that the impact of COVID-19 was reflected in the overall Corporate Risk Register. Ms Vanhegan noted that the updated Corporate Risk Register would be presented at the next meeting on 5<sup>th</sup> May 2020, and clarified that this would include the impact of patients not presenting for other treatment, the financial impact, and impact on staff and mental health.</p> <p>A point was raised in respect of Risk One regarding maintenance of governance, and high quality, safe care. It was suggested that additional information could be included within the mitigating actions including the establishment of the Ethical Advisory and Support Group. In addition, it was suggested that the owner could include a clinical executive also. Members agreed the suggested amendments, and Ms Vanhegan agreed to include these amendments within the COVID-19 Risk Register.</p> <p>In summary, the Interim Board were content to note the COVID-19 Risk Register, and the amendments discussed. The Interim Board would anticipate presentation of the reviewed Corporate Risk Register at the meeting on 5<sup>th</sup> May 2020.</p> <p><b><u>NOTED</u></b></p>	<p style="text-align: center;"><b>Mr White</b></p> <p style="text-align: center;"><b>Ms Vanhegan</b></p> <p style="text-align: center;"><b>Mr White</b></p>
<p><b>24.</b></p>	<p><b>GP OUT OF HOURS SERVICE – EQUALITY IMPACT ASSESSMENT (EQIA)</b></p>	
	<p>The Board considered the paper ‘NHSGGC GP Out of Hours Service Resilience – Equality Impact Assessment’ [Paper No. 20/11] presented by the Interim Director of GP Out of Hours Service, Ms Susan Manion.</p>	

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	<p>Ms Manion confirmed that the EQIA had been carried out, as requested by the Board at the meeting on 25<sup>th</sup> February 2020, to provide assurance. The EQIA was completed using the NHSGGC toolkit and underwent a quality assurance process. The EQIA had been reviewed by members of the GP Out of Hours Leadership group and by the Turnaround Director. The Turnaround Director had provided some feedback in respect of some technical aspects of the EQIA, however was content with the assessment undertaken and the recommendations of the document. The minor amendments suggested regarding the technical issues would be made, therefore the document circulated today represented a draft version.</p> <p>Prof Brown thanked Ms Manion for the update. It was agreed that Interim Board members would contact Ms Manion by Thursday 23<sup>rd</sup> April 2020, with any comments, questions, and points of clarification. Amendments would be incorporated into the document, before final sign off by the Turnaround Director, and the final version would be presented to the Interim Board in due course.</p> <p><b><u>NOTED</u></b></p>	<p><b>Ms Manion</b></p>
<p><b>25.</b></p>	<p><b>FEEDBACK FROM AREA PARTNERSHIP FORUM</b></p>	
	<p>Ms Dorothy McErlean, Chair of the Area Partnership Forum, noted that the Forum continued to meet on a weekly basis, the last meeting of which took place on 14<sup>th</sup> April 2020. She highlighted the main areas discussed including PPE and staff COVID-19 testing.</p> <p>Prof Brown thanked Ms McErlean for the update. He asked about the ongoing engagement with staff side representatives and if this was considered to be positive. Ms McErlean commented that relationships with staff side representatives remained very supportive and there was ongoing communication with representatives on a weekly basis. Despite this being a challenging and quickly changing situation, continued dialog and engagement with staff side representatives was positive and good communications with all staff had supported this. Prof Brown commended Ms Bustillo and the Communications Team for their ongoing efforts throughout this challenging time and the work of the Human Resources and Organisational Development Teams for their work to support staff and teams throughout this time.</p> <p>In response to a question regarding any capability issues amongst realigned staff, Ms McErlean confirmed that there were no issues reported. An extensive amount of work had been done to ensure that all staff continued to work within their registrations, and good induction programmes had been developed for staff. In addition, staff continued to have the support of their existing line manager, along with the support of their new role line manager.</p> <p>Prof Brown thanked Ms McErlean and the Interim Board were content to note the update provided.</p> <p><b><u>NOTED</u></b></p>	
<p><b>26.</b></p>	<p><b>FEEDBACK FROM AREA CLINICAL FORUM</b></p>	
	<p>Mrs Audrey Thompson, Chair of the Area Clinical Forum, noted that the Area Clinical Forum last met on 1<sup>st</sup> April 2020. The next meeting of the Forum had</p>	

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	<p>been scheduled to take place on Friday 1<sup>st</sup> May 2020. Regular communications with Advisory Committee Chairs had continued virtually, and she noted that the main areas of concern were PPE provision and clinical priorities and the potential to miss a significant issue. Members of the Area Clinical Forum were also keen to ensure that new ways of working that had been adopted due to COVID-19 were retained, where this had proved a positive step.</p> <p>Prof Brown thanked Mrs Thompson, and the Interim Board were content to note the verbal update provided.</p> <p><b><u>NOTED</u></b></p>	
<b>27.</b>	<b>AOCB</b>	
	<p>Members of the Interim Board wished to express heartfelt thanks to Ms Grant, the Executive Team, and all of the teams and staff who have been outstanding in their response to COVID-19.</p>	
<b>28.</b>	<b>DATE OF NEXT MEETING</b>	
	Tuesday 5 <sup>th</sup> May 2020, 09:30am	
	The meeting concluded at 11:10am.	