

IB(M) 20/03  
Minutes: 29 - 42

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the  
Interim Board  
held via Microsoft Teams  
on Tuesday 5<sup>th</sup> May 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
Mr Ian Ritchie	Mrs Audrey Thompson
Mr Mark White	

**IN ATTENDANCE**

Dr Jennifer Armstrong	..	Medical Director (To Item 34)
Mr Jonathan Best	..	Chief Operating Officer
Ms Sandra Bustillo	..	Director of Communications and Engagement
Mr Graeme Forrester	..	Deputy Head of Corporate Governance and Administration
Mrs Geraldine Mathew	..	Secretariat Manager (Minutes)
Ms Susan Manion	..	Interim Director of GP Out of Hours Service
Ms Susanne Millar	..	Chief Officer, Glasgow City HSCP
Ms Elaine Vanhegan	..	Head of Corporate Governance and Administration
Prof Angela Wallace	..	Interim Operational Director Infection Prevention and Control

		<b>ACTION BY</b>
<b>29.</b>	<b>WELCOME AND APOLOGIES</b>	
	<p>Prof Brown opened the meeting and welcomed all members present.</p> <p>Prof Brown updated members regarding the recent decision by the Cabinet Secretary to appoint two Vice Chairs to replace Mr Ross Finnie when his second term as a NHSGGC Board Member ends on 31 May 2020. This is intended to strengthen the Board, with one Vice Chair leading on population health and one on mental health issues, allowing the Board Chair to focus more time on delivering performance improvement and implementing transformational change (including health and social care integration). He announced that, following an internal recruitment process, Mr Ian Ritchie and Mr John Matthews OBE, had been appointed as the new Vice Chairs. He welcomed Mr Ritchie to his first meeting of the Interim Board.</p> <p>Prof Brown went on to say that Mr Finnie had made a much valued contribution to the Board and its Standing Committees and for the last four years he has been a major influence on the work of the Board as our Vice Chair. Prof Brown said he will more formally recognise Mr Finnie's contribution to NHS GGC at his final Interim Board Meeting.</p>	

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	<p>In addition, Prof Brown was pleased to note that three new non-executive Board Members had been appointed, Mr Francis Shennan, Ms Ketki Miles, and Ms Paula Speirs. The new non-executive Board members would take up post in June 2020 and Prof Brown was pleased to record a formal welcome to Mr Shennan, Ms Miles and Ms Speirs.</p> <p>There were no apologies noted.</p> <p><b><u>NOTED</u></b></p>	
<b>30.</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><u>NOTED</u></b></p>	
<b>31.</b>	<b>MINUTES OF THE MEETING HELD 21<sup>st</sup> APRIL 2020</b>	
	<p>On the motion of Ms Susan Brimelow, seconded by Mr Allan MacLeod, the minute of the Interim Board Meeting of Wednesday 21<sup>st</sup> April 2020 [Paper No. IB(M)20/02], was approved and accepted as an accurate record.</p> <p><b><u>APPROVED</u></b></p>	
<b>32.</b>	<b>MATTERS ARISING</b>	
<b>a)</b>	<b>ROLLING ACTION LIST</b>	
	<p>The Interim Board considered the Rolling Action list [Paper No. 20/12].</p> <p>Members agreed with the recommendation of the closure of 9 actions from the Rolling Action List.</p> <p>In addition, the following updates were provided:</p> <p><b><u>Governance Assurance Short Life Working Groups</u></b></p> <p>Prof Brown noted that a meeting with the non-executive Board member leads of the 5 short life working groups was being arranged, after which a report detailing progress to date would be presented to Board members. This action would remain ongoing.</p> <p><b><u>Quality Governance Collaborative</u></b></p> <p>Agreement had been reached previously to suspend this work in the interim, therefore, Prof Brown recommended the closure of this item. Members were content to accept the closure of this item from the Rolling Action List.</p> <p><b><u>Independent Assurance Report</u></b></p> <p>Prof Brown and Mr MacLeod had arranged to meet with colleagues from Audit Scotland, to discuss this matter. In addition, Prof Brown had asked all Board</p>	

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	<p>members for their thoughts on the interim governance arrangements, and he was pleased to note that all Board members gave positive feedback in respect of communications and flows of information. Prof Brown agreed to review this again with all Board members, as the situation progressed. This action would remain ongoing.</p> <p><u>Risk Registers</u></p> <p>Ms Vanhegan, Head of Corporate Governance and Administration, provided an update in respect of Corporate Risk Register. She noted that work had been carried out to review the Corporate Risk Register (CRR), in the context of COVID-19. The updated Corporate Risk Register would be circulated to Interim Board members this week. Ms Vanhegan outlined that a more extensive review of the CRR would be undertaken in the coming weeks and reminded Board members that the COVID Risk Register would be presented to the next Interim Board meeting. Members were content with this approach and agreed to the closure of this action.</p> <p>There was a question raised in respect of the drop in referrals for suspicion of cancer, and if there was indication that the actions being taken were addressing this. Mr Best clarified that this was a key element of the Recovery Plan and would be discussed under that agenda item. In addition, communications campaigns had been developed to encourage patients to seek advice to ensure referrals were made as appropriate. He explained that the patient pathway for suspicion of cancer had not changed during the pandemic and the organisation had continued to prioritise suspicion of cancer referrals.</p> <p>In summary, the Interim Board were content to accept the closure of 9 actions from the Rolling Action List and the updates provided on the ongoing actions.</p> <p><b>APPROVED</b></p>	<p><b>Ms Vanhegan</b></p>
<p><b>33.</b></p>	<p><b>COVID-19 UPDATE</b></p>	
	<p>The Interim Board considered the paper ‘Response to COVID-19 – Interim Board Summary’ [Paper No. 20/13] presented by the Chief Executive, Ms Jane Grant. The paper provided an update on the overall position in respect of NHSGGC response to manage COVID-19 and to provide assurance to members.</p> <p>Ms Grant highlighted the key areas within the report and outlined the current position in respect of COVID-19 positive in-patients and the number of patients currently within the Intensive Care Unit (ICU). The numbers remained stable, however there was no dramatic fall in the inpatient numbers.</p> <p>Ms Grant highlighted a significant amount of work ongoing in respect of care homes support and the implementation of the ‘test, trace, isolate, support’ approach.</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 delayed discharge and adults with incapacity (AWI), Ms Grant advised that a substantial amount of work had been undertaken with Health and Social Care Partnership (HSCP) and Acute colleagues, to</p>	

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improve performance in this area. She noted that the AWI issue highlighted by the Equality and Human Rights Commission (EHRC), remained an ongoing concern, however was not an immediate issue requiring urgent attention at the current time. Discussions were ongoing with the Scottish Government regarding any emergency amendment to AWI legislation to support delays in Acute services, however as there was no immediate pressure on beds there was therefore no sign of any alteration to the legislation at this stage. Ms Manion went on to note a number of actions taken to address delayed discharge including the establishment of single point of contact, early referral roll-out, and improvement of access to care homes. There had been a significant amount of learning attained due to the pandemic, and this had enhanced a whole system approach. Mr Best highlighted that weekly meetings with Ms Manion and the Turnaround Director, had been established, in response to the escalation to Level 4 of the NHS Boards Performance Framework. These meetings had resulted in the development of a number of Project Initiation Documents (PIDs) which were then transformed into an Action Plan. There was an intention to continue these meetings after the pandemic. A number of the actions within the Plan would be factored into the Recovery Plan principles.

A question was raised regarding the staffing information contained within the report, if it was possible to identify if COVID-19 positive staff had contracted the virus at work and the number of staff who were 'shielding'. Ms Grant advised that it was not possible to identify if staff had contracted the virus from work or from another source. Prof de Caestecker noted that there was approximately 1,200 staff shielding across NHSGGC. She noted that a significant amount of work had been completed to identify those individuals who required to shield due to existing medical conditions and treatments.

In response to a question regarding the process for staff to access testing, Prof de Caestecker explained that a well-established arrangement was in place and available to all staff including care home and homecare staff, via the online portal. In addition, there was home testing team in place for staff who do not have access to transport to attend a testing centre.

A question was raised in relation to the infection and mortality rates in the most deprived communities. Prof de Caestecker noted that there was growing evidence to suggest that there was an increased risk of infection and mortality in deprived communities. She noted that work continued within the health improvement field to address chronic disease management in a number of areas, e.g. smoking cessation. In addition, support for the most deprived communities would be considered as part of the Recovery Plan. The Glasgow Centre for Population Health (GCPH) had also initiated work in respect of this and NHSGGC, GCPH and a number of partner organisations were contributing to national work in this area.

In respect of a question raised regarding procurement of Personal Protective Equipment (PPE) and elevation of the price of PPE by suppliers, and in response to weekend media reports, Mr White advised that the supply of adequate and quality PPE to staff remained of the upmost priority. Supply of PPE was always sought from National Procurement in the first instance, however the NHSGGC Procurement Team had worked tirelessly to broaden the supply chain and work with local suppliers where required to ensure both a steady supply and a local resilience stock. This had, on occasion, resulted in the Board paying above usual prices, however this was symptomatic of the global market and value for money was always a top priority. The "short supply" issue referenced in the

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	<p>report, and reported in the media, referred to global and national challenges and whilst supplies had been short of desired levels, supplies had been adequate. Mr White assured members that all of these instances had been appropriately recorded to ensure an audit trail of decisions taken. He noted that these decisions had been discussed with the Strategic Executive Group (SEG), Scottish Government colleagues, and were detailed within the SEG issues log.</p> <p>Mr White noted an ongoing live issue in respect of one particular type of surgical mask, which come from the UK Pandemic Stock, which had been retested, revalidated and returned to stock for use. He noted that written confirmation of the retesting and revalidation of the masks had been requested by Unite, and this was being sought to provide assurance.</p> <p>Ms Grant reiterated that the supply of PPE for all staff within Acute and community facilities, remained an important priority for the organisation. She commended Mr White, the Procurement Team and assisting Military colleagues for their hard work and effort to ensure the protection of all staff.</p> <p>Discussion took place regarding donations received from external organisations and individuals and the use of endowments funds. Ms Grant advised that there was a significant amount of national work ongoing in respect of this which tied in with the rules of engagement. Mr Ian Ritchie, Chair of the Endowments Management Committee, agreed to circulate a note to the Board of Trustees in respect of donations and the use of endowments funds.</p> <p>Following a question regarding pre-testing of patients, Dr Armstrong described the processes in place for the testing of patients prior to elective surgery, e.g. for urgent treatment of cancer. A wide range of issues were being considered and worked through to ensure that treatment for cancer, emergency surgery and procedures continued. In addition, 'COVID-19 free hospital' was being developed to create a COVID-free unit within hospital sites.</p> <p>The Interim Board were content to note the report and Prof Brown thanked Ms Grant and the Executive Team for a comprehensive report.</p> <p><b><u>NOTED</u></b></p>	<p><b>Mr Ritchie</b></p>
<p><b>34.</b></p>	<p><b>RECOVERY PLAN</b></p>	
	<p>The Interim Board considered a paper 'The Road to Recovery' [Paper No. 20/14] presented by the Medical Director, Dr Jennifer Armstrong. The paper provided an overview of the principles and process to develop a strategic COVID-19 Recovery Plan.</p> <p>Dr Armstrong highlighted the key issues to be considered including the potential impact of continued social distancing measures, potential resurgence of a second wave of COVID-19 infection, and how the new ways of working implemented during the pandemic could be fully implemented across the organisation. She explained the methodology adopted including the establishment of a number of Tactical Groups for Acute, HSCP and Public Health, and the addition of a Recovery Plan Tactical Group reporting to SEG. Dr Armstrong went on to describe a number of key elements including the continued prioritisation of cancer referrals and treatment, urgent care, mental health, and the maximisation of digital and online methods of care provision.</p>	

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<p>Prof Brown thanked Dr Armstrong for the update and invited comments and questions from members.</p> <p>In response to questions from members regarding the likely timescale for presentation of a first draft Recovery Plan, Dr Armstrong advised that this would be drafted for presentation to the Interim Board at the meeting on 2<sup>nd</sup> June 2020, with a more detailed proposal to be presented to the full Board meeting on 30<sup>th</sup> June 2020.</p> <p>A question was raised in respect of the resource required to develop and implement the Recovery Plan, and if the current resource allocated was sufficient and how this linked to the Moving Forward Together Programme (MFT). Dr Armstrong explained that MFT had effectively been paused due to the pandemic. This has allowed members of the Planning Team to work on the Recovery Plan, to ensure that all services across the organisation have support to consider and implement new ways of working that have been adopted in other areas during the pandemic. There were a number of staff members supporting this activity.</p> <p>In response to a question regarding communications and engagement with stakeholders, Ms Bustillo, Director of Communications and Engagement, described a range of work being undertaken in conjunction with the Patient and Public Involvement Team to engage with patients and members of the public, to use feedback to tailor new ways of working.</p> <p>A question was raised regarding the reported reduction in overall demand and inappropriate presentations at Emergency Departments (ED) and how the changes experienced could be maintained. Mr Best explained that a whole system approach has been taken and change enacted quickly. There was acknowledgement that the pandemic had presented an opportunity to maintain necessary changes required with regards to redirection of patients to more appropriate services. Mr Best advised that a process would be developed to bring all proposals of the Tactical Groups together and review as a whole to ensure effectiveness.</p> <p>Members raised concern about the potential risks associated with the implementation of new ways of working across the organisation. Prof Brown suggested that this could be considered as part of the Corporate Risk Register review, to ensure that any risks associated with the approach were considered and mitigated. It was also felt that a clear assessment of the resource required to implement this was necessary to prevent a return to old ways of working. Ms Grant assured members that the full Planning Team resource had been deployed to this work. In addition, an Acute Director had been deployed to assist the work on MFT and was currently supporting the Acute Tactical Group and SEG to ensure high level strategic direction was maintained. Ms McErlean highlighted that it would be important to ensure appropriate Staff Governance was adhered to and that staff were fully engaged and consulted with in respect of this. It was agreed that regular updates on progress and issues would be presented to both the Area Partnership Forum and Area Clinical Forum.</p> <p>In summary, the Interim Board were content to approve the principles and process detailed within the paper to develop a strategic COVID-19 Recovery Plan.</p>	<p><b>Dr Armstrong</b></p>
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	<b><u>APPROVED</u></b>	
<b>35.</b>	<b>NHSGGC GP OUT OF HOURS RESILIENCE – EQUALITY IMPACT ASSESSMENT</b>	
	<p>The Interim Board considered the paper ‘NHSGGC GP Out of Hours Service Resilience – Equality Impact Assessment’ [Paper No. 20/15] presented by the Interim Director of GP Out of Hours Service, Ms Susan Manion. The paper detailed the updated, final Equality Impact Assessment (EQIA) following presentation at the Interim Board meeting of 21<sup>st</sup> April 2020. Ms Manion confirmed the amendments made, and noted that the document had been endorsed by the Turnaround Director and the NHSGGC Equalities Team. The paper was presented for approval to both the Interim Board and the Oversight Board.</p> <p>Prof Brown thanked Ms Manion for the update. The Interim Board were content to approve the Equality Impact Assessment undertaken in respect of the Business Continuity Plans enacted for the GP Out of Hours Service following decision at the Board meeting on 25<sup>th</sup> February 2020.</p> <p><b><u>APPROVED</u></b></p>	
<b>36.</b>	<b>HEALTHCARE ASSOCIATED INFECTION REPORT (HAIRT)</b>	
	<p>The Board considered the paper ‘Healthcare Associated Infection Report’ [Paper No. 20/16] presented by the Interim Executive Lead for Infection Control, Prof Angela Wallace.</p> <p>Ms Grant noted that Prof Bain, who had been providing support to NHSGGC in this capacity, would shortly vacate this role in mid-June 2020. Prof Wallace had been appointed as Interim Executive Lead for Infection Control following discussion with the Scottish Government.</p> <p>Prof Wallace explained that the HAIRT report was currently under redevelopment. She noted that the Infection Prevention and Control Team were consulting with colleagues in relation to the review of the report. Board Members were asked to note the changes already incorporated within the report, which focussed on NHSGGC activity and performance against the healthcare associated infection standards and performance measures.</p> <p>Prof Wallace provided a summary of the key areas. She noted that the organisation response to COVID-19 continued to be a priority for the Infection Prevention and Control Team and the Team continued to support the organisation approach to providing Safe and Effective Care.</p> <p>Prof Wallace highlighted NHSGGC performance in relation to <i>Staphylococcus aureas bacteraemia (SAB)</i> and <i>Clostridioides difficile infections (CDI)</i> cases and reported that all sources of SAB and CDI case numbers remained within control limits this month.</p> <p>There were two cases of <i>Staphylococcus aureas bacteraemia (SAB)</i> associated with intravenous vascular devices. As 30% of all patients have an intravenous device in situ at any point in time, it was highlighted that this demonstrated a further improvement in how NHSGGC maintained and managed these devices.</p>	

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Performance in respect of *Clostridioides difficile* infections (CDIs) remains positive, with 9 hospital acquired infections reported in this period, however Prof Wallace explained that these were attributed to the appropriate use of antibiotic therapy. She further explained that the 9 hospital cases were reported across a range of wards with no clusters or hospital transmission within these cases. Prof Wallace advised that there was no *Methicillin-resistant Staphylococcus aureus* (MRSA) recorded on death certificates and one CDI recorded on a death certificate.

Prof Wallace drew Interim Board member's attention to the Cleaning and Estates compliance: Cleaning 95% and Estates 97% % in the period. She further highlighted the consistent performance of hand hygiene which was reported at 97%.

Prof Wallace then highlighted to the Board current and key infection control areas of challenge and focus.

The Board had previously had an update from Prof Marion Bain in relation to Paediatric Intensive Care Unit (PICU). Prof Wallace assured the Board that continuous support remained in respect of the prevention and control of infection in PICU. A review group continued to monitor and support the delivery of a dedicated action plan. The membership included colleagues from Health Protection Scotland. Prof Wallace explained that there have been no gram negative bacteraemia since 23<sup>rd</sup> January 2020, there have been 2 positive broncho alveolar lavage (BALs) which met the agreed definition, one was healthcare associated and the other was hospital acquired. All statistical process charts (SPCs) indicate that infection and colonisation rates in this group are within expected levels.

Prof Wallace highlighted 4 further areas where there was a current infection prevention and control focus across NHSGGC. She highlighted the significant work with clinical, managerial and infection control teams in respect to managing and supporting patients with COVID-19 in Mental Health areas.

In conclusion, Prof Wallace was pleased to present the HAIRT in its new format and welcomed feedback and comments from members in respect of the style and content of the report. She explained that it was important that the report was able to meet the national requirements of the HAIRT and provide a sufficient level of assurance that the Infection Prevention and Control Team continuously identify and address emerging infection issues promptly. Further development of the report was planned.

Prof Brown thanked Prof Wallace for an excellent report which captured a wide range of activity in respect of infection prevention and control. He asked Ms Grant to provide an update on Infection Prevention and Control in the context of the escalation to Level 4 of the NHS Boards Performance Framework. Ms Grant advised that this remained a work in progress and Scottish Government had acknowledged that there had been a delay due to efforts to manage the current pandemic. It was anticipated that the report would be published by the end of June 2020, however Ms Grant was clear that this had not yet been confirmed by Scottish Government colleagues. In addition, the work of the Independent Review continued, with a report expected in due course.

Prof Brown invited comments and questions from members.



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	<p>In response to a question raised regarding cleaning compliance within the Langlands Unit at Queen Elizabeth University Hospital (QEUH), Ms Grant noted that a number of actions had been undertaken to address performance, and that these had been successful. Ms Grant agreed to circulate further information in relation to this to members.</p> <p>A question was raised in relation to the data presented in respect of the incidence of <i>Enterobacter aerogenes</i> within QEUH, and the date of the next Incident Management Team (IMT) meeting. Prof Wallace advised that Mr Best and the Senior Clinical Team remained close to this issue and this was being monitored diligently. Prof Wallace apologised for a mistake within the document and clarified that the date of the next IMT meeting was indeed 6<sup>th</sup> May 2020.</p> <p>In response to a question regarding the hand hygiene data and if March was included within the data, Prof Wallace clarified that the most recent data was not included within the report as this was incomplete, however she assured members that all local audits had not shown any areas of concern. Prof Wallace assured members that more up to date information would be presented in the next report, with the aim of gathering monthly information to ensure that any trends were identified early.</p> <p>In summary, the Interim Board were content to note the report and were pleased to note that the revised style of reporting had provided a clearer picture of performance and gave increased assurance that any occurrence of trends and issues would be identified and addressed quickly.</p> <p><b>NOTED</b></p>	<p><b>Ms Grant</b></p>
<p><b>37.</b></p>	<p><b>PERFORMANCE REPORT</b></p>	
	<p>The Interim Board considered the paper ‘Performance Report for Interim Board’ [Paper No. 20/17] presented by the Director of Finance, Mr Mark White. The paper provided an overview of the current performance position across NHSGGC in relation to a number of high level key performance indicators.</p> <p>Prof Brown invited comments and questions from members.</p> <p>In response to a question regarding the data presented in respect of the GP Out of Hours Service, the number of temporary closures, and the resource required for the COVID-19 Assessment Hubs, Ms Manion advised that further data could be provided, however she noted that the current situation presented a slightly incomplete picture. She anticipated that a new reporting mechanism would shortly be in place, and acknowledged that the resource required for the Assessment Hubs was essentially resourced by the same GP staff, using the same workforce model. Ms Grant further clarified that she met with Ms Manion and the Clinical Director for the GP Out of Hours Service on a weekly basis to review the position. Activity continued vigorously to attract and recruit additional team members and Ms Grant continued to update the Turnaround Director regularly on the position. Whilst current efforts were focused on the management of the COVID-19 pandemic, it was important to ensure pace of the development of the GP Out of Hours model.</p>	



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	<p>of PPE. At the last meeting, the Forum also received an update on progress of the NHS Louisa Jordan facility, and also discussed feedback regarding the proposed approach to the development of the Recovery Plan. She confirmed that a positive working relationship with staff side representatives continued and any specific issues were raised with Ms McErlean directly and promptly, in addition to being discussed at the Forum meetings.</p> <p>Prof Brown thanked Ms McErlean for the update. There were no comments or questions raised.</p> <p><b><u>NOTED</u></b></p>	
<b>40.</b>	<b>FEEDBACK FROM AREA CLINICAL FORUM</b>	
	<p>Mrs Audrey Thompson, Chair of the Area Clinical Forum, provided an overview of the key topics discussed at the most recent meeting of the Area Clinical Forum which took place on 1<sup>st</sup> May 2020. The main areas of concern noted were the ongoing requirement for mental health and well-being support for staff members, and conflicting national guidance by professional bodies in relation to appropriate PPE requirements for various care interventions such as chest compressions. The Forum had received assurance from the Medical Director that this issue had been raised nationally as an area of concern.</p> <p>In addition, the Area Clinical Forum also wished to record their gratitude to the eHealth and Communications Teams for their ongoing support to all staff groups at this time.</p> <p>Prof Brown thanked Mrs Thompson. There were no comments of questions raised.</p> <p><b><u>NOTED</u></b></p>	
<b>41.</b>	<b>AOCB</b>	
	There was no other business noted.	
<b>42.</b>	<b>DATE OF NEXT MEETING</b>	
	Tuesday 19 <sup>th</sup> May 2020, 09:30am	
	The meeting concluded at 11:50am.	