IB(M) 20/04
Minutes: 43 - 54

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Interim Board held via Microsoft Teams on Tuesday 19th May 2020

PRESENT

Prof J Brown CBE (in the Chair)

Dr Jennifer Armstrong	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	Dr Margaret McGuire
Mr Ian Ritchie	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
Mrs Geraldine Mathew	..	Secretariat Manager (Minutes)
Ms Susanne Millar	..	Chief Officer, Glasgow City HSCP
Ms Elaine Vanhegan	..	Head of Corporate Governance and Administration

			ACTION BY
43.	**WELCOME AND APOLOGIES**		
	Prof Brown opened the meeting and welcomed all members present. Prof Brown provided an overview of discussions at a recent meeting with the Cabinet Secretary. He noted the key messages of the Cabinet Secretary including her note of appreciation to all staff responding to the current pandemic, frontline staff, care home staff, senior executives, managers and Board Members. He highlighted the strategic priorities noted by the Cabinet Secretary, those being the ongoing response to the pandemic, support to care homes, staff health and well-being, development of the 'Test, Treat, Isolate, Support' model, and Recovery Plans for Primary and Secondary Care services. Prof Brown referenced papers presented at the meeting and would circulate these to members for information. There were no apologies noted. **NOTED**		**Prof Brown**

44.	**DECLARATIONS OF INTEREST**		
	Prof Brown invited those present to declare any interests in the topics being discussed. There were no declarations made. **NOTED**		
45	**MINUTES OF THE MEETING HELD THURSDAY 5TH MAY 2020**		
	On the motion of Ms McErlean, seconded by Mr Ritchie, the minute of the Interim Board Meeting of Tuesday 5th May 2020 [Paper No. IB(M)20/03], was approved and accepted as an accurate record, subject to the following amendments: Item 36 – Healthcare Associated Infection Report – Page 7 – Paragraph 5 – "In addition, Prof Wallace noted the recent inclusion of *Escherichia coli* (E.coli) monitoring by the Healthcare Associated Infection (HCAI) Policy Unit, due to the increase in recent years, of the incidence of E.Coli isolated from blood cultures. Prof Wallace welcomed the inclusion of this key performance indicator and highlighted that there were 15 hospital acquired *Escherichia coli bacteraemia* (ECBs) in the month of March 2020. The local reduction aim was to reduce incidence by 25% by 2021/20. Local reduction aim charts had been produced for NHSGGC and Prof Wallace was pleased to note a reduction in HCAI ECB cases in the last two quarters". **APPROVED**		
46.	**MATTERS ARISING**		
a)	**ROLLING ACTION LIST**		
	The Interim Board reviewed the Rolling Action List [Paper No. 20/12]. Members agreed with the recommendation of the closure of 9 actions from the Rolling Action List. In addition, the following actions were discussed: Langlands Cleaning Compliance In respect of the action associated with the Langlands Cleaning Compliance, Ms Grant advised that the information would be circulated to members today. She highlighted that performance compliance in March 2020 was 93% and in April 2020 was 90.5%. Ms Grant assured members that work was being done to address the challenges which had caused the decline in performance. Members were content to receive the statistical information and would anticipate the circulation of further information. Recovery Plan Clarification was sought in respect of the NHSGGC Mobilisation Plan, which was included on the previous Rolling Action List of 5th May 2020. Ms Vanhegan clarified that, having discussed this with Scottish Government colleagues, there was no requirement for the Interim Board to approve the Mobilisation Plan. The information contained within the COVID-19 Update presented, provided more extensive detail than that contained within the Mobilisation Plan. Ms Grant clarified		**Ms Grant**

	that the organisation was required to submit the first draft of the Recovery Plan to the Scottish Government on Monday 25th May 2020. Ms Vanhegan would clarify the arrangements in respect of sharing this information with the Interim Board, once submitted to the Scottish Government. <u>Governance Approach to Committee Suspension</u> Clarity was sought in respect of the completion of the work conducted in respect of the governance approach to committee suspension. Ms Vanhegan advised that this had been circulated to members by Mr Forrester, Deputy Head of Corporate Governance and Administration. There was further discussion about the presentation of the work plan to the Interim Board, and Ms Vanhegan agreed to formalise this for presentation to the Interim Board meeting by circulation to members electronically. **<u>APPROVED</u>**		**Ms Vanhegan** **Ms Vanhegan**
47.	**COVID-19 UPDATE**		
	The Interim Board considered the paper 'Response to COVID-19 – Interim Board Summary' [Paper No. 20/20] 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. Ms Grant highlighted that, whilst there was beginning to be a steady improvement in the current situation, there remained challenges within key areas. She noted the number of COVID-19 positive patients within in-patients and Intensive Care Units (ICU). She noted that the Assessment Centres set up were working well and demand had begun to fall. Consideration would be given to the number of Assessment Centres required going forward. There remained a number of staff absent due to COVID-19, and the elective programme of work remained paused. A significant amount of work continued in relation to care homes support with a variety of issues, including, but not limited to, Personal Protective Equipment (PPE) and testing. Ms Grant noted that the current PPE position was stable and initial issues had been addressed swiftly. Prof de Caestecker had undertaken considerable work in respect of the 'Trace, Test, Isolate, Support' model. The Communications and Engagement Team continued to work hard to ensure continued communications. Prof Brown thanked Ms Grant for the update. He commended the work of Ms Grant, the Executive Team and everyone contributing to the current pandemic. He was impressed by the approach taken by the Communications and Engagement Team, which was helping to support the welcomed increase in the levels of staff engagement across the organisation. He invited comments and questions from members. A question was raised regarding the number of volunteers within NHSGGC in comparison to the reported number of individuals who had volunteered across Scotland and if there was any difficulty using the volunteers in a meaningful way. Additionally, were there graduate volunteers who could be trained to provide a greater competency and therefore be of greater use? Dr McGuire advised that the		

	8,000 volunteers included 'public' volunteers and graduate, or close to graduating, clinical professionals. The two groups were being managed in different ways. Graduate, or close to graduating, professionals were being utilised in a way that maximised what clinical work they could safely undertake, and ensured proper supervision so that everyone benefitted, including the volunteers themselves, who could access supervised clinical experience before their career had formally begun. This group of volunteers were not included in the weekly Strategic Executive Group (SEG) update as they were recruited and managed through Human Resources (HR). In respect of public volunteers, to date, 1,117 members of the public had volunteered through the NHSGGC portal. Of these, 287 had been re-routed to community health services and 136 had either withdrawn or were unable to participate due to vulnerability factors. Basic training in infection control and health and safety was provided to all volunteers to mitigate the potential risk. To avoid the risk of serious infection control failure, volunteers were not permitted to enter hospital wards. There were many important tasks that volunteers could undertake which ensured that the volunteers were making a meaningful and satisfying contribution. In response to a question regarding the opportunity to highlight some of the great work being undertaken by volunteers, Ms Bustillo advised that volunteers would feature as part of the 'Life on the Frontline' series of videos and work was being planned to take place in the first week of June 2020. A question was raised in respect of the requirement for staff to have a period of recuperation following intense COVID-19 involvement, how that requirement would be assessed and how the organisation could ensure that appropriate consideration was reflected in a restart timetable set against likely external pressure. Ms Grant emphasised that staff well-being and support remained critical and that the needs of patients and staff would be balanced appropriately. She referenced the extensive range of staff resources which had been implemented to support staff throughout the pandemic such as rest and recovery (R&R) facilities and line managers were being encouraged to ensure staff have the opportunity to take time off to recuperate. Mr Best noted that this was being considered as part of the Recovery Plan and would be factored in to arrangements. Ms Millar commented that Health and Social Care Partnerships (HSCPs) also considered both immediate, targeted support to frontline staff including care home staff, and the longer term needs of staff. Ms McErlean highlighted that all of this work formed part of the Staff Health Strategy and a Health and Well-being Group had recently been established to take this forward with support from staff side representatives. In response to a question raised regarding the Mental Health Assessment Units established and what has been the situation for those individuals presenting out with Glasgow, Ms Millar clarified that the Mental Health Assessment Units were treating all individuals who would ordinarily have presented at Emergency Departments (ED) of Glasgow Royal Infirmary (GRI), Queen Elizabeth University Hospital (QEUH), and the Royal Alexandra Hospital (RAH) and included patients from out with Glasgow. Dr Armstrong confirmed that consideration was being given to the Mental Health Assessment Units as part of the Recovery Plan, and if any modification was required to the model going forward, for example, the inclusion of drug and alcohol support services. Members felt it would be beneficial to gain a greater understanding of the new model of care for Mental Health Assessment, particularly given the significant		

	increase in demand and the ongoing vacancies and recruitment challenges. Further information on the development and reshape of the model would be presented to the Interim Board in due course as part of the ongoing reporting of the Recovery plan. Ms Millar highlighted that the Recovery Plan work continued with linkages with the Mental Health Strategy. There continued to be staffing challenges and it was recognised that this was a national issue. Ms Millar was optimistic that the experiences gained through COVID-19 could be applied to the Mental Health Strategy moving forward. Discussion took place regarding the direct correlation between the ability to ease lockdown measures and the ability of healthcare services to return to the elective programme. Managing public expectation was key to this. Ms Grant assured members that discussions at a national level were ongoing to ensure that there was clarity about the way in which elective work could resume. Careful consideration was required in respect of social distancing measures in healthcare settings and this would very much drive the shape of future models of care provision. In response to comments raised regarding the health and well-being of the senior leadership team, Prof Brown assured members that he had raised this issue with the team. He had written on behalf of the Board to the members of the Corporate Management Team and commending them for their excellent performance throughout this challenging time, and reminding them to ensure that they make time for rest periods and time away from work. Ms Grant noted recent correspondence from the Scottish Government regarding a number of key elements. The first correspondence was received at the end of April and focused on Public Health support to care homes. A further two letters were received – one which highlighted the need for a multi-disciplinary team approach to supporting care homes, and a further letter which requested the Nurse Director take a greater leadership role in quality of care to offer more support to care homes and how this could be taken forward in partnership. A question was raised about the arrangements for testing care home staff. Prof de Caestecker confirmed that all care home staff, including asymptomatic staff, were being tested. A further question was raised regarding staff within Acute psycho-geriatric wards, and why only symptomatic staff were being tested. Prof de Caestecker clarified that whilst psycho-geriatric wards shared similar characteristics with care home settings, the position of these wards in respect of COVID-19, was different. She assured members that the organisation was fully compliant with the current Scottish Government guidance in respect of testing of care home and Acute staff. Guidance was currently evolving and she anticipated that updated guidance would be released shortly. Prof de Caestecker would provide a further update to the next Interim Board meeting in respect of testing arrangements. In response to a question regarding the 'Test, Treat, Isolate, Support' programme and if there was sufficient resource to support this at this stage, Prof de Caestecker clarified the first phase of the programme was underway and contact tracing would commence the week of Monday 25th May 2020. A significant number of staff had been redeployed from Health Improvement and Public Health Teams to support this. Support from Environmental Health and the Sexual Health Team, who have extensive experience in respect of contact tracing, was also in place. Approximately 120 staff had been redeployed to this programme so far, and further arrangements were being made to source additional staff. There were		**Prof de Caestecker**

	approximately 800 staff currently shielding, and work was underway to contact those staff shielding and to arrange training and digital requirements to enable them to participate in this important work. Prof de Caestecker reported that this was a local and national programme and there would be a national contact centre with retention of a local team for complex cases. Discussion was underway with Public Health Scotland with regards to recruitment of staff for this purpose. Members were assured that sufficient resource and planning was dedicated to this programme of work at this early phase, and acknowledged that this would remain a quickly changing position moving forward. Prof Brown thanked Ms Grant, and the Senior Leadership Team, for the updates provided and the Interim Board were assured by the actions being taken to address the ongoing response to the COVID-19 pandemic. **NOTED**		
48.	**COVID-19 RISK REGISTER**		
	The Interim Board considered the paper 'COVID-19 Risk Register' [Paper No. 20/21] presented by the Director of Finance, Mr Mark White. The paper provided an overview of the latest COVID-19 Risk Register. Prof Brown thanked Mr White, Ms Vanhegan and members of the Strategic Executive Group (SEG) for their input to development of the COVID-19 Risk Register. Members were content to note the report and were assured by the risks and mitigating actions detailed within. **NOTED**		
49.	**UPDATE ON RECOVERY PLAN**		
	The Interim Board considered paper 'The Road to Recovery' [Paper No. 20/22] presented by the Medical Director, Dr Jennifer Armstrong. The paper provided an update on progress made in developing a system wide recovery plan. A Recovery Tactical Group had been established which met twice per week with a number of key colleagues including the Chief Operating Officer, the Chief Officer, Glasgow City HSCP, and the Director of Public Health. Mr Best provided an overview of work underway within Acute Services in respect of recovery. He described a mapping exercise linked with the Public Health Team, to consider in-patients and elective programmes, to ensure sufficient capacity. Over the past 8 weeks, urgent care and cancer care had continued to be prioritised. All specialties had been asked to complete a template to describe priorities, requirements and to consider different ways of working moving forward. There were 4 priority groups being considered initially and Mr Best agreed to circulate these to members for information. Ms Millar provided an overview of work underway in respect of Mental Health Services. She noted that, along with the Mental Health Assessment Units, work was underway in relation to primary and community mental health teams, a cross system approach, opportunities to embed digital approaches adopted during COVID-19, and the impact of the pandemic on mental health and inequalities of the population.		**Dr Armstrong/Mr Best**

	Consideration was also being given to the GP Hubs established during COVID-19, and engagement with NHS 24 continued to further develop the triage system implemented, and this was being discussed on a national basis. Prof Brown thanked Dr Armstrong, Mr Best and Ms Millar for the update. He invited comments and questions from members. In response to a question in relation to the effects on primary care, specifically in relation to the Primary Care Improvement Plans, Ms Millar assured members that the HSCP Tactical Group has been involved in development of a paper, the first draft of which would be presented to the Recovery Tactical Group. Consideration would be given to impact and monitoring, in the context of the Primary Care Programme Board. Experiences throughout the pandemic have accelerated some of the work previously planned in respect of implementation of video consultations in both primary and secondary care between patients and clinicians. Dr Armstrong further noted a range of work being taken forward in respect of rehabilitation, optometry, dentistry, and delivering phlebotomy services in advance of clinical review of patients to maximise the use of attend anywhere consultations and the convenience for patients. It was noted that the Director of Human Resources and Organisational Development was preparing board wide guidance for departments, which illustrated post pandemic arrangements to provide a safe working environment. A question was raised in relation to the methods of public engagement throughout this work. Dr Armstrong assured members that consideration had been given to feedback received from patients about the changes made to service provision throughout the pandemic, such as the use of digital resources and Attend Anywhere. Informal feedback from patients/clinicians has been positive in this respect. Furthermore, Ms Bustillo added that more formalised plans were being developed to engage with patients and a paper describing this had been prepared for presentation to the SEG. The paper focused on two key areas – Attend Anywhere experiences of patients and the unscheduled care pathways for managing COVID cases including the hubs, community assessment centres, and signposting at Emergency Departments. This would be incorporated within the Recovery Plan. Ms Bustillo noted that a meeting had been arranged with colleagues from Scottish Health Council to gain an understanding of their perspective also. In addition, feedback from staff remained a key element of this, and Ms McErlean noted that staff engagement continued to be a standing item of discussion for the Area Partnership Forum. In response to a question about engagement with GPs colleagues, Dr Armstrong confirmed that there were GP representative members on the clinical group which provided advice to the Primary Care Tactical Group. Engagement and involvement of GP colleagues continued to be a key priority. A question was raised in relation to the financial position in respect of COVID-19 and if there was any expectation that this would be funded from Integration Joint Boards (IJBs) reserves. Ms Grant noted that Mr White remained in discussion with Scottish Government colleagues with regards to how COVID-19 costs would be addressed. Prof Brown thanked Dr Armstrong, Mr Best, and Ms Millar for the update. The Interim Board were content to note the progress made to develop a Recovery Plan and were assured by the information provided.		**Ms Bustillo**

	NOTED		
50.	**FEEDBACK FROM AREA PARTNERSHIP FORUM**		
	Ms McErlean, Chair of the Area Partnership Form noted that the Area Partnership Forum continued to meet on a weekly basis. In addition, Ms McErlean met with full time officers on a two weekly basis. She noted the key topics discussed including the Recovery Plan, the Workforce Equality Plan, and supply of PPE. Ms McErlean assured members that staff side representatives were content with the level of engagement and communications with staff in respect of the ongoing position. Prof Brown thanked Ms McErlean for the update. There were no questions raised. **NOTED**		
51.	**FEEDBACK FROM AREA CLINICAL FORUM**		
	Mrs Thompson, Chair of the Area Clinical Forum, noted that the last meeting of the Forum took place on 1st May 2020. The next meeting had been scheduled to take place on 28th May 2020. There were no immediate issues reported and Forum members welcomed the ongoing regular communications and updates as the organisation moves towards a recovery planning phase. Prof Brown thanked Mrs Thompson for the update. There were no questions raised. **NOTED**		
52.	**AOCB**		
	Prof Brown invited members to raise any other competent business. A question was raised regarding the recent Core Brief which highlighted the departure of Prof Marion Bain. Ms Grant confirmed that Prof Angela Wallace had recently taken up the position of Executive Lead for Infection Control. Prof Bain would conclude the work of the Case Note Review, with additional support from Prof Wallace and colleagues moving forward. **NOTED**		
53.	**VALEDICTORY**		
	Prof Brown highlighted that, as Mr Ross Finnie's tenure as Non-Executive Director of the Board would come to an end on 31st May 2020, this would be Mr Finnie's last meeting. Over his length of service, Mr Finnie had contributed extensively to the Board and a number of governance committees have benefited greatly from Mr Finnie's participation. His business and political experience was both unique and exceptional and Prof Brown wished to express his gratitude on behalf of the Board and Executive Leadership Team, for Mr Finnie's commitment, diligence and support over the years. Mr Finnie will be greatly missed. Prof Brown wished Mr Finnie well for the future and was in no doubt that Mr Finnie would continue to make a valuable contribution to public life.		

54.	**DATE OF NEXT MEETING**		
	Tuesday 2nd June 2020, 09:30, via Microsoft Teams		