

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
NHS Greater Glasgow and Clyde Board
held on Tuesday 22 February 2022 at 9.30 am
via Microsoft Teams**

PRESENT

Mr Ian Ritchie (in the Chair to Item 09)
Professor John Brown CBE (in the Chair from Item 10)

Dr Jennifer Armstrong	Cllr Jonathan McColl
Cllr Caroline Bamforth	Dr Margaret McGuire
Ms Susan Brimelow	Cllr Sheila Mechan
Ms Ann Cameron-Burns	Ms Ketki Miles
Mr Simon Carr	Professor Iain McInnes CBE
Cllr Jim Clocherty	Ms Anne-Marie Monaghan
Mr Alan Cowan	Cllr Iain Nicolson
Professor Linda de Caestecker	Mr Ian Ritchie
Ms Jacqueline Forbes	Dr Lesley Rousselet
Mr David Gould	Dr Paul Ryan
Mrs Jane Grant	Mr Frank Shennan
Cllr Mhairi Hunter	Ms Rona Sweeney
Mrs Margaret Kerr	Mr Charles Vincent
Ms Amina Khan	Ms Michelle Wailes
Rev John Matthews OBE	Mr Mark White

IN ATTENDANCE

Mr Jonathan Best	..	Chief Operating Officer
Ms Denise Brown	..	Interim Director of eHealth
Ms Sandra Bustillo	..	Director of Communications and Public Engagement
Dr Emilia Crighton	..	Interim Director of Public Health (Designate)
Ms Beth Culshaw	..	Chief Officer, West Dunbartonshire HSCP
Ms Sandra Devine		Acting Infection Control Manager
Mr William Edwards	..	Chief Operating Officer (Designate)
Ms Lorna Kelly	..	Interim Director of Primary Care
Mrs Anne MacPherson	..	Director of Human Resources and Organisational Development
Ms Geraldine Mathew	..	Secretariat Manager (Minute)
Ms Julie Murray	..	Chief Officer, East Renfrewshire HSCP
Ms Susanne Millar	..	Chief Officer, Glasgow City HSCP
Ms Angela O'Neill	..	Interim Nurse Director
Ms Catherine Ospedale	..	Deputy Director of Communications
Mr Chris Sanderson	..	Director of Procurement
Mr Tom Steele	..	Director of Estates and Facilities
Mr Allen Stevenson	..	Interim Chief Officer, Inverclyde HSCP
Ms Elaine Vanhegan	..	Director of Corporate Services and Governance
Professor Angela Wallace	..	Interim Executive Director of Infection Prevention and Control

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		ACTION BY
01.	WELCOME AND APOLOGIES	
	<p>Mr Ian Ritchie, Vice Chair of NHS Greater Glasgow and Clyde (NHSGGC), welcomed those present to the first meeting of NHS Greater Glasgow and Clyde Board of 2022. He explained that, unfortunately Professor John Brown CBE, Chair, had been unavoidably delayed, therefore Mr Ritchie had been asked by Professor Brown to Chair the meeting until Professor Brown was able to join the meeting.</p> <p>Mr Ritchie extended a very warm welcome to Mr David Gould, to his first meeting as a publically appointed Member of the Board. While the Chair noted that this was Mr Gould’s first meeting of the NHSGGC Board, it was also the last meeting of Professor Linda de Caestecker, Director of Public Health, Dr Margaret McGuire, Director of Nursing, and Mr Jonathan Best, Chief Operating Officer. As members may be aware, Professor de Caestecker, Dr McGuire and Mr Best, were retiring from the NHS in the next few weeks. As was the Board’s tradition, the Chair would reflect on Professor de Caestecker, Dr McGuire and Mr Best’s significant contribution to the NHS at the end of today’s Board meeting.</p> <p>The meeting combined members joining via video conferencing and a socially distanced gathering of some members within the Boardroom of JB Russell House. Members were reminded to observe appropriate etiquette, and asked to ensure microphones remained on mute until invited to speak, use the virtual hands up function when wishing to contribute, and to refrain from using the chat function.</p> <p>Mr Ritchie welcomed members of the public who had taken up the invitation to attend the Board meeting, as observers, and therefore the virtual hands up function should not be used by observers, and they must remain on mute throughout the meeting.</p> <p>Mr Ritchie provided a brief overview of the key items of today’s meeting, focusing on the 4 Corporate Aims of Better Health, Better Care, Better Value and Better Workplace.</p> <p>Mr Ritchie noted that the Board would not be considering the Active Governance Programme at this meeting, given that it had been agreed that these activities would be paused in recognition of the challenges the Executive Leadership Team have faced in responding to the Coronavirus pandemic. However, the Board would consider a paper on the updated responsibilities of Board Members at today’s meeting, prompted by the departure of Ms Flavia Tudoreanu and Ms Paula Speirs, and Mr Gould’s subsequent appointment to the Board. At that stage of the meeting, the Board would be asked to consider</p>	

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	<p>whether or not changes were required to the current approach to governance between now and the April 2022 Board Meeting. As discussed at the December 2021 meeting, it was important that governance arrangements remained under review whilst the organisation remained in the grip of the Coronavirus pandemic, to ensure that governance was effective but also proportionate to avoid making unreasonable demands of the Executive Leadership Team particularly during this time when they remain under sustained pressure due to continued challenges presented by the pandemic. Members were asked to keep this in mind when discussing items on today’s agenda, particularly the COVID-19 Update, the QEUH/RHC Update, and the Performance Report, as those discussions should inform decisions on what, if any, changes were required to the governance arrangements.</p> <p>The meeting today would be followed by a meeting of the Board of Trustees of the Endowments Fund.</p> <p>Mr Ritchie highlighted that there were three papers that were issued later than the other papers, and asked Members to indicate if there were any objections to the Board considering the three papers:</p> <ul style="list-style-type: none"> • Item 07 – Paper 22/02 – COVID-19 Update • Item 17a – Paper 22/12 – Chairs Report of Finance, Planning and Performance Committee • Item 19 – Paper 22/14 – Board Member Responsibilities <p>Members were content to accept the late papers for consideration.</p> <p>There were no apologies intimated.</p> <p><u>NOTED</u></p>	
02.	DECLARATIONS OF INTEREST	
	<p>The Chair invited Members to declare any interests in any of the items on today’s agenda. There were no declarations made. The Chair reminded Members of the requirement to ensure that their details on the Register of Interests was kept up to date, and asked Members to ensure that any changes were notified to Ms Elaine Vanhegan, Director of Corporate Administration and Governance, and the Board Chair by email.</p> <p><u>NOTED</u></p>	
03.	MINUTE OF THE PREVIOUS MEETING HELD 21 DECEMBER 2021	

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	<p>The NHSGGC Board considered the minute of the meeting held on Tuesday 21 December 2021, and were content to approve the minute as a complete and accurate record, subject to the following amendments:</p> <p>Item 126, NHSGGC Finance Report, Page 16, 6th Paragraph – Amended to “Mr John Matthews”.</p> <p><u>APPROVED</u></p>	
04.	MATTERS ARISING	
	BOARD ROLLING ACTION LIST	
	<p>The Board considered the paper ‘Rolling Action List’ [Paper No. 22/01] and were content to accept the recommendation that two actions were closed.</p> <p>There were no other matters arising.</p> <p><u>APPROVED</u></p>	
05.	CHAIRS REPORT	
	<p>Mr Ian Ritchie provided an overview of activities on behalf of the NHSGGC Board Chair, Professor John Brown CBE.</p> <p>He noted that Professor Brown had attended and contributed to a wide range of meetings since the last Board meeting. These included three Standing Committee meetings, those being the Population Health and Well Being Committee, the Acute Services Committee, and the Finance, Planning and Performance Committee. He also met with the Standing Committee Chairs Network and had regular discussions with the Vice Chairs concerning the challenges facing NHSGGC.</p> <p>In addition to the January meeting of the NHS Scotland Chairs with the Cabinet Secretary, the Chair and Chief Executive have continued to attend the weekly meeting with the Cabinet Secretary and the NHS Scotland Chairs and Chief Executives. They also attended a meeting Chaired by the Deputy First Minister that brought together the leadership of NHS Scotland and the Scottish Local Authorities to consider the challenges facing the integrated health and social care system. All of these meetings have focussed on managing our way out of the current situation, including how we could better support social care and significantly reduce the number of delayed discharges from Acute hospitals.</p>	

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	<p>Professor Brown and the Chief Executive also met with the Cabinet Secretary and the Director General for Health & Social Care to provide Mr Yousaf and Ms Lamb with a briefing on the progress made to implement the outstanding recommendations from the various reviews and inquiries into the construction of the QEUH campus. It was a very positive meeting and they both expressed their thanks to Ms Jane Grant and everyone involved in tackling the issues that had arisen since the new hospitals opened in 2015. They welcomed the news that the works on Ward 2a/2b were nearing completion. This would result in all the recommendations being completed.</p> <p>The Board Chair was also invited to a meeting of the Scottish Science Advisory Committee where they discussed the future of the laboratories in Scotland, including the NHS regional laboratory at Gartnavel and the Lighthouse laboratory at the QEUH. The focus of the discussion was not only on the need for testing capacity to respond to the pandemic, but also on how we might use these laboratories in future to both support NHS recovery and introduce new tests for a variety of health conditions.</p> <p>Professor Brown chaired a meeting of the NHS Scotland Global Citizenship Advisory Board and chaired an interview panel to recruit a new professional advisor to the Global Citizenship Advisory Board.</p> <p>Since the last Board meeting, there have been two meetings with local MSPs and MPs, where, the Chief Executive and her Leadership Team provided the elected representatives with a detailed update on our response to the pandemic. This was in addition to the weekly update that the Chief Executive provides to the MSPs, MPs and Local Authority Leaders. In future, the face to face meetings would be held every two months, rather than every month.</p> <p>In addition to the regular meetings with MSPs and MPs, the Chief Executive, the Board’s senior clinical advisors and Professor Brown met with Mr Alex Cole-Hamilton MSP, leader of the Scottish Liberal Democrats to discuss the concerns raised in the Scottish Parliament concerning the QEUH Campus. The clinicians delivered a presentation that described the work of the QEUH, the clinical outcomes being delivered by the staff who work on the campus and the prevention and management of infections within the healthcare environment. In addition, the impact of the recent parliamentary debates on patients, relatives and staff was discussed, focussing on how we could work together to rebuild trust and public confidence in our hospitals. Mr Cole-Hamilton welcomed this briefing and the efforts our clinicians had put into bringing this information together. This had added to his understanding of the current situation at the QEUH campus and recognised the importance of politicians being fully briefed from all relevant sources.</p>	

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	<p>Mr Ritchie advised that Professor Brown, the Chief Executive and the Board’s senior clinical advisors would shortly meet with Dr Sandesh Gulhane MSP, the Scottish Conservative’s Shadow Cabinet Secretary for Health & Social Care on 2 March to share the same presentation with him. It was anticipated that, by ensuring that they were well informed, properly briefed, and fully aware of all the evidence, the leaders of the Scottish Political parties would independently come to the conclusion that the hospitals were safe and the senior leadership of NHSGGC took infection prevention and control extremely seriously.</p> <p><u>NOTED</u></p>	
06.	CHIEF EXECUTIVES REPORT	
	<p>The Chief Executive provided an overview of a range of meetings since the last Board meeting. She noted that COVID-19 remained a significant challenge for a range of teams including Care Homes, Care at Home, Test and Protect, and Acute hospitals. Ms Grant noted that the Gold Command continued to meet twice per week. In addition, other challenges in respect of winter pressures and delayed discharges continued.</p> <p>The National Response Group continued to meet to discuss the ongoing system pressures with other Chairs, Chief Executives, and the Cabinet Secretary.</p> <p>Ms Grant noted a number of other meetings including a meeting with the Director of Finance for NHSGGC, and Audit Scotland; and a meeting of the Regional Cancer Advisory Group.</p> <p>Ms Grant had also visited the new Health and Care Centre located at Clydebank. Ms Grant was impressed by the new Centre and the significant amount of work undertaken by a range of teams and staff to construct the new facility.</p> <p>The Chief Executive reminded Members about the Chairman’s Awards which would take place on Wednesday 23 February at 7.00pm. Ms Bustillo agreed to re-circulate the invite to Members.</p> <p>Mr Ritchie thanked Ms Grant for the update and invited comments and questions on the Chief Executives Update and the Chairs Update from members.</p> <p>Rev John Matthews OBE, commented that he had also had the pleasure of visiting the new Centre at Clydebank and noted that he had visited each floor of the facility, and had spoken with a number of staff, all of whom expressed their appreciation of the new facility and the new working environment.</p>	Ms Bustillo

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	<p>In response to a question regarding the laboratory testing facilities, specifically the Lighthouse laboratory, Ms Grant advised that discussions remained ongoing with Scottish Government regarding the facility, and plans were still emerging.</p> <p>A question was raised regarding the challenges associated with delayed discharges, and what actions were being taken to address these. Ms Grant explained that there were ongoing challenges regarding access to Care Homes, and Care at Home, along with difficulties with Adults with Incapacity. She assured Members that extensive work was underway with Health and Social Care Partnerships (HSCPs) and other NHS Boards to address these issues. Dr McGuire added that the reasons for delays were very complex, some of which were out with the control of the Board.</p> <p><u>NOTED</u></p>	
07.	COVID-19 UPDATE	
	<p>The Board considered the paper ‘COVID-19 `Update’ [Paper No. 22/02] presented by the Director of Public Health, Professor Linda de Caestecker. The paper provided an overview of the overall position in respect of the NHSGGC response to managing COVID-19.</p> <p>Prof de Caestecker provided an overview of the key issues. She noted that the number of cases had fallen in recent weeks, however last week had shown an increase in the trajectory. There was an increase in the household transmission rate and this would continue to be monitored very closely. The number of cases recorded per day was currently between 1200 and 1600 cases and improvement was noted in this area due to the uptake of the vaccination programme. Furthermore, the sickness absence rate had fallen, and there had also been a reduction in the number of outbreaks associated with Care Homes.</p> <p>In respect of the Vaccination Programme, Prof de Caestecker noted that there had been a significant amount of activity. 91.3% of the over 18 years old population had received their first dose, 81% had received their second dose, and 89% had received their booster dose. National guidance was awaited in respect of plans for a second booster dose.</p> <p>The Chair thanked Prof de Caestecker for the update and invited comments and questions from members.</p> <p>In response to a question regarding the support in place for clinically vulnerable staff members, Mrs MacPherson, Director of Human Resources and Organisational Development, advised that a cautious approach continued to ensure the safety of the most clinically</p>	

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	<p>vulnerable staff. Individual risk assessments were in place for this staff group and a number of interventions were in place including significant support for staff suffering from long COVID-19. A blended approach had been taken to working from home arrangements, with phased returns for staff in place, where appropriate. This continued to be a person centred approach and a number of supports were available to staff including psychological services and Cognitive Behavioural Therapy (CBT).</p> <p>A question was raised regarding the position with staff shortages. Mrs MacPherson advised that this remained a challenging position, which continued to be closely monitored by the Staff Governance Committee. She assured members that every avenue was being explored in respect of maximisation of additionality, including the remobilisation of staff to areas under the most pressure, additional administrative support to teams and services, and additional healthcare support workers. Local operational matters were being closely monitored on a daily basis. Continuous recruitment campaigns were underway and an international recruitment campaign had also been launched. Mrs MacPherson noted that the current challenges continued to be experienced by all NHS Boards across Scotland and this was likely to remain a significant challenge over the coming months.</p> <p>In response to a question regarding the Care Homes data and outbreaks, Dr McGuire noted that this had been closely monitored and there were no patterns related to location or provider. More intensive support was provided to Care Homes which were flagged as more likely to experience difficulties, such as those who had recently had a change in senior leadership.</p> <p>A question was raised regarding efforts to improve vaccination rates within the most vulnerable communities. Prof de Caestecker indicated that uptake rates were lowest in the most deprived communities. She assured members that a range of activities were underway to improve access within local communities and also work with Drug and Alcohol Teams, and Homelessness Teams to improve uptake amongst the most vulnerable groups.</p> <p>In response to a question regarding the extent to which positive rates have resulted in clinical risk, Prof de Caestecker confirmed that work had been undertaken with Public Health Scotland colleagues to ascertain this from the routine data available. Whilst it was possible to extract some information, it was not possible to report this on a daily basis, however the results of regular extraction of the data were published via the Public Health Scotland website.</p> <p>A question was raised regarding the proactive retention of staff members. Mrs MacPherson advised that there was a high level</p>	

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	<p>campaign to focus on the retire/return option available to staff. She highlighted that, due to the impact for medical staff in respect of pensions and lifetime allowance, this remained a national discussion. Furthermore, work continued to implement a range of activities around flexible working and a blended working approach.</p> <p>In summary, the Board were content to note the report and the information provided regarding the current COVID-19 activity within hospitals; the Acute and HSCP updates; Care Homes; Test and Protect and the Vaccination Programme.</p> <p><u>NOTED</u></p>	
08.	POPULATION HEALTH AND WELLBEING COMMITTEE UPDATE	
a)	CHAIRS REPORT OF THE MEETING HELD 19 JANUARY 2022	
	<p>The Board considered the paper ‘Chairs Report of the Meeting held 19 January 2022’ [Paper No. 22/03] presented by the Chair of the Population Health and Wellbeing Committee, Rev John Matthews OBE.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>	
b)	APPROVED MINUTE OF THE MEETING HELD 13 OCTOBER 2021	
	<p>The Board considered the minute of the Population Health and Wellbeing Committee Meeting of 13 October 2021 [Paper No. PHWBC(M)21/02].</p> <p>In response to a question regarding the Annual Report on Screening Programmes, if screening programmes had been recommenced, and what work was being undertaken to improve uptake rates in the black and minority ethnic communities (BAME), Prof de Caestecker advised that all of the screening programmes had recommenced, however she noted that there remained some work required to catch up on activity. She noted that uptake remained low within BAME communities, specifically in relation to female screening programmes such as cervical and breast screening, and plans were in place as outlined in the Equalities Health Plan to improve this. Prof de Caestecker agreed to share the Plan with Members for information.</p> <p>A question was raised about the emerging health inequalities exacerbated by the COVID-19 pandemic, and what actions were being taken in respect of this. Prof de Caestecker referred to the</p>	Prof de Caestecker

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	<p>Glasgow Centre for Population Health (GCPH) Report 'Health In a Changing City' which was available on their website. The Report made recommendations that have been discussed in detail at the Population Health and Wellbeing Committee, relating to a number of key factors including benefits, housing, and mental health, along with the population wide impact of the pandemic. There were specific recommendations which could be acted upon in respect of mental health and wellbeing, however many of the recommendations made would require an advocacy approach.</p> <p>The Chair thanked Prof de Caestecker and Rev John Matthews OBE, for the update. The Board were assured by the information provided that work continued via the Population Health and Wellbeing Committee to address the issues raised.</p> <p><u>NOTED</u></p>	
09.	NHSGGC BOARD PERFORMANCE REPORT	
	<p>The Board considered the paper 'NHSGGC Board Performance Report' [Paper No. 22/05] presented by Mr Mark White, Director of Finance. The report provided an overview of performance against the key performance indicators as outlined in the Performance Assurance Framework.</p> <p>Mr White highlighted that the Performance Report was continually evolving. It detailed the current position in respect of the key indicators set as part of the Remobilisation Plan 4 (RMP4) process, and the expected trajectory at year end. There were eight indicators reported as green status, one reported as amber status, and six reported as red status. Mr White noted that the process for submission of the RMP5 was underway, with a target submission date of the end of February 2022, which would include indicators for the new year of 2022/23.</p> <p>There remained key challenges within the Child and Adolescent Mental Health Service (CAMHS), currently at 55%, which was below the target of 70%, and a number of actions were in place to address this. It was anticipated that this target would be met by the end of March 2022.</p> <p>Additionally, challenges were reported in respect of Access to Cancer Services, which was currently at 78.7%, which was below the target of 95%.</p> <p>Overall, performance was assessed as good, however there were specialties which required improvement and significant activities were</p>	

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	<p>underway to address these challenges and improve performance by the year end.</p> <p>The Chair thanked Mr White for the update and invited comments and questions from members.</p> <p>In response to a question regarding the CAMHS target and activities to reduce the waiting times, Ms Grant assured members that work continued to both address the longest waits, along with managing those patients with the most urgent clinical need. She highlighted that this remained under close scrutiny via regular meetings with Mr White and the Chief Officers of Health and Social Care Partnerships. Following Ms Grant’s response, it was agreed that this position would be clearly stated in future Performance Reports.</p> <p>A question was raised about the trend reporting, specifically, that the figures included within the report covered to March 2022, and if further projections were available. Mr White explained that, usually, projections would cover a period of two years, however due to the issues and challenges of target setting during the pandemic, this had been limited to the period of time set by each of the Remobilisation Plans.</p> <p>In response to a question raised about the progress with delayed discharges and whether there was sufficient capacity within the community to move patients from hospital to a more appropriate setting, Ms Susanne Miller, Chief Officer, Glasgow City HSCP, noted that this remained a complex position. Significant investment had been implemented to support assessment and whilst there had been some improvements in some areas, such as Adults with Incapacity (AWI) challenges, there remained greater issues in respect of specialist provision of complex care packages. A further question was raised regarding the number of patients with Learning Disabilities experiencing delayed discharge. Ms Miller confirmed that, again, issues were in relation to access to specialist accommodation rather than issues related to access to assessment. She assured members that this remained under close scrutiny, and that activities were underway as part of the Community Living Fund, to develop additional resources.</p> <p>In summary, the Board were content to note performance across NHSGGC in relation to the KPIs outlined in the Performance Assurance Framework.</p> <p>Mr Ian Ritchie welcomed Professor John Brown CBE to the meeting. Prof Brown resumed his role as Chair.</p>	<p>Mr White</p>

10.	HEALTHCARE ASSOCIATED INFECTION REPORT	
	<p>The Board considered the paper ‘Healthcare Associated Infection Report’ [Paper No. 22/06] presented by the Interim Executive Director of Infection Prevention and Control, Prof Angela Wallace. Ms Sandra Devine, Interim Infection Prevention and Control Manager, was also in attendance. The paper provided an overview of Healthcare Associated targets including <i>Staphylococcus aureus bacteraemias</i> (SAB), <i>Clostridioides difficile</i> infections (CDI), <i>E.coli</i> bacteraemias (ECB), incidents and outbreaks and all other healthcare associated infections activities across NHSGGC over November and December 2021.</p> <p>Ms Devine noted that all healthcare associated infections remained within expected confidence intervals, and the position remained stable. She described the actions that had been put in place to drive forward improvements in respect of healthcare associated infections, and noted that real time data was available to all clinical teams via the dashboard, which provided real time information on sources of infections, and allowed prompt action to be taken.</p> <p>COVID-19 continued to impact on frontline teams. All incidents and outbreaks were being reported to ARHAI and a summary of numbers were included in the report.</p> <p>Ms Devine was pleased to note that there were no incidents or outbreaks in November and December 2021 due to any other type of infection. Whilst there had been a slight dip in the compliance with use of the CPE screening tool, she assured members that actions had been taken to address this and ensure that locally, teams were aware of the importance of screening for CPE.</p> <p>The Chair thanked Prof Wallace and Ms Devine for the update and invited comments and questions from members.</p> <p>In response to a question about the <i>E.coli</i> infections, which had shown a slight increase over the period reported, Ms Devine explained that extensive work had been undertaken to review this. She also noted that preventative strategies to reduce ECB were complicated to implement because infections originated from a much wider range of sources however on this occasion 9% of the infections were related to urinary catheters. A number of initiatives have been put in place, e.g. supporting clinical areas to implement the CAUTI bundle and encouraging patients with hydration.</p> <p>The Chair commented that the Healthcare Associated Infection Report was scrutinised at a number of Committees, prior to being presented to the Board. In light of this, the Chair suggested that the Board could be assured that the governance arrangement around</p>	Ms Vanhegan

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Infection Prevention Control, including the reporting of infections could be considered as comprehensive and appropriate at this point in time.

A question was raised regarding Surgical Site Infection (SSI) surveillance. Ms Devine explained that this had been paused in November and December 2021 because the surveillance nurses were diverted to support the vaccination rollout, however the nurses had returned to their respective posts in February 2022, therefore she assured members that this programme of work was back on track.

In response to a question about the number of ward closures and bed days lost, Ms Devine highlighted that this was in relation to the Omicron surge, and the increase in numbers of in-patients as the infection rates increased through the wider population.

A comment was raised in respect of the letter by senior clinicians to the Cabinet Secretary regarding infection prevention and control. The letter was very robust and was commended. Additionally, the reply received from the Cabinet Secretary was very supportive and appreciative of the infection prevention and control position within NHSGGC. Prof Wallace added that the letter from senior clinicians very much reflected their experiences of the organisation and of working in the Infection Prevention and Control Team. Prof Wallace added that the letters reflected the passion, commitment and pride with which the clinical teams and Infection Prevention and Control Teams approached their work, and she commended all of the work the teams have done, along with the support and commitment of the Board, Chief Executive, and the Executive Leadership Team.

In summary, the Board were content to note the content of the Healthcare Associated Infection Report, the performance in respect of the Annual Operational Plan Standards for SAB, CDI, and ECB, the detailed activity in support of the prevention and control of healthcare associated infections, and the contribution of the IPCT to NHSGGC response to COVID-19. The Board were assured that the organisation had achieved a good level of performance under challenging circumstances, which compared favourably with the rest of Scotland. The Board commended the responsiveness of teams, management grip, and the high level of governance. There was assurance that the hospitals within NHSGGC remained safe, with appropriate infection prevention and control policies and procedures and appropriate governance in place. The Board noted thanks to Prof Wallace, Ms Devine, the Infection Prevention and Control Teams, and all staff for their efforts.

The Chair noted Prof Wallace' recent appointment to NHSGGC as Director of Nursing, and would look forward to welcoming Prof Wallace to that role in April 2022.

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11.	QUEEN ELIZABETH UNIVERSITY HOSPITAL (QEUH) AND ROYAL HOSPITAL FOR CHILDREN (RHC) UPDATE		
	<p>The Board considered the paper ‘Queen Elizabeth University Hospital (QEUH) and Royal Hospital for Children (RHC)’ [Paper No. 22/04] presented by the Chief Executive, Ms Jane Grant, and Mr Tom Steele, Director of Estates and Facilities. The paper provided an overview of a number of key matters including:</p> <ul style="list-style-type: none"> • The Oversight Board and Case Note Review Report; • The Public Inquiry; • The Police Investigation; • The Legal Claim; • The Rectification Programme; • Ward 2a/2b. <p>Ms Grant highlighted that a revised structure had been agreed by the Oversight Board. She noted that the Director of Infection Prevention and Control post had been advertised.</p> <p>Work continued in respect of the Public Inquiry, with a large volume of requests for information being responded to. In light of this, increased capacity had been identified for the Programme Management Office, and additional witness support provision, to ensure that all colleagues were supported to give the best contributions they could to the Inquiry.</p> <p>In respect of the Police Scotland investigation, this remained ongoing, and Ms Elaine Vanhegan, Director of Corporate Administration and Governance, had continued to manage this process in conjunction with Police Scotland officials.</p> <p>Progress continued in respect of the civil claims received.</p> <p>Ms Sandra Bustillo, Director of Communications and Engagement, had undertaken significant efforts in respect of ongoing communications about Ward 2a/2b, and Ms Grant commended Ms Bustillo and the Communications and Engagement Team for their efforts to develop a full Communications and Engagement Plan.</p> <p>Mr Steele provided an overview of the position in respect of the Legal Claim, the Rectification Programme, and Ward 2a/2b.</p>		

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	<p>The Chair thanked Ms Grant and Mr Steele for the update and invited comments and questions from members. There were no questions or comments raised.</p> <p>In summary, the Board were content to note the significant activity which continued across all of the strands for work related to the QEUH/RHC. The Board were assured that the Leadership Team continued to have a tight grip on all of the strands of work, that there were appropriate resources allocated to support the Legal Claim and the Public Inquiry, that remedial work continued along with adjudication, and that suitable communications plans were in place. The Chair noted thanks on behalf of the Board to everyone involved in each of the strands of work, including Estates and Facilities colleagues, the Infection Prevention and Control Team, the Corporate Administration Team, Mr Steele, Ms Vanhegan and Ms Bustillo.</p> <p><u>NOTED</u></p>	
12.	PROCUREMENT STRATEGY	
	<p>The Board considered the paper ‘Procurement Strategy’ [Paper No. 22/07] presented by the Director of Estates and Facilities, Mr Tom Steele. The purpose of the paper was to satisfy the Board’s legal duty under Section 15 of the Procurement Reform (Scotland) Act to prepare and publish a Procurement Strategy which sets out how regulated procurements (those over £50,000 (ex VAT)) will be carried out. The revised Procurement Strategy covered the period 2022 to 2025 and represented an updated version of the 2019 to 2022 Procurement Strategy.</p> <p>Mr Steele highlighted that the Strategy had been discussed extensively at the recent Finance, Planning and Performance Committee, and noted that the main areas of change within the Strategy.</p> <p>The Chair thanked Mr Steele for the update and invited comments and questions from members.</p> <p>In response to a question about 2.1 – Governance Structure – specifically regarding the statement about the production of a bi-annual report to the Finance, Planning and Performance Committee, Mr Steele clarified that the bi-annual report would be presented to the Corporate Management Team, with an annual report to the Finance, Planning, and Performance Committee.</p> <p>In summary, the Board were content to approve the revised Procurement Strategy for 2022 to 2025.</p> <p><u>APPROVED</u></p>	

13.	ACUTE SERVICES COMMITTEE UPDATE		
a)	CHAIRS REPORT OF MEETING HELD 18 JANUARY 2022		
	The Board considered the paper ‘Chairs Report of the Acute Services Committee meeting held 18 January 2022’ [Paper No. 22/08] presented by Mr Ian Ritchie, Chair of the Acute Services Committee, and were content to note the report. <u>NOTED</u>		
b)	APPROVED MINUTE OF THE MEETING HELD 16 NOVEMBER 2021		
	The Board considered the approved minute of the Acute Services Committee meeting of 16 November 2021 [Paper No. ASC(M)21/04] and were content to note this. <u>NOTED</u>		
14.	AREA CLINICAL FORUM UPDATE		
a)	CHAIRS REPORT OF MEETING HELD 10 FEBRUARY 2022		
	The Board considered the paper ‘Chairs Report of the Area Clinical Forum Meeting held 10 February 2022’ [Paper No. 22/09] presented by the Chair of the Area Clinical Forum, Dr Lesley Rousselet, and were content to note the report. <u>NOTED</u>		
b)	APPROVED MINUTE OF THE MEETING HELD 9 DECEMBER 2021		
	The Board considered the approved minute of the Area Clinical Forum Meeting held 9 December 2021 [Paper No. ACF(M)21/06] and were content to note this. <u>NOTED</u>		
15.	NHSGGC FINANCE REPORT		
	The Board considered the paper ‘NHSGGC Finance Report’ [Paper No. 22/10] presented by the Director of Finance, Mr Mark White. The paper provided an overview of the Month 9 financial position, including the position of the Financial Improvement Programme (FIP), the forecast COVID-19 expenditure for 2021/22, and the projected year end position.		

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	<p>Mr White summarised that, as at 31 December 2021, the Board’s financial ledger highlighted an overspend of £12.6m, attributable to unachieved savings. Direct expenditure on remobilisation and delivery of services due to COVID-19 of £115.6m was reported, and Mr White confirmed that this had been fully funded by Scottish Government.</p> <p>In terms of the Financial Improvement Programme, Mr White noted that, as at 31 December 2021, the Programme achieved £25.5m on a full year basis, against the target of £45m. Whilst this was below the target, Mr White anticipated that this was likely to increase to £30m (under 70% of the target) by the year end. This was a good achievement, given the challenges experienced over the year.</p> <p>In respect of the Capital position, Mr White explained that there remained some spend required to achieve the capital resource limit, and work continued with budget holders to ensure uncommitted balances were addressed, therefore he was confident that this would be achieved by the year end.</p> <p>The underlying deficit had increased significantly, which had been affected by the challenges posed by the COVID-19 pandemic. Mr White assured members that focus on this would continue into 2022/23 to reduce this.</p> <p>The Chair thanked Mr White for the update and invited comments and questions from members.</p> <p>In response to a question regarding a recent meeting with colleagues from Audit Scotland, Mr White assured members that there had been clear visibility of the current position, and discussion with Audit Scotland had focused on routine preparations for the year end, and ensuring that the timetables for financial reporting and audit returned to pre-pandemic schedules.</p> <p>In summary, the Board were content to note the revenue position at month 9; the position with the Financial Improvement Programme; the capital position at month 9 and the projections to the year end.</p> <p><u>NOTED</u></p>	
16.	NHSGGC FINANCIAL PLAN 2022/23	
	<p>The Board considered the paper ‘NHSGGC Financial Plan 2022/23’ [Paper No. 22/11] presented by the Director of Finance, Mr Mark White. The paper provided an overview of the initial Draft Financial Plan for 2022/23 and outlined the forecast deficit for 2022/23.</p> <p>Mr White highlighted that the Plan had been scrutinised in detail at the recent Finance, Planning and Performance Committee, and was based on current information to date. This remained a fluid picture,</p>	

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	<p>given the requirement to receive confirmation from the Scottish Government, and it was likely that this would continue to be into the new financial year, until clarification was received.</p> <p>The total new resources allocated to the organisation was likely to be in the region of £70m, based on an uplift of 2% baseline budget from the Scottish Government and an additional allocation to support the increase in employer National Insurance costs. This was a positive settlement, however there would be challenges to manage increasing costs, along with the Financial Improvement Programme. Mr White expressed concern regarding increase in costs of supplies, increase in energy costs, medical supplies, and the overall impact of inflation. Mr White would continue to report the position to the Finance, Planning and Performance Committee, and the Board, as this developed.</p> <p>The Chair thanked Mr White for the update and invited comments and questions from members.</p> <p>In response to a question regarding the details included on page 6 of the report in relation to repatriation, Mr White clarified that this was a long standing arrangement. Discussions with NHS Lothian colleagues continued in respect of this, and Mr White noted the importance of this service in ensuring the best care for patients.</p> <p>A question was raised regarding the ongoing matters relating to the future of the Test and Protect programme, and if this was likely to create any additional financial pressure. Mr White clarified that he did not anticipate this being an additional financial pressure. Whilst the current situation in respect of COVID-19 funding and consequentials remained unclear, it was not anticipated that this would result in additional pressure, and there were greater concerns in relation to other areas of pressure such as rising energy costs.</p> <p>In summary, the Board were content to note the Draft Financial Plan and the Financial Improvement target for 2022/23, and would anticipate further updates to the Finance, Planning and Performance Committee, and the Board as further details emerged.</p> <p><u>NOTED</u></p>	
17.	FINANCE PLANNING AND PERFORMANCE COMMITTEE UPDATE	
a)	CHAIRS REPORT OF MEETING HELD 15 FEBRUARY 2022	
	The Board considered the paper ‘Chairs Report of the Finance, Planning and Performance Committee meeting of 15 February 2022’ [Paper No. 22/12] presented by the Chair of the Finance, Planning	

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	and Performance Committee, Mr Simon Carr. The Board were content to note the report. <u>NOTED</u>		
b)	APPROVED MINUTE OF THE MEETING HELD 7 DECEMBER 2021		
	The Board considered the approved minute of the Finance, Planning and Performance Committee meeting of 7 December 2021 [Paper No. FPPC(M)21/05] and were content to note this. <u>NOTED</u>		
18.	STAFF GOVERNANCE COMMITTEE UPDATE		
a)	CHAIRS REPORT OF MEETING HELD 1 FEBRUARY 2022		
	The Board considered the paper ‘Chairs Report of the Staff Governance Committee meeting held 1 February 2022’ [Paper No.22/13] presented by the Co-Chairs of the Committee, Mr Alan Cowan, and Ms Anne Cameron-Burns. The Board were content to note the report. <u>NOTED</u>		
b)	APPROVED MINUTE OF THE MEETING HELD 2 NOVEMBER 2021		
	The Board considered the minute of the Staff Governance Committee meeting held 2 November 2021 [Paper No. SGC(M)21/04] and were content to note this. <u>NOTED</u>		
19.	BOARD MEMBERS RESPONSIBILITIES		
	The Board considered the paper ‘Board Member Responsibilities’ [Paper No. 22/14] presented by Ms Elaine Vanhegan, Director of Corporate Administration and Governance. The paper provided an update in respect of the operating requirements for the Board. Ms Vanhegan provided an overview of the changes to member responsibilities, including the recent appointment of Mr Gould as a new Non-Executive Director of the Board, Ms Miles appointment to Glasgow City Integration Joint Board, and Ms Wailes appointment to East Renfrewshire Integration Joint Board. Additionally, Ms Vanhegan noted that the Acute Services Committee, Remuneration Committee, and Population Health and Wellbeing Committee, would continue with one fewer member respectively, until such times as an		

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	<p>additional Non-Executive Board Member appointment had been made. Ms Miles would also undertake additional duties and join Ms Khan and Ms Monaghan as a Board Equality and Diversity Champion.</p> <p>Ms Vanhegan further noted that Ms Jennifer Haynes, Corporate Services Manager – Governance, had recently left the organisation, and a recruitment process was underway to appoint to this post which includes the Board Secretary functions. Members were asked to contact Ms Vanhegan and Mrs Mathew regarding any Board Secretary matters in the interim.</p> <p>A further update would be provided to the next Board Meeting in April 2022.</p> <p>The Chair thanked Ms Vanhegan for the update. There were no comments or questions raised.</p> <p>In summary, the Board were content to approve the updated version of Board Members Responsibilities; and approved Ms Miles appointment as Equality and Diversity Champion.</p> <p><u>APPROVED</u></p>	
20.	AOCB	
a)	GOVERNANCE ARRANGEMENTS	
	<p>Following discussion and agreement at the NHSGGC Board Meeting held on 21 December 2021, where the Board agreed to invoke the current proportionate governance arrangements to ensure the level of governance was appropriate to the ongoing challenges, Prof Brown proposed that, given the information received today, and the ongoing response to the COVID-19 pandemic, proportionate governance arrangements would continue in the interim, with this being reviewed at the next Board meeting in April 2022.</p> <p>Members were content to approve the proposal and agreed that the current proportionate governance arrangements would continue, and would be reviewed at the next Board meeting in April 2022.</p> <p><u>APPROVED</u></p>	
b)	VALEDICTORY	
	<p>Prof Brown advised the Board of the upcoming retiral of three members of the Executive Team, Prof Linda de Caestecker, Mr Jonathan Best, and Dr Margaret McGuire.</p>	

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Mr Jonathan Best, Chief Operating Officer, joined NHSGGC in 1981 as a Management Trainee. He has held a variety of General Manager roles over the course of his career. In 1999, Mr Best became the Chief Executive of the Yorkhill NHS Trust, having also undertaken roles such as Director of Regional Services, Director of Surgery and Anaesthetics, and Director of the North Sector. Mr Best has excelled in every role he has undertaken, and has always held patients and staff at the centre of everything he has done, and as such, has been widely respected and held in high esteem throughout NHSGGC. He has dedicated his working career in service to the people of Greater Glasgow and Clyde, and has supported colleagues across NHSGGC including the Board Chair and the NHSGGC Board. He has dedicated his personal time to Spina Bifida Scotland as a Non-Executive Director of the Board. Mr Best would be greatly missed by all colleagues he has worked with, and Prof Brown wished Mr Best a very long and happy retirement.

Mr Best thanked Prof Brown and the Board. He considered his time in NHSGGC a great privilege, particularly the opportunity to bring about positive changes and put patients and staff first. The last few years have posed unprecedented challenges for the NHS due to the COVID-19 pandemic, and Mr Best was proud of staff and colleagues who had continued with tremendous efforts, passion and pride, despite the significant challenges. He wished Mr Edwards well in his new role as Chief Operating Officer, and gave special thanks to everyone he has had the pleasure of working with.

Prof Brown went on to note that Prof Linda de Caestecker joined NHSGGC in 1993, as a Consultant in Public Health Medicine, which, at that time, was led by the Women and Children's Directorate. Following a merge, Prof de Caestecker went on to assume the role of Director of Public Health, and in January 2007 became an Executive Member of the Board. In 2015, Prof de Caestecker undertook a role with FIGO, the International Federation of Gynaecology and Obstetrics, addressing women's health in low resource countries. More recently, during the pandemic, Prof de Caestecker has become a key participant in the UK's response to COVID-19, and has provided specialist expertise and skill. Prof Brown was extremely grateful to Prof de Caestecker for everything she had done for the people of Scotland, and wished her a very long and happy retirement.

Prof de Caestecker thanked Prof Brown and the Board. She expressed gratitude for the variety of roles she has had throughout her career. Having worked in Ghana in the 1980's as a Consultant in Gynaecology and Obstetrics, Prof de Caestecker witnessed first-hand the effects of poor conditions on women and children, which led to an interest in public health matters and a desire to address issues such as prevention; access to clean water; housing; and diet. She returned to Scotland and began her training in the Public Health field, and worked on a variety of programmes including screening; the universal parenting programme; introduction of folates supplementation to

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	<p>prevent neutral tube defects. She had worked with a wide range of colleagues, and developed trusted relationships. She was extremely proud of the response of colleagues and staff over the course of the pandemic, who had demonstrated courage, composure, and commitment, and was tremendously proud of the efforts of all of the Public Health Team who had developed a world-class service in areas such as smoking cessation and weight management. Prof de Caestecker thanked all colleagues for the privilege of working with them and wished the Board and colleagues well for the future.</p> <p>Dr Margaret McGuire joined NHSGGC as Director of Nursing in October 2015, following her previous role with NHS Tayside. She began her nursing career in St Vincent’s Hospital in Dublin and then moved to Scotland to pursue further training in the field of midwifery. This was an immensely rewarding and challenging role. Dr McGuire then moved into the field of education and exhibited talents in this role. Dr McGuire has been a great professional, an inspirational leader, always exhibits a calm and professional approach, with patients at the heart of all that she has done, and would be extremely missed by all colleagues who have worked with her. Prof Brown wished Dr McGuire a very long and happy retirement.</p> <p>Dr McGuire thanked Prof Brown and the Board. She commented that her career has been an extremely rewarding, challenging and exciting time, and the most important part has been the people she has had the privilege to work with, both the patients and staff. She has learned a significant amount from a number of people she has met over the years and highlighted that teamwork and kindness were the key elements of success. She wished everyone well for the future.</p> <p><u>NOTED</u></p>	
21.	DATE OF NEXT MEETING	
	Tuesday 26 April 2022, at 09:30am, MS Teams.	
	The meeting concluded at 12:35.	