



## **Report from August meeting of the NHSGGC Board (26 August 2022, 11.30am)**

The Board of NHS Greater Glasgow and Clyde met on Tuesday 23 August 2022. All the papers are available [here](#).

### **Chairman and Chief Executive's Reports**

The Chairman welcomed East Renfrewshire Councillor Katie Pragnell and Colin Neil, Finance Director, to their first Board meeting. Key highlights for the period included hosting the official opening of the new Clydebank Health and Care Centre by the Cabinet Secretary for Health and Social Care, Humza Yousaf. This project represents a significant investment in the area, at a cost of £21.7 million. It is the sixth new Health and Care Centre to be built within NHSGGC in the past seven years, with work now getting underway on the seventh, a major facility for the East End of Glasgow.

The Chief Executive had also attended the official opening of the Clydebank Health and Care Centre and had then accompanied the Cabinet Secretary to Inverclyde Royal Hospital where he had an opportunity to meet staff working in the new £1.5 m orthopaedic theatre at the hospital. This major investment into orthopaedic services at IRH will facilitate a significant expansion to the planned care programme through the opportunity to increase the total number of orthopaedic procedures on site and take forward plans for same day arthroplasty.

Mrs Grant and Susanne Millar, Chief Officer, Glasgow City HSCP, hosted a visit by Kevin Stewart, Minister for Mental Wellbeing and Social Care, to Leverndale Hospital, when he met staff from one of the Board's two Mental Health Assessment Units.

Mrs Grant also highlighted the very positive dialogue underway with the Scottish Ambulance Service to support improved hospital turnaround times.

### **Patient Story**

Introducing the patient story, Professor Angela Wallace, Executive Nurse Director, highlighted that 'sometimes it's the smallest things that make the biggest difference to people'. [This story](#) explains how feedback from one patient at Levensdale Hospital about her experience has been used to improve information given to patients on the ward.



### **Performance Report**

Colin Neil, Finance Director, presented the performance report for the first quarter of 2022-23. This report provides a summary of key indicators, which continue to be delivered within the context of the ongoing challenges faced by the number of COVID patients receiving care in our hospitals and in care homes, and the number of staff absent with COVID and general sickness absence. Despite continuing to face challenges across the health and social care system, progress has been made across a number of key performance measures highlighted in the report.

One area of challenge continues to be the timely discharge of patients deemed fit for discharge where we are not seeing the level of reduction as we would like. This is a complex issue and our priority remains on ensuring we are able to move our patients on to an appropriate setting once they are deemed fit for discharge. We continue to work with our HSCP colleagues, care homes and families to arrange supported discharge for patients as quickly as possible.

In discussing the report, the Board noted that the 62-day cancer waiting time performance remains below the national position and below the national target. Improving the cancer pathway remains one of the Board's top priorities and the Chief Executive outlined a number of areas of focus to improve on this position including a significant increase in endoscopy capacity.

[Click here to read the Board Paper.](#)

### **Finance**

The Finance Director provided the Month 3 financial position for 2022/23, the three year revenue plan, and the three year capital plan for financial years 2022/23 to 2024/25.

The in-year position noted a deficit at Month 3 of £48.4m and a current forecast deficit of £78.4m against an annual budget in the region of £3.7billion. The continuation of Covid-19 demands and service pressures, combined with the need to realise efficiencies through this recovery phase, continue to be key factors in the current position.

It is clear that 2022/23 is a financially challenging year and focussed effort requires to be maintained to bridge the current forecast gap by identifying additional opportunities both on a recurring and non-recurring basis, as well as reducing key system pressure costs.

In their scrutiny of the financial position, Board members questioned whether savings targets could continue to be met without significant redesign. Mrs Grant advised that, in addition to the application of stringent financial controls on budgets, there may be potential to review some of the Board's estate in view of the opportunities created by the Board's digital strategy and new blended working arrangements introduced in response to the pandemic.

The Board approved the draft three-year financial plan and the three-year capital plan.

[Click here to read the Finance Report.](#)

[Click here to read the three-year Financial Plan.](#)

[Click here to read the Capital plan.](#)

### **Workforce Supply Update**

Anne MacPherson, Director of Human Resources and Organisational Change, presented a paper detailing the current staffing position, an overview of current challenges and a description of activity being undertaken to mitigate the challenges, including the steps being taken to support and focus on staff wellbeing, increased levels of recruitment activity and preparations within the staff bank.

The report noted that, following a successful recruitment campaign this year, 720 newly qualified nurses and midwives are expected to join NHSGGC by early October, an increase from 577 last year. Within senior medical staffing, there are some challenging vacant roles in various community and in-patient mental health services, and efforts continue to recruit to these posts looking to both the domestic and international market.

Board members asked about the recent media coverage of 1 registered nurse on duty on a shift. Professor Wallace reported on the significant activity underway to manage absences and direct resources appropriately. Ian Ritchie, Vice-chair and chair of the Acute Services Committee, reported on a presentation the Committee had received on the system in place to gather data across the organisation over a 24-hour period to identify and address potential staffing gaps.

[Click here to read the Board Paper.](#)

### **QEUH/RHC Update**

Jane Grant updated the Board on the position regarding a number of issues related to the Queen Elizabeth University Hospital (QEUH) and the Royal Hospital for Children (RHC). She advised that significant work continues to meet requests for information from the Public Inquiry team and to support staff giving witness statements. No date has yet been announced for the next oral hearings.

A number of technical issues previously identified with the hospitals are being rectified, including the atrium roof of the QEUH and en-suite bedroom rectification works, with detailed project management to co-ordinate these activities and minimise the impact on services.

### **National Care Service Consultation**

Julie Murray, Chief Officer, East Renfrewshire HSCP, gave a presentation on the National Care Service (Scotland) Bill which has been published. The Board considered the Bill and offered comments which will be captured in the response to be submitted by the organisation.

[Click here to read the Board Paper.](#)

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