

Core brief

Report from June Board meeting

The Board of NHS Greater Glasgow and Clyde met yesterday (Tuesday 29 June). All the papers are [available on our website](#).

Chairman and Chief Executive's Reports

The Chairman welcomed Christine Laverty to her first meeting as Interim Chief Officer with Renfrewshire Health and Social Care Partnership and thanked to Shiona Strachan, who is retiring, for her significant contribution to the Partnership and to NHSGGC.

He also paid tribute to Board members, Audrey Thompson and Allan McLeod, who were both attending their last meeting. The Chairman praised Audrey for the significant impact she has made as chair of the Area Clinical Forum, ensuring that the Board has had access to clinical advice of the highest quality. The Chairman also recorded his thanks to Allan for his extensive contribution to NHSGGC over the past six years.

Finally, on behalf of the Board, the Chairman congratulated Dr Kerri Neylon and John Stuart for their recognition in this year's Queen's Birthday Honours. John, who recently retired from his role as Chief Nurse in the North sector, was awarded an MBE for his contribution to NHSGGC and Kerri has been awarded an OBE for her contribution to Health and Social Care, particularly during the COVID-19 pandemic.

The Chief Executive reported that she had received notification from the Scottish Government that the Board had been de-escalated from Level 4 to Level 2 on the NHS Board Performance Escalation Framework for unscheduled care, scheduled care and GP Out of Hours. On behalf of the Board, the Chairman thanked staff throughout the organisation for their work in delivering improvements in these services.

Remobilisation Plan 2021-22

Dr Jennifer Armstrong, Medical Director, presented to the Board the Remobilisation Plan for NHSGGC covering the period from April 2021 to March 2022.

The Board approved the Remobilisation Plan and paid tribute to the staff who have worked so hard to provide excellent patient care during the pandemic. It also recognised the challenges still faced by services as we continue to treat patients with COVID. The focus for the foreseeable future will remain on urgent and emergency care needs, with detailed plans for the ongoing recovery of other planned and elective care.

Key priorities identified within the plan include:

- **Planned Care:** We will step up our elective programme as COVID-19 restrictions allow. We will continue to use virtual patient consultations where appropriate and increase day case procedures. There will be a focus on radiology and endoscopy to reduce waiting times. The number of procedures available will remain substantially less than pre-pandemic levels.
- **Unscheduled Care:** We will look to increase the use of Flow Navigation Hubs – which assess patients before they attend Emergency Departments, to ensure patients get the right care at the

right place. The model works by encouraging patients to always first call their GP, or, to speak to NHS 24 on 111, before they attend an Emergency Department (unless their condition is life-threatening).

- **Mental Health:** We recognise the additional impact the pandemic has had on the mental health of the population. Increasing investment in digital resources and virtual appointments will support new psychological services. We will build on the success of the Mental Health Assessment Units, established at the beginning of the pandemic, which provide support for those in crisis. We will focus on the waiting list challenges with CAMHS and Psychological Therapies.
- **Public Health:** Recognising the existing health inequalities exacerbated by the pandemic, we will continue to support the wider health improvement agenda, with a focus on child poverty, mental health, weight management, smoking cessation and drugs and alcohol misuse. We will continue to support the COVID vaccination programme and local testing and contact tracing processes working with national partners.

Other priorities in the plan include improvements within social care, primary and community care, ensuring patient experience is integral to developing new ways of working, addressing inequalities and building on improvements with digital and e-health innovations which have allowed for more virtual consultations, improving patient care and reducing waiting times. The plan will be underpinned by a workforce plan that supports our teams and recognises the impact the pandemic has had on staff over the last 15 months.

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

COVID-19 update

Dr Linda de Caestecker, Director of Public Health, updated the Board on the overall position on our response to managing COVID-19.

The Board heard how cases in NHSGGC have continued to increase since the start of May 2021. As at 28th June 2021, the seven day cumulative incidence rate was 383 cases per 100,000 population, the highest rate since February 2021.

Whilst hospitalisations have continued to increase, this is at a much lower rate than seen in previous surges. Encouragingly too, the number of patients within ICU remains very low.

Dr de Caestecker went on to report on the very good progress being made with the vaccination programme which is proceeding quickly. The Board remains on track to offer every adult over 18 years of age a first vaccination by 18th July.

The Board thanked Dr de Caestecker and her public health team for their continued leadership and advice in responding to the pandemic.

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

QEUH/RHC Update

The Chief Executive 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).

The Scottish Government has established an Advice, Assurance and Review Group (AARG) which replaces the Oversight Board structure. The first meeting took place on the 7th June, chaired by the Chief Nurse, Professor Amanda Croft, who was supported by a number of Scottish Government colleagues. The Terms of Reference were approved with a further meeting being scheduled. Overall, the AARG were content with the plans and indicated that they considered excellent progress had been made at this stage.

Lord Brodie and some of the Inquiry Team visited the QEUH and RHC on Wednesday 23rd June, the purpose of which was to orientate themselves with the site and some of the services provided.

On progress with Wards 2A and 2B in the RHC, the Board heard that the significant upgrade is progressing well and it is anticipated that the wards will be handed back by the contractor to NHSGGC by

September. Final checks and specialist commissioning will then take place before patients, staff and services move from the QEUH back into the wards. When finished the wards will provide the highest-quality environment that is fully suited to the needs of our young patients and their families.

Tom Steele, Director of Estates and Facilities, advised the Board on plans to replace some internal wall panels within the atrium of the Queen Elizabeth University Hospital.

Following contact from the hospital's main construction partner, Multiplex, earlier this year, NHS Greater Glasgow and Clyde worked with Scottish Fire and Rescue Service, Scottish Government and Glasgow City Council Building Standards to re-examine the materials used for the wall panels. This confirmed that some of the internal wall panels contain materials that do not meet the latest building regulations.

Effective mitigation measures and a comprehensive fire safety strategy have been put in place by NHSGGC to ensure the ongoing safety of the hospital. All our expert advisors have confirmed they are content with the immediate mitigation measures that we have taken. It has been agreed, however, that the most effective long-term solution for the hospital is the replacement of some wall panels, and we are working with Multiplex to deliver the project which will take several months to complete.

The atrium within the Royal Hospital for Children is unaffected.

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

Finance

The Board has achieved its three financial targets, although this out-turn remains subject to the external audit process. However, this should be set in the context of the increase in the underlying recurring deficit from £60m to £93m. This follows two years of a reducing deficit. Reducing this is one of the key objectives going into 2021/22 and beyond.

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

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