

Report from August Board meeting

The Board of NHS Greater Glasgow and Clyde met yesterday (Tuesday 17 August). All the papers are available on our website.

The issues considered by the Board included an update on our COVID-19 response, our remobilisation plan, an update on QEUH and RHC, public health screening and the regular report on infection control. The Board also scrutinised the latest performance and finance reports.

Patient Story

Each Board meeting begins with a patient story to focus on our patients and their experiences. This month's patient story tells how patients have worked with staff in the frailty service to co-design improvements to the QEUH acute receiving unit environment with very positive results as explained by Dr Lara Mitchell in this short video.



COVID-19 update

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

The Board heard the number of cases in NHS GGC has continued to decline in recent weeks from 500 cases per 100,000 in early July 2021, the highest rate recorded at any time during the pandemic. This wave has not seen the same level of hospitalisations or mortality due to the success of the vaccination programme. There are currently 103 patients in hospital with a diagnosis of less than 28 days and eight patients in ICU with less than 28 days' diagnosis.

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In spite of the recent changes in self–isolation rules, the Test and Protect service remains busy with contact tracing, with the local team working effectively with the National Contact Tracing Centre to continue to respond flexibly to demand.

Dr de Caestecker also reported on the very good progress being made with the vaccination programme. As of the middle of July, everyone over 18 years of age has been offered a first dose appointment. Second dose appointments are anticipated to continue into early September. The vaccination programme has now been extended to include 16 and 17 year olds and those under 18 years of age in vulnerable categories.

Planning for the winter flu programme and a possible further COVID vaccine booster is progressing. The flu programme will begin in September and, this year, eligibility is being extended to include certain occupational groups including teachers and prison staff.

The Board also received an update on the work underway to treat patients with Long COVID. Approximately 1.5% of COVID patients experience symptoms of Long COVID with the most common symptoms including fatigue, shortness of breath, muscular pain and loss of smell. Research continues to understand the instances and prevalence of longer term symptoms.

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 first formal hearing of the Scottish Hospitals Public Inquiry took place Tuesday 22nd June 2021. This was a procedural hearing ahead of the first substantive hearings of the Inquiry which will commence on Monday 20th September 2021, initially set for three weeks. The focus of this first set of hearings is to enable the Inquiry to understand the experiences of affected patients and their families and it is those patients and families who will form the core of those wishing to give evidence in person at the initial hearings.

The engineering systems re-fit and refurbishment of wards 2A and 2B is nearing completion with the main contractor handover expected at the end of September with specialist commissioning completion into early October. Families have previously been updated on progress and further communications is planned to patients, families and staff as well as other key stakeholders to ensure that the handover and transition happens seamlessly.

Click here to read the Board Paper.

Remobilisation Plan 2021-22

Dr Jennifer Armstrong, Medical Director, gave an update on progress in delivering the Board's Remobilisation Plan.

The Board heard of the significant achievements in remobilisation and redesign activity progressed since the first wave of the pandemic in spring 2020. These include:

- The introduction at pace of the Mental Health Assessment Units which have transformed urgent care for 7,500 mental health patients
- Remobilisation of primary and community care, with GPs delivering approximately 115,000 appointments per week in the GGC area

- The rapid establishment of the Community Assessment Centres to assess patients with COVID symptoms in the community. More than 21,000 patients have been seen by staff at one of these centres.
- The establishment of specialist assessment and treatment areas providing a dedicated pathway for COVID emergency attendances separate from other emergency patients. More than 41,000 patients have been treated by our teams in these areas.

The current remobilisation plan has more than 400 actions to continue our recovery and the Board heard that in the quarter to June 2021, 75 actions have been completed, the majority of which were achieved on time, and some, ahead of schedule.

In the Q1 period of 2021-22, highlights include:

Primary & Community Care

Care at Home support has been increased to pre-COVID19 visiting levels across GGC. Addiction services have remobilised and opiate replacement therapy activity is now at pre-COVID levels.

Planned Care

Active Clinical Referral Triage is now used in 77% of outpatient referrals. Outpatient activity remains above 80% of pre- COVID levels. Remobilisation of theatres continues at a steady pace, with elective inpatient and day case activity exceeding 70% of pre-COVID levels.

Unscheduled Care

The first phase of the redesign of urgent care has been completed. Paediatric services have now been incorporated in the NHSGGC Unscheduled Care Flow Navigation Centre. There has been significant progress in the implementation of the Major Trauma Centre and Trauma Network. This is on track to open at the end of August 2021.

Mental Health

Peer Support Workers have been recruited to community mental health teams. Our public mental health response has seen activity to support mental wellbeing in areas such as bereavement, suicide prevention, social connection and youth employment

Click here to read the Board Paper.

Public Health Screening

Dr Emilia Crighton, Deputy Director of Public Health, presented the annual report on the NHSGGC screening programmes up to the period of June 2020. NHSGGC continues to implement all National Screening Programmes. The Board debated the disparity in uptake between the most and least deprived areas in a number of programmes and agreed that further consideration should be given to local targeted measures to encourage uptake.

Click here to read the Board Paper.

Healthcare Associated Infection Report Template (HAIRT)

Executive Director of Infection Prevention and Control, Professor Angela Wallace, presented the HAIRT report to the Board. The HAIRT is a mandatory reporting tool for the Board to have oversight of the Healthcare Associated targets (*Staphylococcus aureus* bacteraemias (SAB), *Clostridioides difficile* infections (CDI), *E. coli* bacteraemias (ECB), incidents and outbreaks and all other HCAI activities across NHS Greater Glasgow & Clyde (NHSGGC) over the period of May and June 2021.

In her report, Professor Wallace highlighted the following:

- In relation to the annual operating targets set for 2019-2022 for SAB, CDI and ECB, while all are above the aim for the period they remain within control limits and the NHSGGC position is positive within the national context
- There have been a small number of outbreaks in the two month period which have been managed rigorously and appropriately, with input and scrutiny from ARHAI
- Significant progress has been made with the development of an infection prevention and control dashboard which provides users with the ability to view key quality indicators real-time and also easily interpret detailed information.

Click here to read the Board Paper.

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