

NHS Greater Glasgow and Clyde	Paper No. 24/27
Meeting:	NHSGGC Board Meeting
Meeting Date:	30 April 2024
Title:	Board Activity Update
Sponsoring Director/Manager	Dr Lesley Thomson KC, Chair of NHSGGC
Report Author:	Ms Elaine Vanhegan, Director of Corporate Services and Governance

1. Purpose

The purpose of this paper is to provide an update on the activities of the Board since the last Board meeting in February. Work has been undertaken to review the visibility of the activities of the Board, it's members and the work of the Standing Committees. This paper has been developed to enable sharing these activities both internally within the Board and externally with our stakeholders.

2. Executive Summary

The paper summarises the following areas of activity:

- Board Development
- Board Seminars
- Board Standing Committees and Other meetings.
- Board Committee Visits

3. Recommendations

The Board is asked to note this update, increasing awareness of the breadth of activity underway.

4. Response Required

This paper is presented for **awareness.**

5. Impact Assessment

The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:

- Better Health <u>Positive</u>
- Better Care
 Positive
- Better Value
 <u>Positive</u>
- Better Workplace
 Positive
- Equality & Diversity Positive
- Environment
 Positive

6. Engagement & Communications

The content of this paper was considered by the Chair and the Director of Corporate Services and Governance.

7. Governance Route

This paper is presented to the Board for awareness.

8. Date Prepared & Issued

Date Prepared: 15 April 2024 Date Issued: 23 April 2024

Board Activity Update April 2024

1. Board Development

Since the last Board meeting, the second Board Development session took place on 5 March 2024 reviewing the Blueprint for Good Governance Self-Assessment. The Blueprint sets out the need for Boards to have a consistent and systematic approach to assessing their current governance arrangements and identifying any new and emerging issues or concerns.

The session was held in the Teaching and Learning Centre of the Queen Elizabeth University Hospital site and was a positive event benefitting from sharing knowledge and experiences amongst Board members and senior managers. The Action Plan from both sessions is on the Board agenda.

2. Board Seminars

The March Board Seminar was entitled '*Population Health in GGC. Whose job is it? How can the Board make a difference?*' The interactive seminar explored opportunities for Board members to deliver as public health 'champions' through their roles & interactions. The session was designed around the principles of Open Space, which is a technique for running meetings where participants create and manage the agenda themselves maximising involvement. The position in terms of the Action Plan coming from the event will be considered at the Board meeting.

3. Board Standing Committees and Other meetings.

Since the last Board meeting on 27 February the following Standing Committees of the Board have met:

- Audit and Risk Committee 12 March
- Acute Services Committee 19 March
- Finance Planning and Performance Committee 9 April
- Population Health and Wellbeing Committee 16 April

Reports from the Committee Chairs are presented at every Board meeting.

Work is underway to complete the annual review of Committee Terms of Reference and develop respective Annual Reports to ensure the activities of Committees are in line with relevant Terms of Reference and delivering appropriate governance on behalf of the Board.

Board Champions Meeting

The Chair held a meeting with Non-Executive Board Champions. This provided an opportunity to share the respective roles and activity and consider ways of ensuring consistency of input and effective support. The Champions are noted below for information:

 Mental Health, Organ Donation, Environment and Sustainability, Whistleblowing, Equality and Diversity (Disability, BAME & LGBTQ+), Veterans, NHS Charities (RHC), NHS Charities (Beatson WoSCC)

Board Briefings and Seminars

The Chair has reviewed the approach to Board Seminars. Moving forward, Seminars will focus much more on Board development on key topics, for example the Public Health focus described above.

In addition, a format of private Board Briefings will be used to update Board members on a range of topics such as; Strategy development, pre Board information or any urgent issues that emerge. The first of these Briefings was held on Tuesday 23 April.

4. Board Member Visits

A series of Committee member visits are underway increasing visibility and engagement with frontline staff. The following detail summarises those undertaken since the last Board meeting.

Acute Services Committee visit – Queen Elizabeth Neuro Rehabilitation Unit (NRU)

Six members of the Committee visited the NRU on February 21. The NRU is the regional neurorehabilitation service based in the West of Scotland serving the adult population from areas covering NHS Greater Glasgow and Clyde, NHS Highland Argyll & Bute council area, NHS Western Isles and NHS Lanarkshire. The service supports adults (aged 16yrs and above) who have experienced catastrophic neurological injuries or conditions with the main aim of supporting recovery, facilitating independence and safe transition back to the community in the post-acute phase with collaborative MDT working from the multiple disciplines within the units. The Glasgow NRU also supports the West of Scotland Major Trauma Network with 4 dedicated major trauma beds within its inpatient caseload.

There was the opportunity to meet with the staff as they explained the work they do. The complexity of the cases the team deal with was evident along with the challenges faced ensuring safe discharge. The important of collaboration with other teams, both in hospital and in the community, was descried.

Acute Services Committee visit – Royal Hospital for Children (RHC) March 11

Four members of the Acute Service Committee visited the RHC on 11 March. Committee Members saw the RHC Accident and Emergency (A&E) Department Resuscitation area, Majors and Minors after which they moved to see the Clinical Decision Unit (CDU).

Board members heard that the front door system sees and assesses approximately 150 patients each day. This can, and does, increase to 250 patients each day especially during the winter months with the busiest days seeing almost 300 patients each day. At this level, RHC becomes the second busiest emergency deprtament in NHSGGC. The

department meets the Scottish Government 4-hour target for admission or discharge more than 95% most of the time.

Board members also heard about CDU, which is an 18 bed fully functional ward supported by general paediatric service, used predominantly as an observation area for admissions direct from A&E. The outcome is generally discharge home or admitted to the Acute Receiving Unit (ARU) or a specialty ward. The CDU contributes to an outpatient IV antibiotic service, based on the adult model in place in the adult sector in NHSGGC, which has had an impact on freeing up beds for other patients. The 23-hour ward (ward 1a) also admits orthopaedic trauma patients each morning for planned treatment after having been seen the previous day in the ED. This was described as an example to the development of novel patient pathways to make best use of the resources of the hospital.

ARU is a 40 bed ward supported by general paediatric medical and surgical services. Medical and surgical patients will normally stay in this ward for up to 48 hrs and then be discharged home / admitted to upstream or specialty ward. There are now 26 consultants who work in this team who cover CDU, ARU and other inpatients as well as having a presence in the ED in the evening.

Board members then had the opportunity discuss issues and ask questions of the Teams.

Audit Risk Committee Visit – J North, Inverclyde Royal Hospital April 16

Four Board members attended the visit to Inverclyde Royal Hospital on Tuesday 16 April Board members met with the Director for Clyde Services and Chief Nurse before being taken to the medical receiving ward J North.

The Senior Charge nurse provided a comprehensive overview of ward activity and how the service demand and flow of patients was managed with patient care and patient safety at the heart of the process. A number of enhancements were noted in how information boards provided key data to aid effective and safe service delivery in what is an ever changing clinical environment in terms of the volume and variety of admissions and discharges throughout every day.

The visit allowed Board members to witness the demands and physical environment of the ward, understand and see the clinical huddles, see and understand the range of information available and note that there was also good opportunity to celebrate success where improvements and good practice were achieved.

Finance Planning & Performance Committee visit – Glasgow HSCP Care Services – Home Care

On Tuesday 19 March 2024, seven Committee members visited the Glasgow HSCP Home Care Services Team. The Home Care Services Team is based at Blair Court in Port Dundas in the north of the City, which manages and supports care at home services across Glasgow City. Members received a presentation on the key metrics, volume of service users and staffing levels required to deliver home care services provided by the Glasgow Health & Social Care Partnership.

The team set out the types of home care services provided, from supporting hospital discharge, to regular and ongoing care at home. Members heard of the scale of the workforce; the daily complexity of meeting fluctuating demand; the service's recruitment focus of local jobs for local people; the comparison of the in-house services compared with neighbouring partnerships; and the technology supporting the delivery of services throughout the year.

<u>FP&P Committee Visit - MSK Physiotherapy Services, Clydebank Health and Care</u> <u>Centre Centre.</u>

On Wednesday 20 March 2024, three Board members met with the MSK Physiotherapy Team at Clydebank Health Centre

The Board members were briefed on the workforce and resources available to the MSK service, hosted locally, but serving all six HSCPs. The level and source of referrals were discussed along with the challenges in managing urgent and return appointments. The team recognised the significant challenge in addressing the national target and set out steps that have been taken to continue to reduce waiting lists.

The Board members were also given the opportunity to see the MSK department and in particular the new gym facilities available in Clydebank health centre.

Clinical & Care Governance Committee Visit; QEUH Stroke Hyper Acute Unit April 15

Two members of the Clinical and Care Governance Committee visited the stroke hyperacute unit on 15 April. In December 23, the unit moved to the newly-refurbished Ward 62 which is a 27 bed ward, that as well as treating stroke patients in their most acute phase for our local population, is also at the centre of the new West of Scotland Thrombectomy service.

Board members were given a tour of the INR Thrombectomy Suite, including access to one interventional suite, anaesthetic room, storage and recovery area. There was an opportunity to meet with staff and hear about the work of the hyperacute unit and the role of thrombectomy.

Scheduled visits

• 15Audit Risk Committee Visit – Leverndale Low Secure Services April 23

5. Recommendations

The Board is asked to note this update, increasing awareness of the breadth of activity underway.