

Core brief

Tuesday 25 June 2019

Introduction

This issue of Core Brief details an update from yesterday's Board meeting.

The Board of NHS Greater Glasgow and Clyde met yesterday, Tuesday 25 June 2019.

All the papers are available on our website at: www.nhsqgc.org.uk

Here is a summary of the key items discussed at yesterday's meeting:

Accounts approved

The annual report and consolidated accounts for 2018/19 were presented and approved by the Board today following detailed scrutiny by the Audit and Risk Committee. The accounts showed that the Board ended the financial year in balance, achieving an underspend position of £0.3 million.

The Board noted that a significant proportion of efficiency savings for 2018/19 were on a recurring basis and, as a result, the underlying recurring deficit has reduced and the Board did not require the same level of non-recurring funding to break-even in 2018/19.

Set against a background of increases in demand for services, the Board acknowledged the significant achievement in meeting the financial targets and Chairman John Brown recorded his thanks for this.

The accounts will now be presented to the Scottish Parliament for consideration. Once they have been laid before parliament they will be published on our website.

Major Trauma Redesign

Dr Jennifer Armstrong, Medical Director, presented a paper outlining the proposed clinical model for the trauma service in NHSGGC as part of the national priority to create a Scottish Trauma Network.

For NHSGGC, this means the creation of a Major Trauma Centre at QEUH and a paediatric major trauma centre at RHC, two trauma units at GRI and RAH and a local emergency hospital at IRH.

The Board heard that this was a clinically-led model of care which had received widespread support.

The Chair of the Area Clinical Forum reported that Dr Armstrong had previously presented the proposal to the ACF when strong support had been given for the clinical case. The Forum recognised not only the significant benefits for patients but also the wider benefits created for the Board's elective programme.

The Chairman also recorded the support of the Finance and Planning Committee who were recommending the proposal to the full Board. The Committee were impressed with the clinical-led service redesign process and recognised that that this proposal fit well with the overall Moving Forward Together strategy.

The important role that the Scottish Ambulance Service would play in delivering the new service model was highlighted. The Board were reassured that SAS representatives had been involved in the west of Scotland planning processes from the outset.

The Board was content to support the proposal and to agree to the work continuing to develop the model and pathways required to deliver the trauma network.

[Click here to read the full paper.](#)

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