

Core brief

The Board of NHS Greater Glasgow and Clyde met on Tuesday 25 February.

The Chairman welcomed a number of attendees to the meeting including the new Whistleblowing Champion, Charles Vincent, Calum Campbell, Turnaround Director and Professor Marion Bain, Director for Infection Prevention and Control. Professor Sir Lewis Ritchie, author of the Ritchie Report the National Review of Primary Care Out of Hours Services, was also present for the item on GP Out of Hours.

In the first meeting since NHS Greater Glasgow and Clyde was escalated to Level 4 as a whole in January 2020, the Board considered a number of papers that related to the principal areas of escalation, together with a series of reports on the current operational business of the Board.

[All the papers are available on our website.](#)

Here is a note of the key items considered at the meeting:

GP Out of Hours

A paper was presented to the Board on a proposal to move to a short-term contingency arrangement temporarily consolidating GP Out of Hours centres onto four core sites.

The Board heard from Dr Kerri Neylon, Primary Care lead GP and Susan Manion, Chief Officer, GP Out of Hours, on the pressures facing the GP Out of Hours service and on the resulting ad-hoc and short-notice closures negatively impacting the overall quality and reliability of the service. Dr Neylon also described the difficulties faced by GPs and staff working in the Out of Hours centres, including an uncontrolled workload caused by the lack of an appointment system, professional isolation and lone working, and challenges with pay and pension.

To allow the service to stabilise and improve the reliability of the service, the Board were asked to approve a proposal to move to the following temporary arrangement:

Out-of-Hours overnight services to be delivered from four core centres at Stobhill, the Victoria, the Royal Alexandra and Vale of Leven Hospitals seven days a week. The Victoria, RAH and Stobhill centres will provide cover during the evening and at weekends.

Councillor Jim Clocherty spoke of the impact of the temporary suspension of the service at Inverclyde, an area which includes some of the country's most deprived communities. He put forward a motion to continue the discussion to the following Board meeting to allow further assessment of the impact of the temporary move. The motion was not seconded.

In scrutinising the proposal, the Board heard:

- The temporary consolidation on core GP Out of Hours sites would allow stabilisation of the service whilst progress is made with longer term improvements including a recruitment campaign, increased use of digital technology such as 'Anytime Anywhere' and a new appointments system for Out of Hours services.
- The GP home visiting is unaffected and will continue to operate as normal. The transport service is also unaffected and any patient who is assessed by NHS24 as requiring to visit an urgent Out of Hours Centre, but unable to travel independently, will get assistance from the patient transport service as required.
- In deciding the centres on which to consolidate, key consideration was given to the numbers of attendances, access to the sites and capacity in the buildings to determine core sites.
- The contingency plan has the backing of Sir Lewis Ritchie who led a national review into the ongoing delivery of Out of Hours services.

Having considered all of these issues, and receiving assurances about the availability of patient transport for those who needed it, the Board approved the proposal to move to the temporary contingency arrangements for GP Out of Hours service. [Click here to access the paper.](#)

Developing NHSGGC as a Great Place to Work

In 2019/20 the Board agreed a number of priorities for developing employee engagement and experience within NHSGGC, namely: to establish a Culture Framework for NHSGGC; to adopt and reinforce the NHS Scotland Values; to champion employee wellbeing; to deliver iMatter, and; to improve how we involve staff in change.

The Board received a report from Anne MacPherson, Director of Human Resource and Organisational Development, on how we will build on this activity in 2020/21 to continue to develop NHSGGC as a great place to work. The Sturrock Report into alleged bullying at NHS Highland has added to our learning and improvement plans for this year.

Under the plan for 2020/21, approved by the Board, three priorities have been identified:

- Priority 1: Employee Voice - embed our actions as a listening organisation which receives and responds to feedback from staff and values input from others
- Priority 2: Supporting appropriate visibility of our leaders
- Priority 3: Celebrate success.

A number of measures of success will be used to monitor progress with our plans and to gauge staff experience, including iMatter and pulse surveys, and following approval by the Board, by an external validation and assurance process through participation in the Investors in People Accreditation scheme. [Click here to access the paper.](#)

Public Health Screening Annual Report 2018-19

The latest annual screening report was presented by Dr Emilia Crighton, Deputy Director of Public Health. This reported on various screening programmes that are run on UK policy advice.

A significant number of the population are eligible for screening and the programmes run in NHSGGC extend from new-born and child screening programmes to a range of adult programmes for cancer and other conditions. In the years in question, there was very high uptakes for some programmes, such as the new-born bloodspot screening, and lower uptake for other, including some of the cancer screening programmes.

One cancer screening programme that did see an increase in uptake was the bowel screening programme. The attached press release was issued following the meeting, highlighting this success. [The full report can be read here.](#)
[Bowel Screening press release.](#)

Financial Position

Mark White, Finance Director, presented the finance report as at December 2019.

At the start of the 2019/20 financial year, NHSGGC had an initial savings requirement of £75 million. The Financial Plan developed at the start of the year set out a number of efficiency schemes to be taken forward in 2019/20 to contribute towards this but identified a potential “gap” of £20m. In the course of 2019, this gap increased to £29.8 million because of new previously unforeseen cost pressures such as the contingency arrangements required for clinical waste disposal, a decision around the availability of cystic fibrosis drugs and significant unanticipated investment required in our estate.

The Finance Team has continued in the last few months to engage with the Scottish Government Finance team to review all budgets and savings opportunities. As a result, we are now forecasting a significantly improved financial position with a projected year-end deficit now of £5m – which is well within the Board’s 1% year-end flexibility. [Click here to read the full paper.](#)

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