

# Core brief

## **Report from October Board meeting**

The Board of NHS Greater Glasgow and Clyde met on Tuesday 27<sup>th</sup> October. All the papers are [available on our website](#).

The issues considered by the Board included an update on our COVID-19 response, remobilisation of services and an update on the QEUH and RHC. The Board had the opportunity to review and approve in principle the proposed Stakeholder Communications and Engagement Strategy and the regular report on infection control. The Board also scrutinised the latest performance and finance reports.

## **Patient story**

The Board heard about the hugely successful set up of the Give and Go service. This service, which has been staffed by volunteers, was established so the families and friends of patients could drop off and collect personal items, such as clothing and electronics. This was all carried out in line with infection control guidelines and has received very positive feedback from staff, patients and their loved ones. While the service was stepped down in August, the teams have started to ramp back up again in response to the changing COVID guidelines in hospitals.

## **Remobilisation Plan**

Dr Jennifer Armstrong, Medical Director, gave a presentation on the Board's Remobilisation Plan which has been approved by the Scottish Government for publication.

The comprehensive document sets out how the Board has and will continue to re-start services that were paused during the first phase of the pandemic, alongside the ongoing requirement to care for COVID-19 patients and the normal winter pressures. The presentation described the ways in which redesign has been embedded in remobilisation planning, however, Dr Armstrong noted that given the current status of the pandemic, surge plans may, in some areas, have to be prioritised ahead of remobilisation for a period. This is primarily due to the increasing COVID-related pressures on staff, both within the Acute and primary/community care sector.

The plan, which covers public health, acute services, mental health and primary and community services outlined the contribution from staff across NHSGGC and Dr Armstrong specifically mentioned various enabling services, including HR and eHealth. E-health has played a significant part in rapidly creating digital solutions to enable services to operate virtual patient management and thus continue to treat patients whilst complying with social distancing and infection control guidance.

Dr Armstrong highlighted the significant progress that had been made by the Board to re-start elective activity, the Board's screening programmes, mental health services, including CAMHS and psychological services, and primary and community care. Specific areas of progress included:

- Chronic disease management

- Cancer services including surgery, radiotherapy and chemotherapy
- Mental health services
- MSK services
- Home births and community midwifery units
- Outpatient activity, supported by digital solutions

Key considerations for the remobilisation of services were the opportunities that have been created to urgently implement the longer term strategic aims of Moving Forward Together. COVID-19 has led to a seismic shift in the way health and social care services are organised in order to keep people safe. Many strands of work aligned to Moving Forward Together have continued to deliver important and necessary change for the organisation during this time and indeed, a number of work streams have been accelerated. The COVID-19 pandemic has reinforced the objectives and practical assumptions set out within MFT and associated strategies.

These include:

- E-health and Near Me, supported by a new acute phlebotomy service
- Urgent Care redesign, including Mental Health Assessment Units
- ACRT
- Major Trauma Network

Dr Armstrong gave thanks to staff, who are integral to caring for COVID patients and the remobilisation of services and on behalf of the Board, the Chairman echoed the sentiment, thanking staff for their tremendous efforts in adapting to, and embracing, the new ways of working that have emerged in response to COVID-19.

### **Management of the COVID pandemic**

Dr Linda de Caestecker, Director of Public Health, presented a report, which highlighted the increasing number of COVID-19 cases once again across NHSGGC. It was noted that the number of people with the virus has been consistently increasing across all Local Authority areas over recent weeks. It appears that the increases are levelling off, believed to be due to the tougher restrictions in place, although there are still 300 cases for every 100,000 members of the population within NHSGGC.

Dr de Caestecker shared with the Board that the highest levels are in Glasgow City and lowest are in Inverclyde. An emerging trend is that 18-34 year olds are the highest affected group, thought to be due to students returning to universities. However, there has also been a recent increase among the older age group, which is having an impact on hospital beds and intensive care.

The Board were briefed on the impact of the current prevalence rates both on acute and community services, both in terms of increases in activity in critical care services (including medical HDU services) and in acute and mental health wards. The Board also noted the impact of the second wave on care homes, a number of which were closed to admissions as they had residents and/or staff affected. The Chairman thanked all staff for their response to the pandemic and for all that they continued to do to care for patients and residents at this challenging time.

Dr de Caestecker informed the Board that the Chairman, Chief Executive and senior members of the leadership team had met with MPs and MSPs on Monday 26 October to address their concerns of behalf of the more elderly people in our communities with regard to the scheduling and location of flu vaccination appointments. The Board was informed that the flu season will not commence until December, however, the team is taking action to bring appointments for the more elderly people in our communities forward, so that they can be vaccinated before the end of November, recognising the significant public anxiety in this regard.

The staff flu vaccination programme continues at pace, with around 11,000 staff having already been vaccinated and a further 8,000 staff registered. The vaccination clinics for staff are ongoing and it is expected that the take-up rate will be higher than in previous years.

## **Communications and Stakeholder Engagement Strategy**

Ms Sandra Bustillo, Director of Communications and Public Engagement, presented the draft Stakeholder Communications and Engagement Strategy to the Board which laid out the communication and engagement priorities for NHSGGC over the next three years.

This included further work to develop the Board's key external facing communications channels, including the corporate website which attracts 10 million visitors a year, the Board's social media channels and the expansion of the Involving People network – a database of more than 100,000 members of the public who have subscribed to receive news about NHSGGC staff and services.

The draft strategy also set out how the Board would develop consistent engagement approaches across its services, empowering staff to engage with patients and the public in an open and honest manner, ensuring that the public voice is at the heart of service planning and enabling people to voice their views and contribute to plans, proposals and decisions about services.

Ms Bustillo informed the Board that this strategy would cover external communications and engagement with a separate strategy developed in partnership specific to employee and clinical engagement.

The Board was content to approve in principle the strategy to allow further consultation with external partners, including the Scottish Government, with a final draft to be brought to the Board in December.

## **Healthcare Associated Infections (HAI)**

Professor Angela Wallace, Interim Director of Infection Prevention and Control, presented the HAIRT and paid tribute to all of the staff members who worked through the first wave of COVID and were now addressing the challenges of the second wave. In particular, she noted the excellent work of the infection control team.

Professor Wallace reported that performance relating to HAIs is steady and that all staff within the Health Board are continuing to focus on this important area. It was noted that in relation to COVID performance, there has been a significant increase in the number of COVID-19 patients within Greater Glasgow and Clyde and that the team is currently focussed on supporting all staff to manage these patients. Professor Wallace described how active learning from the first wave of the pandemic was being applied to caring for people with COVID-19 across GGC with a focus on reducing nosocomial infection where possible.

Professor Wallace also noted that she had been welcomed and supported by members of the Executive and Clinical teams. In summary, Professor Wallace informed the Board that her view of NHSGGC's infection control systems was positive and there has been the opportunity to share learning with her own Health Board.

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