

Core brief

Tuesday 27 June 2017

Introduction

This issue of Core Brief updates on today's Board meeting.

NHS Greater Glasgow and Clyde Health Board met today, Tuesday 27 June 2017. [All the Board papers are available on our website](#)

NHSGGC Maternity Review

The Board agreed today to the adopting of the key principles of the five year national maternity and neonatal strategy – Best Start.

At its meeting in Board HQ on the Gartnavel campus the Board discussed how this would impact on maternity services and choices for women and their families right across NHSGGC.

One focus for discussion was how the national review could impact on the previously agreed approach to launch a consultation on the future of birthing services at the Community Midwife Units in Inverclyde and also at the Vale of Leven.

A detailed proposal and recommendation presented by our Nurse Director Margaret McGuire won the support of the Board to “pause” the planned consultation and maintain services as they stand during the redesign and review period.

Board members heard that the approach was for a fundamentally different model of maternity and neonatal care. The Board will now look at the whole maternity service in Greater Glasgow and Clyde and that this work would be developed in partnership with women and their families and with staff.

- National Review of Maternity & Neonatal Services: Impact assessment (including CMU delivery units) update. [Click here to read the full Board Paper](#)
- Our press office also issued a press release today to local media in Inverclyde and West Dunbartonshire, [click here to read the full release](#).

Fire safety assurance following London tragedy

The Board heard that, following the Grenfell Tower tragedy in London, all of Scotland's health boards had undertaken an assessment of cladding and fire safety. David Loudon, Director of Facilities, Property and Procurement said that he could assure staff and the Board that the cladding at the Queen Elizabeth University Hospital and Royal Hospital for Children was not the same as the type used at Grenfell. He said Building Control systems were very strict in Scotland and that the cladding was glass and that the insulation behind it was “class O”. The hospitals have fire door systems and a sophisticated sprinkler system. The recently clad neurological sciences building on the QEUH campus

was not fitted with insulation behind the cladding and that other checks on buildings throughout NHSGGC – including those that are not high rise – didn't give any reason for concern.

Chairman John Brown expressed sympathy to everyone who had been touched by the tragedy and also his admiration, on the part of the board, to “all our colleagues in London who have coped so professionally and sensitively with this and other recent major events” in recent weeks.

Unscheduled Care Review

In a highly detailed presentation to the Board our Lead Director for Acute Medical Services Dr David Stewart outlined the results of months of work to help improve patient flows and ensure only patients who needed an acute hospital bed were actually admitted to one.

We have known for some time that admission rates in NHSGGC are far higher than other Scottish boards in the areas of general surgery, general medicine and also in geriatric medicine. Our three largest unscheduled care inpatient hospitals (QEUH, GRI and RAH) can be running at between 97 per cent and 106 per cent bed occupancy... Which is only possible by using beds that are not meant to be used for unscheduled care.

After months of detailed work with clinical colleagues in acute hospitals and also with health and social care colleagues in the community there is now a strategic plan to tackle some of the issues that are leading to these pressures and that will ensure patients are treated in the most appropriate setting.

Single front door triage and assessment, alternatives to admission, common clinical treatment pathways, the use of a new nationally attested HISS Frailty Screening and Assessment tool and redirecting patients who present at emergency departments when there is a better alternative treatment route for them will all help our health care system deliver better performance against the ED four hour assessment, treatment and discharge or admission target.

Dr Stewart said he and colleagues had worked to try and ensure that “no one was in a bed that doesn't need to be in a bed”.

The emphasis of the presentation was on “cross system working” with the acute sector, primary care and social care professionals working collaboratively.

The next stage would be to finalise an implementation plan (that is already underway) and return to update the Board on further progress in August.

[Click here to read the full Board Paper](#)

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