

Core brief

Wednesday, 18 October 2017

Introduction

NHS Greater Glasgow and Clyde Health Board met yesterday, Tuesday 17 October 2017. This issue provides an update from the meeting.

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

Winter Plan

Planning for winter began earlier than usual across NHSGGC to ensure we are well placed to cope with the extra pressures on services.

Intelligence from the Southern Hemisphere suggests we can expect significant influenza activity in the months ahead and a big focus is being placed on the flu vaccination programme - both for at risk groups in the community and for staff.

The board heard that a "sea-change" in the networking between acute hospitals and Health and Social Care Partnerships has put us in a far stronger position to meet the challenges ahead.

Business continuity plans are well established, intensive frailty assessment protocols are in place in the main acute hospitals and new "flow hubs" on key sites are in place to assist with bed management and patient flows.

Close and improved working arrangements with the Scottish Ambulance Service are in place and increased management presence at weekends and during public holidays have been organised.

Acute Chief Operating Officer Jonathan Best described the Winter Plan as a "joined up 24-hour approach".

The Board supported plan and approved the comprehensive approach.

[See the full winter plan here.](#)

Transformational Change Programme: Moving Forward Together

The Board gave their enthusiastic and unanimous support to a paper presented by Medical Director Dr Jennifer Armstrong outlining a strategic programme for transformational change across NHSGGC.

Introducing this key strategic programme Dr Armstrong talked of the significant advances in clinical care which had led to improved outcomes for patients over the past 20 years in the NHS.

Examples included the ground breaking changes in the way cardiac conditions are treated since the introduction of statins and the use of stents for people who have had a heart attack or who may be at risk. Changes to the way people who have had a stroke are treated has also delivered substantial improvements

to the outcomes of patients. Embracing new technology has enabled us to achieve considerable advances in diagnostic imaging and surgical techniques have enabled day surgery to become the norm.

Glasgow and Clyde has a history of developing and delivering large scale change such as the Acute Services Review of 2002 which led to the opening of the state of the art facility at the QEUH and RHC in 2015.

However, there are significant challenges which the NHS has to face and both our own clinical service review and the national clinical strategy set out a clear clinical need for developing new models of care.

The NHS in Scotland is going through a period of change to improve primary, secondary and specialist services and ensure we develop a fully integrated system which maximises our resources to deliver safe effective person centred care as near to home as is possible.

We will work closely with national and regional colleagues to plan health and social care services which are sustainable and meet the needs of future generations.

The programme will focus on a cross system team approach with strong staff and stakeholder involvement.

Recognising the huge opportunities from eHealth developments and the advancement of "realistic medicine" the programme was described by Chief Executive Jane Grant as "the key strategic priority of this board".

There will be widespread communications and engagement with staff across health and social care and a detailed programme of public and third sector engagement in the weeks and months ahead. The programme will adopt a phased approach which sets out current and future population needs, cross system clinical discussions, quantifying the impact of demand changes and developing new models of care.

We will develop proposals which will be shaped by clinical teams, stakeholders, staff and public feedback. The options are due to be presented to the NHSGGC Board and Health and Social Care Partnership Integrated boards in June 2018.

Read the full details: [Moving Forward Together: NHSGC's Health and Social Care Transformational Strategy Programme" here.](#)

SAB rates on the rise

We have been performing well against national rates of Staphylococcus aureus Bacteraemia infections (SABs) but the trend recently has been upwards with a significant proportion of cases associated with infected vascular devices.

Medical Director Dr Jennifer Armstrong, presenting the Healthcare Associated Infection Reporting Template, informed the board that while we were "still in the pack with the national targets" we had previously been recording better than target results.

In May 2017, the antimicrobial management and infection protection control teams issued additional guidance regarding the prevention and prompt management of SABs emphasising the importance of identifying and tackling the underlying source of infection and ensuring the correct duration and route of administration of antibiotic therapy. There is ongoing work to monitor impact of these initiatives.

Additional new communications to all clinical staff throughout NHSGGC regarding the regular checking and prompt removal of peripheral venous cannulas (PVCs) and urinary catheters (as soon as no longer required) will be cascaded as part of a drive to reduce SAB rates over the weeks ahead.

[See the full HAIRT report here.](#)