

Core brief

Wednesday, 29 June 2016

NHS Greater Glasgow and Clyde Health Board met yesterday, Tuesday 28 June 2016. [All the Board papers are available on our website.](#)

Below are some of the important highlights from the meeting.

Board approves Local Delivery Plan

As a contract between the Board and the Scottish Government, the Local Delivery Plan outlines how NHS Greater Glasgow and Clyde will deliver the priorities set for the NHS in Scotland this year under the following headings:

- Health inequalities and prevention
- Antenatal care and early years
- Safe care
- Person centred
- Primary care
- Integration
- Scheduled and unscheduled care
- Mental health
- Community planning
- Workforce planning.

In doing so, the plan highlights a number of areas of risk reflecting the fact that we do not yet have a fully balanced financial plan across NHSGGC. A substantial programme of work continues to identify the required level of savings.

Earlier drafts of the plan have been the subject of media coverage. This was in relation to a number of service change proposals which are outlined in the plan:

Review of RAH paediatric services – proposal to retain the current full range of general and specialist outpatient children's services at the RAH with inpatient care to be provided at the Royal hospital for Children

Review of Clyde Birthing Services – proposal to retain all ambulatory services at the Vale and Inverclyde CMUs with midwife led births in RAH, PRMH and the QEUH or at home. Finalising the proposals on these services will be made within the context of the current national review of maternity services.

Review of the Centre for Integrative Care (CIC) inpatient services – proposal to deliver the full current range of CIC services on an ambulatory care basis...this reflects the fact that the majority of patients at the hospital are now local.

Review of inpatient rehabilitation services – proposal to transfer inpatient rehabilitation from Lightburn to Gartnavel General Hospital with ambulatory care continuing to be delivered in the East End. Under the proposal, the Parkinson's service will continue to be delivered in the East End.

The Board debated whether the Plan should or should not include these proposed service moves, with concerns expressed by some members that they were being included when similar proposals made previously had not been supported at government level. Local councillors wished also to record the local reaction to proposals which would see services being re-located.

The Board heard that these service change proposals were being brought forward because of an emerging clinical consensus that changes were necessary.

Children in Clyde requiring complex care should have access to the same specialist services that young patients in Greater Glasgow receive and elderly patients begin their rehabilitation sooner if they have all the services and support available on an acute hospital site.

It was also reported that the number of births taking place in the IRH and Vale CMUs remained exceptionally low.

Following a vote of the board, it was agreed that the four services changes outlined in the Plan should be brought to the **August 2016** Board meeting for approval to launch a process of public engagement.

With this, the Local Delivery Plan 2016/17 was approved by the Board. [Click here to read the full Board Paper](#)

Consolidated Accounts and Auditor's Report 2015/16

The draft set of accounts for the year to the end of March 2016 were approved by the Board.

Last year, the Board met its three financial targets in-year. Financial balance was achieved through the use of £20 million of non-recurring funds.

- Achievement of overall savings target of £59.6 million included £11.5million met from non-recurring savings.
- Whilst the corporate and partnership parts of the organisation managed to achieve operational financial balance, the acute division recorded an overspend of £9.9 million.

Audit Scotland have issued an unqualified opinion that the 2015/16 financial statements show a true and fair view. They also report that NHSGGC, in keeping with the rest of NHS Scotland, will continue to operate in a period of austerity with limited funding uplifts, increasing cost pressures and a growing demand for services.

The approved set of accounts will now be submitted to the Scottish Government and will be published once they have been laid before parliament.

Proposed Financial Plans 2016/17

The draft Financial Plan for 2016/17 was approved by the Board.

The budget for 2016/17 includes an increase in the resources available to NHSGGC. However increased patient demand for existing and new services and rising costs including increasing medicine and staff costs, mean that this year, NHS Greater Glasgow and Clyde faces the significant and unprecedented challenge of requiring £69 million of recurrent in-year savings to break even.

The Plan identifies various savings schemes rated according to their ability to be achieved and impact, developed over a number of months in consultation with staff side and with Scottish Government. All savings have been identified in line with our strategic direction and ensuring that high quality and safe patient services are prioritised.

Savings totalling £44.8million (full year effect) have been identified in schemes rated with a higher likelihood of implementation and a further £11.7 million savings (full year effect) in schemes where there is some risk in achievability.

Work continues to identify the remaining gap of £10 million. However the Board approved the level of risk inherent in the Financial Plan and approved the use of reserves and non-recurring funds to manage the budget in-year. [Click here to read the full Board Paper.](#)

Transfer of Drumchapel OOH service to Gartnavel gets go-ahead

Following the decision to withdraw services from Drumchapel Hospital, the OOH service will be the only remaining service on site – using a small area at the hospital for a few hours each week.

A period of engagement over the last few months has sought views on a proposal to relocate the Centre to a consolidated service at Gartnavel.

Noting that only 28% of patients that use the Centre come from the local Drumchapel area, the engagement process examined issues of accessibility and the clinical case for change.

A detailed transport assessment confirmed that for most of the catchment population, Gartnavel has the better access of the two sites.

A lack of GPs available to provide cover has led to regular closures across the Out of Hours service. Consolidation at GGH makes best use of the clinical workforce by creating a more sustainable staffing.

The Board debated the proposal and the decision to progress with this option in advance of the wider Out of Hours review being taken forward within NHSGGC. However in view of the fact that it is not viable for the OOH service to remain on the Drumchapel site once all other services are transferred to GGH, the Board agreed to the proposal. [Click here to read the full Board Paper.](#)

Improving the care of older people

Nurse Director, Dr Margaret McGuire, is chairing a newly-established group to deliver the 'best care for older people' and take forward a programme of improvements across NHSGGC.

Amongst the initial actions taken by the group is the roll out of new standard to assess all patients at risk of delirium on arrival at hospital so that plans can be put in place to treat or prevent the development of delirium whilst in hospital.

The Board also heard how NHSGGC is working in partnership with Healthcare Improvement Scotland to deliver a quality improvement programme with 16 wards currently taking part and supported to make improvements in patient outcomes in areas including falls prevention, pressure area care and patient-centred care. [Click here to read the full Board Paper.](#)

To view all papers presented to the Board visit: www.nhsggc.org.uk/boardpapers

To view news releases issued on behalf of the Board visit: www.nhsggc.org.uk/mediacentre

We hope you have found this summary of the Board meeting useful.

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