

ASC (M) 22/03  
Minutes: 24 – 36

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the  
Acute Services Committee  
Held on Tuesday 17 May 2022 at 9.30 am  
via Microsoft Teams**

**PRESENT**

Mr Ian Ritchie (in the Chair)

Ms Susan Brimelow	Dr Lesley Rousselet
Professor John Brown CBE	Dr Paul Ryan
Mr Simon Carr	Prof Angela Wallace
Ms Jane Grant	

**IN ATTENDANCE**

Ms Sandra Bustillo	..	Director of Communications and Public Engagement
Ms Jacqueline Carrigan	..	Assistant Director of Finance Acute/Access
Dr Scott Davidson	..	Deputy Medical Director, Acute
Mr William Edwards	..	Chief Operating Officer
Mrs Angela O'Neill	..	Interim Board Nurse Director
Ms Nareen Owens	..	Deputy Director of Human Resources
Prof Tom Steele	..	Director of Estates and Facilities
Ms Kim Donald	..	Corporate Services Manager – Governance/Board Secretary
Mrs Louise Russell	..	Secretariat Officer (Minutes)

			<b>ACTION BY</b>
<b>24.</b>	<b>WELCOME AND APOLOGIES</b>		
	Mr Ritchie welcomed those present to the meeting and welcomed Ms Kim Donald, Corporate Services Manager – Governance/Board Secretary, to her first meeting.		
	Apologies were noted on behalf of Mrs Anne MacPherson.		
	<u>NOTED</u>		

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		ACTION BY
<b>25.</b>	<b>DECLARATIONS(S) OF INTEREST(S)</b>	
	<p>Mr Ritchie invited members to declare any interests in any of the items being discussed.</p> <p>No declarations of interest were made.</p> <p><b><u>NOTED</u></b></p>	
<b>26.</b>	<b>MINUTES OF PREVIOUS MEETING: 22 MARCH 2022</b>	
	<p>The Committee considered the minute of the meeting held on Tuesday 22 March 2022 [Paper No. ASC (M) 22/02] and were content to approve the minute.</p> <p><b><u>APPROVED</u></b></p>	
<b>27.</b>	<b>MATTERS ARISING</b>	
<b>a)</b>	<b>Rolling Action List</b>	
	<p>The Committee considered the Rolling Action List [Paper No. 22/10].</p> <p>The Committee were content to approve the recommended closure of three items on the Rolling Action List.</p> <p>The following updates were provided;</p> <p><b>Minute 18a - Performance Acute Integrated Performance Report</b></p> <p>The Committee noted that the trajectory and outcomes were in the process of being agreed. These would be incorporated into local process when they had been agreed. A meeting had been scheduled with the Chief Executive and Mr John Burns, Chief Operating Officer for NHS Scotland, to discuss the overall position.</p> <p><b>Minute 20 - Acute Patients Experience Report Q3</b></p> <p>The Committee were assured that comparison across all Boards, including trends and the improvements that had been made, would be included in future reports.</p> <p>In response to a question regarding the status of the Vanguard Unit, the Committee were assured that significant work had been carried out with the Estates Department, and Glasgow City Council, to establish</p>	

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	<p>the Unit. The Committee noted that, following a final visit from Glasgow City Council yesterday, the final building control warrant had been approved. The Committee noted that plans were progressing for the unit to be operational next week.</p> <p>In response to the impact of long COVID, the impact on mental health in areas of deprivation, and what work had been undertaken, the Committee were reassured that a programme of work had been established. The Committee noted that this work was in the early stages and the main strands included Population Health, Mental Health and the impact on the Health Service. The Committee were content to note a further update on this work in relation to Acute Services later in the year.</p> <p>The Committee noted that, following the recent Healthcare Improvement Scotland (HIS) visit carried out at the Queen Elizabeth University Hospital, final comments and updates were being made to the draft report for submission. The final report would be published on Thursday 19<sup>th</sup> May 2022 at 10am. A tribute was paid to the team for the work involved during challenging times. The Committee were assured that the report was largely positive with leadership and staff response to Infection Control being commended by HIS.</p> <p>In response to a question in relation to Day Surgery at Stobhill Hospital and Victoria Hospital, the Committee noted that the aim was to resume services as soon as possible.</p> <p><b><u>APPROVED</u></b></p>	
<b>28.</b>	<b>URGENT ITEMS OF BUSINESS</b>	
	<p>The Committee noted that a Fatal Accident Inquiry (FAI) was underway for a case in 2015. The initial opening was last week and it was expected to continue throughout June. An action plan had been implemented at the time and the Board continued to provide support. An update would be provided to the next Clinical and Care Governance Committee.</p> <p>Professor Tom Steele, Director of Facilities and Estates, provided an update on work that was being carried out at the Queen Elizabeth University Hospital. Mr Steele reported that work had commenced in the Atrium in order to inspect the underside of the lift shafts. The Committee noted that the inspection could potentially inform further design work. Professor Steele he explained that the scaffolding would be visible in the Atrium for the next 2 weeks and would take up a small area of the cafe. Professor Steele reported that GRAHAM, a leading</p>	

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	<p>player in construction throughout the UK, had been commissioned to review the exterior of the building.</p> <p>Professor Steele assured the Committee that previous risk assessments had supported the presence of the thermal insulation and that public safety continued to remain a priority. The Committee noted that third party fire engineers had also been commissioned to carry out an assessment. It was expected that all work being carried out would take 12 months to conclude. Professor Steele reported that NHSGGC had the option to serve another Court Summons against Multiplex until 14<sup>th</sup> June 2022. The Committee noted that this information would be available in the public domain. In response to a question regarding funding, it was confirmed that the Scottish Government had provided cover which was capped at £16m. The potential summons against Multiplex would be considered to recoup losses.</p> <p>In response to a question regarding communication with staff and managing media interest, Ms Sandra Bustillo, Director of Communications and Public Engagement, informed the Committee that a Core Brief had been issued to staff detailing the work that would be carried out. The Committee noted that clear signage at the Queen Elizabeth University Hospital had been put in place for members of the public. The Committee recognised that the work being carried out at the Queen Elizabeth University Hospital was an ongoing issue, therefore, the media would continue to be updated and responded to as the situation developed. The Committee were assured that all communication with patients, visitors and staff would be clear. The Committee recognised the vast amount that would be carried out, therefore Ms Bustillo agreed to reflect on the detail that was included in the communications.</p> <p>The Committee noted the update provided.</p> <p><b><u>NOTED</u></b></p>	
<b>29.</b>	<b>ACUTE COVID-19 UPDATE</b>	
	<p>Mr William Edwards, Chief Operating Officer, provided an update on the current position in respect of the NHSGGC response to managing COVID-19 in Acute Services, and provided assurance to members of the actions being taken in response to COVID-19.</p> <p>Mr Edwards informed the Committee that challenges had increased due to COVID-19 pressures. As at May 2022, there was a total of 671 COVID-19 positive in-patients in the last 28 days. There was also a total of 3 patients in ICU who had tested positive in the last 28 days.</p>	

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	<p>Mr Edwards highlighted that the Board wide occupancy rate was 94.7%. The Committee noted that this was having an impact on the front door, Delayed Discharges and Emergency Department performance. Mr Edwards reported that this performance was in line with other Boards in Scotland.</p> <p>Mr Edwards reported that Delayed Discharges continued to increase the pressure on occupancy rates. A total of 296 beds were currently occupied as a result of patients delayed in their discharge. The Committee noted that Hospitals throughout Scotland were experiencing the same challenges. The Committee were assured that the Chief Officers continued to meet on a weekly basis to review and discuss the situation. The Committee noted that the ACH had reduced sessions and continued to run at 60% of the previous activity with the Victoria Hospital being used for Care of the Elderly beds.</p> <p>The Committee noted that 478 members of staff were absent from work due to a COVID related illness, which was a reduction on previous figures reported. The Committee noted that this had resulted in improved ward cover and less red wards, however, there was ongoing pressure on the system. In response to a question regarding whether the changes in the COVID isolation rules had positively impacted on staff absence, the Committee noted that the largest proportion of COVID related staff absence was in relation to long COVID symptoms. Ms Nareen Owens, Deputy Director of Human Resources, informed the Committee that an update report on COVID absence was recently provide to the Area Partnership Forum. The report provided assurance that staff continued to be supported. A detailed support package was in place for staff which included face to face meetings and peer review. The Committee noted that, in line with current Government guidance, staff absence in relation to COVID related illness was managed separately from the usual staff absence process, however, these guidelines were under review.</p> <p>The Committee recognised the ongoing challenges, in particular with occupancy rates, which matched the same challenges throughout Scotland, and Delayed Discharges. The Committee noted that, although a relatively modest number of wards were closed, there was still a significant challenge ahead to increase work flow. It was recognised that the flow through the Emergency Department was challenging and elective work continued to be reduced due to the current pressures. The Committee recognised the work that had been carried out to date and commended the staff within the health service for the hard work that had been carried out during these challenging times.</p>	

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	<p>The Committee were content to note the update provided.</p> <p><b><u>NOTED</u></b></p>	
<b>30.</b>	<b>PERFORMANCE</b>	
	<b>a) Acute Integrated Performance Report</b>	
	<p>Mr William Edwards and Ms Jacqueline Carrigan, Assistant Director of Finance Acute/Access, presented the Acute Services Integrated Performance Report [Paper 22/11] that provided a summary of performance against the Key Performance Indicators (KPIs) outlined in Remobilisation Plan 4 (RMP4).</p> <p>The report included the 14 key performance indicators. The current performance against the indicators, and the projected performance as at 31<sup>st</sup> March 2022, was summarised in the report. The Committee noted that there were 8 indicators reporting green, 2 reporting amber and 4 reporting red. The report included data for each of the metrics and the actions taken to address each metric, particularly those that had a red status. The Committee noted an improvement in performance against the last period reported.</p> <p>In response to a question regarding the Cancer 62 day target and the reason why some of the cancer types were less than what was achieved in the forecast, the Committee noted that there was a number of actions ongoing in relation to cancer performance. The Committee were assured that the team would refocus on the current cancer performance and the actions in place. The Committee noted that scope activity remained the primary performance issue and an action plan was in place, including the use of the Vanguard Unit with regards to scope activity. The Committee noted that discussions were ongoing with the Scottish Government regarding the baseline. It was hoped that this would be agreed before the next Committee meeting.</p> <p>In response to a question in relation to the average length of stay and how this had impacted on Delayed Discharges, the Committee noted that there were various factors , including Delayed Discharges, COVID patients and other comorbidities would add to the mean length of stay. A piece of work would be considered to work through any mitigating factors.</p>	

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	<p>In response to a question regarding RMP5, the Committee noted that there was ongoing dialogue with the Scottish Government regarding this matter.</p> <p>The Committee were content to note the update.</p> <p><b><u>NOTED</u></b></p>	
<b>31.</b>	<b>FINANCIAL MONITORING REPORT</b>	
	<p>Ms Jacqueline Carrigan, Assistant Director of Finance Acute, presented the Financial Monitoring Report for month 12. [Paper 22/12] which set out the Acute revenue position and the position with the Financial Improvement Programme (FIP).</p> <p>Ms Carrigan advised that the Acute Division reported a breakeven position, as at Month 12, 31 March 2022.</p> <p>The Committee noted that overall Pay was £8.5m under budget with a positive movement in the month, across a range of pay headings. Non pay was £1.6m over budget, with improvements in the month seen in Other Therapeutics, Surgical Sundries and Drugs.</p> <p>The FIP position reported an achievement of the target in year with the support of Scottish Government non-recurring funding. Acute Corporate reported an overspend of £6.9m following year-end adjustments.</p> <p>The Acute Covid-19 costs incurred for the period April 2021– March 2022 were £54.2m, which had been funded from allocations received from Scottish Government.</p> <p>In response to a question regarding the Lighthouse Laboratory continuing to be used for Covid-19 testing, the Committee noted that discussions with Glasgow University and the Scottish Government regarding retaining a small area for testing were ongoing.</p> <p>In response to a question regarding additional cost for forensics, the Committee were assured that this was a recurrent issue that continued to be monitored. The Committee noted that Covid-19 had impacted and contributed to a delay in the process.</p> <p>In response to a request to include a reconciliation table or statement to show movement, Ms Carrigan agreed to incorporate that in future reports.</p>	

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	<p>The Committee were content to note the report.</p> <p><b><u>NOTED</u></b></p>	Ms Carrigan
<b>32.</b>	<b>JUNIOR DOCTOR WORKFORCE GROUP UPDATE</b>	
	<p>Dr Scott Davidson, Deputy Medical Director, Acute, presented the report “Junior Doctor Workforce Group Update” [Paper 22/13] which provided a progress update on work associated with Dentists and Doctors in Training (DDiT), with a focus on junior doctors across the Acute Sector.</p> <p>Dr Davidson informed the Committee that a Junior Doctors Workforce Group had been established to ensure internal governance oversight and consistency in relation to junior doctor governance, including escalation and oversight of ongoing monitoring and compliance of rotas, financial governance in relation to rota compliance, financial governance and oversight of medical agency spend and review of junior doctor provision and placement across NHS Greater Glasgow and Clyde (NHSGGC). The group meet on a monthly basis and was chaired by the Deputy Medical Director - Acute.</p> <p>The Committee noted the three main work streams were Junior Doctor Rotas, enhance control environment and future proofing Junior Doctor requirements.</p> <p>Dr Davidson reported that a risk matrix had been established for all Junior Doctor rotas. The Escalation Register had also been extended to incorporate outputs from Deanery visits that identify early warnings of issues affecting rotas. An Escalation Register was considered at each meeting, to allow for consideration of those areas prioritised as high priority risk. Dr Davidson reported that there were significant issues in relation to natural breaks. The report highlighted that there were ongoing discussions through the Wellbeing Group to consider wider wellbeing support to improve rota compliance, and ensure junior doctors are supported to take appropriate rest and breaks. The matter had also been raised as a national discussion, as well as with the local BMA representatives.</p> <p>Dr Davidson reported that work had commenced which was being led by the Depute Finance Director and would focus on current regional contract, opportunities, risks and next steps. The work would also include a review of governance arrangements in relation to Clinical Fellow posts.</p>	

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	<p>A piece of work was underway to consider future proofing baseline establishment for NHSGGC in relation to junior doctors in advance of August 2022 rotation and in response to governance and resourcing issues raised.</p> <p>Dr Davidson highlighted that, although the Junior Doctor Workforce Group was in its infancy, the work that had been carried out had progressed well over the last few months. The work would remain ongoing to ensure that less rotas were at risk.</p> <p>The Committee discussed the Clinical Fellows posts and noted that these posts had some additional non-clinical time.</p> <p>In response to a question regarding who sets the number of people in training, the Committee noted that the trainees were set by the training programme directly.</p> <p>In response to a question in relation to junior doctors supporting rotas to allow the organisation to not rely on agencies, the Committee noted that this would be the next step.</p> <p>The Committee suggested adding this item to the annual plan, however, consideration would need to be given as to how this links with the Staff Governance Committee. It was suggested that the Chair of the Workforce Group had a conversation with the Staff Governance Committee Chair to ensure there was flow of information and no duplication. The Committee agreed that the main focus for Acute Services Committee was to consider any financial aspects.</p> <p>In response to a question regarding chief residents, Dr Davidson reported that the chief residents would be involved. The Committee noted that engagement had taken place with the BMA.</p> <p>The Committee were assured that the Civility Saves Lives Programme was being taken into account. There is ongoing encouragement for breaks to be taken to ensure patient and staff safety and care. There was an ongoing focus to address the rotas to ensure they were compliant. The Committee noted that rotas had been developed to ensure that there was sufficient overlap of time to allow for handovers during shifts.</p> <p>The Committee were content to note the update.</p> <p><b>NOTED</b></p>	

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<b>33.</b>	<b>REVIEW TERMS OF REFERENCE</b>	
	<p>The Committee considered the paper ‘Review of Committee Terms of Reference’ [Paper No. 22/14] presented by the Director of Corporate Governance and Administration, Mrs Elaine Vanhegan.</p> <p>The Committee were asked to review its remit as part of the annual review process to ensure the remit remained fit for purpose, and approve the minor amendments proposed. The current Terms of Reference were approved by the Committee, and subsequently by the NHS Board at its meeting on 21<sup>st</sup> September 2021 as part of the Governance Framework Review.</p> <p>The Committee noted that the current Non Executive membership of the Committee had reduced from 8 to 6, as highlighted to the NHS Board through updates presented on the Active Governance Programme, under other Board business.</p> <p>The Committee were content to approve the updated Terms of Reference.</p> <p><b><u>APPROVED</u></b></p>	
<b>34.</b>	<b>EXTRACT FROM CORPORATE RISK REGISTER</b>	
	<p>Ms Carrigan presented the Extract from the Corporate Risk Register for the Acute Services Committee [Paper 22/15] for the Committee to consider and confirm that they were content that the risks were clearly described and that the risk scores were appropriate.</p> <p>Ms Carrigan reported that following the last meeting, the risk scores were reviewed by the Acute Services SMG in April 2022. The Committee noted that the residual risk score in relation to the Unscheduled Care Waiting Time Targets had reduced to 16 which had been based on additional actions. The Committee noted that the current risk score remained unchanged, which reflected the impact of the most recent COVID surge. The expectation was that the current risk score would reduce in line with the residual score as the COVID impact eased and there were improvements in staffing and occupancy rates across sites.</p>	



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	<ul style="list-style-type: none"> <li>• The Committee received an update on the Junior Doctor Workforce Group. The report provided an update on the progress on work associated with Dentists and Doctors in Training (DDiT), with a focus on Junior Doctors across the Acute Sector.</li> <li>• The Committee received an update from the Director of Facilities and Estates on the planned work in the atrium Queen Elizabeth University Hospital and a review of part of the exterior.</li> <li>• The Committee discussed changes to the Corporate Risk Register scoring. The risks in relation to environmental risks and capacity flow would be discussed with the Chief Risk Officer.</li> </ul> <p>Mr Ritchie thanked members for attending and closed the meeting.</p> <p><b><u>NOTED</u></b></p>		
<b>36.</b>	<b>DATE AND TIME OF NEXT SCHEDULED MEETING</b>		
	The next meeting would take place on Tuesday 19 July 2022 at 9.30 am via Microsoft Teams.		