

ASC (M) 21/04
Minutes: 39 – 52

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Acute Services Committee Held on Tuesday 16 November 2021 at 9.30 am via Microsoft Teams

PRESENT

Mr Ian Ritchie (in the Chair)

Professor John Brown CBE	Ms Susan Brimelow OBE
Mrs Jane Grant	Dr Paul Ryan
Mr Simon Carr	Dr Margaret McGuire
Ms Paula Speirs	Mr Mark White

IN ATTENDANCE

Mr Jonathan Best	..	Chief Operating Officer
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
Ms Gillian Duncan	..	Secretariat (Minute)
Mrs Jennifer Haynes		Corporate Services Manager - Governance
Ms Liz Maconachie	..	Audit Scotland
Processor Colin J Mackay	..	Chief of Medicine, North Sector (for item 7c)
Mrs Anne MacPherson	..	Director of Human Resources & Organisational Development
Ms Susan McFadyen	..	Director of Access (for item 7c)
Mrs Angela O'Neill	..	Deputy Director of Nursing, Acute
Ms Fiona McEwan	..	Assistant Director of Finance – Financial Planning and Performance

			ACTION BY
39.	WELCOME AND APOLOGIES		
	Mr Ritchie welcomed those present to the meeting.		

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	<p>Before moving on to the formal items of business, Mr Ritchie addressed the Committee and asked them to note the successes of the last 18 months which include managing the pandemic, the vaccination programme, providing support to care homes and the considerable preparations for COP26. In addition, the substantial legal claims and information flows required for several enquiries, particularly the ongoing Public Inquiry have imposed additional burdens on the Executive team.</p> <p>Mr Ritchie also asked the Committee to acknowledge the challenges that acute services are facing, including the number of unscheduled care attendances at ED and the number of inpatient admissions while maintaining services and managing increasing waiting lists and sustained demand alongside the continuing challenges of COVID-19 and the onset of winter.</p> <p>Mr Ritchie reminded Committee members that the focus of the Acute Services Committee should be to recognise the day-to-day challenges facing the Executive Team and all NHSGGC staff while looking for assurance that services are being delivered appropriately and with patience and understanding at the forefront of the care provided. He said it is important to support the staff and Executive Team, particularly in thinking ahead to the challenges that will come once the winter is over and COVID-19 becomes endemic. Mr Ritchie also thanked the Executive Team for starting the process of improving the data that Committee members can use to get that assurance.</p> <p>Apologies were intimated on behalf of Councillor Jim Clocherty and Professor Linda de Caestecker.</p>		
40.	DECLARATIONS(S) OF INTEREST(S)		
	<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><u>NOTED</u></p>		

			ACTION BY
41.	MINUTES OF PREVIOUS MEETING: 21 SEPTEMBER 2021		
	<p>The Committee considered the minute of the meeting held on Tuesday 21 September 2021 [Paper No. ASC (M) 21/03] and were content to approve the minute as an accurate record.</p> <p><u>APPROVED</u></p>		
42.	MATTERS ARISING		
a)	Rolling Action List		
	<p>The Committee considered the Rolling Action List [Paper No. 21/14].</p> <ul style="list-style-type: none"> - Minute 33a – Dr Davidson was providing a presentation on patient flows at today's meeting. - Minute 35 – the Corporate Risk Register had been amended following discussion at the previous meeting. - Minute No 36 - Mr Ritchie proposed that the Annual Cycle of Business should be discussed at the agenda setting meetings and not be added to the agendas for the Committee in future. <p>There was discussion on the role of the Acute Services Committee as the three corporate objectives on the Annual Cycle of Business were led by the Finance, Planning and Performance Committee and the Clinical and Care Governance Committee. Mr Ritchie explained that the Acute Services Committee has a responsibility and requirement to consider these items for assurance purposes and to provide feedback to the lead Committee who had responsibility for that action.</p> <p>Mrs Grant added that the detail of performance information was in the process of being refined as part of the Active Governance work and this would be available from April 2022 following review by all governance Committees.</p> <p>The Committee were content to approve the closure of the three items on the Rolling Action List.</p> <p><u>APPROVED</u></p>		

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43.	URGENT ITEMS OF BUSINESS		
	No items raised.		
	<u>NOTED</u>		
44.	ACUTE COVID-19 UPDATE		
	<p>Mr Jonathan Best, 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 Best advised that there was currently a total of 698 COVID-19 positive inpatients across all Acute sites, 200 of whom had tested positive in the last 28 days. He advised that there was a total of 15 patients in ICU, 7 of whom had tested positive in the last 28 days. Mr Best advised that the figures were reviewed daily at meetings with the local teams.</p> <p>Mr Best reported that there were currently six wards closed, five due to COVID-19 and one due to norovirus. He advised that these were monitored daily with Infection Control colleagues.</p> <p>Mr Best advised that there had been a slight increase in walk-ins to the Emergency Departments (EDs) but said that good work on Unscheduled Care was ongoing with the Scottish Ambulance Service and NHS24.</p> <p>Mr Best said that the key message was to promote the uptake of COVID-19 booster and flu vaccinations.</p> <p>Mr Best reported that good systems had been put in place to manage COP26 and as a result the impact on Acute services had been minimal with very few recorded inpatients or outpatients</p> <p>In response to a query regarding visiting, Ms O'Neill advised that while most sites had returned to person centred care visiting arrangements this had been restricted in four areas due to Infection Control concerns around COVID-19. She acknowledged that this was disappointing for patients and their families but assured the Committee that this was necessary because of the potential risks. The position is reviewed every three weeks.</p> <p>The Committee were content to note the update.</p>		

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	<u>NOTED</u>		
45.	PERFORMANCE		
	a) Acute Integrated Performance Report		
	<p>Mr Mark White, Director of Finance, presented the Acute Services Integrated Performance Report [Paper 21/15] that provided a summary of performance against the Key Performance Indicators (KPIs) outlined in Remobilisation Plan 4 (RMP4).</p> <p>Mr White advised that RMP4 had still to be formally ratified and would be considered by the NHS Board meeting in December. There are 14 key performance indicators and performance against these was summarised in the report. The Report is an evolving document and he would appreciate feedback on the content and targets.</p> <p>Mr Ritchie said that he was grateful for the work that had been undertaken to improve the presentation of data and asked Committee members if they had any comments.</p> <p>In response to a query about including further analysis of the issues and the challenges in resolving these, Mr White would add further narrative on the risks and issues facing each area.</p> <p>In response to a query about how the trajectories were set, Mr White explained that some were Scottish Government national targets, some took cognisance of COVID-19 and current pressures and were set in conjunction with the Scottish Government.</p> <p>Mrs Grant said that all reports were being reviewed and signed off by each Committee Chair and the lead Non Executive. Professor Brown added that building an Assurance Framework was part of the Active Governance programme. Once this had been reviewed by all Standing Committee Chairs, any overlaps would be removed and a package would come to the Board for approval.</p> <p>The Committee were content to note the report and welcomed the new format.</p> <p><u>NOTED</u></p>		Mr White

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	b) Presentation: Unscheduled Care Patient Flows		
	<p>Dr Scott Davidson, Deputy Medical Director Acute, presented on unscheduled care patient flows and the work to achieve the aim of right care at the right place at the right time.</p> <p>Mr Ritchie thanked Dr Davidson for the presentation which provided assurance on unscheduled care patient flows and said that this was a good example of reviewing the information available and using this to identify challenges and solutions.</p> <p>In response to a query about communication, Dr Davidson said that it was important to change the perception that patients are unable to access primary care and there needed to be a consistent message that GPs were open and virtual consultations were a good thing.</p> <p>Dr Davidson said that the population usage of Acute services was high and redirection was essential but this would take time and require fundamental culture change. Mrs Grant said this was a whole system issue and all parties, including the Scottish Government, NHS24 and GPs, needed to ensure the message was clear both locally and nationally.</p> <p>Dr Davidson acknowledged that attendance numbers at the Flow Navigation Centre (FNC) were not as high as had been hoped but this relied on external input to refer patients in. He advised that the next step would be to look at how to performance manage the capacity of the FNC as he would be keen to improve this quickly.</p> <p>Dr Davidson confirmed that there are action plans for each pathway with target dates for implementation. These are reported through the Unscheduled Care Group and the Strategic Executive Group. He highlighted the importance of performance managing the pathways and being assured that they were making a difference.</p> <p>In response to a query about encouraging members of the public to contact NHS24 or GPs in the first instance rather than attending hospital, Dr Davidson said that the message had to be that this was the right thing to do and that would require local communication, national communication and redirection.</p> <p>Professor Brown asked about the availability of performance data from external sources as it was important to understand how other</p>		

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	<p>parts of the system, for example, NHS24 and GPs, contributed to attendances. Mrs Grant said that understanding performance metrics across the whole pathway was raised during the regular Unscheduled Care discussions with the Scottish Government.</p> <p>Ms Bustillo said that her team worked closely with the Scottish Government, NHS24 and others to ensure communications were consistent in approach. She said there were three main strands to this work:</p> <ul style="list-style-type: none"> - A national campaign was being led by the Scottish Government reinforcing the direction message. - Work with the Acting Director of Primary Care and the Deputy Medical Director for Primary Care to reinforce the message that GPs were open for business. - Developing supportive messaging on redirection to alternative care <p>The Committee were assured by the update provided and agreed that they would receive a further update in 12 months' time on how the work was progressing and what demonstrable changes had been made.</p> <p>Mr Ritchie thanked Dr Davidson for the update.</p> <p>NOTED</p>		Dr Davidson
	c) Presentation: Endoscopy		
	<p>Professor Colin J Mackay, Chief of Medicine, North Sector and Ms Susan McFadyen, Director of Access provided a short presentation on endoscopy services across NHSGGC. This provided an overview of services, the waiting time position and the actions underway on future capacity.</p> <p>Mr Richie thanked Mr Mackay and Ms McFadyen for the presentation which he felt had provided an enhanced understanding of the challenges the service was facing.</p> <p>In response to a query about expanding the new ways of working, Mr Mackay said there were a number of challenges in scaling up, much of which was around administrative processes, for example, integration with electronic patient records, the ordering system for different tests, but there was a considerable amount of work underway to resolve these issues. There are also staffing</p>		

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	<p>challenges but work was underway to increase the workforce accordingly by ensuring more staff were trained and recruited. Mr Best said that the three new modalities that were being introduced (Colon Capsule Endoscopy (CCE), Cytosponge and Transnasal Endoscopy) were being nationally driven but further work was required on how to scale these up.</p> <p>In response to a query about the current waiting list, Mr Best assured the Committee that there was regular communication with patients and the list was reviewed daily to ensure clinical prioritisation. Mr Mackay agreed that there was concern around waiting times but said it was important to be able to prioritise patients appropriately and have the necessary clinical and biochemical information to do so. He said that they are considering whether some patients could be managed in a different way which would lead to the development of a more sustainable model for the future.</p> <p>Mr Ritchie thanked Mr Mackay and Ms McFadyen for their assurance on the work to improve patient care and help further understanding the challenges. It was agreed that a further update would be provided to the Committee in 12 months.</p> <p><u>NOTED</u></p>		Mr Mackay/ Ms McFadyen
46.	FINANCIAL MONITORING REPORT		
	<p>Ms Jacqueline Carrigan, Assistant Director of Finance Acute, presented the Financial Monitoring Report for month 6 to the end of September 2021 [Paper 21/16] which set out the Acute revenue position and progress with the Financial Improvement Programme (FIP).</p> <p>Ms Carrigan advised that the overspend at the end of month 6 was £13.6 million, £12.9 million of which was unachieved savings. She reported that pay was £2.1 million underspent and non-pay £2 million overspent. In relation to pay, Ms Carrigan clarified that although some specific areas, for example, medical salaries, were overspent this was offset by other areas leading to an overall underspend.</p> <p>Ms Carrigan advised that direct COVID-19 costs were being fully funded by the Scottish Government and a decision was awaited on whether unachieved savings due to COVID-19 would be funded.</p>		

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	<p>In response to a query about the Financial Improvement Programme and the current climate, Mr White said that it was important to meet the targets but understood the need to get the balance right given other pressures in the system.</p> <p>Ms Carrigan advised that the COP26 business case had been approved by the UK Government and all costs would be fully funded.</p> <p>In response to a query about nurse recruitment, Ms O'Neil said the newly qualified nurse recruitment programme had been very successful, however, there had been some attrition so there were still some vacancies in the system but this was in line with the experience in other Boards. Ms O'Neil added that most of these nurses had started in September and this would reflected in the budget for the next period.</p> <p>In response to a query about the cost of out of area forensic mental health beds, Mr Best said that these were specialist treatment packages for individuals who had been assessed as requiring a step down in their care and funding these ensured that individuals could be moved to appropriate medium secure care and this would maintain the flow through the different levels of care. Work was ongoing to look at whether the expansion of low secure facilities would help with this issue.</p> <p>Mr Ritchie thanked Ms Carrigan for the update and said this had provided assurance on the current position. He noted that the more detailed version of the report goes to the Finance, Planning and Performance Committee and Mr White would be happy to share the full report with any Member who would find this helpful.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>		
47.	ACUTE PATIENT EXPERIENCE REPORT		
	<p>Dr Margaret McGuire, Nurse Director, presented the Acute Patient Experience Report [Paper 21/17] which provided an overview of feedback and complaints mechanisms, and the resultant performance, actions and improvements for Quarter 2. She introduced Ms Angela O'Neil, Deputy Director of Nursing Acute.</p> <p>Ms O'Neil provided a brief overview of the assessment around patient experience for Quarter 2 and how the team were taking forward the</p>		

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	<p>learning and improvement from feedback received, Care Opinion responses, complaints and SPSO outcomes.</p> <p>73% of the feedback received across Acute Services, Primary Care and Mental Health was wholly or partially positive. Those instances rated moderately critical or strongly/severely critical were automatically alerted to Ms O'Neill, the Deputy Medical Director Acute and the Chief Operating Officer. The average response times were within target.</p> <p>Nine SPSO decisions were received, four were upheld fully, three upheld partially and two not upheld. SPSO have a robust tracking process in place allowing cases to be tracked at each stage and this was a regular part of 1-2-1s with Chief Nurses and Chiefs of Medicine.</p> <p>Ms O'Neil hoped the report provided assurance on the work undertaken to respond to complaints within target and take episodes of feedback in whatever format and to share the learning from these.</p> <p>Mr Ritchie thanked Ms O'Neil for the update and was happy to see that less than 1% of contacts resulted in a complaint. He noted that the top ten themes remained largely unchanged and asked if work had been undertaken to identify whether there were any particular problem areas. Ms O'Neil stated that work with individual clinicians formed part of the regular patient feedback process and there was no evidence to suggest that there were any specific areas of concern. Dr Armstrong provided assurance that complaints and feedback formed part of a clinician's PDP, yearly appraisal and 5 year revalidation.</p> <p>The Committee asked for comparative information to identify changes over time and against other Board areas. Dr McGuire agreed to work with Ms O'Neil and Ms Catriona Kent, Corporate Services Manager Complaints, to look at how comparisons could be included in future reports.</p> <p>Professor Brown agreed that it would be helpful to include comparisons and benchmarking to provide assurance on NHSGGC's position nationally, however, he was conscious that this should not duplicate the discussion at other Committees and it would be good to reflect on this and agree the approach as a Board when the Assurance Information package was produced.</p> <p>Mr Ritchie agreed that this was a moving process that was developing in line with the Active Governances programme.</p>		

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	<p>Mr Ritchie thanks Dr McGuire and Ms O'Neil for the update and summarised by saying that the Committee recognised the good work being done in this area. He emphasised that only 1% of contacts resulted in a complaint, which was a small number but was important for learning and improvement. The Committee agreed that there would be benefit in including benchmarking against other organisations and trends over time.</p> <p><u>NOTED</u></p>		
48.	EXTRACT FROM CORPORATE RISK REGISTER		
	<p>Mr White presented the Extract from the Corporate Risk Register for the Acute Services Committee [Paper 21/18] and asked the Committee to confirm that they were content that the risks were clearly described and that the risk scores were appropriate.</p> <p>Mr White summarised the changes that had been made following discussion at the September meeting of the Committee, including splitting the first risk into scheduled and unscheduled care and rescored this based on the current position. Mr Ritchie invited comments from the Committee.</p> <p>Professor Brown thought that the score for the second risk in relation to waiting times should be higher given the scale of the challenge and while noting that a narrative on impact had been added he asked if a cause could also added as had been discussed previously. Professor Brown said the wording in risk three should be amended to reflect that the reputational impact was in relation to the organisation not the Board. He also asked if the corporate objective/operational priority could be included in full in the document rather than just the number for ease of reference. Mr White agreed that some further work was required across all Corporate Risk Registers and would pick up these points as part of that, ensuring that this was in line with what had originally been agreed by the Audit and Risk Committee.</p> <p>In response to a query, Mrs Grant clarified that the third risk in relation to the Oversight Board and Case note Review was on the Finance, Planning and Performance Committee Annual Cycle of Business as the lead Committee for that work. However, Mrs Grant confirmed that all actions had been completed except for a few modest actions or those that were for the Scottish Government.</p>		Mr White

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	<p>In response to a query about funding, Mr White advised that there had been a number of budget announcements made by the UK Government and advice on the Scottish Government consequentials and the budget statement were awaited. Mr White said that there were also a number of clinical priorities and activity targets so this was not all about waiting times.</p> <p>Professor Brown said that the Acute Services Committee was a necessary part of the governance system but it was important that the discussion was distinct from the other Committees who had a focus on finance, performance and clinical governance. Mr Ritchie agreed that this was an important Committee which was complementary to the Finance, Planning and Performance and Clinical and Care Governance Committees. He said it was important to ensure that the agenda was relevant to this Committee and if there was duplication in items then the focus of the papers and discussion needed to be appropriate to this Committee.</p> <p><u>NOTED</u></p>		
49.	ANNUAL CYCLE OF BUSINESS		
	<p>Mr Ritchie asked members to consider the Annual Cycle of Business [Paper 21/19]</p> <p>It was agreed that in future this would be reviewed by at the agenda setting meeting and would not be a routine agenda item for the Committee. Mr Ritchie asked Committee members to advise the Chair, Vice Chair or Executive leads of any items that it was proposed should be included in the cycle and this would be discussed at the agenda setting meeting.</p> <p><u>NOTED</u></p>		Secretariat
50.	CLOSING REMARKS AND KEY MESSAGES FOR THE BOARD		
	<p>Mr Ritchie asked members to raise any other competent business. There was no other business noted.</p> <p>The key messages for the Board were: In closing, Mr Ritchie said the two presentations had been very helpful and had provided assurance to the Committee. The key messages for</p>		

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	<p>the Board would be produced from the minute for the December Board meeting.</p> <p>Mr Ritchie thanked members for attending and closed the meeting.</p> <p><u>NOTED</u></p>		
51.	SCHEDULE OF MEETINGS 2022/23		
	<p>Mr Ritchie asked the Committee to note the schedule of meetings for financial year 2022/23</p> <p>The Committee were content to note this.</p> <p><u>NOTED</u></p>		
52.	DATE AND TIME OF NEXT SCHEDULED MEETING		
	<p>The next meeting would take place on Tuesday 18 January 2022 at 9.30 am via Microsoft Teams.</p>		