

ASC (M) 22/02
Minutes: 12 – 23

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Acute Services Committee
Held on Tuesday 22 March 2022 at 9.30 am
via Microsoft Teams**

PRESENT

Mr Ian Ritchie (in the Chair)

Ms Jane Grant	Dr Lesley Rousselet
Ms Susan Brimelow OBE	Dr Paul Ryan
Professor John Brown CBE	Mr Simon Carr
Cllr Jim Clocherty	

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
Ms Lisa Duthie	..	Audit Scotland
Mr William Edwards	..	Chief Operating Officer
Ms Liz Maconachie	..	Audit Scotland
Mrs Anne MacPherson	..	Director of Human Resources & Organisational Development
Mrs Angela O'Neill	..	Interim Board Nurse Director
Ms Elaine Vanhegan	..	Director of Corporate Services and Governance
Mrs Geraldine Mathew	..	Secretariat Manager
Mrs Louise Russell	..	Secretariat Officer (Minutes)

			ACTION BY
12.	WELCOME AND APOLOGIES		
	Mr Ritchie welcomed those present to the meeting. Apologies were intimated on behalf of Mr Mark White and Dr Emilia Crighton. <u>NOTED</u>		

			ACTION BY
13.	DECLARATIONS(S) OF INTEREST(S)		
	Mr Ritchie invited members to declare any interests in any of the items being discussed. No declarations of interest were made. <u>NOTED</u>		
14.	MINUTES OF PREVIOUS MEETING: 18 JANUARY 2022		
	The Committee considered the minute of the meeting held on Tuesday 18 January 2022 [Paper No. ASC (M) 22/01] and were content to approve the minute pending the following minor amendments; Page 7, Item 10 - Closing Remarks And Key Messages For The Board: second bullet point to state that declining infection rates were in relation to COVID-19. Page 5, Item 08 – Financial Monitoring Report: paragraph 4 to note that the Vanguard mobile endoscopy unit would run for 5 days and not 6 as currently stated. The Committee noted that the Vanguard unit was not yet in operation. The Committee were assured that discussions were ongoing with Glasgow City Council to establish the unit as soon as possible. A number of tests were in the process of being carried out prior to the unit being established on site. An update on the unit was expected by the end of the week. <u>APPROVED</u>		
15.	MATTERS ARISING		
a)	Rolling Action List		
	The Committee considered the Rolling Action List [Paper No. 22/05]. The Committee were content to approve the closure of the two items on the Rolling Action List. <u>APPROVED</u>		

		ACTION BY
16.	URGENT ITEMS OF BUSINESS	
	<p>Mr William Edwards, Chief Operating Officer, informed the Committee that an unannounced Health Improvement Scotland (HIS) inspection visit commenced today at QEUH. The Committee noted that a new approach had been adopted by HIS to review safety, quality and care. Mrs Angela O'Neill, Interim Board Nurse Director, reported that the team were aware of the change and awareness had been raised with staff prior to the visit. Mrs O'Neill assured the Committee that peer reviews were carried out regularly to ensure that staff were delivering a high standard of care.</p> <p>In response to a question in relation to the availability of feedback from the inspection and when it would be available, the Committee noted that informal feedback was expected at the end of each day. A draft report would be available 1 month after the inspection to allow time to review the report for factual accuracy. It was anticipated that the final report would be published in May/June 2022. The Committee agreed that it was appropriate that HIS continued to be assured on quality of care during the pandemic, however agreed that this had to be proportionate. The Committee noted concern of the timing of the inspection given the current pressures that COVID-19 and staff absence had created. It was hoped that HIS would recognise these unique set of circumstances and recognise the current pressures on staff due during the inspection.</p> <p>In response to a question in relation to the selection method for the location and timing of inspections, the Committee noted that this was at the discretion of HIS. The challenge of the inspection was recognised by the Board, however the Committee were assured that staff had worked hard to maintain a reasonable position despite the current pressures due to COVID-19 and staff absence. The Committee were assured that members of staff were aware that these visits were unannounced and practice development staff had reinforced that message.</p> <p>In response to a question in relation to the Fatal Accident Inquiry (FAI) at the Royal Alexandra Hospital (RAH) and the timescale for the Glasgow City Health and Social Care Partnership(HSCP) FAI, the Committee noted that the FAI in relation to the RAH had commenced. An action plan was drawn up at the time of the incident and had been progressed. The Committee noted that there had been minimal media coverage on the FAI to date. The Committee were assured that the Communications Department were working with colleagues in</p>	

		ACTION BY
	<p>preparation of the outcome. The Committee noted that the Glasgow City HSCP FAI was due to commence in July 2022.</p> <p><u>NOTED</u></p>	
17.	ACUTE COVID-19 UPDATE	
	<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 22 March 2022, there was a total of 671 COVID-19 positive in-patients in the last 28 days. There was a total of 8 patients in ICU, 6 of whom had tested positive in the last 28 days.</p> <p>Mr Edwards noted that the occupancy rate was currently 95%. He reported that Delayed Discharges continued to increase the pressure on occupancy rates. Mr Edwards reported that 298 beds were occupied as a result of patients delayed in their discharge. As at 22 March 2022, 24 Acute wards were closed due to COVID-19 and it was noted that this was clearly adding to the pressure. In response to a question regarding what hospitals were predominately affected, Mr Edwards confirmed that the ward closures were mainly at the Royal Alexandra Hospital (RAH) and Glasgow Royal Infirmary (GRI). Mr Edwards reported that the decision had been taken to pause all elective surgery, other than cancer surgery, and this had assisted with freeing capacity. He reported that significant effort continued to ensure that the endoscopy service was maintained.</p> <p>Mr Edwards highlighted the COVID-19 modelling data and noted that, in line with the data, it was expected that infection numbers would plateau within the coming weeks.</p> <p>In response to a question regarding the number of care homes currently closed to admissions, the Committee noted that as at 21 March 2022, there were 54 care homes across Greater Glasgow and Clyde that were closed to admissions. In response to a question in relation to the reason and the length of time the care homes stay closed to admissions, the reasons were described as varied, The Committee noted that some care homes could either completely close, close a wing or admit less patients per week. It was also highlighted</p>	

		ACTION BY
	<p>that discharges had been delayed from 50 patients from other Health Boards, further illustrating the scale of the challenge in relation to delayed discharges.</p> <p>The Committee noted that meetings were ongoing with external agencies to discuss the current infection control guidance in order to try to influence change, given that the strain of the virus had changed over time.</p> <p>The Committee recognised the challenges that NHSGGC faced were multifactorial, with the demand profile and staffing issues particular key issues. The Committee acknowledged that staff were continuing to work hard during this challenging time.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>	
18.	PERFORMANCE	
	a) Acute Integrated Performance Report	
	<p>Ms Jacqueline Carrigan, Assistant Director of Finance Acute/Access, presented the Acute Services Integrated Performance Report [Paper 22/06] that provided a summary of performance against the Key Performance Indicators (KPIs) outlined in Remobilisation Plan 4 (RMP4).</p> <p>The report included the 15 key performance indicators. The current performance against the indicators and the projected performance as at 31st March 2022 was summarised in the report. The report included data for each of the metrics and the actions taken to address each one, particularly those that were red status.</p> <p>The Committee acknowledged the reasons why the performance in some areas was low, however noted that a piece of work to look at how issues could be resolved over the longer term was required.</p> <p>In response to a question in relation to the percentage of cancer patients commencing first treatment within 62 days of receipt of referral and why the indication trajectory was stable or increasing when the performance compared to the rest of Scotland was reducing, the Committee noted that the data for the January position was in the process of being reviewed. A number of plans in relation to 5 of the cancer types were being developed and a 62 day cancer recovery plan</p>	

		ACTION BY
	<p>would be put into place. The Committee agreed it would be helpful to receive a presentation at a future meeting highlighting the performance for particular cancer types, for example breast and colorectal cancer. Mr Edwards noted that future reports would include improvement actions against each cancer type.</p>	Mr Edwards
	<p>In response to a question in relation to the Emergency Department waiting time standard performance, and what impact the flow issue would have on this, the Committee noted that the position was multifactorial. The pressures included demand, capacity and staff absence. The Committee noted that the average length of stay for COVID-19 patients had decreased from earlier waves of the pandemic, however, the primary issue in terms of ED performance was harder to measure as the issues were more complex. The Committee noted that the number of out-patients had increased which was considered positive. The Committee noted that a significant amount of Paxlovid, Tranexamic Acid (TXA) and Remdesivir was being supplied to patients, and that these drugs were being delivered through flow navigation hubs and pharmacists which was working well.</p>	
	<p>In terms of elective care, Mr Edwards described the work that was being carried out to consider the longer term impact and how NHSGGC could reduce the waiting lists. Mr Edwards and his team were initially focussing on P2, urgent patients and long waiting patients. Work would also commence to revise capacity plans and a more detailed plan for orthopaedics would be developed. The Committee were assured that plans were being considered and detailed discussions were being held to deal with the longer term issues. The Committee agreed that a future report detailing the high level approach and expected outcomes would be helpful.</p>	Mr Edwards
	<p>The Committee noted that work was ongoing with the Scottish Government to review the impact of COVID in its entirety, including the impact of long COVID.</p>	
	<p>The Committee noted that pause had been placed on day surgery at Victoria and Stobhill Hospitals in order to mobilise staff. Mr Edwards assured the Committee that this was reviewed on a daily basis, taking into consideration the COVID-19 infection rates and staff absence.</p>	
	<p>The extraordinary challenges in relation to recruitment and staff absence rates was acknowledged by the Committee and it was noted that other Boards within Scotland were experiencing similar challenges. The Human Resources department had led a recruitment campaign to increase the number of Healthcare Support Workers. The Committee</p>	

		ACTION BY
	<p>noted that a number of posts had been advertised and additional Band 2 & 3 posts had been recruited for ward areas. The Committee also noted that 41 registered members of staff had been recruited through a NHSGGC recruitment campaign and were due to commence in post within the coming weeks. The Committee noted that members of staff due to retire had been given the option to 'retire and return' in order to assist with short term challenges.</p> <p>It was highlighted that last week, 1500 members of staff throughout the workforce were absent from work. The Committee were assured that work was being carried out to try and alleviate staffing issues. A wellbeing initiative remained in place to provide mental health and wellbeing support to staff.</p> <p>Mr Ritchie thanked Ms Carrigan, Mr Edwards and Mrs McPherson for the update provided and invited questions from members.</p> <p>In response to a question on whether the staffing issues were isolated to Acute Services or across the whole service, it was confirmed that the absence issues were experienced across the whole service. The Committee noted that bank staff availability had also been affected, therefore filling gaps had become challenging. The Committee were assured on hearing that each site reported back on a daily basis, therefore the situation was being closely monitored and any perceived risks mitigated.</p> <p>The Committee recognised the immense pressures currently on the system in relation to the COVID-19 infection rates, the number of wards that were closed, the pressure due to short term staff absence and the impact of staff absence due to long COVID issues. The Committee recognised the impact that these multifactorial issues had on the service on a daily basis and the added pressure this had on the patient waiting lists. Members noted that discussions were ongoing with the Scottish Government on how this could be managed at a national level. The Committee gained assurance that work would be ongoing to look at the long term issues ahead.</p> <p><u>NOTED</u></p>	
19.	FINANCIAL MONITORING REPORT	
	<p>Ms Jacqueline Carrigan, Assistant Director of Finance Acute, presented the Financial Monitoring Report for month 10 to the end of 31 January 2022 [Paper 22/07] which set out the Acute revenue</p>	

		ACTION BY
	<p>position and progress with the Financial Improvement Programme (FIP).</p> <p>Ms Carrigan advised that the overspend at the end of month 10 was £14.7 million. The Committee noted that there was unachieved savings of £19 million.</p> <p>The Committee noted that overall, Pay was £6m under budget with a positive movement in the month, across a range of pay headings. Non pay was £1.7m over budget, with improvements in the month seen in other therapeutics, surgical sundries and drugs.</p> <p>The Committee noted that the unachieved savings for the full year were forecast at £22.6m. The unachieved savings were expected to be fully funded from allocations received from the Scottish Government.</p> <p>The Committee noted that Acute COVID-19 costs incurred for the period April 2021– January 2022 were £43.6m, which had been funded from allocations received from Scottish Government. The allocations did not include any funding for unachieved savings as a result of COVID-19, although the Scottish Government had confirmed that non-recurring support for unachieved savings would be made available in the next allocation letter. The Committee noted the projected balance to 31st March 2022 was £52.6m, however this was indicative and could change through monthly review. The Committee noted that COVID-19 funding received from the Scottish Government was only applied to the 2021/22 target. The Committee noted concern that the funding would come to an end at some point, however members were assured that discussions were ongoing with the Scottish Government regarding future funding, particularly as the COVID-19 Vaccination Programme continued to be rolled out. The Committee were also assured that work was underway to plan for 2022/23 financial year.</p> <p>Mr Ritchie thanked Ms Carrigan for the update and invited questions from members.</p> <p>In response to a question in relation to carrying over a £20m gap from this year into the next financial year and how much was not being realised due to COVID-19 pressures, the Committee were assured that the financial work on this had commenced. A number of schemes that were unable to be delivered would carry over into the next financial year. The Committee were assured that the issues for the future had been recognised.</p>	

		ACTION BY
	<p>The Committee were content to note the Acute revenue position at month 10 and the Acute position with the Financial Improvement Programme (FIP) at month 10.</p> <p><u>NOTED</u></p>	
20.	ACUTE PATIENT EXPERIENCE REPORT Q3	
	<p>Mrs Angela O’Neill, Interim Board Nurse Director, presented the Acute Patient Experience Report Q3 [Paper 22/08] which provided an overview of feedback and complaints mechanisms, and the resultant performance and actions and improvements based on these. The paper also included comparison against other NHS boards.</p> <p>Mrs O’Neill highlighted that the percentage of positive feedback received had remained stable at 74% (73% in quarter 2). The mechanisms to receive feedback included Care Opinion, via the website and by learning from complaints.</p> <p>Mrs O’Neill reported that the nature and themes of the feedback and complaints received had not changed. A consistent theme remained waiting times for appointments. The Committee noted that there had been an overall reduction in the number of Ombudsman cases. Mrs O’Neill highlighted that we have adopted a process of seeking ‘heads of complaint’ from complainants, which has seen our response time reduce. There had also been earlier resolutions due to direct telephone calls taking place which had been positively received.</p> <p>Mrs O’Neill assured the Committee that the feedback received was reviewed regularly to consider any changes that could be made to improve practice.</p> <p>Mrs O’Neill reported that the feedback provided was built into local action plans. Mrs O’Neill agreed to consider how this could be demonstrated through future reports.</p> <p>The Committee noted the content of the report and recognised that performance improvement needs to be realistic and achievable.</p> <p>Ms Sandra Bustillo, Director of Communications and Public Engagement, highlighted that NHSGGC were performing well with Care Opinion and were one of the top performing Boards within the UK. Whilst Care Opinion and the web feedback system offered important indicators of patient opinion about our services, there were other ways to assess sentiment towards the organisation. Independent</p>	<p>Mrs O’Neill</p>

		ACTION BY
	<p>research has now been commissioned to measure public opinion of NHSGGC and our services and this will be repeated at regular intervals to monitor changes in attitude.</p> <p>Mr Ritchie thanked Ms O'Neill and Ms Bustillo for the updates provided.</p> <p>The Committee were content to note the Patient Experience Report Q3.</p> <p><u>NOTED</u></p>	
21.	EXTRACT FROM CORPORATE RISK REGISTER	
	<p>Ms Carrigan presented the Extract from the Corporate Risk Register for the Acute Services Committee [Paper 22/09] 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 highlighted the new format of the report. A new report template for Corporate Risk Register reviews had been included as part of the report. The paper now included description, impact, cause and trends. The risks were reviewed by the Risk Management Steering Group and the Audit and Risk Committee.</p> <p>Mr Edwards informed members that the plans to repatriate ward 6A to ward 2A/B went well with minimal snagging issues. He reported that 11 patients were transferred on Wednesday 9th March 2022. He noted that the upgraded ward was well received by patients and the feedback received had been positive. The Committee recognised the immense amount of work that had gone into the ward reopening.</p> <p>The Committee discussed the current scores and were of the opinion that the scores should be reviewed, in particular for the risk in relation to the reputational risks around facilities, environmental issues and capacity flow. The Committee were aware of the actions from the Oversight Board report and were aware of one action still to be taken in relation to the appointment of an Infection Control Director. The Committee noted that the post was advertised and had proceeded to the selection process. It was highlighted that that all the recommendations from external reports were complete and these had gone through the Action and Assurance Review Group (AARG) process. The Committee noted that a robust process to audit the implementation of recommendations was underway.</p>	

			ACTION BY
	Ms Carrigan agreed to submit the comments on the Corporate Risk Register to the Risk Management Group for consideration.		Ms Carrigan
	<u>NOTED</u>		
22.	CLOSING REMARKS AND KEY MESSAGES FOR THE BOARD		
	Mr Ritchie asked members to raise any other competent business.		
	There was no other business noted.		
	The key messages for the Board were:		
	<ul style="list-style-type: none"> • The Acute Services Committee recognised the challenges that the organisation was facing due to COVID-19 and staffing pressures and the impact this was having across the whole system • The Committee received the Acute Services Performance Report and discussed the longer term pressures that the organisation was facing. The Committee were assured that the executive team, along with the Scottish Government, were holding detailed discussions on how to manage the situation. An update report would be submitted to a future meeting of the Acute Services Committee. • The Committee received the Month 10 Finance Report. The challenges for the 2022/23 financial year were noted as it was recognised that funding from the Scottish Government was uncertain. The Committee were assured, however, that discussions were underway to plan for 2022/23. • The Committee received the Q3 Patient Experience Report which provided comparative data to benchmark NHSGGC performance against other NHS Boards. The Committee were reassured by the data provided. Further work would be considered to look at demonstrating how feedback was implemented to improve performance. 		

			ACTION BY
	<ul style="list-style-type: none"> • The Committee discussed changes to the Corporate Risk Register scoring. This would be submitted to the Risk Management Steering Group for consideration. <p>Mr Ritchie thanked members for attending and closed the meeting.</p> <p><u>NOTED</u></p>		
23.	DATE AND TIME OF NEXT SCHEDULED MEETING		
	The next meeting would take place on Tuesday 17 May 2022 at 9.30 am via Microsoft Teams.		