

ASC (M) 21/02
Minutes: 13 – 26

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Acute Services Committee
held on Tuesday 20 July 2021 at 10.00 am
via Microsoft Teams**

PRESENT

Mr Ian Ritchie (in the Chair)

Mrs Jane Grant	Dr Paul Ryan
Ms Susan Brimelow OBE	Ms Paula Speirs (until 11am)
Prof John Brown CBE	Mr Mark White
Mr Simon Carr	Dr Margaret McGuire
Cllr Jim Clocherty	

IN ATTENDANCE

Mr Jonathan Best	..	Chief Operating Officer
Ms Sandra Bustillo	..	Director of Communications
Ms Jacqueline Carrigan	..	Assistant Director of Finance Acute/Access
Dr Scott Davidson	..	Deputy Medical Director (Acute)
Mrs Jennifer Haynes		Corporate Services Manager - Governance
Dr Paul Jenkins		Consultant Orthopaedic Surgeon (for item 7b only)
Mrs Anne MacPherson		Director of Human Resources & Organisational Development
Ms Liz McConachie		Audit Scotland
Ms Susan McFadyen	..	Director of Access (for item 7b only)
Mrs Louise Russell		Secretariat Officer (Minutes)

		ACTION BY
13.	WELCOME AND APOLOGIES	
	<p>The Chair welcomed those present to the meeting.</p> <p>Apologies were intimated on behalf of Professor Linda de Caestecker, Mr William Edwards and Mr Tom Steele.</p> <p>The Chair advised members that there had been some recent changes to the membership. The Chair welcomed new Board member, Dr Paul Ryan, to the Committee. The Chair extended thanks to Mrs Margaret</p>	

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	Kerr and Mrs Audrey Thompson for their thoughtful contributions and valued input during their time on the Committee. <u>NOTED</u>	
14.	DECLARATIONS OF INTEREST	
	The Chair invited members to declare any interests in any of the items being discussed. No declarations of interest were made. <u>NOTED</u>	
15.	MINUTES OF THE MEETING HELD 18 MAY 2021	
	The Committee considered the minute of the meeting held on Tuesday 18 th May [Paper No. ASC(M)21/01] and were content to approve the minute as an accurate record pending the following amendments; <u>Acute Services Integrated Performance Report</u> Page 5, second last paragraph; the second sentence to be amended to: The RMP3 targets were <i>revised</i> in the autumn. <u>Presentation – Outpatient Redesign Virtual Patient Management</u> Paragraph 7, first sentence to be amended to; In response to a question on the Moving Forward Together work and whether there was any reluctance <i>to engage with virtual technology</i> , Dr Davidson reported that people were initially anxious, however were becoming more confident. <u>APPROVED</u>	
16.	MATTERS ARISING	
	There were no matters arising noted. <u>NOTED</u>	
17.	URGENT ITEMS OF BUSINESS	
	The Chair invited members to raise any urgent items of business. There were no items raised. <u>NOTED</u>	

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		ACTION BY
18.	ACUTE COVID-19 UPDATE	
	<p>The Chief Operating Officer, Mr Jonathan Best, provided an update on the current position in respect of the NHSGGC response to manage COVID-19 in Acute Services, and provided assurance to members of the actions being taken in response to COVID-19.</p> <p>Mr Best reported that there had been a slight increase in the number of COVID patients within Acute Services since the last update. He reported that the number of in-patients today was 127, which was a decrease from 141 in-patients the previous day. He reported that 9 patients had tested positive within the last 14 days which was mainly community acquired. The Committee noted that there was currently 10 patients in Intensive Care Units across GGC. Mr Best reported that no wards had been closed. Mr Best highlighted that although a slight upturn in numbers was noted, there had been a reduction in community acquired infection.</p> <p>Mr Best informed the Committee that point of care (POC) testing at the Hospital front door continued to make good progress and continued to assist with improving patient placement. Mr Best reported that SATAs remained open and in operation at the front door. The Committee noted that Community Assessment Centres (CACs) continued to work well.</p> <p>Mr Best reported that work continued on maintaining the elective programme based on pre assessment testing at 72 hours prior to surgery.</p> <p>Mr Best informed the Committee that promotion of the vaccination continued to take place, particularly with the younger cohort of patients.</p> <p>The Committee noted that staffing levels remained challenging for various reasons including staff isolating, long COVID symptoms and annual leave. Mr Best noted that although continued pressure remained, the team continued to manage the situation.</p> <p>Mr Ritchie thanked Mr Best for the update and invited questions from members.</p> <p>In response to a question on whether there had been a change in demographic of patients in ICU, Dr Scott Davidson, Deputy Medical Director (Acute) reported that work continued to take place to monitor the demographic. He reported that the patient group was younger, however the length of stay was shorter due to treatment developments. Dr Davidson reported that work would take place in due course to review the vaccination profile in detail.</p>	

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	<p>In response to a question on the type of testing used at the front door, Mr Best reported that PCR testing was the method used. The Committee noted that the kit was supplied by the Scottish Government.</p> <p>The Committee acknowledged the commitment of staff and the vast amount of work that had been carried out.</p> <p>The Committee were assured by the update provided and were assured that the programme was being maintained.</p> <p><u>NOTED</u></p>	
<p>19.</p>	<p>ACUTE SERVICES INTEGRATED PERFORMANCE REPORT</p>	
	<p>The Committee considered the paper 'Acute Services Integrated Performance Report' [Paper No. 21/05] presented by the Chief Operating Officer, Mr Jonathan Best and the Director of Finance, Mr Mark White. The report provided the Committee with a balanced overview of the current performance position across Acute Services in relation to a number of high level key performance indicators outlined in the Remobilisation Plan 3, covering 1st April 2021 to 30th June 2021. Mr White highlighted that the format and structure of the report had been revised to reflect the key priorities and the suite of measures outlined in the RMP3.</p> <p>The report highlighted the current performance status. The table highlighted that the performance status for 6 of the RMP3 measures were green and the remaining 2 RMP3 measures were red.</p> <p>Mr Best reported that the priority areas to focus on were Cancer and Urgent Referrals. He noted that remobilisation of outpatients was challenging due to social distancing requirements. Further national guidance was awaited. Mr Best reported that TTG numbers were gradually reducing.</p> <p>Mr Best reported the key focus areas were 62 day cancer, urology and endoscopy. He reported that discussions were being held with the Scottish Government regarding funding additionality and bringing in a mobile Endoscopy unit. The Committee noted that work continued to take place to mobilise as quickly as possible.</p> <p>Mr Best reported that A&E continued to see increased numbers. It was anticipated that numbers were returning to pre COVID however progress was being made overall.</p> <p>Mr Ritchie thanked Mr Best for the update and invited questions from members.</p>	

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	<p>In response to a question relating to the two red on the dashboard and whether the trajectory for the remainder of the year was original or updated, the Committee noted that the Board were working on the RMP3 trajectory.</p> <p>The Committee noted that Delayed Discharges was a fairly complex situation, however it was anticipated that numbers would decrease in the next 6 months.</p> <p>Mr Best reported that performance continued to remain positive in relation to urgent cancer referrals. He reported that referrals had increased to over 1000 per week. The management of cancer patients continued to remain a clinical priority.</p> <p>In response to a question regarding including integrated care in this report, the Committee noted that discussions regarding this had taken place and it was agreed that this would sit with Finance Planning and Performance and the IJB's. The Committee agreed it would be helpful to understand any underlying issues. The Committee noted that a presentation was due to be provided by Mr Jonathan Best and Ms Susanne Millar at the August Finance Planning and Performance Committee meeting in order to provide assurance to members. The Committee noted that the Glasgow IJB had scheduled a session in September 2021 which would focus on adults with incapacity. The Committee noted that further consideration would be given on how assurance was provided.</p> <p>In response to a question in relation to imaging figures and the waiting lists increasing, Mr Best reported that following decommissioning of the CT Pod at Louisa Jordan, this was in the process of being relocated to the Queen Elizabeth University Hospital. He also reported that capital funding had been received to replace two MRI machines.</p> <p>In response to a question regarding additional capacity and the use of proleptic appointments, Mr Best clarified that if a member of staff was retiring for example, a replacement would be appointed early to ensure there was not a reduction in capacity.</p> <p>In response to a question regarding urgent care performance, the Committee were assured that a detailed piece of analysis had been carried out. Following this piece of work, an action plan was in the process of being developed and further specific work would be carried out, including a bed base review. The Committee noted that a further update would be provided at the next meeting.</p> <p>The Committee discussed unscheduled care attendance at A&E. The Committee noted that work continued to take place to communicate with the public, including radio adverts and a soft launch of the flow navigation hub. The Committee noted that signposting continued to take</p>	<p>Mr Best</p>

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	<p>place at the front door. The Committee acknowledged that changing public perception would take time, however the committee were assured that the progress being made via the flow navigation hub was positive, with 32-37% of calls being closed off. The Committee noted that a subgroup had completed a data exercise and reviewed data from 2019. The Committee noted that a detailed 11 week analysis would be carried out to look at pre COVID attendance how it compared to present. The Committee noted that an update on key drivers and emerging findings would be provided at the next meeting.</p> <p>The Committee noted the update provided</p> <p><u>NOTED</u></p>	
<p>20.</p>	<p>STRATEGIC APPROACH TO RECOVERY OF ELECTIVE PROGRAMME - ORTHOPAEDICS</p>	
	<p>Dr Paul Jenkins, Consultant Orthopaedic Surgeon, provided a presentation on the Strategic Approach to Recovery of Elective Programme – Orthopaedics.</p> <p>Dr Jenkins provided an overview on the impact of COVID-19.</p> <p>The presentation provided an update on the following areas;</p> <ul style="list-style-type: none"> • NHS GGC in the National context • Outpatient Key Metrics • Outpatient innovation • Current Outpatient position • Outpatient Recovery • Inpatient/Daycases Key Metrics • Introduction of Intermediate Surgery at ACH sites • Current Inpatient Position • Orthopaedic Recovery <p>Mr Ritchie thanked Dr Jenkins for the presentation and congratulated Dr Jenkins and his colleagues for the valuable work that had been carried out. Mr Ritchie invited questions from members.</p> <p>In response to a question regarding workload capacity and trainees, Dr Jenkins noted that there were challenges to recruit in certain areas of orthopaedics, however teams had been combined which helped to resolve any issues.</p> <p>In response to a question regarding differentiating between patients with chronic pain, Dr Jenkins reported that a prioritisation tool with 4 categories had been used. Administration staff maintained the waiting list and carried</p>	

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	<p>out 3 month calls to patients, therefore if patient's pain had increased then they could be escalated on the list.</p> <p>The secretary agreed to circulate a copy of the presentation to members following the meeting.</p> <p><u>NOTED</u></p>	Secretary
21.	FINANCIAL MONITORING REPORT – MONTH 2	
	<p>The Committee considered the paper ‘Financial Monitoring Report’ [Paper No. 21/06] presented by the Assistant Director of Finance Acute/Access, Ms Jacqueline Carrigan.</p> <p>The Committee noted the Acute Division was reporting an expenditure overspend of £5.7m at Month 2. The FIP position reported an underachievement of £5.2m.</p> <p>The report highlighted Sector and Directorate positions together with the 2020/21 outturn for comparison purposes. The report highlighted that Nursing was 213 over as at end May 21. The Committee noted that regional was experiencing pressures in the Forensic Mental Health wards due to the complexity of patients.</p> <p><u>The Financial Improvement Programme (FIP) –2021/22</u></p> <p>The Committee noted the 2021/22 Financial Improvement Programme (FIP) had allocated the Acute Division a target of £37m split across all the Sectors and Directorates.</p> <p>Ms Carrigan reported that to date there were 51 schemes that had been ratified and a further 81 schemes in the pipeline due to be worked into viable project plans and delivered.</p> <p>Mr Ritchie thanked Ms Carrigan for the update and invited questions from the Committee.</p> <p>In response to a question regarding the 100% target and whether this was achievable, the Committee noted that the aim was to reach 40% by August. There was £5m of schemes to move to delivery. The Committee noted that a stepped approach would be taken.</p> <p>The Committee discussed the financial pressure of delayed discharges and delegated budgets for IJB's and Acute Services. The Committee acknowledged the significant cost pressure and recognised this was a challenging area. The Committee noted that different routes had been explored in order to recover costs from IJB's outwith the Board area however further consideration would be given to this. Following detailed discussion, the Committee agreed that the remit would be given to the Finance Planning and Performance Committee to discuss further.</p>	

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	<p>The Committee noted the update provided.</p> <p><u>NOTED</u></p>	
22.	REVIEW OF COMMITTEE TERMS OF REFERENCE	
	<p>The Committee considered the paper ‘Review of Committee Terms of Reference’ [Paper No. 21/07] presented by the Corporate Services Manager – Governance, Mrs Jennifer Haynes.</p> <p>The Committee was asked to review its remit as part of the annual review process to ensure the remit remained fit for purpose providing assurance for onward approval at the Board.</p> <p>The Committee were asked to reconsider the following section: Section 3.3 Voting; should a vote need to be taken, only the Non-Executive members of the Committee shall be allowed to vote, either by show of hands, or a ballot. This ensured there was a standardised approach as the Non-Executive Members on the Board were in a position to vote. Mrs Haynes agreed to discuss this further with the Head of Board Administration and Corporate Governance, Ms Elaine Vanhegan.</p> <p>The Committee also discussed the financial planning and management of Acute Services. The Committee acknowledged that this was an opportunity to review for overlaps and avoid duplication.</p> <p>The Committee noted that final approval would take place at the next Board meeting, therefore Mrs Haynes and Ms Vanhegan would take comments back for review.</p> <p><u>NOTED</u></p>	Mrs Haynes
23.	CORPORATE RISK REGISTER	
	<p>The Committee considered the paper ‘Corporate Risk Register Extract’ [Paper No. 21/08] presented by the Director of Finance, Mr Mark White.</p> <p>The Audit and Risk Committee (ARC) commissioned a review of the Corporate Risk Register (CRR) to be carried out by professional advisers Azets. The Committee noted that Azets have overseen the revision and updating of the CRR. The full revised and updated CRR was approved by the ARC on 22 June 2021, and was also discussed by the Corporate Management Team. The next step involved each relevant standing Committee approving the current open risks and the removed or down-graded risks.</p> <p>The Committee were asked to note and approve the revised and updated Corporate Risk Register, the process for removed and down-graded risks and the next steps in the overall improvement process.</p>	

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	<p>In respect of risks that related to the Acute Services Committee, 3 risks were closed and 1 was downgraded to the operational risk register, therefore 2 risks remained open.</p> <p>The Committee agreed it would be helpful to discuss the two open risks over the next 2 meetings to allow for fuller discussion and deal with the risks more effectively and gain assurance.</p> <p><u>APPROVED</u></p>	All
24.	ANNUAL CYCLE OF BUSINESS	
	<p>The Committee considered the paper 'Annual Cycle of Business' [Paper No. 21/09].</p> <p>The Committee discussed what the most appropriate forum for the Patient Experience Reports to be submitted to in order to avoid duplication. The Committee agreed reports would be submitted to the Clinical and Care Governance Committee with reports by exception to the Acute Services Committee.</p> <p><u>AGREED/NOTED</u></p>	
25.	CLOSING REMARKS AND KEY MESSAGES FOR THE BOARD	
	<p>Mr Ritchie summarised the key messages to the Board.</p> <p>1. Acute COVID-19 Update</p> <p>The Committee noted the increase in COVID-19 infections but also that they were less of a burden than in previous waves for the Acute Sector, principally due to the younger age of patients involved. Fewer numbers in ICU were noted.</p> <p>2. Acute COVID-19 Update</p> <p>The Committee noted that the elective programme had continued despite the upturn in covid-19 cases.</p> <p>3. Performance Update</p> <p>The Committee noted that work continued to deliver care according to the parameters of RMP3. Also note that RMP4 was being discussed and will be in place later in the year.</p>	

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	<p>4. Strategic Approach to Recovery of Elective Programme – Orthopaedics</p> <p>Considerable assurance obtained from a presentation about the work of orthopaedic surgeons across all sectors of GG&C designed to recover from the backlog of work following the COVID pandemic.</p> <p><u>NOTED</u></p>	
26.	DATE OF NEXT MEETING	
	<p>Tuesday 21 September 2021, 9.30am via MS Teams</p> <p><u>NOTED</u></p>	