

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Acute Services Committee
held in the Boardroom, JB Russell House, Gartnavel Royal Hospital,
on Tuesday 19th November 2019**

PRESENT

Mr Ross Finnie (in the Chair)

Prof John Brown CBE	Mrs Jane Grant
Mr Simon Carr	Ms Susan Brimelow OBE
Cllr Jim Clocherty	Cllr Mhairi Hunter
Ms Margaret Kerr	Ms Amina Khan
Mr Mark White	Ms Anne Marie Monaghan
Ms Dorothy McErlean	

IN ATTENDANCE

Mr Jonathan Best	..	Chief Operating Officer
Ms Sandra Bustillo	..	Interim Director of Communications
Ms Jacqueline Carrigan	..	Interim Assistant Director of Finance
Mr Graeme Forrester		Deputy Head of Corporate Governance and Administration
Mr Tom Steele		Director of Estates and Facilities
Ms Sarah Leslie	..	Deputy Director of Human Resources and Organisational Development
Dr Scott Davidson	..	Deputy Medical Director, Acute
Ms Liz McConnachie	..	Senior Audit Manager, Audit Scotland
Mrs Louise Russell	..	Secretariat Officer (Minutes)

		ACTION BY
67.	WELCOME AND APOLOGIES	
	Apologies for absence were intimated on behalf of Mr Ian Ritchie, Dr Jennifer Armstrong, Dr Margaret McGuire, Mrs Audrey Thompson and Mr William Edwards.	
	NOTED	
68.	DECLARATIONS OF INTEREST	
	The Chair invited members to declare any interests in any of the items being discussed.	
	Mr Simon Carr declared that in his role with Scottish Federation of Housing Associations (SFHA), he was involved in preparation of a national report in relation to housing and delayed discharge.	

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	<u>NOTED</u>	
69.	MINUTES OF THE MEETING HELD 17th SEPTEMBER 2019	
	<p>The Committee considered the minute of the meeting held on Tuesday 17th September 2019 [Paper No. ASC(M)19/05] and were content to approve the minutes as an accurate record pending the following addition:</p> <p>A specific urology performance report would be submitted to a future meeting. The minute will be updated to reflect this.</p> <p><u>APPROVED</u></p>	Mr Best
70.	MATTERS ARISING	
a)	ROLLING ACTION LIST	
	<p>The Committee considered the 'Rolling Action List' [Paper No. 19/37] and were content to accept the recommendation that 3 actions were closed and 2 actions remained ongoing.</p> <p>There were no other matters arising noted.</p> <p><u>APPROVED</u></p>	
71.	URGENT ITEMS OF BUSINESS	
	<p>The Chief Executive, Mrs Jane Grant, provided a verbal update on issues raised in relation to infection prevention, management and control at the Queen Elizabeth University Hospital and the Royal Hospital for Children.</p> <p>Mrs Grant reported that there has been significant media attention. She went on to provide background information on two cases in particular that have appeared in the media. Mrs Grant assured the Committee that infection control protocol was followed in these cases and assured the Committee that any complaints or allegations raised have been fully reported and investigated.</p> <p>It has been recognised that communication with families could be improved. The Board continued to take steps to do so and continued to answer questions from families openly and truthfully. Mrs Grant informed the Committee that a number of meetings have taken place with families. The Board were also working with Professor Craig White to develop better ways of engaging with families. Mrs Grant reported that a meeting was held with the Cabinet Secretary. Seventy one questions were raised, and these have been answered. Mrs Grant reported that following feedback from patients some improvements have been put in place immediately, for example a playroom and a tea room for staff.</p> <p>Mrs Grant informed the Committee that the restriction on Ward 6a receiving new patients has been removed. Health Protection Scotland were in agreement of reopening the Ward to new admissions, however the Board awaited final sign off from the Scottish Government.</p>	

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	<p>The Committee noted that HAI inspectors arrived at the Queen Elizabeth University Hospital today and will remain there until Friday 22nd November 2019.</p> <p>The Committee were assured that a robust whistleblowing process was in place and staff could raise concerns which would be dealt with in full confidence. The Committee noted that it remained challenging to deal with issues on occasions when the whistleblowing process was not followed.</p> <p>Mrs Grant assured the Committee that communication with families and staff would continue to take place and any lessons to be learned would be taken on board. NHSGGC were committed to making any necessary improvements. The impact of media attention on staff, both professionally and personally, was noted. Staff continued to be supported and Mrs Grant and Dr Davidson were carrying out regular visits.</p> <p>Mrs Grant thanked the Executive Team and members of staff for their support during this distressing and difficult time.</p> <p>Mr Finnie summarised the key messages from the update:-</p> <ol style="list-style-type: none"> 1. A detailed update report would be submitted to the Clinical and Care Governance Committee. 2. The Acute Services Committee were assured that patients were receiving the appropriate level of care. 3. Staff would be supported with both internal and external pressures. 4. The Senior Management Team would continue to address any additional pressures as they emerge. <p><u>NOTED</u></p>	
72.	ACUTE INTEGRATED PERFORMANCE REPORT	
	<p>The Committee considered the paper 'Acute Integrated Performance Report' [Paper No. 19/38] presented by the Chief Operating Officer, Mr Jonathan Best.</p> <p>Mr Best provided an overview of Acute performance and noted that during April to September 2019, a total of 538,330 new and return patients were seen; there was 93,304 elective and non-elective admissions recorded alongside 85,617 day cases and 37,798 Treatment Time Guarantee (TTG) patients seen.</p> <p>Mr Best went on to describe performance of new outpatients waiting >12 weeks for a new outpatient appointment. He noted that as at September 2019, a total of 23,336 available new outpatients were waiting >12 weeks for a new outpatient appointment. Whilst current performance was marginally above (2%) the trajectory of 22,900 new outpatients waiting >12 weeks for September 2019, he noted that the number of patients waiting >12 weeks was 16% less than the same month the previous year. Mr Best highlighted that Gastroenterology and Trauma and Orthopaedic Access Collaboratives' have been established to review patient pathways across primary and secondary care. He also highlighted that vacant outpatient clinic slots were being reviewed daily in order to maximise available outpatient capacity.</p> <p>Mr Best highlighted that as at September 2019, a total of 791 patients were waiting >6 weeks to access a scope test. This was well within the projected</p>	

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position of 1,200 for September 2019. It was predicted that this number would reduce to 600 by the end of December 2019. Mr Best reported that recruitment of 5 Band 8A Nurse Endoscopists was unsuccessful, however it was planned that the resource for this would now be utilised for six training grade Endoscopists. Locum Endoscopists continued to support additional activity across Sectors. Mr Best reported that following recent UK & Scottish guidance, there was strong evidence to support the cessation of repeat scopes. Surveillance of the scope list would be carried out and patients would be contacted to inform them that no further repeat tests were required.

Mr Best described performance against the target of no patient waiting more than 6 weeks to access an imaging test. Mr Best reported that tendering for additional reporting has concluded. A mobile screening van has been set up to help improve waiting times.

In respect of performance against the TTG, Mr Best noted that as at September 2019, a total of 9,447 eligible TTG patients were waiting >12 weeks for an inpatient/day case procedure. Whilst current performance was marginally above the revised 2019-20 Annual Operational Plan trajectory of no more than 9,100 patients waiting >12 weeks for September 2019, the rate of growth in numbers waiting has begun to slow down. Mr Best went on to describe a range of measures being taken to improve performance, including; patients being admitted in order of clinical priority and then date, outsourcing activity for Orthopaedics (general and spinal) and appointment of locums to support additional surgery and capacity secured through Golden Jubilee National Hospital for 2019/20.

Mr Best reported that as at September 2019, overall compliance with the stroke care bundle was 73%. This was below the target of 80%. Two of the four elements of the Stroke Care Bundle exceeded the target. The remaining two elements below target were 84% of patients had the swallow screen test <4 hours following admission (an improvement on the 81% reported at the last meeting) and 87% of patients admitted to a stroke unit on day of admission/day following presentation. Mr Best reported that good progress was being made with scanning and admissions.

In respect of the A&E 4 hour wait target, Mr Best reported that as at September 2019, 86.9% of patients presented at A&E were either admitted, discharged or transferred for treatment <4 hours. Mr Best noted that the number of patients presenting at A&E remained challenging.

Mr Best provided an update on delayed discharges and bed days occupied by delayed patients. Mr Best reported that discussion was ongoing to improve the discharge process.

M Best described performance of the Cancer 62 day target and noted that as at September 2019, 79.8% of patients referred urgently with a suspicion of cancer began treatment within 62 days of receipt of referral. Mr Best noted difficulty in recruiting for specialist areas.

Mr Best reported that as at September 2019, 8.3% of all new outpatients appointments booked did not attend. Current performance represents an improvement on the previous month's position (9.3%), the lowest reported during this financial year and remains within the target of 11.4%. Mr Best noted that the performance highlighted that the direction of travel remained positive. The

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reduction in the number of DNA's were due to the continued roll out of the Patient Focussed Booking process, which included phoning patients and sending text messages to remind patients about their appointment.

The Deputy Director of Human Resources and Organisational Development, Ms Sarah Leslie provided an overview of performance in relation to sickness absence. There was a focus on long term absence with active review of all cases exceeding three months to ensure that there was an immediate and long term plan to assist staff in returning to work with relevant adjustments and support. Ms Leslie noted that stress and anxiety related sickness was the main cause of long term absence. Areas were being addressed to promote a healthier workplace for staff, for example mindfulness and staff engagement services. Training on long term condition management and cancer was currently underway across Acute Services and to wider Board staff during October 2019. The Committee noted their concern in relation to the sickness absence rate.

Ms Leslie noted that overall, there was an average iMatter response rate of 58% across Acute Services. Three of the six directorates across Acute exceeded the 60% response rate and a further two demonstrated an improvement when compared with the previous years' position. The action planning progress to date showed an improvement in four areas. Regional services and North Sector were showing improved engagement in this part of the iMatter process. Work continued to encourage managers and staff to engage with iMatter.

Ms Leslie reported that as at 30 September 2019, 49.7% of KSF/PDP reviews had been recorded on TURAS Appraisal across Acute Services. This falls short of the expected position.

Ms Leslie reported that statutory and mandatory training continued to show a month on month improvement. Ms Leslie highlighted that Fire Safety training compliance was currently at 80.1%. She noted that significant work was still required in order to improve compliance.

Active promotion of the flu vaccination continued to take place. Ms Leslie reported that as at October 2019, 28.3% of staff within acute had received the flu vaccination. The Committee noted their concern at the low percentage of staff being vaccinated. The Committee agreed that the Executive Team need to give more thought as to how uptake of the vaccination could be improved.

The Committee agreed it would be helpful for the next report to include how practice has been improved by the better workplace performance measures that have been put in place.

The Committee noted that a piece of work was being carried out to review the GP Out of Hours service. Mr Best noted challenges with filling shifts. A piece of work was being carried out to develop a pathway for the Vale of Leven GP OOH service to improve the system.

Mr Finnie thanked Mr Best and Ms Leslie for the updates, and the Committee were content to note the report.

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73.	FINANCIAL MONITORING REPORT	
	<p>The Committee considered the paper 'Financial Monitoring Report' [Paper No. 19/39] presented by the Director of Finance, Mr Mark White.</p> <p>As at 30 September 2019, the Board reported expenditure levels £20.7m over budget. The Financial Improvement Plan Tracker recorded projects totalling £19.0m on a FYE and £22.1m on a CYE. Mr White noted that the potential gap predicted was £20m as at 31 March 2020.</p> <p>Mr White confirmed that £15m of non-recurring funding has been factored in to support the financial position. A number of unforeseen cost pressures have emerged in-year. As such, the forecast potential gap had increased to £29.8m. Mr White noted a number of areas where the Board continues to work in order to minimise the forecast deficit. This includes focussing on delivering existing schemes and reduce the risk rating and increase the potential yield.</p> <p>The report included analysis of the key pressure areas. Mr White noted that the main pressures in pay were associated with medical £1.3m and nursing £1.3m salaries due to the inherent cost of providing certain services, service demands (particularly A&E attendances) and the requirement to cover sickness/absence and vacancy via bank and agency spend. Mr White noted improvement in both medical and nursing overspend on the previous financial year.</p> <p>Mr White highlighted the challenges associated with non-pay pressures, increasing from the 2018/19 position which was a significant decrease on previous years. Mr White noted emerging pressures in relation to prescribing costs and maintenance contracts ending. These would continue to be monitored.</p> <p>Mr White noted performance of medical salaries across the Directorate, which reported an over spend of £1.3m at month 6. This compared to £2.7m over spend in month 6 of the previous year, and Mr White noted that there was improvement this month based on last year's trend. Mr White reported that the Senior Medical position reported a YTD underspend of £0.5m however Clyde and Women and Children's Sectors were over spent in Senior Medical on a YTD basis. Mr White reported that Junior Medical reported a YTD overspend in North, Clyde, Regional and Women and Children's Sectors.</p> <p>Mr White noted that the organisation was experiencing a range of financial pressures in-year which were impacting on the current deficit position and the forecast year end deficit. This included Outcomes Framework, Clinical Waste, Medical Pay Award, Property Maintenance, Access Funding and Cystic Fibrosis drugs.</p> <p>Mr White reported the Financial Improvement Programme (FIP) continued into 2019/20.</p> <p>The report provided an update on the Capital Plan. Mr White reported that major areas of planned spend included the programme of ward refurbishments, investment in e-Health priorities and provision of £1.9m for the Boards Hub Schemes. The plan currently included £5m of unallocated capital.</p> <p>Mr Finnie thanked Mr White for the update and invited comments and questions from members.</p>	

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	<p>In response to a question regarding plans to prepare for a gap at the end of the year, Mr White informed the Committee that discussions were in early stages with Scottish Government colleagues. It was predicted that the figure would reduce however this was dependant on winter performance. Further discussions would be held at the Finance and Planning Committee.</p> <p>The Committee agreed it would be helpful to understand the impact sickness absence has on the Board financially. Mr White agreed to carry out this piece of work however noted that it may be challenging as absence doesn't always equate to a cost. Mr White agreed to present a paper to a future meeting.</p> <p>A presentation on finance within the Estates and Facilities Directorate was delivered by the Director of Facilities and Estates, Mr Tom Steele.</p> <p>Mr Steele reported a current over spend of £8.6m within Estates and Facilities. He went on to provide an update on property maintenance costs. Mr Steele reported that a piece of work was being carried out to create a resource plan in order to improve the maintenance planning system.</p> <p>Following comments in relation to the cost of running the estate, Mr Steele assured members that work being taken forward to develop a Resource Plan would improve the maintenance planning system and address running costs.</p> <p>Mr Finnie thanked Mr Steele for the presentation and update.</p> <p><u>NOTED</u></p>	
74.	EXTRACT FROM CORPORATE RISK REGISTER	
	<p>The Committee considered the paper 'Extract from Corporate Risk Register' [Paper No. 19/40] presented by the Chief Operating Officer, Mr Jonathan Best.</p> <p>The Committee were content to note the report.</p> <p><u>NOTED</u></p>	
75.	QEUH DEMAND AND CAPACITY REVIEW	
	<p>The Committee considered the paper 'NHSGGC QEUH Demand and Capacity' [Paper No. 19/41] presented by the Chief Operating Officer, Mr Jonathan Best.</p> <p>Mr Best provided an overview on the progress to date on the Demand and Capacity Review of the QEUH and informed the Committee on the current work plan developed with the support of the North East Commissioning Support Team (NECS).</p> <p>The report provided a chronology from 2002 to 2015 and an overview of the service change strategy and associated timelines.</p> <p>The Committee noted that a large number of patients continued to present at the front door. Mr Best reported that there was a focus on promoting alternative options and redirecting patients to the most appropriate service. The Moving</p>	

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<p>Forward Together (MFT) programme would help to gain a better understanding as to why patients present to Emergency Departments (ED), and would help to promote self-management. Mr Best reported that the introduction of two triage rooms would help reduce the waiting time at the front door considerably. Dr Davidson reported that work was ongoing with the MFT programme to look at providing support in the community. He noted that a piece of work was ongoing in relation to anticipatory care planning for patients for end of life care.</p> <p>The Interim Director of Communications, Ms Sandra Bustillo, noted that national communications work was ongoing to prepare for winter. A campaign would be created which would focus on promoting alternatives to ED, for example the use of the Minor Injuries Unit.</p> <p>In response to a question raised regarding the profile of patients attending ED, Mrs Grant reported that a detailed piece of work was being carried out to look at patient profiles, in particular, for those patients who had attended but were subsequently not admitted. Further detail would be shared with members in due course.</p> <p>The Committee noted an update would be provided to the Board in February on short term plans for Gartnavel General Hospital in relation to winter planning, orthopaedic additional work and surgical capacity.</p> <p>The Chair noted that the level of detail within the reports was helpful to put into context the movement that has taken place. The Committee noted the NECS Demand and Capacity Model final report and recommendations. The report highlighted a number of recommendations to steer NHSGG&C in preparation for winter 2019/20 and planning future system sustainability. In response to a question on whether the Board has signed up to an implementation plan, Mr Best highlighted the timescales on the last two pages of the NECS report. He noted that work has started to break down the recommendations in order to drive forward implementation.</p> <p>Mr Best reported that plans were underway to establish a regional Major Trauma Centre. It has been proposed that the Major Trauma Centre (MTC) would be sited at the QEUH and would provide care for around 450-550 critically and severely injured patients per annum.</p> <p>The Committee noted plans for Ward 6a to return to QEUH in Spring 2020.</p> <p>The Finance, Planning and Performance Committee would discuss reduction in demand and balance of care in detail over the coming months.</p> <p>In summary, the Committee noted that the current level of demand on the QEUH was significantly higher than was originally planned. Despite this, the hospital has performed at or above the peer average efficiencies that were proposed in the full business case. Staff and teams were commended for their efforts.</p> <p>The Committee requested an assurance report to be submitted to a future meeting to update on the progress.</p> <p><u>NOTED</u></p>	<p>Mr Best</p>
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76.	PATHWAYS COLLABORATIVE WORK UPDATE	
	<p>The Committee considered the paper ‘Pathways – NHSGGC Access Collaborative Briefing’ [Paper No. 19/42] presented by the Chief Operating Officer, Mr Jonathan Best.</p> <p>Mr Best provided an overview of the NHS GG&C Access Collaboratives’ for Gastroenterology and Orthopaedics. The purpose of the review was to ensure Gastroenterology and Trauma and Orthopaedics services work to the same clinical pathway in all locations to ensure equity of patient access and care.</p> <p>A series of three workshops facilitated by Digital Health Institute (DHI) identified short and medium term actions, which were agreed by stakeholders involved as priority areas to focus on during 2019/20. The Committee noted the identified actions from the workshops included in the report.</p> <p>An application was submitted to the Scottish Government “Bringing it Together” for funding to support the acceleration of the implementation plans. Mr Best reported that the second application was successful. This would be one year of non-recurring funding.</p> <p>The Committee noted that this was an ongoing process. An update report would be submitted at a future meeting.</p> <p><u>NOTED</u></p>	Mr Best
77.	LANGLANDS UNIT UPDATE	
	<p>The Committee considered the paper ‘QEUH – Langlands Building/Provision of Domestic Services’ [Paper No. 19/43] presented by the Director of Estates and Facilities, Mr Tom Steele.</p> <p>The report provided an update concerning the provision of Domestic Services, within QEUH Langlands Building and offered assurance that continuous service review remained in place between the QEUH Facilities Management and contract provider for Domestic Services.</p> <p>Mr Steele noted that Domestic Services cleanliness standards within Langlands building required improvement as quality assurance audits from August 2019 resulted in partial compliance with the NHS Scotland National Cleanliness Services Specification Quality Framework. Mr Steele noted that the Langlands building was a PFI arrangement. Mr Steele reported that a change in contractual responsibilities resulted in Serco taking over the operational delivery of Domestic Services from Carillion. The SPV was Imagile.</p> <p>Mr Steele reported that as at October 2019, cleanliness audits remained partially compliant with the NCSS quality framework. It was recognised however that there has been an improvement in cleanliness standards from August 2019. He noted that following formal dialogue between NHSGGC, Serco and Imagile, a number of support measures have been implemented. This included the separation of cleaning tasks between Domestic Services and ward based staff being reviewed and communicated to ensure that there was no</p>	

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	<p>misunderstanding of cleaning responsibilities. NHSGGC were providing support to Serco and were in the process of providing awareness training to Serco domestic staff and supervisors to improve their knowledge of the NCSS Quality Framework and Quality Monitoring. NHSGGC had received advice and guidance from Health Facilities Scotland, PFI Liaison Manager, together with advice from the Central Legal Office.</p> <p>The Committee were assured by the report and noted that internal and external quality assurance audits were taking place.</p> <p>The Committee were content to note the report. A further update would be provided at the next meeting.</p> <p><u>NOTED</u></p>	<p>Mr Steele</p>
78.	ACUTE STRATEGIC MANAGEMENT GROUP	
a)	MINUTE OF MEETING HELD 29TH AUGUST 2019	
	<p>The Committee considered the minute of the Acute Strategic Management Group Meeting of 29th August 2019 [Paper No. SMG(M)19/08] and were content to note this.</p> <p><u>NOTED</u></p>	
b)	MINUTE OF MEETING HELD 26TH SEPTEMBER 2019	
	<p>The Committee considered the minute of the Acute Strategic Management Group Meeting of 26th September 2019 [Paper No. SMG(M)19/09] and were content to note this.</p> <p><u>NOTED</u></p>	
79.	CLOSING REMARKS AND KEY MESSAGES TO THE BOARD	
	<p>Mr Finnie summarised the key messages to the Board.</p> <ol style="list-style-type: none"> 1. The Committee were assured by the update provided by the Chief Executive on the issues raised in relation to infection prevention, management and control at the Queen Elizabeth University Hospital and the Royal Hospital for Children. 2. The Committee noted receipt of the reports on the Demand and Capacity Review element of the Internal Review of QEUH and RHC and development at a strategic level. 3. The Committee reviewed the Integrated Performance Report in depth, and were assured by the actions being taken to address performance. 4. The Committee reviewed the Financial Monitoring Report and were assured by the actions described. <p><u>NOTED</u></p>	

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80.	DATE OF NEXT MEETING		
	Tuesday 21 st January 2020, 09:30am, Boardroom, JB Russell House		