

DRAFT

ASC(M)15/01
Minutes: 01 - 16

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Acute Services Committee held at
9.30am on Tuesday, 30 June 2015 in the
Board Room, J B Russell House, Gartnavel Royal Hospital,
1055 Great Western Road,
Glasgow, G12 0XH**

P R E S E N T

Mr I Lee (Convener)

Ms M Brown	Cllr J McIlwee
Dr H Cameron	Mr A Macleod
Prof A Dominiczak OBE (To Minute 9)	Cllr M Macmillan (To Minute 10)
Mr R Finnie	Ms R Micklem (To Minute 12)
Cllr A Lafferty	Cllr M Rooney (To Minute 12)

Mr D Sime

O T H E R B O A R D M E M B E R S I N A T T E N D A N C E

Dr J Armstrong	Ms R Crocket MBE
Mr R Calderwood	Mr M White

I N A T T E N D A N C E

Mr G Archibald	..	Chief Officer, Acute Services
Mr J C Hamilton	..	Head of Board Administration
Mr D Loudon	..	Director of Facilities & Capital Planning
Dr O Lucie	..	Consultant Geriatrician (To Minute 3)
Mr A McLaws	..	Director of Corporate Communications
Ms A MacPherson	..	Director of Human Resources & Organisational Development
Ms T Mullen	..	Head of Performance
Dr J Murtagh	..	Consultant Physician (To Minute 3)
Ms C Renfrew	..	Director of Corporate Planning and Policy (To Minute 10)
Ms H Russell	..	Audit Scotland

01. APOLOGIES

The Convener welcomed everyone to the first meeting of the Acute Services Committee.

Apologies were intimated on behalf of Councillor M Cunning, Mr I Fraser, Dr D Lyons and Councillor M O'Donnell.

02. DECLARATIONS OF INTEREST

Declarations of interest were raised by:-

- (i) Professor A Dominiczak as Regius Professor of Medicine, University of Glasgow in relation to the agenda items on the South Glasgow University Hospitals/On The Move and Enhanced Theatre Capacity – Institute of Neurology Sciences.
- (ii) Councillor M Macmillan as Leader, Renfrewshire Council in relation to the Clinical Services Review – Renfrewshire Development Programme Update.

NOTED

03. CLINICAL SERVICES FIT FOR THE FUTURE

There was submitted a paper [Paper No 15/08] by the Medical Director asking the Committee to note the progress on the Renfrewshire Development Programme, the aim of which was to assess the approach and support more detailed planning to both develop the confidence that the model could deliver the future position described and to allow costing of the approach to ensure that it was affordable and deliverable. The programme was focused on developing the interface services further, particularly in areas with the greatest impact on demand and capacity:-

- Timely access to high quality Primary Care;
- Comprehensive range of Community services, accessible 24/7 from Acute and Community settings;
- Coordinated care at crisis/transition points and for those most at risk;
- Hospital admission which focuses on early comprehensive assessment driving care in the right setting; inpatient stay for acute period of care only.

Dr Armstrong introduced Dr O Lucie, Consultant Geriatrician and Dr J Murtagh, Consultant Physician, who presented to Members on the current position and learning to date of running the Older Adults Assessment Unit at the Royal Alexandra Hospital which had now been open for seven months. Dr Lucie and Dr Murtagh described the model of care, benefits gained and challenges, and despite the challenges of patients being cared for within the unit who were outwith the criteria, the clinicians remained convinced that this was a good and workable model which provided the most appropriate care and improved outcomes for patients.

Ms Brown welcomed the presentation and was keen that, once any evaluation had been completed, the service offered was consistent and sustainable and continued to bring about improved outcomes for the patients it was designed to serve. Ms Micklem also welcomed the presentation but cautioned that to develop a proper evidence-base of the benefits and improvements for patients would take time and the project needed to be supported and protected as these benefits would not happen overnight. Dr Cameron agreed and recognised the need for additional data and comparisons to be made from the previous service to the new model particularly around the readmissions rate.

Dr Armstrong welcomed the Members support and acknowledged that more time was needed to see the full benefits of the Older Adults Assessment Unit and advised that to date, there had been a 97% patient satisfaction rate with the services provided and this had also been encouraging.

NOTED

04. ACUTE SERVICES COMMITTEE – REMIT AND MEMBERSHIP

There was submitted a paper [Paper No 15/01] by the Head of Board Administration asking Members to note the Remit and Membership of the Acute Services Committee as approved by the Board on its meeting on 23 June 2015, and to advise of any necessary amendments/additions. The Acute Services Committee had been formed by the NHS Board as a Standing Committee of the Board to bring a focus to monitoring performance and providing a governance framework for the work of the Acute Services Division.

Members welcomed the Remit and range of responsibilities of the new Committee and looked forward to working with Mr Archibald, Chief Officer, Acute Services and his team.

NOTED

05. FINAL Q&P COMMITTEE ROLLING ACTION LIST

There was submitted a paper [Paper No 15/02] by the Head of Board Administration, which set out where the outstanding actions from the former Quality and Performance Committee would be reported to, with the Lead Director identified and a timescale in which the action was to be achieved.

NOTED

06. PATIENT'S STORY

Ms Rosslyn Crocket, Nurse Director, read out a recent patient story in order to highlight some of the matters which were important to patients, visitors and their carers, which, with some more thought and consideration, could be improved upon within ward and clinical areas. Ms Crocket explained the reflective practice used in sharing this story with the team involved and other clinical teams across NHSGGC, and the key message had been that staff should give consideration to how their actions were perceived by others.

Councillor Lafferty welcomed the insights offered by the Patient's Story and could clearly distinguish between the clinical and personal needs of the patient/family.

NOTED

07. ACUTE SERVICES INTEGRATED PERFORMANCE REPORT

There was submitted a paper [Paper No 15/03] by the Chief Officer, Acute Services setting out the integrated overview of NHSGGC Acute Services Division's performance. This was the first such report and Members were asked to give their thoughts and views on the content and format of the report to ensure it met the Committee's needs in future.

Of the 28 measures which had been assigned a performance status based on their variation from trajectory and/or target, 13 were assessed as green, eight as amber

(performance within 5% of trajectory) and seven as red (performance 5% outwith meeting trajectory).

The measures which had been assessed as red were as follows:-

- Delayed discharge over 14 days;
- MRSA/MSSA bacterium (cases per 1,000 occupied bed days);
- Stroke care bundle;
- Non-elective inpatient activity;
- Sickness absence rate;
- e-KSF;
- New outpatient DNA as a % of all appointments offered.

Exception reports had been provided to Members on measures which had been assessed as red. Having taken Members through the structure of the paper, Mr Archibald then concentrated on those measures which had been assessed as red and the exception reports.

He agreed with the Convener that the downward shift in the Detect Cancer Early – Early Diagnosis & Treatment in First Stage Cancer for colorectal was worthy of a full report to the next Committee meeting, explaining the downturn and the actions being taken to bring about an improvement in order to reach the 2015/16 target.

**Head of
Performance**

In relation to the delayed discharges exception report, Ms Brown enquired as to what was causing the slower assessments for patients who were assessed as Adults with Incapacity. Mr Calderwood advised that the national campaign to encourage families to have Power of Attorney in place was helping. However, there was a long way to go before the majority of families had this in place and were therefore able to avoid the lengthy court process when families required a legal basis for the status of taking decisions for such family members in hospital. Those patients discharged from an acute hospital setting into a nursing home awaiting the final assessment of their needs continued to access medical care and this would continue until their assessment and placement in a more appropriate setting had been completed.

As of April 2015, the rate of sickness absence across the Acute Services Division was 5.8% against a national target of 4%. Ms MacPherson acknowledged that absence rates had been poorer in the last 18 months despite the ongoing work in tackling short-term sickness with a range of interventions and better management of long-term sickness absence.

Councillor Rooney was concerned about the significant rise in sickness and felt that the report would have benefitted from additional information in relation to the number of working days lost and the cost implications of sickness. Ms Brown highlighted, from the workforce planning information, that the workforce reflected the population served in terms of demography, gender, age, and staff who were ill should not be encouraged to attend hospitals and care for vulnerable patients. She and Mr Sime acknowledged that a measured and balanced response was needed in reviewing the performance against this national target which, Mr Sime reminded Members, had no evidence base to the setting of the 4% target. It was reported that

that total days lost was not captured, however, the information presented to Members represented the requirements of national reporting.

Mr Macleod was however, concerned at the trend of the rise of sickness absence within Acute Services, and was keen to see a note of the specific actions being undertaken to address this trend. Ms MacPherson agreed and would produce a report for the next meeting of the Committee on the steps being taken to manage the sickness absence within the workforce in Acute Services.

**Director of
Human
Resources &
Organisational
Development**

With regard to DNAs, Ms Micklem highlighted that this was an important target, particularly in terms of inequalities. As of May 2015, 13.3% of new outpatient appointments did not attend against a target of 11.4%. Members were disappointed to note that the patient-focused booking process, which should be advantageous in reducing DNA rates, was not functionally possible with Trakcare, and a technical solution was required.

Members welcomed the 1,200 reminder calls made per day to patients by the specialties covered by the Referral Management Centres, and also the improved patient information and communications. However, when linking this discussion with the April Seminar presentation on the Collusion of Exclusion, it was clear that more was required to be done to improve the attendance of those patients who most required to attend and access hospital services.

Members welcomed the focus on the Exception Reports and found the format and structure of the paper helpful in terms of future reporting. Members were concerned that Acute Services were not achieving the 80% target of staff with an online PDP i.e. e-KSF. Ms MacPherson acknowledged that the target had not been met and that Human Resources were supporting local Directors to increase activity in this area.

NOTED

08 THE SOUTH GLASGOW UNIVERSITY HOSPITAL CAMPUS – ON THE MOVE/COMPLETION

There was submitted a report [Paper No 15/09] by the Director of Facilities and Capital Planning summarising the transfer to and commissioning of the new South Glasgow University Hospital and the Royal Hospital for Sick Children as well as updating Members on the completion of the new office accommodation, completion of the Teaching and Learning Centre, progress on the final Multistorey Car Park and, lastly, progress with the demolitions and central park development.

As much of the report replicated the report submitted to the NHS Board meeting on 23 June 2015, Mr Loudon concentrated on the discussions with regard to the Teaching and Learning Centre. The Centre was completed and handed over on the 29 May 2015, the project being delivered on time and under budget. The Board and the University of Glasgow had commenced client fit-out stage of the project and this would be completed in time to allow the building to go live on 17 August 2015. The legal documentation between the Board and University of Glasgow concerning occupancy and operational matters had progressed well and would be finalised over the coming weeks. One concern however, was raised as the University was not in a position to offer a first ranking standard security in favour of the NHS Board and a compromise was sought from the University. The solution offered by the University through an exchange of letters and commitments, was acceptable to the NHS Board and its legal advisers, and in discussions, Members welcomed the outcome reached.

Ms Brown raised a concern that, after discussions at the Quality & Performance Committee meeting in January 2015, Board Members had not received the outcome of the further risk assessment carried out within the Child Psychiatry Ward and garden area in relation to ligature points and other high risks. Mr Loudon advised that the risk assessments identified earlier in the year had been implemented however, the recommendations and action plan to implement them had not been made available to Members and he would ensure that this was made available as soon as possible. Ms Brown found it regrettable that the specification for the area in question had not followed that of a psychiatric hospital. Mr Loudon noted that the design brief for the hospital had not asked for a full anti ligature specification throughout the building.

**Director of
Facilities &
Capital Planning**

NOTED

09 ENHANCED THEATRE CAPACITY – INSTITUTE OF NEUROLOGY SCIENCES – SOUTH GLASGOW UNIVERSITY HOSPITAL

There was a paper submitted by the Director of Finance outlining the need to expand theatre capacity within the Institute of Neurology Sciences building on the South Glasgow University Hospital site and a proposition of how this could be achieved, together with early costing estimates and a proposed funding mechanism.

The Institute of Neurology Sciences accommodated elective and emergency surgery for the Neurosurgical and Oral Maxillofacial Surgery patients in the West of Scotland. Of the seven operating theatres, five were used by Neurosurgery and Oral Maxillofacial and two by Ear, Nose & Throat (which has since transferred to the new South Glasgow University Hospital, freeing up two theatres to support the planned development of Neurosurgery and Oral Maxillofacial Surgery).

The planned expansion of Neurosurgery and Spinal work for the West of Scotland (revenue funding) has been agreed with the referring Boards, namely NHS Ayrshire & Arran and NHS Lanarkshire. In addition, the NHS Board has submitted a proposal to National Services Division to provide a National Deep Brain Stimulation Service which would require two additional theatre sessions per week.

With the need to expand the facilities to accommodate the additional theatre sessions and subsequent staff, it was acknowledged that with the reduced capital allocation for 2015/16, capital funds were not available for this project to be completed. Discussions had, therefore, been entered into with the University of Glasgow in which the University would assume ownership and, therefore, risk of the overall building, and the NHS Board would then be a tenant for only the part of the building it used. This would potentially lead to an upfront lease payment and thereafter a nil or peppercorn rent for the defined period of the lease. The NHS Board would then be responsible for the rates for the part of the building it occupied and the Board's Capital Budget for 2016/17 would be able to meet the fit out costs of the NHS floor currently estimated at £2.5m.

Professor Domiczak supported this proposal and in response to a question from Mr Finnie, Mr Calderwood advised that it would be a lease for 45 years with the right of extension for a further 15 years, this being the same terms as the Teaching and Learning Centre.

Mr Macleod asked about the sign off dates and planning implications and Mr Calderwood advised that planning authority had been granted for a three storey

building and planning consideration continued around the possibility of a four storey building. The intention was to sign off on the arrangement in August 2015 with the NHS Board and University demolishing existing buildings during the course of August and a start onsite thereafter.

Mr Calderwood advised that the additional twelve staff would be underwritten by the West of Scotland Health Board funding and, if successful with its application for a Deep Brain Stimulation Service, the National Services Division would fund that service. In response to Councillor Rooney's question, Mr White explained that an upfront payment of £3-4m in 2015/16 would be annualised over the period of the lease.

DECIDED

- That the proposition to provide the new theatres and reconfiguration of the existing theatre accommodation be endorsed.
- That the funding mechanism and accounting treatment be endorsed.

**Director of
Finance**

**Director of
Finance**

**10 NATIONAL PERSON-CENTRED HEALTH & CARE COLLABORATIVE:
STRATEGIC REPORT AND WORK PLAN**

There was submitted a paper [Paper No 15/04] by the Nurse Director setting out the current position on the NHS Board's progress in implementing the National Collaborative for Person-Centred Health and Social Care within the Acute Services Division.

Ms Crocket highlighted that the clinical teams collectively were able to demonstrate since May 2014 that more than 90% of feedback received was indicative of a positive care experience and that this achievement had thus far been sustained. It would be important to see a continuation of this high level of positive feedback within the new South Glasgow University Hospital.

In addition, Ms Crocket highlighted the two examples of improvement approaches and interventions being used in the clinical teams, namely "What Matters to Me?" and the "Personalised Contact". Members welcomed the outcome in both.

NOTED

11 CARE ACCREDITATION AND ASSURANCE SYSTEM (CAAS)

There was submitted a paper [Paper No 15/05] by the Nurse Director which provided an update on the progress of developing a model of care assurance and accreditation across NHSGGC.

Ms Crocket explained that the Care Assurance and Accreditation System was a continuous improvement approach to achieving a set of Standards for the delivery of safe, effective and person-centred care. It would allow senior charge nurses to locally benchmark their team's progress against the Standards and to identify where support was needed for further improvement. In addition to local self assessment there would be an external peer review of the Standards and observation of care, resulting in ratings of red, amber or green. Wards would be revisited and reassessed at a frequency dependent on their rating and full accreditation status would only be achieved if the ward attained green status on three consecutive

assessments.

NHS Ayrshire & Arran and NHS Lanarkshire were also introducing this system at the same time and a joint NHS Board Steering Group was leading the collaborative approach to the development of the Standards and a Senior Charge Nurse Network had been developed to share experiences and learn from each other. Locally, a multidisciplinary Steering Group would oversee development of the Standards and progress would be reported through the Directorate Clinical Governance Fora and the NHS Board Clinical Governance Forum.

Councillor Rooney commented that the approach and Standards seemed to be audit based through the compilation of documents and evidence to highlight continuous improvement. Ms Crocket advised that local teams would carry out self assessments and measure themselves against expected targets and the accreditation element would follow on from the external assessor's observation/review and one of the main aims was to drive improvements within different ward areas from this approach and follow-up visits.

Ms Micklem welcomed this development, in particular the whole system approach, however, she was surprised that the Care Assurance and Accreditation System did not make mention of inequalities. Ms Crocket advised that the Corporate Inequalities Team had been involved with reviewing the Standards to ensure that inequalities were integral and embedded in the Standards. She added that the expertise of the Corporate Inequalities Team would continue to be integral to CAAS.

Mr Lee enquired about the additional tasks required by Nursing Staff to complete the requirements of the system and Ms Crocket advised that there were no additional standards to be measured, rather that they were just being undertaken in a more systematic way. Feedback had suggested thus far that the teams had found them helpful and they had brought clarity to areas they were doing well in and in areas in which improvement could result.

Mr Macleod asked about the IT solution and costs and Ms Crocket advised that information was only being gathered where existing IT systems were in place and the Chief Nursing Officer for Scotland was moving towards a minimum dataset approach which may assist in future years with funding for the appropriate systems to support such data collection and monitoring.

Members welcomed the proposal and Ms Crocket would ensure that regular reports were submitted to the Committee for further review.

Nurse Director

NOTED

12 SCOTTISH PATIENT SAFETY PROGRAMME: UPDATE

There was submitted a report [Paper No 15/06] by the Medical Director setting out the progress against the Scottish Patient Safety Programme (SPSP) in relation to changes in reporting to the National Scottish Adult Acute Safety Programme, an update on plans to change reporting and tracking of progress, and lastly, an update on plans to develop improvement support and so accelerate the spread of SPSP workstreams.

The National SPSP Programme Board had agreed to remove the requirement to submit data on the Safety Essentials to Healthcare Improvement Scotland (HIS).

The intention would be that local assurance mechanisms would be verified through a new process for review of each NHS Board being developed by HIS, this being the Quality of Care reviews. Initial evaluation of the safety elements earlier this year had highlighted that levels of reliability and spread were being maintained.

Dr Armstrong highlighted the move to Programme Leads, establishing more specific local aims and implementation objectives against which progress would be analysed and hopefully understood more effectively. She drew attention to the concerns over the Hospital Standardised Mortality Ratio (HSMR) at the Royal Alexandra Hospital (RAH) and advised of the acceleration of the SPSP workstream on the deteriorating patient, and that the Steering Group had now incorporated that objective into its overall accountability and all wards within the RAH were to become actively involved in the workstream by the end of the calendar year.

NOTED

**13 BEATSON WEST OF SCOTLAND CANCER CENTRE (BWoSCC):
UPDATE POSITION**

There was submitted a report [Paper No 15/07] by the Medical Director providing a detailed background on the proposed model for the Beatson West of Scotland Cancer Centre (BWoSCC) to support deteriorating patients. The report also provided information on the development of a High Acuity Unit (HAU). The paper provided a summary overview of the clinical concerns expressed regarding the supporting infrastructure for the BWoSCC, the solutions implemented and a summary update on the first 25 days of activity through the HAU.

Dr Armstrong indicated that a number of clinical concerns had been raised by the BWoSCC Consultant Committee in relation to the revised clinical infrastructure of the Gartnavel General Hospital site. These primarily related to the transfer of key clinical services, particularly the High Dependency Unit, to the South Glasgow University Hospital. She summarised the detail of the concerns highlighted and the steps taken following detailed clinical discussions.

An exceptional HAU Clinical Governance Subcommittee was set up and met for the first time on 23 June and reviewed the six transfers in detail. No adverse outcomes or suboptimal clinical events had occurred in relation to patient safety as a result of the implementation of the HAU. A number of recommendations were agreed by the Subcommittee and it would meet again in four weeks.

The financial profile associated with the development of the above service was being costed but it was expected that this would be in the region of £800,000 per annum. Mr Sime and Ms Brown welcomed the paper and the assurance that it contained, particularly in relation to patient safety and anticipated costs. It would be important to ensure that a sustainable and consistent service, adequately staffed, was put in place, and the formation of the HAU Clinical Governance Subcommittee to review and monitor this service was welcomed.

Mr Finnie was concerned that the consultant clinical staff had felt it necessary to escalate their concerns to the General Medical Council (GMC). Mr Calderwood acknowledged that this had indeed been regrettable but had appreciated that there had been a breakdown in communication from the initial meetings last year through to the reporting of the various workstreams by the end of 2014 and the meeting held in January 2015. It was clear that by spring, the clinical staff were unhappy with the delays and outcome and this had led to them being frustrated and raising

their concerns direct with the GMC. Dr Armstrong was dealing with the correspondence from the GMC and advised that HIS would be more appropriately involved in monitoring the services and patient safety.

This remained an ongoing issue and costs were still being finalised and it was agreed therefore that a further report would be submitted to the Committee at its September meeting.

Medical Director

14 IN-YEAR FINANCIAL MONITORING WITHIN ACUTE SERVICES TO 31 MAY 2015

The Director of Finance advised that there was no requirement to formally report to the Scottish Government Health Directorate on the financial monitoring of the first two months of the financial year. Within NHSGGC, budgets had been remodelled, taking account of the new hospitals and Mr White advised that at the end of Month 2, the NHS Board was £1.3m overspent with the pressures mainly associated with pay and bank/agency staff and this had been expected in relation to the moves from the demitting sites to the new South Glasgow University Hospitals.

NOTED

15 ACUTE STRATEGIC MANAGEMENT GROUP: MINUTES OF A MEETING HELD ON 28 MAY 2015

There was submitted a paper [Paper No 15/10] enclosing the Acute Strategic Management Minutes of the meeting held on 28 May 2015.

NOTED

16 DATE OF NEXT MEETING

9.30am on Tuesday 15 September 2015 in the Board Room, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH.

The meeting ended at 12:45pm