

**DRAFT**

ASC(M)16/04  
Minutes: 60 - 73

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the  
Acute Services Committee held at  
9.00am on Tuesday, 5 July 2016 in the  
Board Room, J B Russell House, Gartnavel Royal Hospital,  
1055 Great Western Road,  
Glasgow, G12 0XH**

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**P R E S E N T**

	Mr R Finnie (Convener)
Ms M Brown	Dr D Lyons
Mr I Fraser	Mr A Macleod
Dr H Cameron	Councillor A Lafferty
Professor A Dominiczak	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	Mr R Calderwood
Mr J Brown CBE (Item 11 only)	Dr M McGuire
	Mr M White

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

Mr P Cannon	..	Deputy Head of Administration
Mr D Loudon	..	Director of Facilities & Capital Planning
Mr G Love	..	Property Manager
Ms A MacPherson	..	Director of Human Resources & Organisational Development
Ms T Mullen	..	Head of Performance
Mr D MacConnell	..	Audit Scotland

**60. APOLOGIES, WELCOME AND PRELIMINARIES**

Apologies were intimated on behalf of Councillor G Casey, Councillor M Kerr, Councillor J McIlwee, Councillor M Macmillan and Councillor M O'Donnell.

**61. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**62. MINUTES OF PREVIOUS MEETING**

Ms Brown asked that a correction be made to Minute 46, where the penultimate paragraph should read “ ... there was also a number of other discrete groups of staff (not patients) that had to be considered such as faith, LGBT, poverty and mental health...” which was endorsed by members. With this correction, on the motion of

Mr A Macleod, seconded by Professor A Dominiczak, the minutes of the Acute Services Committee meeting held on 17 May 2016 [ASC(M)16/03] were approved as a correct record.

NOTED

**63. MATTERS ARISING**

a) **Rolling Action List**

It was noted that there were a number of items which could be updated or possibly removed from the Rolling Action List and officers were asked to liaise with Mr Cannon to update the list accordingly.

**64. PATIENT'S STORY**

Dr Margaret McGuire, Nurse Director, read out a recent patient story which focussed on the need to ensure that carers and families are intimately involved in the care and treatment provided to their family member, in this case the carers mother, who was admitted to Hospital in a comatose state and was discharged having made a full recovery. The importance of engaging with and involving family members was widely acknowledged by those present.

NOTED

**65. ACUTE SERVICES INTEGRATED PERFORMANCE REPORT**

There was submitted a paper [Paper No 16/41] by the Head of Performance setting out the integrated overview of NHSGGC Acute Services Division's performance. Of the 27 measures which had been assessed against a performance status based on their variation from trajectory and/or target, 11 were assessed as green, 5 as amber (performance within 5% of trajectory) and 11 as red (performance 5% outwith meeting trajectory). Exception reports had been provided for those measures which had been assessed as red.

Ms Mullen reminded colleagues that an earlier version of this report had been discussed at the June Board meeting, and she therefore highlighted 3 specific exception reports which were all new in terms of this version of the Performance Report. These were, the 12 Week Treatment Time Guarantee (TTG) performance (moving from amber to red), performance against Stroke Care Bundle (which had moved from green to red) and performance in relation to the percentage of complaints responded to within 20 working days (which had moved from green to red).

In relation to the 12 Week TTG, it was noted that there were a total of 430 people waiting over 12 weeks for inpatient treatment, at May 2016. Ms Mullen took members through actions being taken to address performance within Trauma and Orthopaedics (122 patients), Urology (104 patients), General Surgery (78 patients), Neurosurgery (89 patients) and Oral Maxillofacial Surgery 33 patients). Detailed updates were also provided on the status of each of the patients waiting over 12 weeks.

In relation to the Stroke Care Bundle, it was noted that current performance in

relation to the bundle was below target in May 2016 at 53%, against a target of 80%. It was highlighted that the current Stroke Care Bundle position is driven by performance in relation to the swallow screening test, the percentage of fast track patients seen within 4 days of receipt of referral, and the percentage of patients admitted to an Acute Stroke Unit on the day of admission or day following presentation. Members were provided with a detailed exception report in relation to the measures being taken at specific hospital sites to address each of the component parts of the bundle.

In relation to complaints, it was noted that for the quarter ending March 2016 58% of complaints received were responded to within 20 working days when compared to the target of 70%. Members were advised that the 2 of the 3 complaints teams had moved sites during this period (to the West ACH) and there was a further move of one of the teams from one floor to another within the ACH, which caused significant disruption to the service. At the same time, the Complaints Department experienced significant sickness absence with circa 30% of the entire team being absent at one point. This, coupled with annual leave due at the end of the financial year, had a negative impact on performance, however the newly appointed Board Complaints Manager has started in post, to provide leadership and direction, and it was anticipated that performance would improve in the next quarter.

Mr Fraser indicated that he was concerned about Detect Cancer Early and Suspicion of Cancer Referrals (62 days) as performance measures, and this was echoed by a number of members including Dr Lyons and Ms Brown. In response to a question posed by Dr Lyons, it was agreed that further detail in relation to the Colorectal Cancer Pathway be provided to Mr Lyons separately. Ms Brown, in addition to those areas already highlighted, raised a concern about the Urology performance in relation to suspicion of cancer.

**Medical Director**

In relation to the Urology pathway, Mr Calderwood indicated that there had been no applicants coming forward to apply for senior medical posts, and this, coupled with a rise in demand, had meant that the Urology service was under considerable pressure. In order to match current capacity with rising demand Service Managers were reviewing job plans to ensure that there was as little variability across sites as possible, which it was hoped would have an impact on the 62 day performance. It was also noted that late tertiary referrals coming to the Board from outwith NHS GG&C had an adverse impact in meeting the 62 day target.

In relation to Head and Neck Cancer Services, in response to a question raised by Mr Macleod, Mr Calderwood indicated that Board staff were working with Regional Network colleagues to look at the issue of high referrals but relatively low diagnostic yield in order to ensure that the services are as efficient and effective as possible.

In relation to general pressures within clinical services, Mr Calderwood indicated that the Neurosurgery and Oral & Maxillofacial Surgery services would begin to recover following the difficulties experienced in Theatres; the backlog of patients should be treated by September 2016. In relation to Orthopaedics, the cancellation of elective cases caused by the current, significant, demand being experienced in unscheduled care, particularly in the South, was being addressed. In relation to General Surgery, TTG impacts were inevitable as a result of the decision taken by Scottish Government to ask NHS GG&C to cease offering patient advised unavailability codes, and this will inevitably lead to the number of patients breaching the guarantee increasing over the coming months. The impact of these changes was being assessed and an update would be provided at the September Acute Services Committee meeting.

**Chief Executive**

In relation to delayed discharges, Mr Calderwood reported that the overall position was relatively static and that the Scottish Government target of no patients waiting 14 days beyond the date of discharge was being focused on by local authority colleagues, which was having an impact on the number of patients who were waiting over 72 hours. The overall number of patients delayed, particularly in the Queen Elizabeth University Hospital and Glasgow Royal Infirmary was continuing to present challenges to local bed managers.

NOTED

#### **66. SAFER USE OF MEDICINES IN NHS GG&C**

There was submitted a paper [Paper No 16/42] from the Medical Director which provided the Committee with an overview of the structures and processes in place to safely and effectively manage the use of medicines in NHS GG&C. The paper provided an overview of the key stages in the system of medicines use and information from Healthcare Improvement Scotland on the safer use of medicines in an average 500 bed Acute Hospital was shown in a diagrammatical format.

Dr Armstrong took colleagues through the Medicines Governance Framework which was described as an integrated single system providing clinical advice on safe and effective use of medicines, the management of advice on affordability and service delivery. The Medicines Advisory Structure underpinning the framework was provided in Appendix 1, and Dr Armstrong highlighted the key role of the Pharmacy and Prescribing Support Unit, led by Professor Norman Lannigan. This unit provided strategic co-ordination and service support in delivering the arrangements along with the work of the Area Drug and Therapeutics Committees who provide advocacy and perspective on the needs of patients.

Dr Armstrong went on to provide a short case history involving learning from a near-miss involving a 35 year-old patient with a suspected DVT, who had come in to the Queen Elizabeth University Hospital and members were guided through the detailed clinical pathway and the issues which arose in relation to recording and acting upon a Penicillin allergy. It was noted that the patient had made a full recovery and Dr Armstrong provided an overview of the lessons learned in reviewing each stage of the patient's journey.

Members also welcomed sight of the Medication Incident Learning Report Template which invited staff to reflect on issues, by prompting fields to be completed including *what happened, what went well, what if anything could be improved and what have we learned in reviewing adverse events.*

The Convenor commented that the Committee could only “note” the advice of the Medical Director that the medicines governance priorities were strategically aligned with other clinical priorities, rather than “confirm the position” as set out in the paper.

NOTED

**67. INTERNAL REVIEW OF PAEDIATRIC CARDIAC SERVICES**

There was submitted a paper [Paper No 16/43] by the Medical Director which provided an updated Action Plan which had been established to address the recommendations set out in the report of the external review of the Paediatric Cardiac Service. Dr Armstrong reminded colleagues that the external review of the Paediatric Cardiac service was commissioned, and commenced, in August 2015. The external review team report and draft action plan were considered and noted by the Acute Services Committee in January 2016 and a further update provided in March 2016. The paper presented to members provided a further update on the Action Plan.

It was noted that the external review group would be re-visiting the Action Plan in August to review progress and Dr Armstrong, in presenting the updated Action Plan, focused on the amber rated status items and took members through each of these in detail.

It was noted that significant progress was being made, although it was also acknowledged that more required to be done, and members thanked Dr Armstrong and Mrs MacPherson for their leadership in relation to the clinical and organisational development aspects of the Action Plan and looked forward to receiving a further update in due course.

In relation to the organisational development programme and in response to a question by Ms M Brown, Mrs MacPherson agreed to share the detail behind the organisational development efforts separately.

**Director of  
Human  
Resources &  
Organisational  
Development**

NOTED

**68. PUTTING PATIENTS FIRST: PATIENT RIGHTS ACT IN NHSGG&C**

There was submitted a report [Paper No 16/44] by the Nurse Director providing members with an update on the implementation of the Patient Rights Act (Scotland) 2012 and an overview of patient and carer feedback received between April and May 2016.

Members noted the update and in particular the positive results flowing from the National Maternity Survey (Having a Baby in Scotland 2015: Listening to Mothers) which had been sent to over 1,000 women who had given birth in NHSGG&C in February and March 2015.

Members also noted a summary of feedback provided via universal feedback, NHSGG&C feedback or Patient Opinion. Members were also provided with examples of feedback from each of these sources.

NOTED

**69. FINANCIAL PLANNING – ACUTE ACTIVITY TO 31<sup>ST</sup> MAY 2016**

There was submitted a paper [Paper No 16/45] by the Director of Finance setting out the financial position within the Acute Services Division for the two months period to 31<sup>st</sup> May 2016. Mr White reminded members that the first financial monitoring report would normally cover the first three months of the financial year; however

given the significant financial challenges being faced by the Board, and as the Month 2 results demonstrated a significant overspend, an early sight of the Month 2 position had been brought forward for consideration by the Acute Services Committee. It was noted therefore that the out-turn positions had not been balanced with any non-recurring input, nor reflected any achieved/unachieved savings, however the trends were still applicable.

Mr White took members through the report in detail which it was noted was showing an adverse variance of £3.2m at the end of May 2016. It was noted that the main cost pressures were in Medical Pay, Nursing Pay, surgical sundries and CSSD supplies.

The Director of Finance was keen to stress to the Committee that the Acute Division has continued the pattern of overspending into 2016/17, a position which is clearly unsustainable. There is now an urgent need for tangible progress with the Cost Containment Programme, the implementation of the savings schemes already identified, and identification of additional schemes to close the financial gap outlined in the Financial Plan.

Mr Calderwood reported that in Mr Archibald's absence he had held 3 Performance Review meetings with Directors, and three were scheduled for the next week. It was however becoming clear that there was limited room for manoeuvre in terms of additional cash releasing schemes to be brought forward to address the continuing overspend in the Division and, therefore, all Directors were looking at services line by line to set out what choices might be open to the Board, should expenditure continue to exceed the budget. Mr Calderwood reiterated the message delivered to Directors that the Acute Divisional budget had to be in balance by the end of January 2017 in order to ensure that the Board returned a break even outturn for 2016/17.

**Finance Director**

In relation to a further detailed update on the cost containment programme and a projection for the year end position, Mr White indicated that this would be brought to the September Acute Services Committee Meeting for consideration.

NOTED

**70. FINANCIAL CHALLENGES – ACUTE PLANNING**

There was submitted a paper [Paper No 16/46] by the Finance Director which sought members views on the priority and pattern of spend for non recurring Scottish Government income received in 2016/17 in relation to Unscheduled Care and Waiting Times Delivery.

It was noted that £4m had been allocated by Scottish Government, but £2m had already been committed to begin to treat patients who had expressed a desire to be treated by a specific consultant or in a specific Hospital location (patient advised unavailability). This was required because Scottish Government colleagues had asked the Board to discontinue the use of this option and these patients were now being added to service waiting lists.

Mr White reminded members that the Board Chairman had provided assurances to the Cabinet Secretary that an internal review of unscheduled care would be undertaken over the course of the summer months, and that the Board would retain winter beds for a further period in order to allow this review to continue in a stable environment.

The additional (181) beds in place were summarised as:-

- 71 beds at Gartnavel General Hospital and Glasgow Royal Infirmary
- 110 beds across the remainder of the Acute Division

It was noted that the Committee had already agreed to the continuation of the 181 beds until the end of June 2016. This has cost the Board £3.9m and was achieved by using the revenue receipt from the sale of the Mansionhouse Unit, albeit as another call on the diminishing reserves and non-recurrent funds of the Board.

It was reported that some of the 110 beds had already been wound down and removed from the services, mostly in the Clyde Sector, due to lack of demand, and the overall number of additional beds was now 60. This did not appear to have had not had any adverse impact on local unscheduled care performance.

Following detailed discussion it was agreed that;

- The Board allocate £2m to trying to clear the new wait pressures from the ceasing of patient choice unavailability;
- The Board approve the allocation of £2m to provide at least the additional 71 winter beds, and that the number of additional beds over and above the 71 beds already agreed should be reviewed and non-recurrent funding identified to keep them open until the end of October 2016, as determined optimal by the relevant medical teams This should coincide with the completion of the internal Unscheduled Care Review.

The Director of Finance drew the Committee's attention to both the Financial Plan as presented at the Board on 28 June 2016 which outlined that the continued rate of spending would create a significant risk to achieving break-even, and the Month 2 Acute report. Both reports alluded to the unsustainability of continued use of non-recurring monies to fund day-to-day business.

It was noted that the Acute Services Committee will be updated at the September meeting on the configuration of winter beds that remain open, and the costs incurred, and the Board will be provided with a further update at the October meeting, by which time the main conclusions of the UCC Review being undertaken will be known and can be factored into further discussion around unscheduled care and the provision of winter beds going forward.

DECIDED

- To approve the allocation of up to £2m for unscheduled care winter beds until the end of October 2016
- To review the configuration of beds, impacts and the costs at the next meeting

**Chief Executive**

**Chief Executive**

**71. DISPOSAL OF THE FORMER VICTORIA INFIRMARY**

There was submitted a paper [Paper No 16/47] by the Director of Facilities and Capital Planning which sought approval to accept the unconditional offer received from Sanctuary Group for the purchase of the former Victoria Infirmary site.

As part of the Acute Services Strategy which resulted in the opening of the Queen Elizabeth University Hospital campus, members were reminded that the former Victoria Infirmary was closed for the delivery of services in May 2015. The site was then marketed by Savills, a property adviser and marketing agent to progress with the disposal of the site and a full and comprehensive marketing campaign was commenced on 22<sup>nd</sup> October 2015.

Following the marketing campaign, a number of parties expressed interest and a closing date set for 10<sup>th</sup> March 2016. Thereafter an assessment process was undertaken by Savills and at the closing date the Board received 4 offers. This was reduced to 2 prospective bidders following a further round of interviews with Savills and representatives from the Board to clarify the bids in more detail.

As a result of the review of best and final bids on 17<sup>th</sup> May 2016, it was recommended that the Sanctuary Group bid be accepted. It was also noted that the legally binding clawback provision in place would allow 50% recovery of the net upturn in value created from the sale, which would apply for 10 years from the purchase date.

It was noted that missives were being concluded and that the target date for handover of the site was 1<sup>st</sup> August 2016.

DECIDED

- To accept the unconditional offer from Sanctuary Group for the sale of the old Victoria Infirmary site

**Director of  
Facilities and  
Capital Planning**

Members noted that the Board would release a public statement confirming that Sanctuary Group had been selected as preferred bidder.

**72. ACUTE STRATEGIC MANAGEMENT GROUP MINUTES OF MEETING HELD ON 26 MAY 2016**

NOTED

**73. DATE OF NEXT MEETING**

9.00am on Tuesday 20 September 2016 in the Board Room, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH.

The meeting ended at 1.00pm