APPROVED AS A CORRECT RECORD

ASC(M)16/05
Minutes: 74 - 96

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Acute Services Committee held at
9.00am on Tuesday, 20 September 2016 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 S Carr (Committee Vice Chair)

Ms S Brimelow	Mr I Fraser
Ms M Brown	Councillor M Kerr
Dr H Cameron	Mr J Legg
Councillor G Casey	Dr D Lyons
Councillor M Devlin	Dr R Reid
Ms J Donnelly	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	Dr M McGuire

Mr M White

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

Ms S Canavan	..	Depute Director of Human Resources
Mr P Cannon	..	Deputy Head of Administration
Mr D Loudon	..	Director of Facilities & Capital Planning (Minute Nos 90–92)
Ms P Mullen	..	Head of Performance
Ms C Renfrew	..	Director of Planning & Policy
Dr D Stewart	..	Deputy Medical Director
Mr C Whyte	..	Team Leader, Property Disposals (Minute Nos 90–92)

74. APOLOGIES, WELCOME AND PRELIMINARIES

Apologies were intimated on behalf of Mr R Finnie, Mrs D McErlean, Councillor M Macmillan and Mr I Ritchie. Mr Carr welcomed members to the meeting, which he had been asked to chair in Mr Finnie's absence.

75. DECLARATIONS OF INTEREST

There were no declarations of interest.

76. MINUTES OF PREVIOUS MEETING

On the motion of Mr Fraser and seconded by Mr Sime, the Minutes of the Acute Services Committee meeting held on 5 July 2016 [ASC(M)16/04] were approved as a correct record subject to the age details of the patient referred to in Dr Armstrong's update on the Safer Use of Medicines (Page 4, Minute No. 66, 3rd paragraph) being deleted.

NOTED

77. 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. **All**

78. PATIENT'S STORY

Dr Margaret McGuire, Nurse Director, read out a recent patient story which focused on the experience of a mother and daughter while the daughter was a patient in the Queen Elizabeth University Hospital and Gartnavel General Hospital over a number of episodes of care.

While it was noted that many aspects of the care provided were reported as positive, some concerns about how the family was made aware of the impact of delirium on the patient were raised and a number of positive suggestions made by the family about how general awareness might be improved were being taken forward, at individual ward level and as part of the Scottish Patient Safety Programme workstream on delirium. Dr McGuire referred to the paper on the agenda on this issue which provided further detail on actions being taken.

NOTED

79. ACUTE SERVICES INTEGRATED PERFORMANCE REPORT

There was submitted a paper [Paper No 16/49] 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, 10 were assessed as green, 5 as amber (performance within 5% of trajectory) and 12 as red (performance 5% outwith meeting trajectory). Exception reports had been provided for those measures which had been assessed as red.

Ms Mullen highlighted that a change in the way that data was collected and reported in relation to Delayed Discharges (not a monthly census snapshot but at points in time throughout the month) was having an impact on the way that this could be compared with previous monthly reported positions.

It was also noted that since the last meeting there had been 2 inspections by the Healthcare Inspectorate. The first was an unannounced Older Peoples inspection

follow up visit in September 2016 to the Langlands Unit on the QEUH Campus, (which will report in October 2016) and an unannounced Healthcare Environment Inspection to the Royal Hospital for Children (which would report in November 2016).

It was noted that, while improvements were evident across a range of measures, there were key measures where the trend was showing reduced compliance with targets in areas including Cancer (62 day target), 12 week Treatment Time Guarantee and the Stroke Care Bundle.

In relation to the Detect Cancer Early programme, it was highlighted that screening programmes were having an impact on detection rates and Mr Calderwood stated that nationally this impact was being discussed with a view to revising the trajectories to reflect the positive impact of screening programmes.

Dr Armstrong described in detail the successful lung cancer outpatient pilot that was underway at Glasgow Royal Infirmary which had been successful in reducing the number of patients who needed to attend after being triaged and telephoned following Consultant review of their results. This was freeing up appointment slots for other patients and reducing unnecessary attendances at clinics.

In relation to Delayed Discharges, Ms Renfrew stated that Board Officers were working closely with HSCP counterparts to drive down the number of patients waiting to be discharged from Acute Hospitals and that the number of patients waiting was significantly better than in previous years. However, it was acknowledged that further improvement would require significant, focussed, effort. It was noted that efforts were being focussed on a small number of patients in Glasgow City HSCP where further improvements were anticipated could be made to the overall position.

In relation to waiting times in general, Mr Calderwood reminded the Committee that the Board RTT performance was 92% and contrasted this with the Scottish position of 84%. The 12 week TTG position had, until January 2016, been consistently met by the Board but the position had deteriorated in the current calendar year and there were now 1,200 patients who had breached the guarantee. The impact of removing the facility for patients to opt to choose a particular hospital location for out-patient treatment, following an instruction by Scottish Government, had a negative impact on the size of the waiting list and while the initial impact had been to add around 6,000 patients to the waiting list, this had been reduced by rebooking patients to other hospitals and was currently standing at 1,000 patients.

It was acknowledged that the financial challenges being reported to the Board were undoubtedly having an impact on the Boards ability to continue to maintain compliance across a wide of rage of targets and this was evident in the trends that were emerging, particularly in relation to patient facing targets. However, Mr Calderwood alluded to a series of data summaries that were being produced with the assistance of Business Intelligence to establish a template for a comparison of specialties against key performance metrics and reported that this was already showing that there were productivity gains that were achievable and which would in turn inform and direct managerial action. It was noted that this was the focus of the corporate team in identifying how productivity could be increased in 2017/18 onwards. In the longer term, Officers were engaged with Dr de Caestecker in looking at how the demands on acute care could be described, understood, contained and reduced.

In relation to ongoing risk and the governance of issues identified as operational challenges, Mr Brown reported that he had asked Mr McLeod, as Audit Committee chair, to discuss with that Committee how best to identify and manage risks in the widest sense of the operating environment, particularly recognising the balance between unscheduled and scheduled care.

NOTED

79a ACUTE SERVICES KNOWLEDGE & SKILLS FRAMEWORK PERSONAL DEVELOPMENT PLANNING & REVIEW PROCESS (KSF PDP&R) – PROGRESS UPDATE

There was submitted a paper [Paper No 16/49a] from the Director of Human Resources & Organisational Development which provided the Committee with an update on the programme of work which supports the KSF Personal Development Planning and Review target of 80% of reviews being recorded and signed off on the electronic system.

It was also noted that the current programme of work was focussed not only on the target but also the quality of staff interaction.

NOTED

80. PERFORMANCE REVIEWS FEEDBACK REPORT

There was submitted a paper [Paper No 16/50] by the Director of Planning & Policy which provided an overview of the key actions and themes arising from the round of Performance Review meetings with Acute Directors during the period June - July 2016, chaired by the Chief Executive, which was noted

NOTED

81. FINANCIAL MONITORING REPORT

There was submitted a report [Paper No 16/51] by the Director of Finance setting out the financial position within the Acute Services Division for the four month period to 31st July 2016.

Mr White took members through the report in detail which it was noted was showing an adverse variance of £4.04m at the end of July 2016 after taking account of non recurring relief. It was noted that the main cost pressures continued to be in Medical Pay, Nursing Pay, surgical sundries and CSSD supplies.

The Director of Finance reported that the overspending trend evident in the earlier part of the year had continued, a position which Mr White described as unsustainable. Members noted that there was a separate paper on the agenda on cost containment which provided further detail on measures being discussed to bring about financial stability.

Mr Calderwood reported that in Mr Archibald's absence he continued to hold Performance Review meetings with Directors, and that Directors has been tasked with ensuring that the 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.

NOTED

82. ACUTE COST CONTAINTMENT PROGRAMME

There was submitted a paper [Paper No 16/52] by the Director of Finance setting out an update on the position with the main elements of the Acute Cost Containment Programme.

Throughout the 2015/16 financial year, members were reminded that the Acute Division overspent by approximately £1m per month. The Division was allocated non-recurrent funding towards the end of the financial year to offset the total deficit and recorded a £9.9m overspend.

At the December 2015 Board Seminar, the Acute Chief Operating Officer and Assistant Director of Finance presented a high level Cost Containment Programme designed to address the overspends in operational budgets and ensure operational financial balance.

Overall the Acute Cost Containment Programme, as presented to the Board in December 2015, was not having the required impact and the Division continued to overspend at an unsustainable rate.

A range of work-streams and initiatives were set out in the paper to support the Programme. These were summarised in the report covering Nursing overspends (in particular the impact of sickness absence, rota management, and premium rate agency nursing), Medical spend (agency cover) and Waiting List Initiatives. Each issue was subject to detailed analysis and the paper described the measures taken to date, progress, on-going initiatives and actions.

It was noted that further work on the range of measures and the consequences and impact assessments was being undertaken to present a package of measures for the Board to discuss at the 1 / 2 November 2016 Away Days.

NOTED

83. HOSPITAL STANDARDISED MORTALITY RATIO (HSMR)

There was submitted a paper [Paper No 16/53] by the Medical Director which set out an update on the:-

- change to the calculation model for HSMR;
- variance in the reported levels for HSMR;
- engagement with Healthcare Improvement Scotland (HIS) on HSMR at the Royal Alexandra/Vale of Leven Hospitals (RAH/VoL); and
- follow up processes instigated.

It was noted that the HSMR for the RAH/VoL was statistically above the national average but that the Acute Clyde team and the Board were continuing to use HSMR as an opportunity to improve the safety and quality of care.

It was also reported that despite this variance HIS had reported that they were content the NHS GG&C had responded appropriately to the emerging HSMR data at RAH/VoL.

HIS was also assured that there was ongoing work to understand the HSMR as it applied to RAH/VoL and to consider how to further augment the existing quality improvement programmes at both hospitals.

NOTED

84. HEALTHCARE ASSOCIATED INFECTION: EXCEPTION REPORT

There was submitted a paper [Paper No 16/54] by the Medical Director which provided an update on NHSGGC performance against HEAT and other HAI targets and performance measures covering the period January 2016 - March 2016.

Members noted the update and Dr Armstrong highlighted that SAB increases were being reported in the unvalidated data reported for the quarter April - June 2016 and described the efforts being deployed to understand why this had occurred and measures being taken to support local staff in addressing this increase.

NOTED

85. ENGAGEMENT ON SERVICE CHANGES - UPDATE

The Director of Planning & Policy provided the Committee with a verbal update on the service engagement efforts being directed towards the service changes described at the August 2016 Board meeting, highlighting the specific engagement efforts being undertaken in supporting the Ward 15, RAH proposals.

It was noted that the October Board discussed the outcome of the engagement process in relation to the Community Midwifery Units and the Centre for Integrative Care and that the proposals around the changes envisaged at Lightburn Hospital were scheduled to be discussed in December 2016.

Members noted the significant public, staff, service user and clinical engagement efforts being taken forward.

NOTED

86. ACUTE DIVISIONAL DELIVERY PLAN

There was submitted a paper [Paper No 16/55] by the Director of Planning & Policy which provided an updated version of the Acute Division Delivery Plan (ADDP).

It was noted that the overall purpose of the ADDP was to ensure that the Acute Division was able to deliver safe, high quality and effective clinical services within the agreed financial allocation by identifying and resolving challenges to the provision of services. The ADDP was also an important part of the architecture to ensure that the Division functioned as a single, coherent entity and provide a basis for performance management across the Division ensuring delivery of key commitments and enabled the Divisional Leadership team to exercise collective oversight of the wide range of planning activity which was required to underpin effective delivery by

shaping reporting to Strategic Management Group (SMG).

Ms Renfrew provided an overview of the plan and highlighted that a detailed reporting grid underpinned the Plan, thus enabling scrutiny and collective oversight at the Division's SMG monthly meetings.

It was also emphasised that this was an internal document and was not intended to be viewed as a Plan that would be disseminated widely outwith the Acute Division or the Board. The Board's Delivery Plan for 17/18 was being developed separately in a more appropriate format and would be ready for the Board to endorse before the end of the calendar year.

NOTED

87. QUARTERLY REPORT ON CASES CONSIDERED BY THE SCOTTISH PUBLIC SERVICES OMBUDSMAN: 1 APRIL – 30 JUNE 2016

There was submitted a paper [Paper No 16/56] by the Nurse Director which set out a summary of those Ombudsman cases that required the Board to respond to a recommendation contained within the Investigation Report or Decision Letter covering the period 1 April 2016 to 30 June 2016.

It was noted that during the period covered by the report no Investigation Reports had been received. The Ombudsman had also advised the Board that during the period covered they had decided not to take forward 12 complaints. A total of 15 Decision Letters had however been received.

Within the 15 Decision Letters received, a total of 30 recommendations had been made and the report set out the complaint(s) investigated by the Ombudsman, each recommendation and the date by which a response was required, the response made by the Board to each recommendation, and the date on which the response had been submitted to the Ombudsman.

Mrs Brimelow remarked that she thought the report was excellent and demonstrated the Board's approach to addressing positively the recomendations made by the Ombudsman to improve services and review processes.

The report was noted.

NOTED

88. PUTTING PATIENTS FIRST – PATIENT RIGHTS ACT IN NHSGGC

There was submitted a paper [Paper No 16/57] by the Nurse Director which provided an update on the development in implementing the Patients Rights Act (2012), and a detailed overview of patient and carer feedback received during the months of June and July 2016.

The paper described the progress and outputs of Patient Audits, where a member of the Patient Engagement Team spent a week in one ward at a time and for 2 hours each day engaged with visitors and patients to ask them about their experiences on the ward. The paper also set out the results of the National In-Patient Experience Survey in 2016 drawing out the highlights and challenges and comparing results across all NHSGGC hospitals. Further detail was also provided in relation to known

feedback systems such as Patient Opinion, and Universal Feedback, and members noted an update on the Person Centred Health and Care Programme.

Members noted the range and depth of work being undertaken to elicit patient and carer feedback within the Board and outwith the Board.

NOTED

89. UPDATE ON THE IMPLEMENTATION OF A PROGRAMME FOR PREVENTION, DIAGNOSIS AND MANAGMENT OF DELIRIUM

There was submitted a paper [Paper No 16/58] by the Nurse Director which provided an update on specific areas of work implemented to ensure that patients at risk of delirium were identified by early assessment and robust prevention management.

Dr McGuire outlined the current position and the nature of the care provided using the nationally validated tool (4AT) which had been rolled out across NHSGGC in July 2016. The paper described the measures in place in all hospitals to identify and assess patients at risk of delirium which members noted and positively welcomed.

NOTED

90. 2016/17 CAPITAL PLAN UPDATE

There was submitted a paper [Paper No 16/60] by the Director of Property, Procurement & Facilities Management which provided an update on the changes made to the Capital Plan and new proposed initiatives since formal approval of the Plan in June 2016. These new initiatives were provided in detail and covered the:-

- Institute of Neurological Surgery - ward accommodation and potential theatre upgrading;
- Queen Elizabeth University Hospital - Acute Medical Block and Central Medical Block;
- Victoria Infirmary disposal;
- Queen Elizabeth University Hospital - campus developments and Section 75 payments to Glasgow City Council;
- Forecasted overspends;
- Capital Stimulus Award; and
- Additional Medical Equipment funding

Members noted the update and the various changes made to the Capital Plan in the light of emerging requirements, the progress of existing schemes, and additional allocations from Scottish Government.

NOTED

91. UPDATE ON DISPOSAL OF YORKHILL CAMPUS

There was submitted a paper [Paper No 16/61] by the Director of Property, Procurement & Facilities Management which set out the options available to the Board in considering how best to market and dispose of the assets within the Yorkhill campus.

It was noted that the Board was being supported in this process by Mr Whyte, who was working with the Board on a secondment basis from the Scottish Futures Trust, as an expert on large and complex public sector property disposals.

Mr Whyte took members through the background to the campus, the limitations in terms of the assets therein and the range of options that were being actively considered to maximise the return to the Board in realising these assets. In addition Mr Whyte and Mr Calderwood took members though some of the options being discussed in relocating the clinical and non clinical staff who were currently occupying the site and associated research materials and equipment still stored on the site.

Members discussed the potential timescales and the options being explored, and noted that Board Officers were working towards concluding the various considerations and setting out a disposal strategy for the site in early 2017.

NOTED

92. UPDATE ON THE DEVELOPMENT OF THE QEUH CAMPUS

There was submitted a paper [Paper No 16/62] by the Director of Property, Procurement & Facilities Management which detailed the progress of developments on the Queen Elizabeth University Hospital campus of the:-

- Phase 3A works;
- Construction of the new Imaging Centre for Excellence;
- Improvements being made to existing buildings on the campus (highlighting the works to upgrade the Institute of Neurosurgical building);
- Car parking: and
- Site infrastructure generally

which was noted.

In relation to car parking facilities, it was noted that over 4,000 car parking spaces were available at the new campus, compared to only 3,000 on the demitting sites. While not being complacent about the difficulties that staff without a permit could face in securing a car parking space because of the restrictions imposed by the Council on surrounding on street parking, it was highlighted that the permit allocation process and the number of permits issued already to staff was being reviewed in the light of the way the site functioned in the light of more experience of managing facilities at the Queen Elizabeth University Hospital campus.

Members also noted the significant improvements made to create Horatio's Garden at the rear of the National Spinal Injuries Unit. It was noted that the charity had designed and created accessible spaces for patients with spinal injuries which was formally opened on 2 September 2016, and Dr Reid asked that the role of the Endowments Committee in funding this development be noted.

NOTED

93. ACUTE STRATEGIC MANAGEMENT GROUP MINUTES OF MEETINGS HELD ON 23 JUNE & 28 JULY 2016

NOTED

94. BOARD CLINICAL GOVERNANCE FORUM MINUTES OF MEETING HELD ON 13 JUNE 2016

NOTED

95. ACUTE PARTNERSHIP FORUM MINUTES OF MEETING HELD ON 22 AUGUST 2016

NOTED

96. DATE OF NEXT MEETING

9.00am on Tuesday 15 November 2016 in the Board Room, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH.

The meeting ended at 1.00pm