

ASC(M)17/03
Minutes: 37 - 49

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Acute Services Committee held at
9.00am on Tuesday, 18 April 2017 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 R Finnie (Committee Chair)

Ms S Brimelow	Cllr J Clocherty
Ms M Brown	Mrs A M Monaghan
Dr H Cameron	Mrs T McAuley
Mr S Carr	Mrs D McErlean
Mr I Ritchie	

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	Mrs J Grant
Dr M McGuire	

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

Mr G Archibald	..	Chief Officer, Acute Services
Mr J Best	..	Interim Chief Officer, Acute Services
Mr P Cannon	..	Deputy Head of Administration
Ms J Erdman	..	Head of Equality and Human Rights (to minute 42)
Mrs A MacPherson	..	Director of Human Resources & Organisational Development
Ms P Mullen	..	Head of Performance
Mr C Neil	..	Assistant Director of Finance
Ms C Renfrew	..	Director of Planning & Policy

37. APOLOGIES, WELCOME AND PRELIMINARIES

Apologies were intimated on behalf of Mr Loudon, Mrs Monaghan and Mr White.

38. DECLARATIONS OF INTEREST

There were no declarations of interest.

39. MINUTES OF PREVIOUS MEETING

On the motion of Mrs McAuley, and seconded by Dr Ritchie, the Minutes of the Acute Services Committee meeting held on 21 March 2017 [ASC(M)17/02] were approved as a correct record.

NOTED

40. MATTERS ARISING

a) Rolling Action List

It was noted that there were a number of items which would be brought to future Committee meetings and one paper on the agenda for the April meeting as outlined.

NOTED

41. ACUTE SERVICES INTEGRATED PERFORMANCE REPORT

There was submitted a paper [Paper No 17/24] by the Interim Chief Officer setting out the integrated overview of NHSGGC Acute Services Division's performance. Of the 23 measures which had been assessed against a performance status based on their variation from trajectory and/or target, 11 were assessed as green, 4 as amber (performance within 5% of trajectory) and 8 as red (performance 5% outwith meeting trajectory). Exception reports had been provided for those measures which had been assessed as red.

It was noted that, while improvements were evident across a range of measures, including alcohol brief interventions, antenatal care, and outpatient DNA rate reductions, there were key measures where the trend was showing reduced compliance with targets in meeting national waiting times standards. Members were also presented with a list of other red rated metrics.

In relation to targets generally, Mr Best stated that in the short to medium term the provision of additional non recurring support from the Scottish Government was being discussed in order to target resources effectively. In addition it was also noted that since the last meeting an additional Consultant Urologist had been recruited and this too will bring about improvements in the pathway performance metrics.

In relation to the Stroke Bundle, Mr Best reported that the full stroke pathway was being reviewed and this would be completed by the end of April 2017, with a particular emphasis on swallow screening.

In relation to waiting times standards and the Treatment Time Guarantee specifically, Mr Best stated that there were a range of measures in place to bring about improvements across a number of specialties and discussions were continuing with the Scottish Government Access Team to support the Board. It was also noted that the Division was establishing capacity and demand plans for each specialty to inform future planning.

Mr Finnie thanked Mr Best for his overview and asked why NHS GG&C did not submit any projects in relation to the Detect Cancer Early Programme. Mr Best explained that Scottish Government wrote to all NHS Boards in November 2016 inviting applications for funding of further projects aimed at enhancing current or introducing novel referral methods, which he reassured the Committee that Directors had considered carefully, but decided to concentrate on the volume of patients already waiting, than directing resources to establish novel referral pathways, describing the approach as concentrating on business as usual.

Mr Finnie invited comments from members, in particular, focussing on the exceptions reports.

Ms Brown asked that in future reports improvement projects should be described,

with timescales and impacts, or if any additional funding was applied whether this was from within NHS GGC or from other sources, recurring or non recurring.

Mr Carr stated that it would be helpful to include in exception reports whether the issues being faced were local or national, as this context was helpful to Committee members to have when reading the reports. In addition, Mr Carr asked about sickness absence rates and welcomed the improvements made in reducing long term sickness absence. Mrs MacPherson stated that the Directors and Heads of People and Change had targeted long term sickness absence across Sectors and Directorates, which had yielded positive results, and that the focus was shifting to identifying the top 10 areas of absence in each Directorate to make similar targeted progress. Mrs MacPherson offered to provide further information in relation to this deep dive exercise at the next meeting.

Mr Carr also asked about DNA rates and highlighted the disparity of the rates across SIMD male and female cohorts, as described on page 37 of the report. Mr Best advised that targeting DNA rates was part of the work being taken forward in conjunction with the revised Access Policy, to be discussed later on the agenda.

Cllr Clocherty highlighted that he was concerned about the number of red rated metrics and Mrs Grant reported that the management team was focussed on reducing the red rated metrics as quickly as possible. The issues emerging were multifaceted, and Scottish Government colleagues were being kept apprised of the efforts being deployed within the Board to address these issues, in particular the work being taken forward around establishing service and specialty capacity plans.

Mrs McAuley asked about paediatric surgery waiting times and was reassured that the patients awaiting surgery were for a specific non urgent procedure.

Mrs Monaghan asked for further information about the additional capacity established at Stobhill ACH, and Mr Best described the additional sessions put in place to treat patients who had waited beyond the TTG target, which was positive, and supported as a pilot by Scottish Government support. The potential to roll out this pilot was being taken forward with Scottish Government.

In relation to the Local Delivery Plan (LDP), Ms Renfrew stated that the Board will be asked to agree the draft LDP for submission to Scottish Government in June 2017.

In response to a question from Ms Brimelow around the review of targets being conducted by Sir Harry Burns, Dr McGuire reported that this had discussed at a recent Board Chief Executives meeting and it was noted that a report was expected in the next few months.

NOTED

42. A FAIRER NHS GG&C 2016-17 & MONITORING REPORT

There was submitted a paper [Paper No 17/25] by the Head of Equality & Human Rights setting out an update of the range of work underway across NHS GGC to meet the mainstreaming and equality actions which the Board set at the beginning of 2016.

Ms Erdman took the Committee through the report in detail, and highlighted at the outset that in 2017-18 there were some additional priorities driven by new legislation and the Public Sector Equality Duty set out in the Equality Act 2010. These included:

- Ensuring NHSGGC Equality Impact Assess (EQIA) financial decisions and continue to EQIA service changes;
- Publishing an Equal Pay Statement and implementing actions;
- Fulfilling requirements of new duties set out in:-
 - BSL (Scotland) Act
 - The Equality Act 2010 (Specific Duties) (Scotland) Amendment Regulations 2016 6a in relation to board diversity
 - Child Poverty (Scotland) Act
 - Community Empowerment (Scotland) Act, in particular public participation requests.

Ms Erdman took the Committee through the detailed sections of the report.

It was noted that NHSGGC had improved services for Deaf people and people whose first language is not English to ensure that interpreters were always available for health appointments. The Board provided approximately 500 interpreter assisted appointments per day for patients whose first language is not English, or who use British Sign Language; between April 2016 and February 2017 this equated to 101,036 face to face appointments.

In relation to Deaf Blind Patients, Deafblind Scotland had provided professional guide communicators for 459 patients at GP visits, hospital appointments, specialist assessments, nurse appointments, Optician, Audiology and Podiatry appointments, day surgery and hospital admissions to Accident and Emergency.

Gender Based Violence was targeted in 2016-17 and maternity services audited 268 sets of notes from 2016-17 to monitor discussions on Gender Based Violence. 260 enquiries were made and 5 women disclosed and were offered support. Pathways on Female Genital Mutilation have been developed and circulated to all staff in maternity services supported by staff training.

In relation to poverty issues, since January 2015 until December 2016, NHSGGC Acute staff have made over 4,852 referrals to Money Advice Services. The Royal Hospital for Children's (inpatients and outpatients) Money and Debt Advice Service received 469 referrals between January 2016 and December 2016 with an additional 452 midwifery referrals into Healthier Wealthier Children. Financial gains from the Royal Hospital for Children service were over £1.7m and a further £85,000 of debt management. Healthier Wealthier Children has now been acknowledged as an approach which will be rolled out nationally. Since 2011 Healthier Wealthier Children referrals from children and families services have generated over £13m for NHSGGC's most vulnerable residents.

Ms Erdman referred to training and induction for new staff which covers all the protected characteristics and key messages relating to the Equality Act, as well as training on specific equality issues, work on Gender, Disability and Ethnicity Pay Gaps, Disability, Transgender Staff, the Black and Minority Ethnic Health and Wellbeing Survey, Lone Parents, and Human Rights.

Members welcomed the range and depth of initiatives in place and being developed not only to meet the requirements of the legislation, but noted the significant efforts being made to exceed the requirements of the legislation in many cases across NHSGGC.

Ms Brown thanked Ms Erdman for her comprehensive report and her very detailed overview and commended the efforts made to address poverty and disability issues in particular. Ms Brown asked that the Board should also concentrate efforts on

supporting patients with Learning Disabilities and in Mental Health, without detracting from the excellent work undertaken thus far.

Ms Erdman advised that there were initiatives underway with patients within Mental Health, and in Learning Disabilities and this would be highlighted in future reports. It was also noted that a scorecard was being developed in conjunction with the Health Inequalities Group to show how the Board was performing at a glance.

Mr Ritchie in welcoming the report highlighted the excellent work being taken forward in relation to Healthier Wealthier Children and across Health Visiting and Midwifery Services.

NOTED

43. ACCESS POLICY

There was submitted a paper [Paper No 17/26] from the Interim Chief Officer which sought approval of the revised NHS GG&C Access Policy.

It was noted that the NHS GG&C Access Policy had been developed to provide a common vision, direction and understanding of how the Board would ensure equitable, safe, clinically effective and efficient access to services for their patients. The Policy set out the principles that will help to ensure systems are in place to optimise the use of facilities and available capacity in order to deliver high quality, safe patient care in a timely manner.

The Policy will act as an operational guide for staff involved in the management of patients on an 18 Week RTT pathway. It outlines roles, responsibilities and processes to be followed to ensure the effective management of patients who need to attend hospital as an outpatient, inpatient, day case or to access diagnostic services.

Mr Best stated that the revised policy is underpinned by the NHS Scotland Waiting Times Guidance and maintained the same overarching principles set out in the original policy in 2013.

This revised Policy had been expanded to include more detail on waiting list management, including additional specific guidance on the management of reasonable offers of appointment/admission, Did Not Attend (DNAs), and patient unavailability, as well as some minor drafting issues as identified on page 2 (Version and Document Control) of the revised Policy.

Mr Best, in seeking approval of the revised Access Policy, highlighted that in relation to the wider issue of patients who do not attend, and the earlier remarks made by Mr Carr, a programme of work to ensure the impact on inequalities is mitigated was being undertaken. This programme of work is based on the EQIA work that had been carried out in supporting the revised Policy and will be conducted alongside the implementation of the Access Policy. The progress of this work will be reported back to the Acute Services Committee.

**Interim Chief
Officer, Acute**

In relation to Did Not Attend patients, Ms Brown highlighted the important role of link workers in ensuring that patients are encouraged to attend. Mr Carr reiterated his concern that patients who do not attend were from lower social economic groups. Mr Best reassured Mr Carr and Committee members that the Directors within the Division also shared these concerns and were working actively with GPs and other stakeholders to address this. However, Mr Best assured members that the approval of

the Access Policy would not have any impact on the work being taken forward on reducing DNA rates or making clinic appointments more accessible.

In order to ensure that staff were able to operate with the most up to date guidance, and taking account of reservations expressed by Committee members, it was agreed to approve the revised Access Policy, as an interim document, and await further information in relation to DNAs, before the Access Policy is fully approved.

APPROVED

44. QUARTERLY REPORT ON CASES CONSIDERED BY THE SCOTTISH PUBLIC SERVICES OMBUDSMAN (1 OCTOBER 2016 – 31 DECEMBER 2016)

There was submitted a paper [Paper No 17/27] from 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 October 2016 to 31 December 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 4 complaints. A total of 19 Decision Letters had however been received.

Within the 19 Decision Letters received, a total of 36 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.

Mr Ritchie drew attention to a repeated theme in two particular cases (para 4.4 and para 4.5) of communication, and Dr Armstrong referred to the significant efforts in place to highlight the importance of good communicating to doctors in training. This will also be covered in preparing the Board for the Duty of Candour requirements, anticipated from April 2018.

Mr Finnie suggested that it would be useful to see some trend information about cases going back previous quarters, and the date of the original complaint made. He added that it would also be helpful to see whether, in cases where the Ombudsman had asked the Board to make an apology, the Board had made such an apology in the complaint response. It was agreed to develop the report further and review this information at the next meeting.

Nurse Director

NOTED

45. PLANNING UPDATE

There was submitted a paper [Paper No 17/28] from the Director of Planning & Policy which set out a draft 2017/18 Acute Division Delivery Plan (ADDP).

It was noted that the Divisional Delivery Planning process was introduced in 2016/17 to ensure that the Division had a coherent approach to identifying and resolving challenges to the provision of services so that safe, high quality and effective clinical care is delivered within the agreed financial allocation. The ADDP is also an

important part of the architecture to make sure the Division functions as a single, coherent entity and has clear performance metrics and that the Board has coherent planning with Health & Social Care Partnerships (HSCPs).

Ms Renfrew took colleagues through the draft, which was intended to underpin the Boards Local Delivery Plan, and it was highlighted that a matrix of actions timescales and action owners was in place to support the ADDP. It was also noted that a small group, led by Mrs MacPherson, was looking at how best to communicate and cascade the ADDP to secure wide staff engagement.

Mrs Grant highlighted that the ADDP and the Local Delivery Plan were by nature focussed on 2017/18, but the Board required a longer term Strategic Plan to cover a 5 year horizon, which encompassed Acute, HSCP and emerging Regional issues.

In relation to the service review section it was agreed that it would be helpful to add timescales to each item listed in the Plan.

**Director of
Planning &
Policy**

NOTED

46. FINANCIAL MONITORING REPORT

There was submitted a report [Paper No 17/29] by the Director of Finance setting out the financial position within the Board for the 11 month period to 28 February 2017.

Mr White took members through the report in detail and highlighted that the Corporate and Partnerships were largely in operational balance, and that the Acute Cost Containment Programme had demonstrated progress through months 9 to 11, culminating in an in-month operational underspend of £0.5m, albeit recorded with sustained non-recurring funding.

However, while it was noted that the Cost Containment Programme had focused on pay pressures, non-pay spend had also been an area of overspend. Mr White reported that plans were in place to address this and the February in month position was reported at break-even for non-pay.

As reported previously, Mr White reiterated that the National Workstreams identified in the Financial Plan will not contribute any savings in 2016/17.

It was noted that the CRES programme was still anticipated to deliver the £50-£55m target savings; however current estimates indicated that £15m-£20m may be non-recurrent. In addition, further non-recurring funding may be required in-year as some projects have not realised the savings identified at the outset.

Mr White emphasised that reductions in monthly spend were required for 2017/18 as there were limited non recurring reserves to support the Board's overall revenue position.

Dr McGuire highlighted the significant efforts in engaging with other West of Scotland Boards to address and reduce premium rate nurse agency spend, and the ongoing nature of this initiative. Dr Armstrong highlighted the Retinue initiative to reduce medical agency spend, and the efforts locally to reduce reliance on locum doctors wherever possible.

Mr Carr stated his view that the figures within the tables should make it clearer that the Board achieved a balanced position only after the application of significant non

recurring reserves, and that the underlying position needed to be highlighted.

NOTED

47. FACILITIES UPDATE

It was agreed to defer this item as Mr Loudon was unable to attend.

NOTED

48. ACUTE STRATEGIC MANAGEMENT GROUP MINUTES OF MEETINGS HELD ON 23 FEBRUARY 2017

NOTED

49. DATE OF NEXT MEETING

9.00am on Tuesday 4 July 2017 in the Board Room, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH.

The meeting ended at 12.30pm

DRAFT

ASC(M)17/04
Minutes: 50 - 62

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Acute Services Committee held at
9.00am on Tuesday, 4 July 2017 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 R Finnie (Committee Chair)

Ms S Brimelow	Mrs T McAuley
Ms M Brown	Mrs D McErlean
Mrs A M Monaghan	Mr I Ritchie

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 J Brown
Mrs J Grant	Mr M White

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

Mr P Cannon	..	Deputy Head of Administration
Ms M Farrell	..	Director, Clyde Sector
Mr D Loudon	..	Director of Procurement, Property & Facilities Management
Mr A McLaws	..	Director of Communications
Mrs A MacPherson	..	Director of Human Resources & Organisational Development
Ms P Mullen	..	Head of Performance
Mr C Whyte	..	Team Leader, Property Disposals (for item 58 only)

50. APOLOGIES, WELCOME AND PRELIMINARIES

Apologies were intimated on behalf of Mr Carr, Mrs Thompson, Dr McGuire and Mr Best. Mr Finnie welcomed Ms Farrell who was representing Mr Best.

51. DECLARATIONS OF INTEREST

There were no declarations of interest.

52. MINUTES OF PREVIOUS MEETING

On the motion of Mrs Monaghan, and seconded by Mrs McAuley, the Minutes of the Acute Services Committee meeting held on 18 April 2017 [ASC(M)17/03] were approved as a correct record.

NOTED

53. MATTERS ARISING

a) Rolling Action List

It was noted that there were a number of items which would be brought to future Committee meetings, and one paper on the agenda for the July April meeting as outlined.

In relation to the Acute Division Delivery Plan, it was noted that this was being developed in line with the Local Delivery Plan and the Corporate Objectives of the Board. Dr Armstrong highlighted that a series of system wide reviews were being completed to inform the further development of the Acute Division Plan and the outcome of these reviews would be brought back to the Committee in September 2017.

**Medical
Director**

Mrs Grant took the opportunity to alert the Committee to a letter from the Cabinet Secretary that had been received in the past few days and outlined the content, which related to performance issues and, in particular, waiting times. The letter indicated that additional funding was to be made available in two tranches and was in part contingent on meeting the delivery of targets, which would be aligned to reflect the March 2017 position.

Members discussed the implications of the letter and noted that the Executive Team were working through a series of scheduled capacity and demand plans to identify gaps in performance and opportunities for productivity gain. Mrs Grant stated that it was clear from the analysis already undertaken that performance across the Division could be different across the same specialties, and Directors were reviewing local working practices to bring about a consistent level of service delivery and performance.

Mr Ritchie commended the work already underway to review capacity and demand, but highlighted the need to influence the clinical community who drive activity and performance.

Dr Armstrong provided a detailed update of the range of work being undertaken, using Orthopaedics as an example of the way in which pre hospital, elective and trauma activity and service delivery was being analysed, alongside the resources used.

Ms Brown in also welcoming the initiatives outlined, asked that if services were to be aligned in different delivery models that patient transport be included in the assessments undertaken of impacts.

Mr Brown stated that he was reassured by the detailed analysis being undertaken to determine the assets available to the Board and the better management of demand. He asked that these assessments also consider the role to be played by IJBs in delivery these new models, and importantly in being aligned with the Acute Division's delivery plan.

NOTED

54. ACUTE SERVICES INTEGRATED PERFORMANCE REPORT

There was submitted a paper [Paper No 17/31] by the Head of Performance setting out the integrated overview of NHSGGC Acute Services Division's performance.

Of the 23 measures which had been assessed against a performance status based on their variation from trajectory and/or target, 12 were assessed as green, 3 as amber (performance within 5% of trajectory) and 8 as red (performance 5% outwith meeting trajectory). Exception reports had been provided for those measures which had been assessed as red.

It was noted that, while improvements were evident across a range of measures, including delayed discharges, alcohol brief interventions, antenatal care, and e-KSF completion rates, there were key measures where the trend was showing reduced compliance with targets in financial performance and in meeting national waiting times standards. Members were also presented with a list of other red rated metrics.

In relation to Delayed Discharges, Ms Mullen stated that the data presented to IJBs and within the Board reports were drawn from the same system, so there should be no inconsistency in the data. Ms Mullen suggested that the Board reports were showing all delays in Acute but it may be that IJB data was showing only patients above 65 years of age. Ms Grant agreed to take this up with IJB colleagues to remove any potential for data being presented differently.

**Chief
Executive**

Ms Grant took Members through the productivity reviews being undertaken to address demand and capacity management, and this involved all out patient and in patient activity. In terms of business analytics, Mr Brown encouraged officers to build this capacity, and Ms Grant reassured Members that this was being addressed.

In relation to the Stroke Care Bundle, it was noted that the review was complete and there were early signs of improvement.

In relation to sickness absence, Mrs MacPherson highlighted the successes in reducing long term absences.

NOTED

55. DNA REPORT

There was submitted a paper [Paper No 17/32] by the Interim Chief Officer, Acute which set out a report on new and return outpatient Do Not Attend (DNA) rates across Acute Services. In particular, the report disaggregated DNA rates by different population groups and protected characteristics where reportable to identify the differentials in the risk of different groups of patients not attending outpatient appointments. Ms Farrell introduced the report in Mr Best's absence.

This report provided a profile of new and return outpatient DNAs in the context of age, sex, deprivation and ethnicity and outlined the work in place to help reduce the variation.

Ms Farrell reminded Members that the Board's Access Policy stated that patients must be provided with clear, accurate and timely information on the processes that will be followed for arranging for patients to be seen for consultation or to be admitted to hospital. This included accessible information (a format people can understand) as defined in our Clear to All policy. The Access Policy also stated that patients will be made aware that they are required to attend their agreed appointment and where the appointment is no longer required or the patient is unable to attend, they should inform the hospital at the earliest available opportunity. A new or return outpatient DNA was therefore defined as a patient that did not attend a booked appointment and gave no prior warning. The Access Policy also clearly stated that a

patient who DNAs would not be offered a further appointment, however, if clinical priorities override the procedure not to rebook a patient that DNAs, the clinician will advise booking staff. The process currently in operation for managing patients that DNA was outlined in Appendix 1.

Ms Farrell went on to explain that often appointments are over-booked to take account of the likelihood of patients not attending an outpatient appointment, however this is not universally applied across each specialty. So whilst patients are recorded as a DNA if they fail to attend without prior warning, their clinic slot may have been used if overbooked.

However, despite the process in place to try to mitigate DNAs, NHSGG&C continued to report an overall new and return outpatient DNA rate of between 10 - 13% each year. This overall rate had remained fairly static for a number of years and masked the variation that existed across the system between different population groups.

Members noted that the analysis of new and return outpatient DNAs showed that for every appointment, the risk of DNA is highest among patients living in more deprived areas, males, young adults and in general psychiatry settings. Research showed that the pattern of DNA has remained fairly stable during the past 10 years and reflected DNA patterns nationally in terms of age, sex and deprivation. The analysis also shows that patients from different ethnic groups are more likely to DNA than their White Scottish counterparts.

Ms Farrell drew Members attention to the further work which was required to examine why there is variation in the risk of DNA between groups, including potential differences in the barriers they face and differences in their needs to help the Board reduce DNAs in the future. Both patient and service factors can contribute to DNAs and there were a number of practical steps that were being taken to improve patient attendance and ultimately, retention across the patient care pathway.

The range of practical steps being taken by the Board were also detailed in the report which included an equality impact assessment of the Access Policy; a secondary data analysis and a review of DNA statistics in agreed NHSGGC specialties using the methodology adopted in the 2015 report to provide an updated picture of trends since 2011/12; a scoping exercise of existing efforts to improve DNA rates across NHS GGC and elsewhere to help inform debates on best practice; a monthly review of patients who DNA their appointment retrospectively to establish the reasons for the DNA; a Waiting List Review; a review of Patient Focused Booking; a restructuring of the Referral Management Centres; and a review of the Transforming Outpatients Programme.

Mrs McAuley commended the report and the approach to a very difficult area of patient flow management.

Ms Brown also welcomed the report and the rigorous approach adopted. She added that it was important to understand the barriers preventing patients from attending.

Mr Brown commended the NetCall approach to reminding patients of forthcoming appointments but asked if there was any way of patients notifying that they no longer needed or were able to attend, as part of that process. Ms Farrell agreed to pass this back to the referral management team.

Mr Finnie thanked Ms Farrell for the comprehensive and helpful report.

NOTED

56. QUARTERLY REPORT ON CASES CONSIDERED BY THE SCOTTISH PUBLIC SERVICES OMBUDSMAN (1 JANUARY 2017 – 31 MARCH 2017)

There was submitted a paper [Paper No 17/33] from 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 January 2017 to 31 March 2017.

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 14 complaints. A total of 30 Decision Letters had however been received.

Within the 30 Decision Letters received, a total of 53 recommendations had been made and the report set out the date the complaint had been received by the Board, 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.

Mr Cannon highlighted that at last Acute Services Committee meeting Members asked that the report be developed to indicate where possible if the Board had provided an apology in the original complaint response. It was noted that this information was included in each of the case summaries. Members also asked if trend information could be provided and this was shown at Appendix 1 to the report. This additional information was welcomed by Members.

Mr Finnie thanked Mr Cannon for his report.

NOTED

57. FINANCIAL MONITORING REPORT

There was submitted a report [Paper No 17/34] by the Director of Finance setting out the financial position within the Board for the 2 month period to 31 May 2017.

Mr White took members through the report in detail and highlighted that the overall Board position at the end of month 2 was a £16.1m overspend, and that the Acute Division's position at Month 2 was an overspend of £10.3m. Overall, there were pressures within pays and the CRES position on a YTD basis reported a deficit. It was noted that the pay overspend was driven by medical and nursing.

Mr White highlighted that the 2017/18 Financial Plan was approved by the Board on the 15th June 2017. The Plan highlighted a gap, significant risk in identified savings schemes and an in-year cash issue as a number of schemes will not crystallise until later in the financial year.

Mr White highlighted the work being taken forward to reduce the cost base and efforts in reducing expenditure in key areas such as vacancy management, recruitment, medical locums, and premium rate agency nursing.

In relation to medical locums, Dr Armstrong reported that the service had reviewed each and every appointment, and were looking to staffing alternatives, and different patient pathways, to reduce reliance on these locum doctors. Members noted the local actions being taken and Mrs MacPherson provided an update on the national initiatives being taken forward.

Ms Grant stressed the need for the Board to operate from a stable and sustainable recurrently funded base budget, and to have robust controls in place.

Mr White also provided an update on the progress of discussion with IJB Chief Officers in relation to financial allocations.

NOTED

58. FORMER YORKHILL CAMPUS - DISPOSAL STRATEGY - PROGRESS REPORT

There was submitted a report [Paper No 17/35] by the Director of Procurement, Property and Facilities Management, which highlighted the key issues under consideration to allow the Yorkhill Campus site to be disposed of. Mr Loudon introduced Mr Campbell Whyte to the meeting and asked him to take Members through the update.

Mr Whyte stated that the most significant challenge remains the relocation of the clinical and non-clinical services to permanent locations elsewhere. It was noted that the Short Life Working Group established to co-ordinate these efforts had continued to focus on understanding the different teams working from the former Yorkhill Campus and assessing their potential requirements.

Members noted the detailed assessments being taken forward of the requirements of the clinical and non clinical staff currently based at the old Yorkhill Campus and the need to relocate these staff and services as part of the disposal programme.

It was also noted that the intention was to align the disposal strategy with the relocations, and that the Disposals Team were working on a timetable that would see the site being marketed in March 2018, and a preferred bidder/partner secured by the end of 2018, with a view to vacating the entire site by the end of 2019.

However, following discussion, it was acknowledged that this timetable needed to be accelerated and Mr Loudon and Mr (Mark) White agreed to work to bring forward the timetable as far as possible. Mr Loudon stated that clinical and non clinical accommodation requirements should be finalised by the end of September 2017.

**Director of
Procurement,
Property and
Facilities
Management**

Mrs Monaghan asked that in any assessment of the relocation of clinical services the analysis should include a review of the postcodes of patients currently using these services on the West ACAD site.

Mr Whyte stated that the Board would be presented with a range of options for relocating clinical and non clinical staff.

Mr Finnie reminded Members that the Board had decided to vacate the site and dispose of the campus in its entirety and cautioned against any suggestion that certain parts of the site be retained for accommodation purposes.

Mr Finnie thanked Mr Whyte for attending and providing the update.

NOTED

59. LEGAL CLAIMS MONITORING REPORT 2016/17

There was submitted a report [Paper No 17/36] by the Deputy Head of Administration setting out the Annual Monitoring Report on the handling and settlement of legal claims within NHS Greater Glasgow and Clyde for the period 2016/17.

The report summarised how claims are handled and comparative data was provided showing the previous year's data to demonstrate trends and highlight issues arising in both years.

Mr Cannon took Members through the report in detail, highlighting the numbers of claims received in the past two years, where these claims originated, by service area and specialty, the number of claims settled in the year, the values of those settled claims, and the number and potential value of open high value claims.

Members noted the relationship between the Board and CNORIS (Clinical Negligence and Other Risks Scheme) and Mr White explained how this risk sharing process benefited the Board in reducing any exposure to high value claims that may be required to be settled in any one year.

Mr Finnie thanked Mr Cannon for his detailed report.

NOTED

60. COMMITTEE REMIT – UPDATE

There was submitted a report [Paper No 17/37] by the Deputy Head of Administration setting out changes to the Committee remit.

It was noted that in March 2017, the Audit Committee reviewed the Board's Standing Financial Instructions (SFIs), and in light of this review of SFIs the remit of the Committee required to be updated. The changes recommended following the review of the Committee remit will bring the remit in line with the revised SFIs. It was noted that the remits of the Finance & Planning Committee and the Property Committee were also being reviewed in the light of these changes.

The changes were agreed and it was also noted that revised Standing Committee remits will be reflected in the paper to the August 2017 NHS Board meeting on the Annual Review of Corporate Governance.

AGREED

61. ACUTE STRATEGIC MANAGEMENT GROUP MINUTES OF MEETINGS HELD ON 27 MARCH, 27 APRIL AND 25 MAY 2017

NOTED

62. DATE OF NEXT MEETING

9.00am on Tuesday 19 September 2017 in the Board Room, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH.

The meeting ended at 12.45pm