ASC(M)17/05
Minutes: 63 - 75

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Acute Services Committee held at 9.00am on Tuesday, 19 September 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 S Carr (in the Chair)

Ms S Brimelow OBE	Mrs A M Monaghan
Ms M Brown	Mrs D McErlean
Cllr J Clocherty	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

Mr J Brown CBE	Dr J Armstrong (To Minute 72)
Mrs J Grant	Mr M White

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

Mr J Best	..	Interim Chief Officer, Acute Services
Mr A McLaws	..	Director of Corporate Communications
Mrs A MacPherson	..	Director of Human Resources & Organisational Development
Ms P Mullen	..	Head of Performance (To Minute 67)
Mrs E Love	..	Chief Nurse for Professional Governance & Regulation
Mr G Archibald	..	Chief Officer, Acute Services
Mrs L McGrath	..	Interim Deputy Head of Administration
Ms L Yule	..	Audit Scotland
Ms L Maconachie	..	Audit Scotland

63. APOLOGIES, WELCOME AND PRELIMINARIES

Apologies were intimated on behalf of Mr R Finnie, Cllr M Hunter, Mrs T McAuley OBE and Ms A Thomson. Mr Carr welcomed Mrs Love who was representing Dr Mcguire.

64. DECLARATIONS OF INTEREST

There were no declarations of interest.

65. MINUTES OF PREVIOUS MEETING

On the motion of Mrs McErlean, and seconded by Ms Brimelow, the Minutes of the Acute Services Committee meeting held on 4 July 2017 [ASC(M)17/04] were approved as a correct record subject to the following change:

- Minute 58, Former Yorkhill Campus – Disposal Strategy – Progress Report, paragraph five; delete 'clinical' from last sentence.

NOTED

66. MATTERS ARISING

a) Rolling Action List

The Committee noted the Yorkhill Disposal Strategy Update; a further report will be brought to the November meeting.

Director of Procurement, Property and Facilities Management

NOTED

67. ACUTE SERVICES INTEGRATED PERFORMANCE REPORT

There was submitted a paper [Paper No 17/39] by the Interim Chief Officer of Acute Services setting out the integrated overview of NHSGGC Acute Services Division's performance.

Of the 22 measures which had been assessed against a performance status based on their variation from trajectory and/or target, 8 were assessed as green, 4 as amber (performance within 5% of trajectory) and 10 as red (performance 5% outwith meeting trajectory). Exception reports had been provided for those measures which had been assessed as red.

Mr Best noted that the Integrated Performance Report metric for complaints had been updated in line with the new Complaints Policy. The new arrangements now report complaints closed within five and 20 working days and focus on early resolution. Mr Best also advised that the Detect Cancer Early metrics have been removed from this report as the Scottish Government no longer reported on these statistics, however, NHSGGC will continue to collect and monitor this data and a trend report will be brought back to the Committee in due course.

It was noted that steady progress continued to be made in overall Stroke Care Bundle performance. The Stroke Care Implementation Group has been established to take forward the recommendations from the Stroke Review; the main area for immediate focus was the water swallow test element of the bundle which required improvement.

Members were presented with an overview of other red rated metrics including performance against national waiting time standards. Mr Best advised that work was being targeted in a number of areas and that growth in the number of patients waiting longer than the national standards has stabilised in recent weeks. Performance against the six week Diagnostic Test target remained challenging, a service redesign project has commenced and a project manager was working towards bringing the three Sectors scope waiting lists together. This work will ensure consistency across the Heath Board. Additionally, discussions with the Scottish Government regarding the use of additional non-recurring access funding to support extra capacity were ongoing.

The Committee discussed the current challenge of reducing Delayed Discharges, Dr

Mcguire has established weekly telephone conference calls with Local Authorities to ensure patients were moved to the most appropriate accommodation in a timely manner. Ms Brown noted that Delayed Discharges had a big impact on mental health beds and also stated that intermediate beds were not the solution. A paper would be submitted to the October Board meeting on this issue.

Nurse Director

Dr Armstrong noted that a short term solution pre Winter may be required, with a longer term focus on establishing the best model for managing delays. The Committee discussed the issue of moving patients multiple times rather than to one therapeutic environment. Mr Best advised that Frailty units were being expanded in Acute sites.

Dr Armstrong advised that Day of Care Audits will be commissioned across Glasgow City IJB, this will identify exactly what issues were delaying patients discharge and Dr de Casestecker is taking this forward.

In relation to sickness absence, Mrs MacPherson highlighted the overall reduction in absence rates, with the majority of Directorates reporting sickness absence of less than 5%. To mitigate against increased absences during winter, the Staff Health Strategy had been launched, this had a significant focus on stress management.

Mrs MacPherson also noted the improving eKSF performance, advising that performance of over 71% was achieved in August 2017. Individual trajectories for each Directorate had been agreed to maintain the focus on this key metric. A new National tool is anticipated to be launched in the near future; discussions with the Scottish Government regarding this tool were ongoing. Members discussed the current eKSF system, noting particular challenges, and welcomed the prospective change to this software at a national level.

Mr Brown stated that in order to maximise the potential of the organisation every member of staff should have a Personal Development Pan (PDP). Mrs Grant noted the need for sustained improvement in this area and agreed that the completion of eKSF and the separate PDP process should be part of routine business. Mrs MacPherson confirmed that audits on PDP completeness have been carried out previously and will undertake a further audit to focus on the quality of staff and line manager discussions. An update will be given to the Committee when completed.

Director of HR and OD

A separate paper on cancer performance is on the Committee agenda.

In relation to Staphylococcus aureus Bacteraemias (SABs), Dr Armstrong noted the ongoing effort to control SABs, Infection Control investigations were conducted on occurrences and action was taken if any linkage was found. NHSGGC's SAB rate is in line with the Scottish average; however it is above the HEAT target. Dr Armstrong explained that the SAB rate is currently measured as a whole, including both Community and Hospital acquired SABs, which were then considered with Acute Beds Days to calculate performance. This may not be the most effective measure to monitor SABs and a national group are reviewing the target. An update would be provided to the Committee on progress with this when available.

Medical Director

Ms Brown noted that it would be helpful to see trajectories in the performance report in future to indicate when any improvement may be seen.

Mr Best advised that the Scottish Government has launched the Elective Access Collaborative Programme; more detail on this would be presented to the Committee in due course. The current waiting times position was highlighted, noting that the number of patients waiting over 12 weeks for an Outpatient appointment or

Interim Chief Officer, Acute

Inpatient/Daycase treatment had stabilised. Challenges with diagnostic reporting times were also noted, additional internal and external capacity has been secured to assist with reporting. The wider issue of increases in diagnostic test requests will be further reviewed as part of the Transformation Work programme.

NHSGGC waiting time performance remained in line with NHS Scotland averages. Patient waiting times remained a significant challenge and a programme of work to review base capacity was ongoing. Mr Carr noted that it would be helpful to see the detail of the demand increases referenced in the Integrated Performance Report. Mrs Grant agreed to bring this back to the next Committee meeting. **Interim Chief Officer, Acute**

Mrs Grant also advised that a detailed review of productivity at a Sector/Specialty level is underway; this will allow a year end trajectory to be calculated. An update will be provided to the Committee when available. **Interim Chief Officer, Acute**

Mr Brown stated that he was impressed by the effort, energy and commitment of staff to improve Scheduled and Unscheduled Care performance. However, it was recognised that despite this performance needed to improve. Staff are key to this and Mr Brown encouraged Members to proactively promote health and well being among staff. The Committee agreed that it would be beneficial to report sickness absence in a more meaningful way, therefore the next report will include additional information and the average working days lost. This format will be piloted at the Corporate Directors Group. **Director of HR and OD**

NOTED

68. CANCER ACCESS PLAN

There was submitted a paper [Paper No 17/40] by the Interim Chief Officer of Acute Services outlining the key actions being taken forward to improve cancer access target performance.

Mr Best advised that performance against the 31 day target was back at 95%, however, performance against the 62 day target remained a significant challenge.

Three specific cancer performance meetings were scheduled for October, November and December 2017 to maintain focus on improved compliance with the cancer access standards across the organisation. A set of key trajectories have been agreed:

- No patient waiting over 35 days for first appointment by 29 September 2017
- No patient waiting over 29 days for first appointment by 13 October 2017
- No patient waiting over 22 days for first appointment by 27 October 2017
- No patient waiting over 14 days for diagnostic imaging on a cancer pathway by 29 September 2017

These trajectories will disperse pressure from the end of patient journeys where some pathways become complex.

The first step in the process was to ensure patients with a suspicion of cancer were seen at an outpatient appointment within 14 days. Following this, access to diagnostic tests will be reviewed with a view to achieving diagnostic testing within 7 days.

Mr Best advised that improvements were also being made to individual cancer modality pathways, however it was recognised that this needed to be expanded.

Urology services were discussed and Mr Best confirmed that one additional surgeon was now trained in robotic prostatectomy, one surgeon was currently undergoing training and a further new appointment of a surgeon in January 2018 will provide the level of service agreed by the West of Scotland Boards.

With regard to the Breast Service, non-recurring funding from the National Access Support Team was being used to run additional Breast clinics while the Breast Strategy is finalised. In addition to this, NHSGGC will reopen discussions with NHS Lanarkshire on the referral pathway for screened positive breast cancer cases. Sixty patients from the South East of Glasgow were referred to NHS Lanarkshire for treatment in the first six months of 2017. Mr Best confirmed that these were NHS Lanarkshire patients from a stratified group that had been initially referred into NHSGGC as part of the Service Level Agreement; however, patients were repatriated for treatment following the establishment of the NHS Lanarkshire Breast Surgery Service.

Ms Brown welcomed the update but noted the challenges in improving performance. Mrs Grant advised that early booking and diagnosis was critical, the dedicated meetings to focus on this will be key in ensuring pathways were moving at an appropriate pace.

NOTED

69. MEDICAL WORKFORCE PLAN

There was submitted a report [Paper No 17/41] by the Director of Human Resources and Organisational Development setting out the Medical Workforce Plan 2017/18.

Mrs MacPherson delivered a presentation on the Acute Medical Workforce Plan 2017-18 noting that the sign off document for the plan was developed at the end of 2016/start of 2017 and much of the work will merge with the Transformational Plan.

Mrs MacPherson outlined the workforce planning actions taken to date for Medical Staff, highlighting that:

- Doctors in training will have a shared service HR process from August 2017;
- All Medical Staff attendance will be recorded through the Board's electronic tool SSTS;
- All consultant job plans to be agreed and on the ALLOCATE electronic tool by end September 2017;
- The Board will work to ensure no junior doctor was rostered to work more than 7 consecutive shifts; and
- Work is ongoing to reduce Band 3 Rotas.

Additionally, a new Medical Staff induction portal had been introduced and the associated induction programme was under review.

The next steps will involve the development of Dental and Mental Health Workforce Plans, supporting the West of Scotland Care Delivery Plan, reducing the Board's agency spend and supporting the Transformational Plan.

Mrs MacPherson advised that the Audit Scotland report on workforce planning referenced the requirement to link National, Regional and Local priorities in the short term. Specific workforce tools have been developed for Nursing and were under development for Allied Health Professionals, however there was currently no

comparable tool for the Medical workforce. It was recognised that current workforce planning will have a short term focus of 2-3 years, going forward this will link to specific service plans and a national delivery plan.

Mr Brown expressed concern that the plan required a large degree of updating, with particular reference to service changes. Many of these changes had moved on significantly and as such the plan should reflect this. Mr Brown advised that the governance arrangements for such reports needed to be stringent to ensure Committee papers give an accurate overview of the Board's current state. Mrs Grant noted that a review of governance arrangements had commenced and that going forward a rigorous process will be in place to prepare Committee papers for submission.

Dr Armstrong advised Members that Medical Workforce planning needed to cover three timeframes; immediate plans to ensure staff are working to the top of their licence, a 2-3 year plan to take account of training posts and a longer term plan to build on innovation and new ways of working.

Members discussed the challenges of workforce planning, recognising the role of Universities and attaining trainees at a national level.

It was agreed that the Workforce Plan be updated reflecting Member comments and brought back to the Committee; a work plan will also accompany this update to advise Members of progress. **Director of HR and OD**

NOTED

70. LOCAL DELIVERY PLAN UPDATE

Dr Armstrong delivered a presentation which provided a detailed update of the range of work being undertaken as part of the Local Delivery Plan (LDP). In relation to the Transformational Plan, a cross system team had been convened to represent Acute Services, Primary Care and HSCPs. A work plan was under development and a paper will be presented to the Board in October 2017.

A financial bid has been made to the Scottish Government to support the Transformational programme. This funding will be used to backfill posts allowing staff to focus on taking this work forward. Progress with this bid will be discussed with the Scottish Government at the forthcoming Quarter 1 Review Meeting.

Members noted the challenges of developing services for the future and the particular issue of population growth and changes to the working population profile.

Dr Armstrong took the opportunity to present a number of service review examples including the proposal for a Major Trauma Centre at the Queen Elizabeth University Hospital (QEUH). This proposal will have an impact on elective activity at the QEUH and options for redirecting this activity needed to be considered.

Winter Planning was also a current focus and a triage model will be implemented across all Sectors, ensuring patients were triaged by a Doctor on arrival. Additionally, work continued on a programme of service reviews in various areas including Gynaecology, Breast Surgery, Acute Stroke and Orthopaedics.

Mr Ritchie commended the work currently underway and noted the potential benefits for staff if elective and non-elective activity streams were largely separated.

Mr Brown stated that he was reassured by the level of work that was being undertaken and stated that plans must make the most effective use of the Board's estate to protect elective care activity.

Dr Armstrong agreed to further develop the LDP template to include timescales and Red/Amber/Green status. **Medical Director**

NOTED

71. QUARTERLY REPORT ON CASES CONSIDERED BY THE SCOTTISH PUBLIC SERVICES IMBUDSMAN (1 APRIL 2017 – 30 JUNE 2017)

There was submitted a paper [Paper No 17/43] 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 April 2017 to 30 June 2017.

Mrs Love noted that during the period covered by the report two Investigation Reports had been received. Based on recommendations from these reports, a number of actions had been implemented and the SPSO advised of these actions.

The Ombudsman had also advised the Board that during the period covered they had decided not to take forward 13 complaints. A total of 25 Decision Letters had however been received.

Within the 25 Decision Letters received, 61 issues had been investigated with 31 being upheld. The SPSO had made a total of 59 recommendations 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.

Mrs Love advised Members that the main themes within the SPSO recommendations focused on communication and standards of clinical treatment.

Mrs Monaghan welcomed this report and highlighted that small changes to processes would make significant improvements to patient experience, for example providing complaint responses in additional formats such as video. Ms Brown agreed with this point, noting that apology responses needed to be genuine and personal. Mrs Love agreed with these points and advised that work was ongoing to provide early resolution to complaints in a way that suited patient needs.

Mr Carr asked that trend information be included in future reports to assist in analysing performance. **Nurse Director**

NOTED

72. FINANCIAL MONITORING REPORT

There was submitted a report [Paper No 17/44] by the Director of Finance setting out the financial position within the Board for the 4 month period to 31 July 2017.

Mr White delivered a presentation on the current position and took members through the report in detail. Mr White highlighted that the overall Board position at the end of month 4 was a £15.9m overspend, and that the Acute Division's position at Month 4 was an overspend of £14.5m. Overall, there were pressures within pay and the Cash Releasing Efficiency Savings (CRES) position on a year to date (YTD) basis reported a deficit. It was noted that the pay overspend was driven by medical and nursing staffing. A number of targeted schemes were being addressed, for example reducing the number of high cost Locums and premium rate nursing spend. Fortnightly meetings were taking place with the Director of Finance / Chief Executive, the Medical and/or Nursing Director, Chief Operating Officer and relevant Acute Director to monitor this area.

Mr White noted that although the current overall position was in deficit there were some areas performing well with the prescribing and supplies & sundries budgets remaining largely in balance.

Mr White updated Members on the CRES position, advising that of the £60m annual target, £18.9m has been phased into Month 4 which had an achieved level of £5.7m FYE, hence the £10.08m net deficit in CRES achievement at Month 4.

A new initiative had also been launched titled 'Small Change Matters', this campaign encourages staff members to identify schemes that may assist in making changes that may lead to a more efficient use of resources.

The Sustainability and Value Action Group (S&V) has been set up and will be overseen by Mr Archibald. Mr Archibald advised that the group will focus on reviewing best practice from a range of external sources as well as driving new and innovative ways to address the financial challenge. The group also aimed to energise staff input into small initiatives, in addition to supporting reduction in high cost areas.

Mr Brown welcomed the implementation of the S&V Group and noted reassurance at the group's focus on three main areas; use of analytics, use of benchmarking and best practice and embedding a culture of continuous improvement.

Mrs Brimelow asked if strong enough controls were in place to manage the medical spend. Mr White advised that this was being monitored at the fortnightly financial meetings as it did require a high level of focus. Members discussed the previous role of National Education Scotland (NES) in junior doctor funding, highlighting that this creates additional pressure on individual Boards.

Ms Grant noted the need for the Board to operate from a recurrently funded base budget and to have robust controls in place to mange this. Mrs Grant advised that a new 'Commitment Accounting' method was being piloted to draw attention to spending commitments over the coming weeks and encourage a more proactive approach to budget management across Acute Services.

Members discussed the role of HSCPs in the overall Board financial position, recognising challenges with demand management and delayed discharges. HSCP reserve levels were noted, Mr White will submit a paper to the Committee on this issue.

Director of Finance

Mr Brown summarised the discussions noting confidence in the plans to reduce overspends in the coming months, and that robust control systems are in place to monitor and manage the financial challenge.

NOTED

73. REVIEW OF FIRE PRECAUTIONS AND CLADDING

There was submitted a report [Paper No 17/45] by the Director of Procurement, Property and Facilities Management updating Members on progress with actions in relation to the review of fire precautions and cladding.

Mr Archibald presented the pertinent points from the update, noting that this was a UK wide issue. In August 2017 the NHSGGC Board agreed that the cladding product used at QEUH be removed. Detailed technical work was ongoing to establish the best way to remove and replace the identified cladding on the QEUH.

Mr Archibald advised that the Scottish Government have indicated that they will provide funding support for the replacement of this cladding and discussions will continue as the final costs evolve.

The main hospital contractor Multiplex has confirmed that cladding on the Royal Hospital for Children would also require to be replaced.

Mr Ritchie asked if assurances have been given on the suitability of replacement products that will be used. Mr Archibald confirmed that the relative agencies will be required to sign off any products prior to their installation.

Director of Procurement, Property and Facilities Management

Mr Archibald confirmed that the safety of staff, patients and the provision of services wais at the centre of this review. Members will continue to be updated on progress.

NOTED

74. ACUTE STRATEGIC MANAGEMENT GROUP MINUTES OF MEETINGS HELD ON 22 JUNE 2017 AND 27 JULY 2017

NOTED

75. DATE OF NEXT MEETING

9.00am on Tuesday 21 November 2017 in the Board Room, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH.

The meeting ended at 1.15pm