

**DRAFT**

ASC(M)17/06  
Minutes: 76-86

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the  
Acute Services Committee held at  
9.00am on Tuesday, 21 November 2017 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 (in the Chair)

Ms S Brimelow OBE	Mrs T McAuley OBE
Mr S Carr	Mrs A M Monaghan
Cllr J Clocherty	Ms A Thomson

**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	Mr M White
Mrs J Grant	

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

Mr J Best	..	Interim Chief Officer, Acute Services
Mr D Loudon	..	Director of Procurement, Property and Facilities Management
Mrs A MacPherson	..	Director of Human Resources & Organisational Development
Ms P Mullen	..	Head of Performance
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

**76. APOLOGIES, WELCOME AND PRELIMINARIES**

Apologies were intimated on behalf of Ms M Brown, Cllr M Hunter, Mrs D McErlean and Mr I Ritchie

**77. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**78. MINUTES OF PREVIOUS MEETING**

On the motion of Ms Brimelow, and seconded by Ms Thomson, the Minutes of the

Acute Services Committee meeting held on 19 September 2017 [ASC(M)17/05] were approved as a correct record subject to the following change:

- Minute 72, Financial Monitoring Report, paragraph nine; add 'in relation to the nursing budget' to the second sentence.

NOTED

## **79. MATTERS ARISING**

### **a) Rolling Action List**

There was a submitted paper [Paper No 17/46] by the Director of Finance which detailed the financial reserve position for each Integrated Joint Board (IJB). Mr Finnie welcomed this update and noted that it would be helpful to indicate the percentage of the overall budget that the reserves account for.

**Director of  
Finance**

With reference to the Demand and Capacity review, Mr White noted that an overview of demand had been collated; this would be shared with the Committee.

**Director of  
Finance**

NOTED

## **80. ACUTE SERVICES INTEGRATED PERFORMANCE REPORT**

There was submitted a paper [Paper No 17/47] 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 presented an overview of the report noting the red rated metrics and corresponding exception reports.

With reference to Cancer performance, the Board had met the 31 day target and a number of work streams were running to ensure this level of performance was maintained. The 62 day target remained challenging and a planned programme was in place to address performance. This included setting incremental local waiting time targets for individual cancer types. A number of improvement actions were underway including a pilot which allowed patients to be referred straight to test for a colonoscopy, thus avoiding an outpatient appointment.

Mr Finnie noted a question that had been posed via email from Mr Ritchie regarding cancer patients being sent to NHS Lanarkshire for treatment. Mr Best confirmed that as part of the Breast Cancer Service re-design work, breast screening patients that lived within the NHS Lanarkshire area were being repatriated back to their local Health Board for treatment. Dialogue with the Consultants in NHS Lanarkshire was ongoing to monitor this process.

Work was underway to improve new outpatient waiting times and the number of patients waiting over 12 weeks was reducing. Mr Best outlined some of the work that was progressing including the roll out of new patient focused booking processes. The Modern Outpatient Programme Board continued to oversee a number of improvement work streams and monthly meetings with the Scottish Government Access team were taking place to monitor waiting times.

Ongoing work to reduce Endoscopy waiting times was highlighted and Mr Best advised that a small team was working on a productivity review of this service. The Directors Access Targets Group was overseeing this piece of work. Mrs Monaghan noted the previous positive performance against this target and asked if improvement was anticipated in the coming months. Mr Best confirmed that a number of factors had impacted the service but waiting list management had been re-designed and workforce plans were under review to ensure capacity was used to its maximum.

Mr Best advised Members that performance against the Treatment Time Guarantee (TTG) for Inpatients was challenging. Additional capacity was being sought both internally and externally. The demand for spinal surgery was particularly challenging and additional external capacity was being arranged to address some of this demand. Non-recurring funding from the Scottish Government was being used to fund this additional activity. The service was also undertaking re-design work and reviewing patient pathways to reduce waiting times where possible.

The Committee discussed the current challenge of reducing Delayed Discharges, Mr Brown noted that Dr Mcguire was leading the dialogue with Glasgow City Health and Social Care Partnership (HSCP). This was particularly important to assist with the preparations for Winter. Glasgow City HSCP have agreed that a team would be deployed to the QEUH and GRI Emergency departments during the Winter months to assist with patient flow and to ensure patients were seen in the most appropriate setting.

In relation to sickness absence, Mrs MacPherson confirmed that each Acute Sector/Directorate was reviewing their absence figures in conjunction with feedback from iMatters, stress management data and other information sources. Local teams were leading this and the Heads of People and Change were updating Mrs MacPherson on progress and findings. Mr Finnie noted that a regular update to the Committee on this process would be helpful. Mrs MacPherson agreed to provide 6 monthly updates going forward.

**Director of  
Human Resources  
and  
Organisational  
Development**

Mrs Monaghan noted the importance of managing sickness absence during the Winter period. Mrs MacPherson agreed with this and confirmed that contingency plans were in place should they be required. The Chiefs of Nursing had agreed these plans and additional staff had also been recruited to the staff bank to provide further support if necessary.

In summary, Mr Finnie noted that it was challenging to embed performance improvement in a way that was sustainable; improvements must become part of everyday processes. Cllr Clocherty made reference to the use of non-recurring funding to drive improvement and the importance of sustaining increased performance levels. Mrs Grant noted the ongoing work to re-design services, increase productivity and review models of care that was underway in conjunction with the use of non-recurring funding. These work streams were being implemented to ensure improved performance was sustained.

Mr Carr was encouraged with the report and noted that a fundamental change in the approach to this challenge was evident. He requested that a timeline for

**Interim Chief**

improvement be included in future reports to ensure robust monitoring arrangements were in place which allowed Committee Members to track progress.

**Officer, Acute**

NOTED

## **81. LOCAL DELIVERY PLAN UPDATE**

Mr White presented a paper [Paper No 17/48] which asked Members to note the evolving systematic approach to providing Acute-related Local Delivery Plan (LDP) commitment updates to the Acute Services Committee. Members were also asked to note the progress made to date in implementing each of the Acute related commitments outlined in the 2017/18 LDP.

Mr White highlighted the revised summary reporting format which now included progress updates, timelines and named leads. The commitments were also rated using a Red/Amber/Green and Grey status.

Members welcomed the reporting format and systematic approach being used to monitor progress and were reassured by the update provided.

NOTED

## **82. FINANCIAL MONITORING REPORT**

There was submitted a report [Paper No 17/49] by the Director of Finance setting out the financial position within the Board for the six month period to 30 September 2017.

Mr White noted key details from the report and advised that the overall Board position at the end of Month 6 highlights a £24.4m overspend. Mr White noted that as part of the mid-year process, a review of the initial Financial Plan assumptions had taken place and as such, the year-end deficit projection had been revised to £20m.

Mr White updated Members on the Acute Division's financial position, noting that at Month 6 there was an overspend of £20.4m, the largest proportion of this was due to unachieved savings. Challenges were also evident in relation to the pay budget and changes to Junior Doctor funding.

Mr White advised Members that the Scottish Government had allocated £12.5m of non recurring Access funding in-year. These funds were under close control and were being deployed to fund additional Outpatient capacity, additional beds and to facilitate improved patient flow. Discussions with the Scottish Government remained ongoing relating to the potential release of further funds to specifically assist with performance targets.

Members discussed the Acute Division's financial position and the variances between Acute Sectors/Directorates. Mr Best highlighted some of the complex differences between areas however agreed that rigorous financial management must be in place across all areas. Fortnightly financial meetings were in place to ensure stringent monitoring of Sector/Directorate budgets.

The Board had also now invoiced neighbouring Health Boards for delayed

discharges, Mrs Grant noted that patients must be treated and cared for in the most appropriate setting and therefore timely discharge when required was important. The Committee discussed this course of action and Mr White confirmed that although this had not yet yielded a high return the process would continue.

Mr White updated Members on the Acute Cash Releasing Efficiency Savings (CRES) position, advising that challenging targets had been set this year. At Month 6 an estimated £22.7m was anticipated to be achieved on a FYE basis, this was 38% of total target and 71% of the identified opportunities. This indicated that the Acute Division would carry forward a £37m deficit into 2018/19.

Mr Finnie thanked Mr White for the update and welcomed the report format. The narrative was helpful to detail the relationship between performance and finance.

NOTED

### **83. REVIEW OF FIRE PRECAUTIONS AND CLADDING**

There was submitted a report [Paper No 17/50] 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 Loudon noted that following Board support for the proposal to replace Aluminium Composite Materials (ACM's) from the Queen Elizabeth University Hospital (QEUEH), the Scottish Government had confirmed that they will provide funding support for this replacement.

Mr Loudon stated that further investigations were continuing with the Board's external advisers, Health Facilities Scotland (HFS) and the main hospital contractor Multiplex. Multiplex had confirmed that a further cladding issue on the Royal Hospital for Children (RHC) had emerged, it was intended to replace the affected panels as a precautionary measure. HFS had conducted an interim risk assessment of the RHC and advised that they consider the level of risk from the external cladding to be extremely low.

Members discussed the current situation and the level of confidence in the building works that had been completed elsewhere on the QEUEH campus. Mr Loudon advised that an independent report had been prepared by Currie and Brown; this report noted their considered view that there were no cladding issues in other areas. Mrs Grant confirmed that this issue was under close monitoring and all strands of the process were being overseen by senior managers to provide assurance.

Members further discussed the assurance processes that were used during building works and the need to ensure that they are duly followed. Mr Loudon described the multi-layer approach to quality assurance that is implemented and agreed that the role of the Board's advisors must be prominent in any future work.

Mr Archibald noted that the assurances had been given on the suitability of replacement products that will be used and confirmed that multi-agency sign off would be required for all products prior to their installation.

Mr Loudon also gave an update on the QEUEH roof. During an annual maintenance visit to check the smoke dispersal system on the roof, the maintenance contractor accidentally activated the system resulting in ETFE pillows being compromised as designed. A temporary solution had been deployed to make the area wind and water

tight and replacement roof products had been ordered from the manufacturer. It was anticipated that the repair work would be completed in December 2017.

A contingency arrangement had been put into place for helicopter landings; this allowed helicopters to land at Glasgow Airport and this process has been used during the building phase of the QEUH. This was also the established procedure which was used during times of inclement weather.

NOTED

**84. YORKHILL DISPOSAL STRATEGY**

There was submitted a report [Paper No 17/51] by the Director of Procurement, Property and Facilities Management updating Members on the process to vacate the Yorkhill campus.

Mr Loudon noted the governance processes that had been put into place to manage staff and service relocation from the site. The Project Board would provide direction and oversee decision making to achieve the relocation of all services and staff. A phased vacation process was being agreed and the key objective was to relocate on to existing NHSGGC estate. This was a challenging project and would require close management.

Mr Loudon advised Members that the initial focus was on non-clinical staff, a number of key tasks had been carried out to date including completion of a space utilisation survey and scoping of existing capacity within NHSGGC estate. A cost analysis was being worked through. Once this preparatory work was completed the various options would be analysed and prioritised.

Mrs Monaghan noted the opportunity to review service provision and the potential to deliver services from other settings. Mr White agreed and noted that vacating from the Yorkhill site raised the opportunity to think innovatively and consider all options for the delivery of care.

Members welcomed the report and the inclusion of timelines. Mr Loudon agreed to bring a further update on progress to the next Committee meeting.

**Director of  
PPFM**

NOTED

**85. ACUTE STRATEGIC MANAGEMENT GROUP MINUTES OF MEETINGS HELD ON 24 AUGUST 2017 AND 28 SEPTEMBER 2017**

NOTED

**86. DATE OF NEXT MEETING**

9.00am on Tuesday 16 January 2018 in the Board Room, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH.

The meeting ended at 11.00am

