

DRAFT

ASC(M)18/01
Minutes: 01-13

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Acute Services Committee held at
9.00am on Tuesday, 16 January 2018 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

Ms M Brown (in the Chair)

Cllr M Hunter
Mrs D McErlean

Mrs A M Monaghan
Mrs 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 (Item 04b) Mr M White
Ms 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 Property, Procurement and Facilities Management
Mrs A MacPherson	..	Director of Human Resources & Organisational Development
Ms P Mullen	..	Head of Performance
Ms M A Kane	..	Associate Director of Facilities
Mr J Hamilton	..	Head of Administration
Ms J Rodgers	..	Chief Nurse, Paediatrics and Neonates
Mr G Forrester	..	Deputy Head of Administration

01. APOLOGIES, WELCOME AND PRELIMINARIES

Apologies were intimated on behalf of Mr R Finnie, Mr S Carr, Mr I Ritchie, Ms S Brimelow OBE, Cllr J Clocherty, Ms T McAuley OBE.

Mr J Hamilton spoke to the Committee regarding governance arrangements, advising that having received apologies at short notice from the Chair and from the Vice Chair, Ms M Brown had been asked to Chair the meeting. Mr Hamilton sought and received from those members present affirmation that Ms Brown would Chair the meeting.

Mr Hamilton further advised that the Committee was inquorate at the calling of the meeting. Those Chair proposed and those present agreed to adjourn the meeting until 9.25am.

The meeting re-convened at 9.25am. Mr Hamilton advised that in the absence of a quorum, those present could consider items for noting, and upon a quorum being reached, any decisions could be affirmed. A quorum was reached upon the attendance of Mrs Monaghan at 9.43am, with items already considered being

affirmed.

Mr Loudon and Ms Kane provided a brief update for members on the collapse of Carillion, noting that Carillion were a sub-contractor for the Board's PFI services provider at Langland House. The Committee were advised that the main contractor had formed a company to take forward the role played by Carillion, that all staff have been retained and that services continue to be provided.

02. DECLARATIONS OF INTEREST

There were no declarations of interest.

03. MINUTES OF PREVIOUS MEETING

On the motion of Ms McErlean, and seconded by Ms Thomson, the Minutes of the Acute Services Committee meeting held on 21 November 2017 [ASC(M)17/06] were approved as a correct record subject to the following change:

- Minute 83, Review of Fire Precautions and Cladding, paragraph three; delete 'the affected panels' and add 'panels, of the wrong type which were fitted by Multiplex,' to the second sentence.

APPROVED

04. MATTERS ARISING

a) Rolling Action List

With reference to the Rolling Action List, the Committee were advised:

- an audit of PDPs would be carried out in the Autumn once the new Turas Appraisal system is in place;
- an update on SABs will be presented once the national position is determined;
- the Elective Access Collaborative Programme will be the subject of a report for the next meeting of the Committee; and
- the Medical Workforce Plan

**Director of HR
& OD**

**Medical
Director
Interim Chief
Officer, Acute
Services
Director of HR
& OD**

NOTED

b) Update on QEUH Cladding

There was submitted a paper [Paper No 18/02] by the Director of Property, Procurement and Facilities Management updating the Committee on progress and recommended options for replacement of cladding at the Queen Elizabeth University Hospital and the Royal Hospital for Children.

Tom Steele, of Health Facilities Scotland (HFS), provided advice for the Committee, and, along with Mr Loudon, received the thanks of the Committee for the work which has been undertaken to get to this point.

Mr Loudon outlined the update contained within the paper, advising that consideration had been given by senior management of the Board and by Health Facilities Scotland to the most appropriate options available, noting that HFS viewed

the risk posed by the cladding on the RCH as extremely low. It was further noted that risk workshops had taken place to consider the risks, and consideration has been given there to the results of large scale fire tests.

Mr Steele advised the Committee that national technical standards remain under review, but that the proposed Alucobond A2 non combustible cladding passed large scale fire tests and is a very stable product.

In relation to the Royal Hospital for Children, the Committee were advised that all options except Option 1 would have costs associated, and that with technical regulations under review, Option 2 would carry risks due to large scale fire test failures. Mr Steele advised the Committee that it is likely the proposed Option 3A would satisfy future technical regulations, and that Option 3B would require replacement of the existing carrier rail and Option 4 replacement of the existing carrier rail and submission of a planning application. It was noted that Multiplex had accepted their responsibility to replace the wrong boards they had sited.

Mr Steele advised the Committee that assurance as to the appropriateness of Option 3A should be taken from the support for this option HFS, Glasgow Caledonian University and the Scottish Fire and Rescue Service. The Committee considered the potential risks associated with choosing an option while national technical standards remain under review. Mr Brown advised the Committee that their consideration of the options should include the risk associated with each option, including operational risks relating to undertaking works, and also the requirement on the Board to make prudent use of public funds, and members were provided with further assurance by Mr Steele's provision of detailed technical information.

AGREED:

1. QEUH: to replace the existing Alucobond PE cladding with Alucobond A2 non combustible cladding;
2. RHC: to proceed with Option 3A which is to replace the existing cladding panels with Trespa Meteon FR low combustible cladding panels and replace the existing thermal insulation with a 75mm thickness non combustible type of thermal insulation.

05. ACUTE SERVICES INTEGRATED PERFORMANCE REPORT

There was submitted a paper [Paper No 18/03] 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, 3 as amber (performance within 5% of trajectory) and 11 as red (performance 5% outwith meeting trajectory). Exception reports had been provided for those measures which had been assessed as red.

Mr Best presented an overview of the report noting the red rated metrics and corresponding exception reports.

In relation to suspicion of cancer referrals, Mr Best advised that 300 endoscopy slots had been commissioned at the Golden Jubilee, that colorectal bookings had been restructured to allow patients to take the first possible appointment across the Board area, and that a full complement of robotic prostatectomy surgeons are in place.

In relation to 4-hour wait compliance, Mr Best advised that recent pressures showed a 12% increase in A&E attendances with a particular spike within the Royal Hospital for Children, that attendance at the QEUH assessment unit had exceeded 100 daily, and that the West MIU was now seeing 30 to 35 people each day.

In relation to the stroke care bundle, Mr Best advised the Committee that it remained a challenge to undertake swallow screen tests within 4 hours.

In relation to delayed discharges, Mr Best advised the Committee that daily telephone calls took place with HSCP staff to manage delays. Mr Best noted that some patients are to be discharged to external partnerships, and that incapacity in adults can cause difficulties in discharging. Mr Best advised the Committee of ongoing work to reduce demand and to assess care package need at time of admission, but recognised delays can occur due to personal or familial choice of care provision.

In relation to sickness absence, the Committee were advised of a seasonal spike but in the context of a general downward trend from 2016-17 to 2017-18, and of the need to focus on staff as well as the data. Ms MacPherson advised the Committee of the introduction of new self-help guides for staff, and that sickness absence would remain a particular focus.

In relation to performance appraisal, Ms Macpherson advised the Committee of a 3.3% increase across Acute Services, and the Committee recognised this performance in the context of other pressures on teams.

In relation to SABs, the Committee were advised of an increase in rates, with a particular focus on the QEUH. The Committee were advised of possible increases in SABs coming in from the community, and of further interrogation of data when available, and also of the Improvement Group with four workstreams which are underway.

NOTED

06. PwC WAITING TIMES REPORT

The Director of Finance and the Interim Chief Officer, Acute Services, presented a waiting times audit report provided by PwC [Paper No. 18/04].

Consideration of the content of this report was undertaken in conjunction with item 07, below.

The Committee were advised that the audit of waiting times was designed to consider governance arrangements relating to reporting of waiting times management, and that the audit had recorded one high-, three medium-, and one low-rated finding, and that timelines for completion of actions remained outstanding.

It was recognised that the outcome of the audit was disappointing, but that the outcomes would benefit the development of a plan to manage waiting times, which would be reported to the next meeting of the Committee.

**Interim Chief
Officer, Acute
Services /
Director of
Finance**

NOTED

08. DEMAND AND CAPACITY REVIEW

There was submitted a report [Paper No 18/05] by the Interim Chief Officer, Acute

Services, providing the Committee with an update on the programme of work which is ongoing to improve the Access position for patients. This report was considered along with item 06, above.

The Committee were advised that a Board Access Team would be created, with staff seconded to provide a plan for assessment of capacity. The Committee were further advised of ongoing work to increase access, including providing appointments first to those waiting longest, and increasing capacity through commissioning.

The Committee were advised that a national policy on access will be introduced and that local guidance will then come to the Board for consideration, and that continuing monitoring of trajectories will come to the Board through regular performance reporting.

**Interim
Officer,
Services** **Chief
Acute**

Mr Best advised the Committee that a range of tools were available to staff, and that consideration had been given to pursuing this project within existing staffing arrangements before forming the seconded team to focus on the project, though it was recognised that management of capacity must remain a matter for consideration by all staff.

AGREED:

- to note that the Board's Acute Access Team will oversee the delivery of the Access Improvement Programme;
- to note the improvement work and actions taken to date in 2017/18 to endeavour to manage patient access; and
- to note the productivity work which is ongoing to maximise the use of current capacity through a robust and comprehensive programme of improvement and redesign.

08. SPSO QUARTERLY REPORT

There was submitted a report [Paper No 18/06] by the Nursing Director providing the Committee with information on cases considered by the Scottish Public Services Ombudsman in the period 1st July 2017 to 30th September 2017, and asking members to note the learning and actions which have taken place as a result of SPSO consideration.

It was noted that the main themes of the matters considered by the SPSO were diagnostic and clinical treatment. The Committee were advised that all recommendations made by the SPSO have been progressed.

Consideration was given to the learning from SPSO recommendations, and it was confirmed that the recommendations are considered by professional meetings in the sector concerned and also beyond, and Mr Best advised the Committee that cross-sector clinical governance structures are in place to ensure learning from these matters becomes part of practise.

NOTED

09. FINANCIAL MONITORING REPORT

There was a report [Paper No. 18/07] by the Director of Finance providing a report on the financial position for the month 8 period to 30 November 2017.

Mr White noted key details from the report and advised that recent pressures had brought some uncertainty around costs in the preceding weeks. Mr White further advised that short supply drugs may result in a pressure for the Board of between £5 and £7 million, though noted that Acute Services prescribing remained in financial balance. Mr White updated the Committee on work to ensure neighbouring Boards recognise their financial duties in relation to delayed discharge patients remaining in the Board's area, and further advised the Committee of a reduction in non-pay overspend to £0.9 million with the equivalent figure in the previous financial year being in excess of £5 million.

Mr White confirmed to the Committee that better use of staff and active management on wards was resulting in reduced agency nurse usage, and Dr Armstrong advised the Committee of work being undertaken by leaders across the professions to raise awareness nationally of the high cost of some treatments and the opportunity cost of providing some drugs.

It was recognised that the Acute Service CRES saving is a key challenge and noted that the movement towards making these savings would be presented to a further meeting of the Committee.

**Director of
Finance**

NOTED

10. STATUTORY AND MANDATORY TRAINING – UPDATE ON FIRE SAFETY TRAINING REPORTING

There was a report [Paper No. 18/08] by the Interim Chief Officer, Acute Services, providing the Committee with an update on progress with improving General Awareness Fire Safety training compliance.

The Committee were advised that fire evacuation training required to be reported separately due to ongoing work with the Scottish Fire and Rescue Service to ensure that those who require to be trained are enabled to do so.

Mr Best advised the Committee that action had been taken to improve online learning numbers and monitoring of uptake by registering of payroll numbers on LearnPro, and advised that steady improvement had been made with 90% compliance forecast for 31st March 2018. It was noted that the target of 90% had been set to take account of Junior Doctor rotation and leave requirements.

The increase in current and forecast compliance was recognised, and Mr Best advised the Committee further of additional work to ensure that those without access to a computer receive notification of training needs or receive face-to-face training.

NOTED

11. YORKHILL DISPOSAL UPDATE

There was a report [Paper No. 19/09] by the Director of Property, Procurement and Facilities Management providing for the Committee an update on progress of the project to vacate the Yorkhill Campus since the last meeting of the Committee.

Mr Loudon advised that since the last meeting of the Committee work had been undertaken to complete assessment of space utilisation and desk usage, and that lessons learned from the QEUH project and guidance from the Scottish Futures Trust would influence the Yorkhill project.

Mr Loudon further advised that work was underway to consider options within the Board's current estate including the costs of works which would be required for buildings to be refurbished or re-occupied, and further advised that work had been undertaken to understand clinical services, patient throughput and current space occupied to influence any clinical moves. Mr Loudon also noted that where existing Board properties may be re-purposed, consideration would need to be given to setting out reasons for the refreshed need for the property.

AGREED:

- to note the update on the work to date and progress made since the last Acute Services Committee; and
- to note that further updates to the Committee will continue through the course of the project.

12. ACUTE STRATEGIC MANAGEMENT GROUP: MINUTE OF THE MEETING HELD ON 24TH NOVEMBER 2017

NOTED

13. DATE OF NEXT MEETING

9.00am on Tuesday 20 March 2018 in the Board Room, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH.