

ASC(M)18/02  
Minutes: 14-25

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the  
Acute Services Committee held at  
9.30am on Tuesday, 20 March 2018 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 M Brown	Mr S Carr
Cllr J Clocherty	Cllr M Hunter
Mrs T McAuley OBE	Mrs A M Monaghan
Mr I Ritchie	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**

Dr J Armstrong	Ms J Grant
Dr M McGuire	Mr M White

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

Mr J Best	..	Interim Chief Officer, Acute Services
Mr G Forrester	..	Deputy Head of Administration
Ms MA Kane	..	Interim Director of Property, Procurement and Facilities Management
Dr I Kennedy	..	Consultant in Public Health Medicine
Mrs A MacPherson	..	Director of Human Resources & Organisational Development
Ms P Mullen	..	Head of Performance

**14. APOLOGIES, WELCOME AND PRELIMINARIES**

Apologies were intimated on behalf of Ms S Brimelow OBE and Mrs D McErlan.

The Chair sought and received the Committee's agreement to receive updates on ongoing business presented as a matter of urgency. These update items provided information for members on the water supply at the Royal Hospital for Children, an assault by a member of the public upon a patient receiving treatment at the QEUH, the planned closure of the West Glasgow Minor Injuries Unit, and service options for interventional radiology provision. These items were considered as part 'b' of Matters Arising at item 04 on the agenda.

The Chair further sought and received the agreement of the Committee to take a report on the Operational Plan for 2018-19 on grounds of urgency. This item was considered as item 06 on the agenda.

**15. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**16. MINUTES OF PREVIOUS MEETING**

The Minutes of the Acute Services Committee meeting held on 16<sup>th</sup> January [ASC(M)18/01] were approved as a correct record.

APPROVED

**17. MATTERS ARISING**

**a) Rolling Action List**

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

- The Elective Access Collaborative Programme was launched in Edinburgh on 12<sup>th</sup> March, that the Scottish Government has asked the Board to nominate people to take part in this, and that the Committee would be updated further once the programme is underway.

**Interim Chief  
Officer, Acute  
Services**

With reference to item 09 on the minute of the Committee's meeting of 16<sup>th</sup> January 2018, the Committee were advised that neighbouring Boards have been invoiced for sums due relating to delayed discharges from hospital, and that the Chief Executive has raised payment of these invoices with other Chief Executives.

NOTED

**b) Update Items**

Alleged Assault on Patient

Members were advised of an ongoing Police investigation into an alleged assault on a female patient at the QEUH. Dr McGuire informed members of actions taken immediately after the incident and more recently. It was noted that as an ongoing Police investigation, little detail could be provided to members.

West Glasgow Minor Injuries Unit

Mr Best advised the Committee that the West Glasgow MIU had been opened as part of the Winter Plan, and had reported lower than expected attendances, even with wide advertising of the services provided. The Committee were advised of plans to close the MIU on 6<sup>th</sup> April 2018. It was noted that this would continue the service over the Easter weekend, and that the matter would be taken to the Finance and Planning Committee in early April.

Neurosurgery

Dr Armstrong advised the Committee of recruitment difficulties in interventional radiology, noting an international shortage of relevant staff. It was noted that interventional radiology is part of a Managed Service Network along with equivalent services in Edinburgh and Aberdeen, and that previously NHSGGC has assisted others in the Network when staffing issues have arisen. Dr Armstrong advised members that the service provides both elective and emergency treatment, and that discussion would be had within

the Network to identify the most suitable long-term solution.

Royal Hospital for Children Water Supply

Ms Kane advised members of ongoing work in discussion with Health Protection Scotland to manage water contamination at the RHC which had been identified in January. It was noted that treatment of the water supply had been carried out. Three cases of children showing effects of infection had been identified, but all had likely contracted in advance of the implementation of full infection control mechanisms. It was noted that taps would likely need to be replaced and sterilisation carried out.

It was noted that dealing with this outbreak would be disruptive to normal ward routine, but that water testing additional to that required by national guidance would look to identify the affected part of the supply. It was noted that a second round of filter testing would be carried out, and that risk assessments of the taps in use had been carried out.

**18. REVIEW OF REMIT OF ACUTE SERVICES COMMITTEE**

There was submitted a report [paper no. 18/11] by the Deputy Head of Administration setting out the Committee's terms of reference and asking members to consider any amendment to these. It was noted that collated terms of reference from each of the Board's standing committees would be presented to the Board on 17<sup>th</sup> April 2018 as part of the Annual Review of Corporate Governance.

Members noted that the formation of the Clinical and Care Governance Committee had presented significant changes for the work of this Committee when the terms of reference had last been considered in August 2017.

The Committee considered the terms of reference and identified no amendment required at this time.

AGREED

**19. OPERATIONAL PLAN 2018-19**

The Director of Finance presented report [Paper No. 18/16] setting out an initial draft of the Board's Operational Plan for 2018-19, noting that the requirement to submit an Operational Plan to the Scottish Government had only been advised of recently. It was noted that this Operational Plan for 2018-19 was a replacement for the Local Development Plan for 2018-19 and would be discussed with the Scottish Government.

Mr White advised that the Operational Plan was required to provide commitments from the Board regarding levels of performance, financial planning, access performance, working with Integration Joint Boards, and public health. It was further advised that the Operational Plan 2018-19 sets out a plan to achieve performance levels in line with those achieved in 2017, and forecast resource requirements to do so.

It was noted that the Operational Plan 2018-19 sets targets in some areas of Board work, but that other local expectations and targets may remain in addition to those in the Plan, and that the Plan is intended to enable balance

between the needs of all areas of the Board and the allocation of finite resource amongst all areas.

It was noted that the first meeting with the Scottish Government to discuss the plan submitted for the Board would take place on the afternoon of 20<sup>th</sup> March.

AGREED

**20. ACUTE SERVICES INTEGRATED PERFORMANCE REPORT**

There was submitted a paper [Paper No 18/12] 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, 9 were assessed as green, 2 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.

Mr Best advised that context for the performance set out in the report is seen in the Annual Operational Plan discussed previously, and in the experience of the last two months. He noted that by the end of March winter additionality would need to be scaled back. It was noted that performance across sectors and themes is varied, though areas of significant deprivation are identified across the Board area.

In relation to suspicion of cancer referrals, Mr Best advised that focussing on inpatient CT scans during the winter period to benefit patient flow had seen some impact on performance, but that outpatient scanning was now catching up. He noted that bowel screening referrals had increased significantly, and that this would be monitored to identify reasons.

In relation to 4-hour wait compliance, Mr Best advised that work was underway to understand an identified 18% increase in attendance at the Royal Hospital for Children, and that across the service a 5% increase in attendance at ED and MIU sites, along with 2% additional attendance at assessment units.

In relation to delayed discharges, Mr Best advised the Committee that numbers were reducing overall, but that around 100 patients were delayed. It was noted that delayed discharges should be considered from a 'whole system' point of view, recognising the role of Integration Joint Boards in managing patient flow, and including consideration of patients treated on Board sites but being resident outside of the Board area.

In relation to outpatients appointments, Mr Best advised the Committee that during recent extreme weather around 5,000 patient slots had required to be cancelled, but that all were now reassigned and those affected had generally expressed understanding of the challenges faced.

Consideration was given by the Committee to the ability to consider performance in the context of performance across Scotland, with members noting that information on relevant Scotland-wide performance would be beneficial in assessing local performance. Further consideration was given by members to the timelines for improvement set out within exception reports, and the level of information provided on forecast trajectories for improvement.

NOTED

#### 21. PWC WAITING TIMES REPORT

Mr Best spoke to a report [Paper No. 18/13] and provided the Committee with an update on progress of actions in response to internal audit findings, noting that a project management team has been formed and objectives have been agreed, that analysis is being carried out on data regarding access, and that a waiting times tracker is being developed and will be presented to the Directors Access Meeting.

NOTED

#### 22. SPSO QUARTERLY REPORT

There was submitted a report [Paper No 18/14] by the Nursing Director providing the Committee with information on cases considered by the Scottish Public Services Ombudsman in the period 1<sup>st</sup> October 2017 to 31<sup>st</sup> December 2017, and asking members to note the learning and actions which have taken place as a result of SPSO consideration.

It was noted that significant themes of the matters considered by the SPSO related to communication with patients and the ways in which apologies are expressed when corresponding with patients or families, and it was noted that consideration must be given to explanations provided to patients or families when matters are treated as adverse events. The Committee were advised that all recommendations made by the SPSO have been progressed, and that two cases noted in the report which remain outstanding will be reported to the Committee at a later date once finalised.

NOTED

#### 23. FINANCIAL MONITORING REPORT

There was a report [Paper No. 18/15] by the Director of Finance providing a report on the financial position for the month 10 period to 31<sup>st</sup> January 2018.

Mr White noted key details from the report including that the Acute Division reported an overspend at month 10 of £28.7 million against a year-to-date budget of £735 million, and within this pay reported an overspend of £5.2 million. Non-pay overspend was reported as £0.9 million, down from £6.3 million in the previous year.

In relation to short supply prescribing, Mr White advised that primary care budgets faced significant challenges due to the uses of drugs which are currently on short supply, in particular those prescribed for mental health conditions, and that Acute Division budgets are not affected to the same degree, but risk sharing for prescribing costs in 2017-18 placed a responsibility on the Board to fund primary care drugs on short supply.

Mr White further provided an update on the IJB budget-setting process, advising that good progress had been made and that the main challenges had been dealt with, including legacy debt, risk sharing and pay uplifts.

NOTED

**24.a) ACUTE STRATEGIC MANAGEMENT GROUP: MINUTE OF THE MEETING HELD ON 21<sup>st</sup> DECEMBER 2017**

NOTED

**24.b) ACUTE STRATEGIC MANAGEMENT GROUP: MINUTE OF THE MEETING HELD ON 25<sup>th</sup> JANUARY 2018**

NOTED

**25. DATE OF NEXT MEETING**

9.30am on Tuesday 15<sup>th</sup> May 2018 in the Board Room, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH.