

ASC(M)18/04
Minutes: 36-47

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Acute Services Committee held at
9.30am on Tuesday, 17th July 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

Mr R Finnie (in the Chair)

Ms M Brown	Mr S Carr
Clr J Clocherty	Mrs D McErlean
Mrs T McAuley OBE	Mrs A M Monaghan
Mrs S Brimelow OBE	Mrs A Thomson

OTHER BOARD MEMBERS IN ATTENDANCE

Dr J Armstrong

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 E Love	..	Chief Nurse for Professional Governance & Regulation
Mrs A MacPherson	..	Director of Human Resources & Organisational Development
Mr C Neil	..	Assistant Director of Finance, Acute Services

36. APOLOGIES, WELCOME AND PRELIMINARIES

Apologies were intimated on behalf of I Ritchie, J Brown, J Grant, M White, M McGuire, M A Kane & A McLaws.

NOTED

37. DECLARATIONS OF INTEREST

There were no declarations of interest.

NOTED

38. MINUTES OF PREVIOUS MEETING

The Minutes of the Acute Services Committee meeting held on 15th May 2018 were approved as a complete and accurate record.

APPROVED

39. MATTERS ARISING

The Chair asked for updates on items from the previous minute regarding Neurology & HSMR.

Dr Armstrong advised that a locum has been arranged and would take up post at the end of this week and would work in partnership with NHS Lothian. Dr Armstrong further advised that she had set up an external review to be held by George Youngson which would include experts from England. A number of slots in August have been set aside for clinical teams to meet with reviewers to discuss strengths & challenges. A Clinical Reference Group has been set up which would report to Dr Armstrong and her counterpart at NHS Lothian. It is intended that this group would report by October. Dr Armstrong finally noted that ongoing recruitment was required within NHSGGC, but acknowledged that there are challenges nationally with recruitment to Neurology posts.

In discussion Members sought clarity regarding the national and regional position and it was noted that a managed service network on a pan-Scotland basis with two centres for interventional Neurosurgery would be located in Edinburgh & Glasgow. It was further clarified in response to questions that there was no current impact on quality. Skills are utilised in Edinburgh & Glasgow although currently emergency out of hours can't be provided in Glasgow.

In relation to the Hospital Standardised Mortality Rate (HSMR), Dr Armstrong advised the Committee that the coding issue had been looked into with ISD and numbers resubmitted in early July. She advised that the revised coding resulted in additional predicted deaths between October and December with the result that recorded deaths at the RAH fall out with the highest risk area. Dr Armstrong advised the Committee that she intended to take an approach modelled on that adopted by NHS Lanarkshire, and has asked both NHS Lanarkshire and NHS Ayrshire & Arran for benchmarking numbers to allow assessment of medical staffing. She finally confirmed that a report would be submitted to Healthcare Improvement Scotland by 31st July and it was expected that she would meet with HIS in mid August.

NOTED

Rolling Action List

Members considered the rolling action list and approved the closure of 3 items marked as closed.

NOTED

40. URGENT UPDATES

WATER

Mr Best advised the Committee that an action plan was in place and that there had been no further confirmed cases. The water group meets weekly to monitor the situation and work is ongoing with Health Protection Scotland and Health Facilities

Scotland with the Chief Executive having hosted a meeting last week. Mr Best further advised that he was meeting twice weekly with relevant members of the organisation and his expectation was that all issues on the action plan would be resolved within 7 to 10 days. He further advised that HPS were due to report to the Scottish Government and it is expected that this would take place in August.

NOTED

41. ACUTE SERVICES INTEGRATED PERFORMANCE REPORT

The Committee considered the paper 'Acute Services Integrated Performance Report' [Paper No. 18/23] presented by Mr Best, which set out the integrated overview of NHSGGC Acute Services divisions performance of the 22 measures which has been assessed against our performance status based on the variation from trajectory or target.

10 were passed as green, 5 as amber (performance within 5% of trajectory) and 7 as red (performance 5% out with 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 that the red rated matrix and corresponding exception reports and reminded Members that trajectories had been included in each of the exception reports. He further reminded Members that there was a two year process for Outpatient targets. Mr Best advised the Committee that the Acute Services Division are sustaining the 31 day cancer wait at between 95% and 96% and that the A&E four hour waits was expected to be almost 94% according to June figures. He further advised the Committee that numbers of patients attending A&E were almost at winter levels with A&E departments receiving 1336 visits on Monday 16th July and a further 164 at Assessment Units.

In respect of the 12 week Treatment Time Guarantee, Mr Best advised the Committee that actual performance of 5236 should be measured against a trajectory of 4624. Mr Best advised that recruitment and demand issues in Paediatric ENT were posing some challenges, noting in particular Paediatric Surgery relating to cultural and religious circumcision. Mr Best advised the Committee of action underway to address this performance challenge and noted work with the Scottish Government Access Team to review Urology; carry out a clinical and administrative review; and to target usage of theatres with a focus on consistency of process.

In response to questions Mr Best reported that robotic services are in place to assist with prostatectomy in Urology however there were issues related to recruitment of specialists and noted a view that planning for more than one year at a time would be beneficial. The Scottish Government Access Team had acknowledged this view point.

In relation to the 6 week target for key diagnostics tests, Mr Best said that current performance was at 6249 at the end of May against a trajectory of 4484. He further advised that the team were prioritising cancer related scopes and Mr Archibald advised that he had met with the Scottish Government Cancer Team to consider a revised plan.

Regarding actions to deal with performance, Mr Archibald advised of the

recruitment of 3 cytology nurses which would enable a further 7 lists to be undertaken, 2 additional locum consultant posts being advertised, and the introduction of the QFit system into the community in September, noting an expected additional 1,800 cases due to the new bowel screening process and that, while positive, this may present a challenge. Mr Best went on to advise that steady progress had been made in Radiology to return to the 6 week target position and that CT, MRI and NOU had now returned to trajectory.

In response to questions Mr Best & Mr Archibald advised the Committee of conversations with the Scottish Government about the 3 year or longer planning rather than year by year but noted that it was important that the Board dealt with its own productivity at the initial stages and that continuing reliance upon non-recurring funding would be inconsistent and unreliable.

Regarding delayed discharges, Mr Best advised the Committee of continuing work with Integrated Joint Boards (IJBs) and that at present there were 131 delayed discharges in Acute plus a further 66 in Mental Health and that IJBs are working closely with Acute colleagues to improve the number of discharges..

In response to questions from Members, Mr Best advised that there had been some difficulties recently in identifying intermediate beds and that there was increasing pressure on the system due to rising number of under 65 year old adults with incapacity. He advised the Committee of a number of processes in place to ensure capacity was maximised across the system including the sharing of best practice through the Corporate CMT approach and discussions with neighbouring NHS Boards. Work is underway on the application of trigger points if numbers of delayed discharges increase above specified levels. Committee Members asked that commentary for the exception report on delayed discharge be provided also from Chief Officers from Health and Social Care Partnerships to enhance understanding of capacity and discussed methods to ensure a full understanding of the roles of the Acute Division and the HSCPs. Mr Best advised that he would bring the report to the Acute Services Committee along with Chief Officers to provide analysis of the issues which were faced.

**Nurse Director;
Chief Officers,
HSCPs**

Regarding MRSA MSSA bacteraemia, Dr Armstrong advised that the QEUH and the GRI experienced most SAAB cases and that quarter 2 figures had reduced from 122 cases to 110. She advised of actions in place to reduce rates including focus on the QEUH & the GRI for the Acute side and signalled the identification of some progress.

Regarding sickness absence Mrs MacPherson advised the Committee of an increase of 0.6% in sickness absence and identified that this primarily relates to an increase in long term sickness. She noted that the Clyde and Regional Sectors reported an increase of 1%. Mrs MacPherson advised the Committee of a number of actions being taken to support the management of attendance at work. The Financial Improvement Programme had identified a number of actions including the promotion of case conferences for addressing individual cases, stress interventions, and a new approach to managing stress. She further advised that there would be consistency across the trajectories for sickness absence for all sectors. In recognising some improvements and processes in place, Members of the Committee noted an increase in musculoskeletal conditions and queried whether the structural environment could impact upon sickness levels. Mrs McPherson advised the Committee that there were some areas within the organisation where

individuals may require assistance in managing attendance.

In relation to TURAS appraisal Mrs MacPherson advised the Committee that there had been some issues with access to the newly launched TURAS system including those relating to transfer of KSF data from the previous system not being complete, which had led to some challenges for local management teams. She advised the Committee that she hoped to be able to provide further information for the next meeting of the Committee but added that there had been good feedback on the TURAS system. Members discussed the launch of TURAS and hoped that there would not be any evidence of the system being tainted by difficulties at the outset.

**Director of HR
and OD**

In relation to performance and statistics within the table on pages 23 & 24 of the report, Members queried the significant increase in A&E attendance numbers from 2016/17 – 2018/19. It was noted that these numbers include both Assessment Units and Minor Injury Units but noted that there had been significant increases and growth continues.

NOTED

42. COMPLAINTS REPORT

Ms Love presented a report [Paper No. 18/24] which provided a report on cases considered by the Scottish Public Services Ombudsman for quarter 4 being the period 1st January 2018 to 31st March 2018. She advised the Committee that there was one investigation report and 15 decision letters, with 25 issues upheld and 2 not upheld. She directed members of the Committee to the individual actions which have been taken in response to complaints in the report and asked that the Committee note the actions which had been taken forward. In discussion of the content of the report Members queried the lack of information on the effect of issues upon the patient noting that the severity of incidents and the impact upon patients is not part of the reported information.

Members further queried the reasoning for individuals to feel that they need to go to the Ombudsman to have complaints reviewed. Dr Armstrong reminded Members that approximately 1/3 of a million patients were treated in NHSGGC every year therefore it was essential to bear this in mind when considering the context in which complaints are managed. Members in discussing the complaints process, gave consideration to the role of Acute Services Committee and the terms of its remit noting a role for the IJBs in overseeing complaints in mental health, prisons and primary care settings. Members discussed the potential for the Acute Services Committee to analyse complaints performance with a view to service improvement. Mr Forrester advised that he would consider the Terms of Reference for the Committee and investigate possible changes to clarify the role of the Committee and the other Committees of the Board in overseeing the complaints process. Members considered the content of some of the complaints responses which were issued on behalf of the Board and noted some areas where a lack of communication and compassion could be identified, though there was general recognition of an increased quality of responses since Dr McGuire assumed the role as Director responsible for Board complaints management.

**Deputy Head of
Board Admin**

NOTED

43. CORPORATE RISK REGISTER

The Committee considered the Corporate Risk Register [Paper No. 18/25], presented by the Assistant Director of Finance, Acute Service Division.

The paper set out the elements of the Corporate Risk Register for the which the Acute Services Committee was considered to be the most appropriate Committee to exercise oversight & monitoring. Mr Neil recognised that the Committee had at a previous meeting critiqued the content of the Corporate Risk Register and noted that the new version presented today was more fulsome in its content. Members of the Committee queried the division of elements of the Corporate Risk Register between Standing Committees. Mr Best advised the Committee that he would need to consider the content of other elements of the Corporate Risk Register to identify any gaps. Mr Best went on to describe the mechanism within the Acute Service Division for the creation of Risk Registers and noted that Risk Registers were created from team level upward and in turn influenced the final inclusions in the Corporate Risk Register. Mrs MacPherson advised that the Risk Steering Group, chaired by Mr White the Board Finance Director, was responsible for identifying which risks were placed onto the Corporate Risk Register. The Committee were further advised that the Audit & Risk Committee were currently reviewing the Risk Framework however it was agreed that work would be undertaken on the cover sheet for the Acute Services Committee to ensure that it sets out appropriately the whole system of registering risk.

NOTED

44. BREAST STRATEGY

The Chair in introducing the Breast Strategy paper [Paper No. 18/26] to the Committee cited difficulty with the number and the range of persons consulted and suggested further information would be required. He also suggested that more context on the alignment and fit with regional developments would be helpful in providing a cohesive argument, and proposed that the paper be continued to a later meeting.

In considering the proposal put forward by the Chair, Members of the Committee raised concerns regarding the link between the Breast Services Review and the Moving Forward Together Transformational Programme, the reference to a public engagement process, the lack of information as to the numbers of impacted patients in the Inverclyde area and the lack of clarity regarding the view of the Scottish Health Council on the proposals being considered. Dr Armstrong agreed that the proposal would require more work before being presented for determination however reminded Members of the context and the principles of the strategy to develop a “one-stop-shop” provision with specialist services. Mr Best welcomed the input from Members of the Committee and advised that the paper would be refined and submitted in a revised format for further scrutiny.

**Chief Operating
Officer, Acute
Services**

CONTINUED TO A LATER MEETING

45. FINANCIAL MONITORING REPORT

The Committee considered the paper 'Financial Monitoring Report' [Paper No. 18/27] presented by the Assistant Director of Finance, Acute Services Division. The paper sets out the Acute Division financial position to month 2 of financial year 2018/19 and covering the period up to 31st May 2018. Mr Neil presented the report to the Committee and noted details from the report including that the Acute Division reported an overspend at the end of month 2 of £10.1 million based on a year to date budget of around £230 million. Within this, Mr Neil noted that there was £8.25 million related to unachieved savings, £1.37 million relating to pay, £0.3 million relating to non-pay and an income under recovery of £0.1 million.

In breaking down the pay overspend, Mr Neil noted a medical overspend of £1 million and a nursing overspend of £0.8. Mr Neil went on to note that with regard to the Acute Division, a target of £67 million has been agreed for the Financial Improvement Programme. Mr Neil explained that the Scottish Government has allocated just over £11 million of non-recurring access funding to the Board for the financial year 2018/19 and that a further share of money given to other Health Boards in proportion to NRAC funding will also be received. Mr Neil explained the nursing budget overspend and described the £806 overspend at month 2 as a deterioration and reminded Members that in the later months of the 2017/18 financial year, there was significantly better performance in this area.

NOTED

46. MINUTES FOR NOTING

46.a) ACUTE STRATEGIC MANAGEMENT GROUP: MINUTE OF THE MEETING HELD ON 26th April 2018

The Committee considered the minute of the Acute Strategic Management Group Meeting of 26th April 2018.

NOTED

46.b) ACUTE STRATEGIC MANAGEMENT GROUP: MINUTE OF THE MEETING HELD ON 31st May 2018

The Committee considered the minute of the Acute Strategic Management Group Meeting of 31st May 2018. Assurance was sought as to actions being taken to meet the expectations of the Health and Safety Executive. Members were advised that the Strategic Management Group were updated monthly on progress in meeting the requirements of improvement notices, and that the Operational Management Group oversaw actions being taken within the Acute Division. Members were further advised that the Board's Corporate Management Team ensured that all services were acting to meet the requirements, and that the Staff Governance Committee provided member-level oversight of actions taken and attainment against expected trajectories for meeting the terms of the notices.

NOTED

47. DATE OF NEXT MEETING

9.30am on Tuesday 18th September 2018 in the Board Room, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH.