

ASC(M)18/05  
Minutes: 48-57

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the  
Acute Services Committee held at  
9.30am on Tuesday, 18<sup>th</sup> September 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)

Mrs S Brimelow OBE	Ms M Brown
Mr S Carr	Cllr J Clocherty
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**

Ms J Grant	Dr J Armstrong
Mr M White	

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

Mr G Archibald	..	Chief Operating Officer, Acute Services
Mr J Best	..	Interim Chief Officer, Acute Services
Mrs A MacPherson	..	Director of Human Resources & Organisational Development
Ms MA Kane	..	Interim Director of Property, Procurement and Facilities Management
Mr A McLaws	..	Director of Corporate Communications
Ms E Vanhegan	..	Head of Corporate Governance and Administration
Ms E Love	..	Chief Nurse for Professional Governance & Regulation
Mr G Forrester	..	Deputy Head of Administration
Ms L McConnachie	..	Audit Scotland
Ms L Yuill	..	Audit Scotland

**48. APOLOGIES, WELCOME AND PRELIMINARIES**

Apologies were intimated on behalf of I Ritchie, D McErlean, M Hunter, J Brown, and M McGuire.

NOTED

**49. DECLARATIONS OF INTEREST**

There were no declarations of interest.

NOTED

**50. MINUTES OF PREVIOUS MEETING**

The Chair advised the Committee that due to an administrative error an early and incomplete version of the draft minute of the previous meeting had been circulated with the Committee papers. The Chair, having advised of a number of amendments which had been made to the minute in advance of his confirmation of the content, allowed the members of the Committee time to consider the content of the draft. The Chair, having reminded the Committee of the content of discussion regarding the Breast Service Review paper presented at the last meeting and in particular that the Committee had considered that the report contained a number of omissions, and needed further work before it would be ready to be considered by a Board committee, asked the Committee to confirm that the presented minute represented a complete and accurate record of the meeting of the Committee on 17<sup>th</sup> July 2018.

The Minutes of the Acute Services Committee meeting held on 17<sup>th</sup> July 2018 were approved as a complete and accurate record.

APPROVED

**51. MATTERS ARISING**

**a) Rolling Action List**

Members considered the rolling action list and approved the closure of 2 items marked as closed.

It was agreed to include items on the Breast Service Review and Delayed Discharge on Rolling Action List, and noted that Ms Vanhegan is reviewing the use of Rolling Action Lists to ensure that all items of business relevant to Board committees are recorded in a manner which enables member oversight of actions.

NOTED

**40. URGENT UPDATES**

WATER

Dr. Armstrong advised the Committee that three further cases had occurred in August and September which could possibly be related to issues with water and drains at the Royal Hospital for Children, and that these cases had come about subsequent to significant work undertaken by the Board in response to earlier cases. She further advised that an Incident Management Team had been instituted as per policy, and that children required to be transferred from current wards to enable investigation of the environment. In response to questions from members, Dr Armstrong, Ms Grant and Mr Archibald advised that a report providing an overview of issues identified at the QEUH and RHC site would be prepared and would be presented to the appropriate governance committee, and that the clinical safety of children would determine the arrangements for transfer from wards.

**Chief Executive,  
Medical  
Director, Chief  
Operating  
Officer Acute  
Services  
Division**

NOTED

**51. ACUTE SERVICES INTEGRATED PERFORMANCE REPORT**

In introducing the paper 'Acute Services Integrated Performance Report' [Paper No. 18/29], the Chair remarked upon a difficult number of weeks during which throughput at acute facilities had been higher than had been expected, and noted that a positive outlook must be retained albeit members would rigorously scrutinise performance figures. The Chair further remarked that he expected each of the exception reports to be considered by the Committee to be accompanied by a timeline for improving performance or reasoning for this not being possible.

The Committee thereafter considered the paper presented by Mr Archibald, which set out the integrated overview of NHSGGC Acute Services division's performance of the 22 measures which has been assessed against our performance status based on the variation from trajectory or target.

13 were passed as green, 0 as amber (performance within 5% of trajectory) and 9 as red (performance 5% out with meeting trajectory). Exception reports had been provided for those measures which had been assessed as red. Mr Archibald advised the Committee that the Acute Services Division are sustaining the 31 day cancer wait at 94.2%, that the 18-week Referral to Treatment Time perf is currently exceeding target, that stroke bundle performance is currently exceeding target, and that Alcohol Brief Interventions, C.Diff infections and access to IVF treatment are all exceeding target.

In respect of the 62-day target for suspicion of cancer referrals, Mr Archibald advised the Committee that while the 31-day target for cancer treatments was being exceeded, the 62-day performance measure was unacceptably below target and declining against recent performance and against the national average. He advised of consideration at the Directors Access Meeting of proposals to introduce a 7-day process for access to radiology, and of a test of concept which will be tested within urology. In response to member questions, Mr White advised that consideration is given to all opportunities to improve services, and that cost increases are only acceptable where service improvement is identified. Ms Grant advised of a need to ensure that all elements of the patient pathway work appropriately, recognising that no one alteration will singly raise performance to expected levels, and Mr Archibald advised that the proposed test of concept would allow improvement to be trialled before changes made.

In respect of the 12-week new outpatient waiting times exception report, Mr Archibald advised members that the Board's performance level of 72.2% was better than that seen in some other Boards but significantly below expectations. Mr Archibald advised the Committee that there are currently three consultant vacancies in the ENT department, but that returning to trajectory for this measure was intended over the coming months. He advised of actions being taken including capacity and demand analysis, learning from other Boards, and through the FIP process providing additional capacity. In response to member questions, Mr Archibald noted the value of inclusion of trajectories for returning to target and provision of analysis of causes of decreased performance.

In respect of the 12-week treatment time guarantee exception report, Mr Archibald noted an increased number of patients waiting in excess of twelve weeks, but advised that as a percentage of eligible patients performance had increased. He noted ongoing work on capacity and demand, relating to both inpatients and outpatients, and advised of the need to return to expected performance and also ensure individual

patients are treated within appropriate timescales. J Armstrong provided the Committee with further detail on a process adopted within orthopaedics in which increased information is given to patients along with telephone access to clinics which has seen reduced requirement for appointments, and noted that there may be areas where this mechanism could be expanded to other areas.

In respect of the 6-week target for access to key diagnostic tests target, Mr Archibald advised of 6,933 patients waiting against a target of 4,067. He noted possible unintended consequences of improved screening methods increasing numbers of referrals, and advised of ongoing work to assess relative rates of referral to understand demand.

In respect of delayed discharge performance, Ms Love noted that July figures showed 125 delayed discharges providing 3,910 bed days, and advised the Committee of continuing work with Integrated Joint Boards (IJBs) to improve the number of discharges. Mr Best advised the Committee that a session with Acute Directors, IJB Chief Officers and planners had been arranged to begin preparations for the winter period and to build upon identified areas of success. Mr Archibald, in recognising members' concerns regarding the effect of challenging social care budgets and some local difficulties with private care provision, reminded the Committee that the number of delayed discharges equated to more than five full acute wards.

Regarding MRSA MSSA bacteraemia, Dr Armstrong advised that the SAB rate has decreased in the most recent figures, and that work has been undertaken to learn from the experiences of NHS Lanarkshire and NHS Lothian and to make changes to processes for the removal of IVs. Dr Armstrong further advised of the introduction of microbiologist ward walkrounds when issues are raised. In response to questions regarding timescales for proposed actions, Dr Armstrong advised that the content of exception reports on this measure would be considered to ensure that the Committee is fully advised of intended performance trajectories.

**Medical  
Director**

Regarding sickness absence Mrs MacPherson advised the Committee that this year had seen the highest summer absence recorded, and that Heads of People and Change have been tasked with analysing the data to ascertain any reasons for this. She further advised that all Acute Division areas have seen increases in absence, and noted that three members of the HR and OD team have been assigned to work with local teams to support understanding of absence, and that Internal Audit have been asked to carry out work to provide assurance on the application of policy and processes at a local level. In response to member questions regarding increased levels of absence, Mrs MacPherson advised the Committee that cultural factors would be considered in understanding absence, with a focus on the use of the iMatters process and stress surveying to understand reasons why staff are absent and to help promote attendance.

In relation to TURAS appraisal Mrs MacPherson advised the Committee that Turas had been in place since April 2018 and that some issues in the introduction of this national system had contributed to a 30.6% drop in compliance. Mrs MacPherson advised the Committee that 80% compliance was expected by the end of March, and that feedback on the Turas system identified that this system is easier to use than the previous eKSF system.

NOTED

**52. CORPORATE RISK REGISTER**

The Committee considered the Corporate Risk Register [Paper No. 18/30], presented by the Director of Finance.

The paper set out the elements of the Corporate Risk Register for which the Acute Services Committee was considered to be the most appropriate Committee to exercise oversight & monitoring. Mr White advised members that the Risk Management Steering Group oversees the Corporate Risk Register, and agrees additions and removals. Mr White further advised members that the Acute Services Committee element of the Corporate Risk Register included items on waiting lists, delayed discharge, civil contingencies and water safety.

The Committee raised a number of matters to be developed in managing the Corporate Risk Register, including recognising the content of the Register when compiling reports, ensuring Register content is kept up-to-date, ensuring appropriate explanation of risks is provided.

**Director of  
Finance**

It was noted that risk registers are increasingly used as a management tool, but that there is scope for increased usage. In response to questions from members regarding inclusion of items of the Register, Mr White advised the Committee that the Audit and Risk Committee had asked the Board's governance committees to consider the elements of the Corporate Risk Register in order to comment on their registration, and he advised that some items were registered as risks for other Committees as they extend beyond the remit of any individual committee. He noted that some items relevant to the Acute Division, including risks relating to Brexit and water, feature on risk registers which are overseen by other groups. Ms Vanhegan advised that she would look to add actions being undertaken to the content of the covering report accompanying the Corporate Risk Register for the Committee.

**Head of  
Corporate  
Governance  
and  
Administration**

NOTED

**53. PERSONAL DEVELOPMENT PLANS**

The Committee considered a report on Personal Development Plans (PDPs) [Paper No. 18/31], presented by the Director of HR and OD. Mrs MacPherson advised the Committee that the report presented a 'stock take', reflecting that concerns had been raised previously regarding the quality of completed PDPs and that future reporting on this matter would be undertaken using functionality within the Turas system but which is not currently available. Mrs MacPherson further advised of a focus on quality of conversation within the PDP process, and noted that the survey outcomes presented in the paper show 83% of respondents considered their PDP was given sufficient time, 71% felt supported to develop, and 71% considered they had been given sufficient feedback.

Responding to member questions on perception of importance and providing suitable time for PDPs, Mrs MacPherson advised of her intention that PDPs should be seen as a standard part of operational business and suitably prioritised.

NOTED

**54. FINANCIAL MONITORING REPORT**

The Committee considered the paper 'Financial Monitoring Report' [Paper No. 18/32] presented by the Director of Finance. The paper sets out the Acute Division financial position to month 4 of financial year 2018/19 and covering the period up to the end of July 2018. Mr White 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 4 of £17.9 million based on a year to date budget of around £287 million. Within this, Mr Neil noted that there was £15.1 million related to unachieved savings, £2.0 million relating to pay, £0.6 million relating to non-pay and an income under recovery of £0.2 million.

Mr White reminded the Committee of the continuing focus on financial management, noting that while NHS Scotland forecasts a national overspend of around £125 million, the Board is required to manage spending, pursue savings through the Financial Improvement Programme (FIP), and maximise non-recurring sources of funding. Mr White advised that significant increased scrutiny was placed on medical and nursing spend, that senior medical agency spend was reduced, and that the Board are alone in Scotland at the moment in managing prescribing spend within set budget. Ms Grant advised members that increased demand could be identified within current figures, and that increased pressure in winter months would make this even more challenging.

In responding to questions regarding the FIP, Mr White advised that external support has assisted in developing a methodology for savings and ensuring discipline, and that this has assisted in developing internal expertise also. Responding to questions on the financial challenge, Mr White reminded members of the adoption of a £93 million starting point, and advised that reaching the mid-year point will allow more detailed projection to be submitted to the Scottish Government.

NOTED

**46. MINUTES FOR NOTING**

**46.a) ACUTE STRATEGIC MANAGEMENT GROUP: MINUTE OF THE MEETING HELD ON 28th JUNE 2018**

The Committee considered the minute of the Acute Strategic Management Group Meeting of 28th June 2018.

NOTED

**46.b) ACUTE STRATEGIC MANAGEMENT GROUP: MINUTE OF THE MEETING HELD ON 26<sup>th</sup> JULY 2018**

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

NOTED

**57. DATE OF NEXT MEETING**

9.30am on Tuesday 20th November 2018 in the Board Room, JB Russell House,  
Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH.