

ASC(M)18/06  
Minutes: 58-68

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the  
Acute Services Committee held at  
9.30am on Tuesday, 20<sup>th</sup> November 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  
Ms D McErlean                Mr I Ritchie

**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 M McGuire  
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
Mr T Steele	..	Director of Estates and Facilities
Ms A Muir	..	Head of Pharmacy
Mr C Neil	..	Assistant Director of Finance Acute
Ms E Vanhegan	..	Head of Corporate Governance and Administration
Mr G Forrester	..	Deputy Head of Administration

**58. APOLOGIES, WELCOME AND PRELIMINARIES**

Apologies were intimated on behalf of Cllr M Hunter, Mrs S Brimelow OBE, Mrs A M Monaghan, Mrs A Thomson, Cllr J Clocherty, and Mr J Brown.

The Chair advised the Committee that two additional items of business had been proposed for consideration, and received the agreement of the Committee for these items to be included for the meeting. The Chair advised that the additional item Presentation on the Access to New Medicines Policy would be considered as part of item 5 – Urgent Updates , which would also include an update for the Committee on actions to return the Cowlairs Decontamination Unit to normal service, and that the additional item Quarter 1 Report on Cases Considered by the Scottish Public Services Ombudsman would be taken after item 8 – Financial Monitoring Report.

NOTED

**59. DECLARATIONS OF INTEREST**

There were no declarations of interest.

NOTED

**60. MINUTES OF PREVIOUS MEETING**

Subject to amendment at page 2 – Urgent Updates, Water, to note that ventilation would comprise part of the work of the Group as had been agreed by the Committee, the Minutes of the Acute Services Committee meeting held on 18<sup>th</sup> September 2018 were approved as a complete and accurate record.

APPROVED

**61. MATTERS ARISING**

**a) Rolling Action List**

Members considered the rolling action list and discussed in detail the item on Delayed Discharge, with a focus on ensuring that management structures in place are designed to effectively manage delayed discharge on a whole-system basis. Ms Grant advised the Committee of proposed changes to the management structure which would provide additional capacity, and that both the Acute Division and the HSCPs have work to do to ensure that best use is made of the capacity which is within the system. The Chair advised that it would be beneficial for the Committee to see the whole picture of the system in order to fully understand where support is required.

In response to questions regarding waiting times performance, Ms Grant advised that the Director of Access would consider base capacity in line with the 30-month plan for waiting times.

Regarding Complaints Analysis, Ms Vanhegan advised the Committee that Terms of Reference were being considered for all Committees to ensure that these remained appropriate for the business of the Committee.

NOTED

**62. URGENT UPDATES**

**COWLAIRS DECONTAMINATION UNIT**

Mr Steele advised the Committee that following a site inspection, the auditors Lloyd's Register Quality Assurance, had suspended the accreditation certificate of the Decontamination Unit at Cowlairs. Remedial work had begun to take steps which would enable re-accreditation of the Unit. Mr Steele advised the Committee that HFS Technical staff were on-site to work on elements required for re-accreditation and that thorough cleaning including HPV had been undertaken. Mr Steele further advised that as the Cowlairs Unit is the largest single decontamination unit in Europe, this suspension of operations was impacting on provision of surgical equipment, but that support was being provided by the Unit in Inverclyde and from other Boards and the private sector. Ms Grant advised the Committee that the Board's focus was on patient safety and that investigation of the causes of the issue would follow from focussing on returning to normal

operation with as little impact on patients as possible, although it was recognised that some cancellation of patient operations would be required until the Unit was back to normal operation. It was noted that staff from across the Board had contributed to managing the issue, and the Committee asked that their thanks be extended to all staff, the management team, and those engaged from other Boards and organisations who have been involved in assisting to provide services.

#### ACCESS TO NEW DRUGS POLICY

Aileen Muir, Head of Pharmacy, presented to the Committee on the Access to New Drugs Policy, advising members of the stages involved in the introduction of new medicines. Ms Muir advised of new policies adopted nationally, and focussed upon arrangements for access to Ultraorphan drugs, noting that a funding pathway for these drugs has not yet been identified.

In responding to the presentation, Committee members raised points regarding public health and individual responsibility, as well as the ethical issues raised, and Mr White advised the Committee that Finance Directors nationally had raised the need to fully understand the financial implications of the policy to enable service and financial planning.

#### NOTED

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

Mr Archibald, Chief Operating Officer, presented to the Committee the 'Acute Services Integrated Performance Report' [Paper No. 18/34], setting 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. 9 were passed as green, 2 as amber (performance within 5% of trajectory) and 11 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 which has been above trajectory for five consecutive months, and performance in relation to the delivery of Alcohol Brief Interventions, C Diff. infections and access to IVF treatment exceed target. He further advised that new outpatient Do Not Attends (DNAs) continues to meet the target and is improved over previous years. Mr Archibald and Ms Grant, in response to points raised on the actions taken to improve performance across all reports, advised that the style of report would be refined to more effectively present information.

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 remained below target and was declining against recent performance. He advised of considerable variation in performance across themes, with Urology in particular posing problems relating to national recruitment difficulties. He advised the Committee that the 7-day pilot process was underway, and that Directors consider individual patient journeys. He further advised that a cancer expert from the Scottish Government had recently

visited the service and provided complimentary feedback as well as some suggestions. Members questioned the recruitment challenges and ways of working amongst clinicians, and Mr Archibald advised that there remained a need to recruit two consultants in Urology, and that ways in which to address sub-specialist work were being investigated.

In respect of the 12-week new outpatient waiting times exception report, Mr Archibald advised members that the Board's performance level of 69.6% was better than that seen in some other Boards. Mr Archibald advised the Committee that there remained an expectation that performance would return to the planned trajectory, but it was noted that this would pose a significant challenge. Committee members discussed the actions to meet the target and gave consideration to how current expectations would be met. Mr Archibald reassured the Committee that reasons for failing to meet the required trajectory were considered in detail.

In respect of the 12-week treatment time guarantee exception report, Mr Archibald noted an increased number of patients (5,505) waiting in excess of twelve weeks, but advised that demand is up 2% in inpatient / day-case admissions compared to 2017-18.

In respect of the 6-week target for access to key diagnostic tests target, Mr Archibald advised of 6,188 patients waiting over 6-weeks against a target of 3,651. He noted possible unintended consequences of improved screening methods. He advised that a focus had been taken on the most urgent cases, and that waiting lists had reduced 8% over the previous month and 11% over the last 2 months.

In respect of delayed discharge performance, Dr McGuire noted that the July figures showed 131 delayed discharges occupying 3,965 bed days, and advised the Committee of continuing work with Partnerships to improve the number of discharges, with each having a target of 10% reduction in occupied bed days.

In respect of complaints responded to within 20 working days, Ms Vanhegan advised the Committee of July to September 2018 performance of 59% against a target of 70%. It was noted that there have been some staffing and absence difficulties in the team in recent months, and that the complaints team provide a mechanism for all departments across the Board to appropriately manage complaints received.

Regarding sickness absence Mrs MacPherson advised the Committee that absence rates as at September 2018 are 5.46% against the national target of 4%, but advised the Committee also that the national average for August 2018 was 5.36%. She further advised that there is variability in absence rates across the organisation, but that recent internal audit work has provided some helpful recommendations, and that while some local ownership of absence issues needs improvement, overall the controls in place for the organisation are good.

NOTED

**64. CORPORATE RISK REGISTER**

The Committee considered the Corporate Risk Register [Paper No. 18/35], presented by the Director of Finance.

The paper set out the four 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 advises 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 ensuring that, where possible, an appropriate timescale for actions set out in the mitigation column is included. Mr White further advised the Committee that, with particular reference to the waiting times risk, the Risk Management Steering Group had considered in detail the achievability of reduced waiting times.

**Director of  
Finance**

NOTED

**65. FINANCIAL MONITORING REPORT**

The Committee considered the paper 'Financial Monitoring Report' [Paper No. 18/36] presented by the Director of Finance. The paper sets out the Acute Division's financial position to month 6 of financial year 2018/19 and covers the period up to the end of September 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 £26.2 million based on a year to date budget of around £705 million. Within this, Mr White noted that there was £22.4 million related to unachieved savings, £2.7 million relating to pay, £0.8 million relating to non-pay and an income under recovery of £0.3 million. Mr White advised that within this picture, pay lines in the South Sector are significantly reduced and that this relates to considering individual costs and ward costs in detail, and that learning from this was being shared with other sectors and departments.

Mr White went on to describe the current situation of the Financial Improvement Programme, noting that a full year effect of £53.2 million would leave a gap of around £20 million, but that he was reasonably confident of achieving £37 million for the current year within the Acute Division, albeit only £8 million had been realised at the half-year point.

Mr White further described actions to access the required £45 million of non-recurring finance, noting that £12 million had been received already, and advising that if a shortfall in this area became forecast, plans to deal with this would be taken to the Finance and Planning Committee.

NOTED

**66. QUARTER 1: REPORT ON CASES CONSIDERED BY THE SCOTTISH PUBLIC SERVICES OMBUDSMAN (1 APRIL 2018 – 30 JUNE 2018)**

The Committee considered the paper 'Quarter 1: Report on Cases Considered by

the Scottish Public Services Ombudsman (1 April 2018 – 30 June 2018)' [Paper No. 18/37] presented by the Nursing Director and the Head of Corporate Governance and Administration. It was noted that 16 decision letters had been issued by the SPSO, identifying 32 issues and making 37 recommendations, and that in all cases the SPSO had noted the expectation that the Board would write to the individual to apologise.

The Committee were advised that all points of learning are taken to local clinical and care governance forums, and that shared learning had a focus on communication and interaction with patients.

Issues relating to communication were noted by the Nursing Director as having reduced as compared to previous periods, but it was noted that complaints had been dealt with which related to almost all hospital sites. In recognition of the time of issuing the report, and to allow full consideration of its content, it was agreed that the report would again be presented to the next meeting of the Committee along with the next quarter's report.

**Head of  
Corporate  
Governance  
and  
Administration**

NOTED

**67. MINUTES FOR NOTING**

**67.a) ACUTE STRATEGIC MANAGEMENT GROUP: MINUTE OF THE MEETING HELD ON 30th AUGUST 2018**

The Committee considered the minute of the Acute Strategic Management Group Meeting of 30th August 2018.

NOTED

**67.b) ACUTE STRATEGIC MANAGEMENT GROUP: MINUTE OF THE MEETING HELD ON 27<sup>th</sup> SEPTEMBER 2018**

The Committee considered the minute of the Acute Strategic Management Group Meeting of 27th September 2018.

NOTED

**68. DATE OF NEXT MEETING**

9.30am on Tuesday 15th January 2019 in the Board Room, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH.