

ASC(M)19/01  
Minutes: 01-15

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the  
Acute Services Committee held at  
9.30am on Tuesday, 15<sup>th</sup> January 2019 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	Mrs S Brimelow OBE
Cllr J Clocherty	Mr I Ritchie
Mrs A Thomson – to item 10	

**OTHER BOARD MEMBERS IN ATTENDANCE**

Ms J Grant	Dr J Armstrong
Mr M White	Dr L de Caestecker

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

Mr J Best	..	Interim Chief Operating Officer, Acute Services
Mrs A MacPherson	..	Director of Human Resources & Organisational Development
Mr T Steele	..	Director of Estates and Facilities
Mr A Hunter	..	Director of Access
Mr A McLaws	..	Director of Corporate Communications
Mr C Neil	..	Assistant Director of Finance Acute
Ms E Vanhegan	..	Head of Corporate Governance and Administration
Mr G Forrester	..	Deputy Head of Administration
Ms L Yule	..	Audit Scotland
Ms R Weir	..	Scott-Moncrieff

**01. APOLOGIES, WELCOME AND PRELIMINARIES**

Apologies were intimated on behalf of Mr S Carr, Ms AM Monaghan, Cllr M Hunter, and Mr J Brown.

NOTED

**02. DECLARATIONS OF INTEREST**

There were no declarations of interest.

NOTED

**03. MINUTES OF PREVIOUS MEETING**

The Minutes of the Acute Services Committee meeting held on 20<sup>th</sup> November 2018

were approved as a complete and accurate record.

Mrs M Brown advised that the previous minutes did not fully record comments from committee members and adopted a passive style. Ms Vanhegan advised that consistency of minuting style across committees would be considered.

**Head of  
Corporate  
Governance  
and  
Administration**

APPROVED

**04. MATTERS ARISING**

**a) Rolling Action List**

Members considered the rolling action list [Paper No. 19/01] and agreed to close the two items recommended for closure.

NOTED

**05. URGENT UPDATES**

Dr Armstrong provided an update for committee members on actions underway at Ward 6A in the QEUH in response to identification of Cryptococcus infection. Dr Armstrong advised that contact had been made with parents of children currently on the Ward, that investigation was underway into potential issues, prophylactic medicines had been provided, and that monitoring of infection rates would continue, though they remained as would be expected. Dr Armstrong advised members that the regular Healthcare Associated Infection report presented to the Board would report on the issue.

NOTED

**06. ACUTE SERVICES INTEGRATED PERFORMANCE REPORT**

Mr Best, Interim Chief Operating Officer, presented to the Committee the 'Acute Services Integrated Performance Report' [Paper No. 19/02], 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. 8 were passed as green, 3 as amber (performance within 5% of trajectory) and 11 as red (performance 5% out with meeting trajectory). Mr Best advised the Committee that changes had been made to the report style to take into account feedback from members, and to provide context for performance measures, including the numbers of outpatients, inpatients and ED attendees compared with the preceding year. Committee members welcomed the inclusion of context within the report, but noted concerns that evidence of understanding of underlying issues, which would help members understand the challenges faced and potential impact of planned actions, were inconsistent across exception reports. Committee members further queried the potential challenges associated with making transformational change within the Moving Forward Together programme while also aiming to tackle increasing demands upon services. Ms Grant advised the Committee that action was required to deal with the fact that patients were currently waiting too long to access services, and that this would be appropriately undertaken through improving productivity and efficiency, providing additionality, and redesigning services, both through small

changes locally and through strategic transformational change. Dr de Caestecker advised the Committee that initial work on understanding increasing demand had been undertaken, and would be reported upon later in the meeting, but reassured the Committee that wider research is also underway.

Exception reports had been provided for those measures which had been assessed as red, and advised the Committee that a full update on the Stroke Care Bundle would be provided to the next meeting of the Committee. Mr Best advised the Committee that performance in Alcohol Brief Interventions, C. Diff infections and IVF treatment continue to meet or exceed target, and that performance for access to key diagnostic tests, access to new outpatient appointments, and new outpatient 'Do Not Attends', shows improvement against recent periods.

In respect of the 62-day target for suspicion of cancer referrals, Mr Best advised the Committee that performance remained below target and had declined slightly against recent performance. He advised of considerable variation in performance across cancer modalities, with Urology and Colorectal in particular proving challenging. He did, however, advise the Committee that while Breast, Head and Neck, and Upper GI measures remained below target, five types – Lung, Cervical, Lymphoma, Ovarian and Melanoma – showed performance in excess of target. He advised the Committee that two areas were the focus for management: Breast, where an additional locum had been appointed; and the implementation of 7-day waiting times for some types.

In respect of the 12-week new outpatient waiting times and the 12-week treatment time guarantee exception reports, Mr Best advised members that work was being done to review capacity and demand, and that weekly booking targets for each speciality had been introduced. Mr Best further advised that suspension of operations at the Cowlairs Decontamination Unit had led to some delays and challenges, but that all patients affected had now been rebooked or had been seen already, and that the return to regular business should help in achieving performance targets, along with contracts for 25 spinal operations per month to be carried out in the independent sector and for some additional work to be undertaken at the Golden Jubilee.

In respect of the 6-week target for access to key diagnostic tests target, Mr Best advised of 5,174 patients waiting over 6-weeks against a target of 3,234, but noted that steady improvement could be seen in performance, and highlighted that numbers waiting in November 2018 were down 20% on September 2018 figures. He further noted a 42% reduction in numbers waiting for a radiology test since October 2018 figures. In response to questions from the Committee, Mr Best advised that he hoped performance on these targets would remain stable over coming months, though a number of posts remained vacant, as a locum endoscopist had been appointed, the Golden Jubilee were now taking 100 patients per month for scopes, and additional weekend scopes had been contracted at the QUEH site.

In respect of delayed discharge performance, Mr Best advised of a focus on daily monitoring of patients to increase opportunities for patients to be discharged including considering ways in which to start homecare earlier or undertake assessments in the home rather than in hospital. Ms Grant advised the Committee that it was important to ensure that beds remained available in Acute for those who required them, but also that the needs of the delayed patient must be kept in mind

as remaining on an Acute ward when unnecessary is not beneficial for the patient who requires a more homely environment. The Acute Services Division and the Health and Social Care Partnerships will review their systems and processes in order to increase opportunities for patients to be discharged in a timely manner, and the outcome of this work will be reported to the Committee.

**Nurse Director**

In respect of 18-week Referral to Treatment, Mr Best advised that recent focus on tackling long waits had led to an increase the percentage of patients waiting in excess of 18-weeks, but that he hoped that numbers would re-stabilise.

In respect of MRSA/MSSA Bacteraemia, Dr Armstrong advised that SAB cases per 100,000 patients were significantly below national performance, and had fallen 17% on figures for the previous quarter.

In respect of complaints responded to within 20 working days, the Committee agreed to consider performance along with item 13 on the agenda, Patient Experience Report – Summary Report Questers 1 & 2.

Regarding sickness absence Mrs MacPherson advised the Committee that absence rates had spiked earlier than had been anticipated, and were 6% against a target of 4%, with national performance being 5.53%. Mrs MacPherson advised the Committee that the Audit and Risk Committee had considered an internal audit report on sickness absence and a related action plan. She further advised that support for addictions and mental health had been increased with dedicated staff appointed in some areas, and that the main reasons for absence were stress and musculo-skeletal. In response to questions, Mrs MacPherson advised that the Staff Governance Committee would have oversight of planned actions, and that activity would continue into March or April.

NOTED

**07. FINANCIAL MONITORING REPORT – MONTH 8**

The Committee considered the paper 'Financial Monitoring Report' [Paper No. 19/03] presented by the Director of Finance. The paper sets out the Acute Division's financial position to month 8 of financial year 2018/19 and covers the period up to the end of November 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 8 of £31.7 million based on a year to date budget of around £954 million. Within this, Mr White noted that there was £23.8 million related to unachieved savings, £2.4 million relating to pay, £1.4 million relating to non-pay and an income under recovery of £0.3 million. Mr White advised that within this picture, nursing and senior medical pays were positive over the period from month 5, with salary underspends in the South sector and Regional Directorate, though Mr White reminded members that focus had to be maintained on keeping costs down and on realising savings made. Mr White further advised that NHSGGC's Acute Division is one of only a small number in Scotland currently maintaining drug spend within allocated budgets.

Mr White went on to describe the current situation of the Financial Improvement Programme, noting a currently forecast full year effect of £55.8 million, and advising

that realisation of savings was forecast to continue in the final quarter of the year with current achievement totalling £14 million within Acute. In response to questions from the Committee, Mr White advised that significant savings had been identified early in the FIP process and realised from within Prescribing and Income budgets, but that as the programme developed finding new savings had become more challenging, and noted that some of the more complex schemes identified, particularly around efficiency and productivity, already required time to realise. However, good progress had been made in year as regards improving data and systems and processes and Mr White further advised the Committee that the external consultants had introduced a methodology for the project and a rigour which has been taken on by the internal Project Management Office, and it is anticipated that the focus and profile of the FIP would continue into the next financial year.

NOTED

**08. WAITING TIMES IMPROVEMENT PLAN**

The Committee considered the paper 'Waiting Times Improvement Plan' [Paper No. 19/04] presented by the Director of Finance. Mr White advised that the Scottish Government's Waiting Times Improvement Plan had been published in October 2018 and prioritised three areas for action: i. Increasing capacity across the system; ii. Increasing clinical effectiveness and efficiency; and, iii. Designing and implementing new models of care. Mr White advised that £40 million in funding had been brought forward into 2018-19, and that NHSGGC had made funding bids for £9 million, which had been approved, and for £7.5 million which would be considered as part a the second tranche of funding.

Committee members raised queries regarding the use of currently available funds in building sustainable services in the face of increasing demand, and linkages with the Moving Forward Together transformational programme. Mr White advised the Committee that a comprehensive update on the Waiting Times Improvement Plan would be presented to the March 2019 meeting of the Committee.

**Director of  
Finance**

NOTED

**09. CORPORATE RISK REGISTER**

The Committee considered the Corporate Risk Register [Paper No. 19/05], presented by the Director of Finance.

Committee members queried the inclusion of items relating to water safety and clinical waste on the Corporate Risk Register, with Mr White advising that he would confirm whether they appeared on sections of the Register presented to other Governance Committees. Mr White further advised that consideration would need to be given to the development of the Scottish Government's 30-month Plan in considering how to most appropriately record risks associated with waiting times within the risk management structures in place.

**Director of  
Finance**

NOTED

**10. COWLAIRS DECONTAMINATION UNIT UPDATE REPORT**

The Committee considered a report Cowlairs Decontamination Unit Update [Paper No. 19/06], presented by the Director of Estates and Facilities, providing background to the suspension of activities at the Cowlairs Decontamination Unit, advising of the work undertaken to manage the situation and minimise the impact on patients, and advising that an internal investigation is underway. Mr Steele further advised that a report on the conclusion of the internal investigation would be presented to the Committee at its next meeting, and that a debrief session for staff involved in managing the situation would be held later in January.

In response to questions from the Committee, Mr Steele advised that issues which had been raised by the auditors prior to the licence being suspended had been rectified, enabling the re-opening of the Unit, and that at the current time it was hoped that the report as presented would provide assurance for the Committee that actions were being taken which would enable further assurance for the Committee that the Unit was functioning appropriately. Committee members queried the level of information which had been included within the report, with Ms Grant advising that fuller information would be provided through the presentation of a further report on the issue, but noted the important contribution made by staff within the Decontamination Team and beyond in maintaining services for patients and in rescheduling appointments where necessary.

NOTED

**11. TRENDS IN ACCIDENT AND EMERGENCY ACTIVITY – UNDERSTANDING INCREASING DEMAND**

The Committee considered a report Trends in Accident and Emergency Activity – Understanding Increasing Demand [Paper No. 19/07], presented by the Director of Public Health. Dr de Caestecker advised the Committee that Accident and Emergency included Emergency Departments and Minor Injury Units, and in presenting slides to accompany the report, set out for the Committee work which had been undertaken to provide an initial analysis of increasing demand and to identify next steps for further detailed work.

Dr de Caestecker described associations between the types of patients seen in EDs and the capacity to comply with the 4-hour waiting time, and in particular set out associations between lower levels of compliance with the 4-hour target and numbers of very elderly patients attending from affluent areas. Committee members commented on the quality of work set out within the report, the importance of working alongside HSCP partners, and the value of this initial report in identifying further detailed analysis which is required. Mr Best reminded the Committee of work which has been undertaken to help patients identify the most appropriate services within the Board area to meet their needs.

NOTED

**12. MEDICAL AND DENTAL WORKFORCE UPDATE**

The Committee considered a report Medical and Dental Workforce Update [Paper No. 19/08], presented by the Director of Human Resources and Organisational Development. Mrs MacPherson set out for the Committee an update on the

position of the medical workforce which would provide a baseline for work to be undertaken through the Moving Forward Together transformational programme, and advised the Committee of workforce challenges which are faced within the Board.

Committee members queried the forecast impact of Brexit upon the workforce and the level of challenge which this may bring, and Mrs Vanhegan reminded members that a focussed Steering Group within the Board is considering the potential impact of Brexit on all aspects of the Board's functions, and advised that this Group has now increased the frequency of meetings to ensure that potential impacts are fully considered. She further advised that discussion at a Board seminar will focus on Brexit preparations.

**Head of  
Corporate  
Governance  
and Board  
Administration**

Committee members raised issues regarding organisational culture and reputation and their potential effect upon the workforce, the role of trainees in complementing medical staffing of departments, and the potential impact on other states of attracting doctors to work within NHS Greater Glasgow and Clyde. Mrs MacPherson advised that a number of the challenges which are faced are similar to those faced by other Boards, but that there is a focus on identifying creative solutions and also on ensuring that services are provided to patients by appropriate staff.

NOTED

**13. PATIENT EXPERIENCE REPORT – SUMMARY QUARTERS 1 & 2**

The Committee considered a report Patient Experience Report – Summary Report Quarters 1 & 2 [Paper No. 19/09], presented by the Head of Corporate Governance and Board Administration, which sets out a summary of the information relevant to the Acute Services Division from within the Patient Experience Report which is presented to the Board's Clinical Care and Governance Committee, noting that as requested at the previous meeting of the Committee the information relevant to Quarter 1 had been re-presented to accompany the information for Quarter 2.

Ms Vanhegan advised the Committee that the formulation of the Patient Experience Report is part of the consideration as to the most appropriate governance mechanism to ensure oversight of patient experience reporting. She went on to advise that performance against target for Stage 2 complaints remained below expectations, and that analysis will be undertaken to understand the reasons for falling below target and to understand trends in complaints. Committee members thanked Ms Vanhegan for presenting the information in the report, and agreed that analysis of complaints and trends would be beneficial.

NOTED

**14. MINUTES FOR NOTING**

**14.a) ACUTE STRATEGIC MANAGEMENT GROUP: MINUTE OF THE MEETING HELD ON 25th OCTOBER 2018**

The Committee considered the minute of the Acute Strategic Management Group Meeting of 25th October 2018.

NOTED

**14.b) ACUTE STRATEGIC MANAGEMENT GROUP: MINUTE OF THE MEETING HELD ON 29<sup>th</sup> NOVEMBER 2018**

The Committee considered the minute of the Acute Strategic Management Group Meeting of 29th November 2018.

NOTED

**15. DATE OF NEXT MEETING**

9.30am on Tuesday 19th March 2019 in the Board Room, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH.