ASC(M)19/02
Minutes: 16 - 28

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Acute Services Committee held at 10.00am on Tuesday, 19th March 2019 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	Ms S Brimelow OBE
Cllr J Clocherty	Mr I Ritchie
Mr S Carr	Mrs D McErlean

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	Mr J Brown CBE
Mr M White	Dr M McGuire

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

Mr J Best	..	Chief Operating Officer, Acute Services
Mrs A MacPherson	..	Director of Human Resources & Organisational Development
Mr T Steele	..	Director of Estates and Facilities
Mr D Leese	..	Chief Officer, Renfrewshire HSCP (Until item 21)
Mr D Williams	..	Chief Officer, Glasgow City HSCP (Until item 21)
Mr C Neil	..	Assistant Director of Finance Acute
Ms E Vanhegan	..	Head of Corporate Governance and Administration
Ms L Yule	..	Audit Scotland
Mrs G Mathew	..	Secretariat Manager (Minutes)

16. APOLOGIES, WELCOME AND PRELIMINARIES

Apologies were intimated on behalf of Cllr Mhairi Hunter, Ms Anne Marie Monaghan and Dr Jennifer Armstrong.

NOTED

DECLARATIONS OF INTEREST

There were no declarations of interest.

NOTED

17. MINUTES OF PREVIOUS MEETING

The Minutes of the Acute Services Committee meeting held on 15th January 2019 were approved as a complete and accurate record, subject to the following amendments:

ACTION BY

Page 1 – Item 01 – Apologies, Welcome and Preliminaries – Mrs Dorothy McErlean's apologies were noted.

Page 2 – Item 05 – Urgent Updates – Paragraph amended to:-

"Dr Armstrong provided an update for committee members on actions underway at Ward 6A and other areas within the QEUH/RHC 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 sources, prophylactic medicines and hepafilters had been provided, and that ongoing monitoring of these unusual types of infection was in place.

Dr Armstrong also reported that key infection parameters for the QEUH and RHC remain within expected levels. Dr Armstrong advised members that the regular Healthcare Associated Infection report presented to the Board would report on the issue."

APPROVED

18. MATTERS ARISING

a) Rolling Action List

Members considered the rolling action list [Paper No. 19/10] and agreed to close the five items recommended for closure.

The Committee agreed to the closure of Minute No. 03 of the Rolling Action List – Committee Minutes.

In addition, Mr Carr noted that there was an outstanding action in relation to the analysis of increased demand, and Dr de Caestecker advised that further work was underway and would be presented to a future meeting in due course. The Committee agreed to add this item to the rolling action list. **Dr de Caestecker**

NOTED

19. URGENT UPDATES

There were no items of urgent business noted.

20. DELAYED DISCHARGE PERFORMANCE IN THE ACUTE HOSPITAL SYSTEM IN NHSGG&C

The Committee considered a paper 'Delayed Discharge Performance in the Acute Hospital System in NHSGG&C' [Paper No. 19/15] presented by Mr Williams, Chief Officer, Glasgow City HSCP, and Mr Leese, Chief Officer, Renfrewshire HSCP.

The paper provided a comprehensive description of the current position regarding delayed discharge performance within NHSGG&C and identified ways in which outcomes could be improved.

ACTION BY

The paper included a short explanation of each of the HSCPs activities and three case studies, which represented the characteristics frequently seen when discharge is delayed. Mr Williams noted the areas for improvement and highlighted the management activities being progressed to address those delays which were more complex.

Mr Finnie thanked Mr Williams and Mr Leese for the update and invited questions from Committee members.

Committee members were pleased to receive the report and noted that it also would be useful to discuss this report at IJB meetings. Further information in relation to preventative measures such as different models being considered; additional assistance that could be offered over the winter months; and prevention of hospital admissions was requested by members. Members would like to receive an update report which included these areas. **Mr Williams/Mr Leese**

In response to questions from Committee members in relation to the legal aspects of delayed discharge, Mr Williams assured the Committee that the Head of Corporate Governance & Administration along with the Legal Team continue to work closely with the Central Legal Office to ensure legal compliance.

In response to questions from Committee members in relation to work with the Mental Welfare Commission, Mr Williams noted that ensuring the welfare and protection of patients rights remained the highest priority. The Legal Team continued to work closely with the Central Legal Office to ensure this.

In response to questions from Committee members in relation to the provision of support for adults with incapacity; specialised services for patients with alcohol related brain damage and what type of support can be offered within the community, Mr Leese advised that the work of the Primary Care Improvement Plan would allow more flexibility to develop wider skills sets within the community, which would allow a greater opportunity to provide more care within a community setting.

In response to questions from members in relation to the direction and next steps, Mr Leese advised that there were three key elements being progressed. These were:

- Moving Forward Together Programme
- Proactive approach to adopt successful pilot schemes such as the COPD pilot undertaken in NHS Forth Valley.
- Investment to create transitional capacity to shift the balance of care.

In response to questions from Committee members about the availability of resource, Mr Williams felt that consideration needed to be given to investment which was already available through funding streams and how resource could be used more effectively.

In response to comments from Committee members in relation to comparative performance; quantifying the impact of delayed discharge; and to what extent earmarked reserves would have on delayed discharge, Mr Williams advised that he would be happy to develop and provide this information. **Mr Williams**

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In response to questions from Committee members in relation to those with complex needs, Mr Williams noted that a paper in relation to Mental Health and Learning Disability Services would be provided to the next Committee meeting.

Mr Williams

Committee members requested that a graph be included on page 2 of the report to detail information for those over 65 years of age, in addition to those over 75 years of age.

Mr Williams

Mr Best assured Committee Members that there was a commitment to work together with HSCPs and Acute colleagues to address delayed discharge as a priority.

Mr Finnie thanked Mr Williams and Mr Leese for the update. The Committee were content to note the paper and would expect an update in due course.

Mr Williams

NOTED

21. ACUTE SERVICES INTEGRATED PERFORMANCE REPORT

Mr Finnie raised an issue in respect of the information contained within the report in its current format and felt that work was required to explore other reporting formats, more appropriate for the Committee. Mr Finnie suggested that he convene a meeting with Mr Best, Ms Vanhegan, Mr White and non-executive board member representatives, to consider alternative formats and flow of information to satisfy Board requirements. Committee members were in agreement with the proposed actions.

Mr Best/Ms Vanhegan

The Committee considered the Acute Services Integrated Performance Report [Paper No. 19/11] presented by the Director of Finance, Mr Mark White.

The report sets out the integrated overview of NHSGGC Acute Services Division's performance of the 22 measures which have been assessed against performance status based on the variation from trajectory or target. 8 were passed as green, 1 as amber (performance within 5% of trajectory) and 13 as red (performance 5% out with meeting trajectory). Performance in relation to the number of Alcohol Brief Interventions delivered; the number of C.Difficle infections; and access to IVF Treatment continued to meet or exceed target/trajectory. Compliance with the overall stroke care bundle has improved when compared to the same period of the previous year. Whilst performance remains below target in relation to the number of patients waiting >6 weeks to access a key diagnostic test, current performance represents a reduction (6.8%) on the number of patients waiting over six weeks in January 2019 compared to December 2018. The new outpatient appointment 'Did Not Attends' (DNA) continued to meet trajectory and was showing an improvement when compared to the same period of the previous two years.

Mr Best noted the areas which had provided an exception report and began with the Suspicion of Cancer Referrals. As at January 2019, 75.5% of patients with an urgent referral for suspicion of cancer started their treatment within 62 days of referral. Mr Best noted a number of actions underway to address performance within specific areas and advised that a workshop session with Chiefs of Medicine, Directors and Managers took place on Tuesday 12th March, to identify key

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challenges. A number of actions were identified and have been implemented.

As at January 2019, 67.4% of available new outpatients were waiting 12 weeks or less for a new outpatient appointment. Mr Best reported a number of initiatives underway to address performance in this area, including greater focus on maximising productivity; the roll out of Patient Focussed Booking; referral triage to ensure patients are directed into the most appropriate pathway from the outset; and daily reviews by the Referral Management Centre of all cancelled appointments to ensure full utilisation of capacity.

As at January 2019, a total of 7,482 patients were waiting > 12 weeks TTG for an inpatient/day case procedure. This was above the trajectory of 3,292. The closure of the Cowlairs Decontamination Unit has had an impact on this area of performance. The trajectory for the end of March 2019 is 2,809. Many actions were being taken forward including the Waiting Times Improvement Plan and realignment of capacity.

As at January 2019, there were a total of 5,608 patients waiting > 6 weeks for one of the key diagnostic tests and investigations. This was in excess of the trajectory of 2,818. Mr Best described the plans in place to improve performance in this area including additional endoscopy capacity at GJNH; additional Saturday sessions at Stobhill and Gartnavel; and continued use of Medinet to support endoscopy sessions at QEUH.

Discussion took place about delayed discharge, specifically in relation to patients out with the Board area and it was suggested that there could be a return to invoicing procedures to other Board areas. Mr White noted that this had been used before however there was an informal agreement in place with other Board areas that this practice would not be undertaken on the proviso that there were improvements in performance. Mr White could revisit this, however it was suggested that this may be a decision for the Finance & Planning Committee, and Ms Vanhegan agreed to consider the most appropriate governance process for agreement. **Ms Vanhegan**

Compliance with Stage 2 Complaints continued to be a challenge, due to increased sickness absence within the Complaints team. Dr McGuire assured the Committee that extensive work was underway to improve performance.

Mrs MacPherson noted that the sickness absence rate in January had increased from the December position. A root and branch review of guidance and policy was underway. Following questions from Committee members regarding how sickness absence rates could be addressed, Mrs MacPherson noted that extensive support had been provided to managers and suggested that further work was needed in relation to reduction of stress. The Scottish Government expect a further reduction in sickness absence by 0.5% by 2020, and Mrs Grant suggested that focus groups with staff would be useful in identifying what is important to staff.

NOTED

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22. FINANCIAL MONITORING REPORT – MONTH 10

The Committee considered the paper 'Financial Monitoring Report' [Paper No. 19/12] presented by the Director of Finance, Mr Mark White. The paper sets out the Acute Division's financial position to month 10 of financial year 2018/19 and covered the period up to 31st January 2019. At the end of month 10, the Board reported an over spend of £10.2m. The Acute Division reported an over spend of £38.5m at the end of month 10. £35.3m of this was related to unachieved savings; £1.4m related to pay; £1.3m related to non-pay; and an income under recovery of £0.4m. Mr White described achievements made within the medical and nursing pay position, which were both in balance for the third consecutive month. Mr White also noted achievements in relation to the Financial Improvement Programme and of the £67m Acute Division target, a total of £54.8m had been phased in to date. This shows an achievement of £19.5m at month 10, equating to an FYE of £29.2m. Focus continued to progress current schemes and identify new opportunities.

Mr Finnie thanked Mr White for the update and invited questions from Committee members.

In response to questions from Committee members in relation to variance in performance between North and South sectors, Mr White noted a number of challenges and agreed that consideration would be given to the disparities. **Mr White**

Committee members sought assurances in relation to the approach taken to consider the whole system and whether there was additional pressure on staff due to greater financial control. Mr Best assured the Committee that patient safety remained absolutely paramount and staffing levels maintained to appropriate levels. An absence rate of 22% is used to calculate staffing levels required in all wards which covers all types of leave as well as sickness absence.

Committee members were encouraged by the paper and suggested that it would be helpful to hear more information on the Financial Improvement Programme, CRES and efficiency savings at a Seminar Meeting. Mr White agreed to provide this at a future session. **Mr White**

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23. WAITING TIMES IMPROVEMENT PLAN

The Committee considered the paper 'Waiting Times Improvement Plan' [Paper No. 19/13] presented by the Director of Finance, Mr Mark White. The update provided an overview of progress against the Scottish Governments Waiting Times Improvement Plan, published in October 2018. The Committee were asked to note the key elements of the plan, funding bids, trajectories and progress made by NHSGGC.

Mr Finnie thanked Mr White for the update and invited comments and questions from Committee members.

In response to questions from Committee members in relation to generating

ACTION BY

additional capacity, Mr Best assured members that there were a number of ongoing projects being designed to consider areas such as Advanced Nurse Practitioners and Nurse Led Clinics.

In response to questions from Committee members in relation to increased use of the Golden Jubilee National Hospital, Mr Neil advised that the portfolio would be increased to target specific areas, increasing use from approximately £3.5m to £4.5m.

NOTED

24. CORPORATE RISK REGISTER

The Committee considered the paper 'Extract from the Corporate Risk Register' [Paper No. 19/14] presented by the Director of Finance, Mr Mark White.

The Committee reviewed the risks noted within the register and were content to note these.

NOTED

25. COWLAIRS DECONTAMINATION UNIT

The Committee considered the paper 'Cowlairs Decontamination Unit Update' [Paper No. 19/16] presented by the Director of Estates and Facilities, Mr Tom Steele. The paper provided an update on the position regarding the loss of European Certification at the Cowlairs Decontamination Unit between 12th November and 26th November 2018. Phase 1 of the investigation which involved a root cause analysis has been completed. A number of areas were highlighted including improved governance and reporting mechanisms, and the escalation process. An external peer review has also been undertaken, along with significant retraining for staff. Preparation was underway to carry out a critical incident review and plans were in place to undertake resilience planning with national agencies. A further unannounced inspection was carried out and initial feedback was positive, with only 1 minor recommendation. A further visit would take place in June.

Mr Finnie thanked Mr Steele for the update and invited comments and questions from Committee members.

In response to questions from Committee members regarding the cause of the issue and how the situation arose, Mrs Grant assured Committee members of the intention to formally report this to the Board in due course, however noted that as the investigation process may invoke HR policies, further information was not available at this time. The Committee had previously discussed this and were content to receive interim progress reports from Mr Steele until such times as the full report could be presented to the Board.

NOTED

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26. PATIENT EXPERIENCE REPORT – SUMMARY QUARTER 3

The Committee considered the paper 'Patient Experience Report – Summary for Acute Services Committee Quarter 3' [Paper No. 19/17] presented by the Director of Nursing, Dr Margaret McGuire.

Dr McGuire noted that performance had deteriorated in relation Stage 2 complaint responses, however the Complaints Team remain focused on improving this. Complaint themes have remained consistent, and Dr McGuire noted that there had been a slight increase in those related to attitude and behaviour of staff. Work was underway to address this as a priority. Dr McGuire also highlighted the positive feedback received via the increased use of patient feedback mechanisms, and in particular, recent positive feedback from a patient at QEUH.

Mr Finnie thanked Dr McGuire for the update. The Committee were content to note the report.

NOTED

27. MINUTES FOR NOTING

a) ACUTE STRATEGIC MANAGEMENT GROUP: MINUTE OF THE MEETING HELD ON 20TH DECEMBER 2018

The Committee considered the minute of the Acute Strategic Management Group Meeting of 20th December 2018.
NOTED

b) ACUTE STRATEGIC MANAGEMENT GROUP: MINUTE OF THE MEETING HELD ON 31ST JANUARY 2019

The Committee considered the minute of the Acute Strategic Management Group Meeting of 31st January 2019.

NOTED

28. DATE OF NEXT MEETING

9.30am on Tuesday 21st May 2019, in the Board Room, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH.