

ASC(M)19/03
Minutes: 29 - 41

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Acute Services Committee held at
10.00am on Tuesday, 21st May 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)

| | |
|------------------|-------------------|
| Mrs A Thompson | Ms S Brimelow OBE |
| Cllr J Clocherty | Ms AM Monaghan |
| Ms M Kerr | Mrs D McErlean |
| Ms A Khan | |

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 J Best | .. | Chief Operating Officer, Acute Services |
| Ms Sarah Leslie | .. | Depute Director of Human Resources & Organisational Development |
| Mr T Steele | .. | Director of Estates and Facilities |
| Ms S Bustillo | .. | Interim Director of Communications |
| Ms E Vanhegan | .. | Head of Corporate Governance and Administration |
| Mrs G Mathew | .. | Secretariat Manager (Minutes) |

29. APOLOGIES, WELCOME AND PRELIMINARIES

Apologies were intimated on behalf of Mr Iain Ritchie, Mr Simon Carr, Mr John Brown, and Mrs Anne MacPherson. Ms Sarah Leslie was in attendance on behalf of Mrs MacPherson.

NOTED

DECLARATIONS OF INTEREST

There were no declarations of interest.

NOTED

30. MINUTES OF PREVIOUS MEETING

The Minutes of the Acute Services Committee meeting held on 19th March 2019 were approved as a complete and accurate record,

subject to the following amendments:

Mrs Audrey Thompson had given apologies for the meeting.

APPROVED

31. MATTERS ARISING

a) Rolling Action List

Members considered the rolling action list [Paper No. 19/18] and agreed to close the items recommended for closure.

In addition, Mr Finnie, Chair, provided an update in relation to Item 21 – Integrated Performance Reporting – and noted that a meeting had taken place to consider restructuring of the performance report. Sample templates were reviewed and Mr Best agreed to populate the preferred template with this month's performance data for circulation to the Committee for views. Mr Finnie was clear that any changes to the performance reporting template would need to ensure that they did not result in additional administrative burden.

**Chief Operating
Officer**

Mr Steele, Director of Estates and Facilities, provided an update on progress of the review of the temporary closure of Cowlairs Decontamination Unit. The review was making good progress and Mr Steele was confident that this would be concluded by July 2019. A Critical Incident Review had been completed and some significant learning points identified. Once this work had been concluded, a full report would be presented to the Committee in due course.

**Director of
Estates and
Facilities**

Mr White advised that the Annual Operational Plan for 2019/20 had been submitted to the Scottish Government on 30th April 2019. Discussions with Scottish Government colleagues were ongoing to ascertain further information in respect of funding to allow agreement of trajectories. Mr White will provide a further update to Finance and Planning Committee in June 2019.

**Director of
Finance**

NOTED

32. URGENT UPDATES

Ms Bustillo, Interim Director of Communications, referred to a recent briefing note circulated to Board members in relation to an expected media report following the publication of the Health Improvement Scotland report following the inspection of QEUH and RHC.

NOTED

33. REVIEW OF TERMS OF REFERENCE

The Committee considered the paper 'Acute Services Committee -

Review of Terms of Reference' [Paper No. 19/19] presented by the Head of Corporate Governance and Administration, Ms Elaine Vanhegan. The Committee was asked to review its remit to ensure this remained fit for purpose, as part of the annual review process.

Ms Vanhegan explained that the broader review being carried out in respect of the Blueprint for Good Governance, focused mainly on the mandatory Committees of the Board. Ms Vanhegan was keen to ensure that cross linkages were made along with greater clarity on the responsibilities and definitions, and a reduction in duplication.

The Committee felt that further clarity was required regarding the responsibilities of this Committee and those of the Clinical and Care Governance Committee. Ms Vanhegan assured Committee members that both Committees were being considered in the context of the overall position.

The Committee were content to delegate authority to Ms Vanhegan to continue with review and amendment of the remit, and noted that the final remit would be presented to the Board in due course.

Head of
Corporate
Governance and
Administration

Ms Vanhegan would circulate the amended remit within one week for further comment from Committee members. The final remit would then be presented to Board in due course.

NOTED

34. ACUTE SERVICES INTEGRATED PERFORMANCE REPORT

The Committee considered the paper 'Acute Services Integrated Performance Report' [Paper No. 19/20] presented by the Director of Finance, Mr Mark White.

Mr White noted the areas of improvement including the financial performance; key diagnostic testing; 31 day cancer target, stroke care bundle and alcohol brief interventions (ABI).

There was however, deterioration in performance in some areas such as sickness absence rates; number of bed days occupied; and the 12 week treatment time guarantee. These remained the key areas of focus, along with the 62 day cancer waiting time.

Mr Best went on to describe the current levels of demand and highlighted the 4% year on year growth in attendance at Emergency Departments and an increase in attendance at Assessment Units. Work continued in partnership with HSCP colleagues to manage demand and delayed discharge continued to be a key focus. A joint approach was crucial to ensure improvement in performance and a range of activities were underway to engage with patients, clinicians, staff and members of the public, to generate innovative ideas of how to redesign service provision.

Director of
Public Health

Mr Finnie noted, in respect of the work to identify causes of the increase in demand, that Dr de Caestecker would present a further update paper on this to the Committee in July.

Mr Best also highlighted discussions with Scottish Government colleagues in respect of the Waiting Times Improvement Plan and access funding.

Although the 31 day cancer target was being achieved, further work was required to improve the 62 day cancer target. However, progress was being made in this area and Mr Best noted a number of actions being taken to address this including the appointment of a Cancer Waiting Times Manager; the re-establishment of frequent meetings to discuss breaches; appointment of a Consultant Radiographer, a locum Surgeon and a Mammographer; a revised cancer performance management process; and additional colonoscopy capacity created.

Mr Best was pleased to advise the Committee that new outpatient appointment target had been exceeded, and commended teams and staff for their efforts to achieve this. Mr Alan Hunter, Director of Access continued to meet with Sector Leads and Teams to identify the longest waiting patients and implement actions to address this. All Directors meet on a monthly basis to review the position and identify further actions. The Business Intelligence Team had also completed a task to extract data for approximately 50 specialties and work would commence to analyse this and identify any gaps.

In respect of the treatment time guarantee, Mr Best noted that performance remained challenging in this area. The temporary closure of Cowlairs Decontamination Unit had had an impact on this. However, Mr Best assured the Committee that activities to address performance were underway including negotiation with Golden Jubilee National Hospital regarding additional capacity; discussions with Scottish Government colleagues; implementation of the Waiting Times Improvement Plan; and the Access Collaborative. Other actions undertaken included the use of an independent sector organisation to carry out weekend scopes; the recruitment of a Locum; and training of Band 8a Nurse Endoscopists.

In respect of diagnostic imaging, Mr Best highlighted a continual rise in the number of referrals. This contributed to challenges in maintaining reporting timescales. Mr Arwel Williams, Director of Diagnostics, was working on plans to bring the reporting timescales for diagnostic imaging to an acceptable level.

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

In response to questions from Committee members in relation to the scopes issues and increased demand, Mr Best assured the Committee

that a number of areas of work were being progressed to address the number of unnecessary referrals including work with primary care colleagues. Discussions were also ongoing in relation to 5 year surveillance scopes, as set out in the UK national guidelines. Mr Best also acknowledged an increase in referrals due to uptake of QFIT bowel screening.

Following questions from Committee members in respect further information about the Access Collaborative, Mr Best explained that this was a national piece of work being undertaken collaboratively with a number of groups such as the Access Team at Scottish Government; members of the public; patient groups; clinicians; and representatives from Royal colleges. The work had begun by looking at a number of specialties to consider the current service; processes and procedures undertaken; and how this could be redesigned to meet the challenge of the 30 month plan to meet the 12 week treatment time guarantee, whilst maintaining the outpatient position. Ms Grant further noted the scale of the challenge and that it was crucial that base efficiency; traditional additionality and redesign were considered as part of this.

Delayed Discharges

Dr McGuire provided an overview of performance for March 2019, which showed marginal improvement in performance of delayed discharge. The reduction in occupied bed days was below the monthly reduction target and continued to be a challenge for both Acute Division and the HSCPs. Glasgow City HSCP delayed discharges had increased significantly in the period and challenges remained with North and South Lanarkshire Board areas. A number of activities were being undertaken to address performance including development of pathways of care, Anticipatory Care Planning, and primary care and HSCP based initiatives to address this. The work of both the Access Collaborative and the Moving Forward Together Programme were fundamental to ensuring improvements were made.

In response to questions from Committee members in relation to analysis of the data and any emerging patterns, Dr McGuire highlighted that prevention of delirium was a key area. Work was ongoing with care homes and carers to address this issue. Dr McGuire further noted the complex nature of this, given the diversity of the challenges across individual HSCPs. Dr McGuire was confident that increased partnership working would have a positive effect on this.

Following questions from Committee members in respect of the consistent performance in Inverclyde HSCP and shared learning of models of best practice, Dr McGuire assured Committee Members that Chief Officers had been collaborating to consider different models and share learning, however it was acknowledged that all of the HSCPs had unique challenges, and were at different stages of development.

Absence Management

Ms Sarah Leslie, Deputy Director of Human Resources and

Organisational Development, gave an overview of the sickness absence rates to March 2019, which was reported as 5.71%. This was an improvement on the previous months figure of 6.21%, but remained higher than the national target rate of 4%. The challenge remained to reduce sickness absence to 0.5% and sustain this. Following the pilot conducted under the Financial Improvement Plan, an evaluation was concluded in April 2019. The pilot involved working with services to reduce sickness absence, coaching of managers, utilisation of support services to assist staff to remain at work. Ms Leslie noted that national work continued to support the implementation of the 0.5% target rate and the broader culture framework.

In response to questions from Committee members in respect of the issues which may affect sickness absence such as stress and high volume of work, Mrs McErlean explained that there were various work streams being taken forward to address a number of contributing factors such as increase in workload, increasingly complex work, and the demographics of the workforce, in a more innovative way.

Following questions from Committee members in relation to the review of the absence support team and the outcomes of the Auditors report, Ms Leslie explained that the report provided helpful and illustrative information in terms of alignment of the support team to services, teams and management.

KSF/TURAS

The TURAS performance demonstrated that gradual progress had been achieved and work continued with Acute Directors to implement change. The Executive Team were clear that this was an important task to ensure staff were valued and supported.

Stroke Care Bundle

Mr Best noted an achievement of 73%, which was below the target rate of 80%. Although there had been steady progress reported, there remained variable performance across hospitals and sectors. Mr Best highlighted the addition of the target of 90% of patients scanned within 12 hours. All sites, with the exception of Glasgow Royal Infirmary (GRI) were achieving the target. A new scanner had recently been installed at GRI and Mr Best was confident that this would improve performance. He noted that the swallow test target remained the most challenging area, and again, variances across hospital sites and sectors were noted. The Stroke Bundle Lead, Ms Marie Farrell, Director of Clyde Sector, continued to develop strategies and steady progress was acknowledged.

In response to questions from Committee members in relation to the difficulties in achieving target in this area, Mr Best and Ms Grant assured the Committee that this was being focused on as a priority, however it remained a challenge for all NHS Boards in Scotland.

MRSA/MSSA

Dr McGuire provided an overview of MRSA/MSSA performance and noted that Dr Armstrong, Medical Director, had presented this to the Board Meeting in April. Dr McGuire noted a small increase and particular focus on PVC lines had been undertaken to address this. A new monitoring system for patient lines had been introduced in the form of a new patient record. All staff were aware of the importance of checking PVC sites regularly and removing as soon as is appropriate.

Questions were raised in relation to the variable performance in this area, the repeated discussion about this issue and the efficacy of procedures adopted. Dr McGuire clarified that the procedure remained the same, however the monitoring process had been changed. Dr McGuire was clear that consistent reinforcement was crucial to ensuring that all staff were aware of the importance of this. Fluctuations in performance may arise due to the turn-over of staff.

In summary, the Committee were content to note the Integrated Performance Report and Mr Finnie thanked all those who provided updates.

NOTED

35. FINANCIAL MONITORING REPORT – MONTH 12

The Committee considered the paper 'Financial Monitoring Report Month 12' [Paper No. 19/21] presented by the Director of Finance, Mr Mark White.

Mr White noted that as of 31st March 2019, the Board reported an operating surplus of £0.7m. This was in comparison to the initial overspend predicted. Mr White noted that £56m of non-recurring funding had been factored in to support the overall position. He also noted that the Financial Improvement Programme recorded projects totalling £56.6m on an FYE and £42.3m on a CYE. The key return for this financial year was the ability of the organisation to reduce the underlying deficit by £20m, from £68m to £48m. The figures reported in the paper were subject to the final audit process, and the 12 month report to the Finance and Planning Committee in June would reflect this.

Mr White went on to note that the Acute Division reported an over spend of £42.6m, almost all of which related to unachieved savings. However, Mr White was pleased to note improvements made in relation to senior medical pay spends and nursing pay spends, which had both been in balance for the 5th consecutive month.

The Committee were pleased to note the overall position and the efforts made to control pay spend. However, Committee members expressed concern regarding potential gaps in service which may be contributing to the performance position. Concern was also raised

regarding the unachieved savings within Acute, along with the impact on waiting times performance. The Committee were keen to ensure the right balance between achievement of performance and achievement of financial targets.

Mr White went on to describe in more detail, the performance to achieve financial balance in respect of medical and nursing pay. The junior medical pay spend continued to be a challenge and remained a big area of focus, however a significant decrease from last financial year in relation to medical agency spend was reported. Greater levels of scrutiny and monitoring were implemented to maintain balance of spend and performance. Mr White also noted the reduction in nursing pay, however noted that bank nursing spend has increased slightly, due to the pay increase.

The non-pay position reported a slight over spend however Mr White noted achievements made to reduce the prescribing budget and achieve savings. Mr White commended the team for their efforts to achieve this.

Mr White noted that the drug costs schemes had been the most successful projects undertaken within the Financial Improvement Programme. The main areas of focus of the FIP for 2019/20 would be clinical productivity and clinical processes.

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

In response to questions from Committee members in relation performance variances across sectors, Mr White advised that Mr Hunter, Director of Access, was undertaking work to achieve consistent performance across all sites.

Following questions from Committee members in respect of the Financial Improvement Programme and the longer term sustainability of these, Mr White assured members that most projects identified in 2018/19 would be carried forward to 2019/20. Mr White was confident that the savings achieved were sustainable, as demonstrated by the reduction of the underlying deficit.

There were questions raised by members about sharing of learning from the Financial Improvement Programme. Mr White highlighted that NHS GG&C have shared the methodology used with other Boards and there was replication of projects.

Ms Grant wished to commend all teams involved in the Financial Improvement Programme, and the achievements made to reduce the underlying financial deficit.

In summary, the Committee were content to note the financial position for 2018/19.

NOTED

36. CORPORATE RISK REGISTER EXTRACT

The Committee considered the paper 'Extract from Corporate Risk Register [Paper No. 19/22] presented by the Director of Finance, Mr Mark White.

Mr White noted no significant changes to the register in month, and assured the Committee that the scores were maintained. Mr White provided an overview of the risks, and highlighted that Dr de Caestecker, Director of Public Health, and the Public Health Team continued to address the civil contingencies risk. He also noted that Mr Steele, Director of Estates and Facilities, continued to progress the survey of the estate and estimated that this would be completed by end of summer 2019.

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

In response to questions from Committee members in respect of timescales for completion of the actions described within the risk register, Mr White noted that timescales for completion would become clearer following the meeting with Scottish Government colleagues and assured members that timescales would be set in the next few weeks.

Following discussion regarding the safe staffing legislation, the Committee were assured that this risk was included within the remit of the Staff Governance Committee. However, it was further noted that a discussion was required to gain a shared understanding of the risks which are shared across Committees. For example, the implementation of the safe staffing legislation would be a shared risk across Staff Governance Committee and the Clinical and Care Governance Committee. Dr McGuire assured Committee members that once further guidance was available, this would be circulated to the relevant Committees.

Director of
Nursing

In summary, the Committee were content to note the extract of the Corporate Risk Register.

NOTED

37. INTERNAL REVIEW QEUH/RHC – CAPACITY AND FLOW UPDATE

The Committee considered the paper 'Internal Review of QEUH/RHC – Update on Capacity and Flow [Paper No. 19/23] presented by Chief Operating Officer, Mr Jonathan Best. The paper provided an update on progress of the assessment of capacity and flow within QEUH work stream, following the establishment of the Programme Board to co-ordinate the review of the QEUH, as agreed at the February 2019

Board meeting.

Mr Best advised the Committee of the appointment of an external specialist contractor and the commencement of an audit of capacity and flow. Work was underway to review the whole of the ground floor at QEUH, to assess how the space was being utilised, along with an assessment of the data of admissions and capacity.

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

In response to questions from members in relation to the original assumptions made when the building was under construction and the flexibility of the model to accommodate potential changes in respect of the Moving Forward Together programme, Ms Grant assured the Committee that this would be taken into account, along with ensuring maximisation of efficiencies.

Following questions from Committee members in respect of the timescales for completion of this work, Ms Grant assured Committee members that she would shortly meet with the team to discuss these, and expected that an update on the position would be available in July.

In response to questions from members in relation to the work of the external contractor and the timescales of completion, Mr Best advised that given the time of year, agreement has been reached with the Caldicott Guardian in relation to the audit and the organisation has been given authority to do using retrospective data.

In summary, the Committee were content to note the report and were assured by the wide range of support obtained from both internal and external parties.

NOTED

38. PATIENT EXPERIENCE REPORT – SUMMARY REPORT QUARTER 4

The Committee considered the paper 'Patient Experience Report – Quarter 4 1st January to 31st March 2019' [Paper No. 19/24] presented by the Director of Nursing, Dr Margaret McGuire.

Dr McGuire highlighted that work continued with the Patient Experience Team and the Complaints Team to further develop the report. Further work was also required to include primary care and HSCP information.

Performance had improved, with the most common complaints being in relation to attitude and behaviour of staff, and Dr McGuire assured the Committee that work continued in a number of areas to improve this. A number of activities were being progressed to promote the use

of the Patient Care Opinion; the use of patient questionnaires; and universal feedback. Dr McGuire was also progressing work with the e-Health Team to develop an app to complete universal feedback online.

Dr McGuire also noted work with the Scottish Public Services Ombudsman (SPSO) in relation to SPSO outcomes. Ms Vanhegan, Head of Corporate Governance and Administration, and Ms Jennifer Haynes, Corporate Services Manager, recently attended a meeting with representatives from the SPSO and an Advisor has been identified to work with the Complaints Team to improve performance in this area.

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

NOTED

39. MINUTES FOR NOTING

a) ACUTE STRATEGIC MANAGEMENT GROUP: MINUTE OF THE MEETING HELD ON 28TH FEBRUARY 2019

The Committee considered the minute of the Acute Strategic Management Group Meeting of 28th February 2019.

NOTED

b) ACUTE STRATEGIC MANAGEMENT GROUP: MINUTE OF THE MEETING HELD ON 28TH MARCH 2019

The Committee considered the minute of the Acute Strategic Management Group Meeting of 28th March 2019.

NOTED

40. AOCB

Mr White advised the Committee of Mr Colin Neil's recent appointment as Director of Finance at Golden Jubilee National Hospital. The Committee wished to note congratulations and thanks to Mr Neil for his support and commitment to the organisation and the Committee.

41. DATE OF NEXT MEETING

9.30am on Tuesday 16th July 2019, in the Board Room, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH.