

ASC(M)19/04
Minutes: 42 - 55

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Acute Services Committee held at
10.00am on Tuesday, 16th July 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
Mr I Ritchie	Ms AM Monaghan
Ms M Kerr	Mrs D McErlean
Ms A Khan	Mr S Carr

OTHER BOARD MEMBERS IN ATTENDANCE

Mr J Brown CBE	Mrs J Grant
Dr J Armstrong	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
Mrs A MacPherson	..	Director of Human Resources & Organisational Development
Mr T Steele	..	Director of Estates and Facilities
Ms S Bustillo	..	Interim Director of Communications
Ms J Carrigan	..	Interim Assistant Director of Finance, Acute Services
Mr G Forrester	..	Deputy Head of Corporate Governance and Administration
Mrs L Russell	..	Secretariat Officer (Minutes)

42.	APOLOGIES, WELCOME AND PRELIMINARIES		
	Apologies were intimated on behalf of Cllr J Clocherty.		
	<u>NOTED</u>		
	DECLARATIONS OF INTEREST		
	There were no declarations of interest.		
	<u>NOTED</u>		
43.	MINUTES OF PREVIOUS MEETING		
	The Minutes of the Acute Services Committee meeting held on 21 st May 2019 were approved as a complete and accurate record.		

	<u>APPROVED</u>		
44.	MATTERS ARISING		
	a) <u>Rolling Action List</u>		
	Members considered the rolling action list [Paper No. 19/25] and agreed to close the items recommended for closure.		
	<u>NOTED</u>		
45.	URGENT UPDATES		
	Ms Grant, Chief Executive, informed members that the conclusion of the IVR Clyde unannounced safety inspection is expected today.		
	Dr McGuire informed members that the Equality and Human Rights Commission (EHRC) have launched a legal challenge in respect of AWI patients accommodated in the Quayside and Darnley Care Homes. A number of meetings had taken place with key colleagues and with representatives of EHRC, for the purpose of identifying additional actions that could be taken to support patients accommodated within these units. Dr McGuire advised the committee that consideration was being given to how to make most appropriate provision for these patients, noting that changes to current arrangements could have a significant impact on bed capacity and patient care. The Board will continue to work to manage this matter, with oversight being through the Clinical and Care Governance Committee.		
	<u>NOTED</u>		
46.	<u>ACUTE SERVICES INTEGRATED PERFORMANCE REPORT</u>		
	The Committee considered the paper 'Acute Services Integrated Performance Report' [Paper No. 19/26] presented by the Director of Finance, Mr Mark White.		
	The Committee noted the revised report format to ensure a stronger focus on defining trajectories and providing a balanced message by reporting targets met as well as unachieved targets.		
	Mr White noted that performance was within the proposed trajectory for new outpatients waiting, scopes and TTG. He highlighted the targets that have been achieved as at the end of May 2019. Further improvements were required to reduce the number of DNA's (Did Not Attend)		

The Chief Operating Officer, Acute Services, Mr Jonathan Best, went on to describe the ongoing issues to meet the national waiting time standard. Performance remains challenging in this area. He reported that work was taking place with the Scottish Access Team. Mr Best went on to describe actions that were being carried out, which included in sourcing activity for Neurology which was currently at the tender review stage. The Committee noted that vacancies for consultants in Neurology was a UK wide issue. The Committee recognised that there were a number of factors contributing to this, for example the potential tax and pension implications for working additional hours. Weekly performance calls with all Acute Directors continued to take place every Monday. Directors continued to meet on a monthly basis to monitor the position.

Mr Best reported that in order to meet the criteria for orthopaedic spinal patients, some activity was outsourced, and that 25 procedures were carried out per month.

The Committee discussed the impact of consultant shortages was having on the Treatment Time Guarantee. In response to a question regarding how the impact was being addressed, Mr Best informed members that a number of options for consultant roles have been taken forward. The possibility of recruiting 1 year or 2 year locum posts has been discussed. Five Nurse Endoscopists have been trained as well as nurse injectors employed in order to free up time for consultants.

Mr Best informed members that work was underway to improve the Treatment Time Guarantee (TTG). The report highlighted that by June 2019, no more than 8,500 patients will be waiting over 12 weeks for an inpatient/day case procedure. Monthly performance review meetings with Directors and General Managers across Acute continue to take place, along with the appointment of locums to support additional activity.

Mr Best provided an update to members on performance in respect of the Stroke Care Bundle. A Standard Operating Procedure has been developed and implemented in May 2019 for the water swallow screen test. The Committee noted that there has been a gradual improvement.

Performance for Emergency Department (ED) 4 hour waiting time remained below the 95% target. Mr Best reported that work was taking place with Health and Social Care Partnerships to gain a better understanding of the causes of increased demand. Allied Health Professionals (Physiotherapists) have been introduced to ED's at the Queen Elizabeth University Hospital (QEUH) and Glasgow Royal Infirmary (GRI) to ensure patients will be directed to the appropriate specialists, avoid unnecessary delays and reduce the length of stay in EDs. In April 2019, new Demand and Capacity Flow Managers were introduced to provide additional leadership in the hospital flow hubs. Three managers have been appointed to each site.

Mr Best reported that the May 2019 position for the number of ED presentations and Assessment Unit attendances was significantly above the monthly planned position. The Committee noted the number of improvement actions being taken forward. In response to a question on the effectiveness of the 'Know Who To Turn To' campaign, Dr McGuire reported that there was no data available yet as this work had just recently commenced. . Work will continue to take place with HSCP's and GP's to promote the campaign.

The Committee noted that the target for delayed discharges and bed days occupied by delayed patients was no more than 56,661 bed days occupied by delayed patients across NHSGGC by March 2020. For May 2019, the total number of beds days occupied by delayed patients was 4,790. This was higher than the monthly target of 4,722. Dr McGuire reported that work was taking place locally to reduce the number. To date, 3 HSCP's (East Dunbartonshire, Inverclyde and East Renfrewshire) have achieved the planned position. The remaining 3 HSCP's have clear actions in place to address performance. The Chief Executive reported that discussions have taken place with Scottish Government colleagues regarding target setting.

The Medical Director, Dr Jennifer Armstrong, reported that work will take place to look at the Staphylococcus aureus bacteraemia (SAB) infection rate. Dr Armstrong reported that NHSGGC will benchmark infection rates with other Board areas in Scotland. The Committee noted that the approved peripheral venous cannula (PVC) care plan was being rolled out across NHSGGC. The plan focuses on the removal of the device as soon as possible. It also promotes the switch from IV to oral administration of medication. Dr Armstrong also noted that there was an increased presence of pharmacists in wards.

Mr White provided an update on the percentage of stage 2 complaints responded to within 20 working days. During April – June 2019, 68% of Acute stage 2 complaints were responded to within 20 working days. Mr White reported that there has been a month on month improvement in performance, with the June 2019 monthly position currently at 77%. The function of the complaints team has been redesigned and enhanced which was having a positive impact on performance.

The Committee noted the figures for the new outpatient DNAs. As at May 2019, 8.9% of all new outpatient appointments booked did not attend. The roll out of the Patient Focussed Booking process has helped to address this. The process includes phoning patients and sending texts to remind patients about their appointment. The cost of missing an appointment was also marked on appointment letters. The performance shows that there has been a reduction in the number of missed appointments compared to last year, however the Committee noted that further work was required to bring this in line with other Health Boards. This was being addressed as part of the Financial Improvement Programme work streams.

	<p>Mrs MacPherson provided an update on Acute Sickness Absence. As of May 2019, the Acute sickness absence was 5.7%. This comprised of 3.4% long term and 2.3% short term. Overall, the performance has shown a month on month improvement since January 2019. The Committee noted that significant work was underway in the South Sector in particular. The Scottish average was reported as 5.4%. A number of actions have been taken forward to improve performance, including; self help on HR Connect, additional training for managers, addressing long term sickness and changes to the method of calculating absence.</p> <p>In response to a question from the Chairman in relation to calculating the average working days lost through sickness, Mrs MacPherson agreed to explore this and provide further details.</p> <p>Mrs MacPherson provided an update on KSF/PDP reviews recorded on TURAS. Overall performance has continued to improve. PDP compliance will be monitored as part of the Acute Performance Review Groups. The TURAS administration reporting function was scheduled for completion at the end of July 2019. The next development will be automated emails from the system. In the interim, personal emails are sent to those that have an email address registered on the TURAS system and have out of date reviews or reviews due in June and July 2019. This will continue until the dashboards for managers and reviewers have been implemented in Autumn 2019.</p> <p>In summary, the Committee was content to note the Integrated Performance Report. Mr Finnie thanked all those who provided updates.</p> <p><u>NOTED</u></p>	<p>Mrs MacPherson</p>
<p>47.</p>	<p>FINANCIAL MONITORING REPORT – MONTH 2</p>	
	<p>The Committee considered the paper ‘Financial Monitoring Report Month 12’ [Paper No. 19/27] presented by the Director of Finance, Mr Mark White. The report covers the month 2 revenue position, the financial position, including position and progress of the Financial Improvement Programme (FIP) and an overview of the capital position.</p> <p>Mr White noted that as of 31st May 2019, the Board was reporting expenditure levels £8.1m over budget. The Board has factored in £4.0m of non-recurring funding to support the overall financial position. He also noted that the FIP tracker recorded projects totalling circa £11.6m on a FYE and £11.6 on a CYE. In the assessment of the financial plan for 2019/20, it was estimated that there was a potential deficit of £20m at 31st March 2020. Mr White highlighted the work that continued in order to minimise the forecast deficit.</p> <p>Mr White went on to note that the Acute Division reported an overspend of £9.5m. Of this deficit, £9.1m was related to unachieved savings,</p>	

	<p>£0.2m was related to pay and £0.2m was associated with non-pay. He reported that the main pressures in pay were associated with medical £0.6m and nursing £0.2m salaries. Mr White reported that medical and nursing pay budgets were a key focus for cost containment initiatives and the overspend in these areas has reduced throughout the last 10 months.</p> <p>The Senior medical position reported a YTD (year to date) overspend of £0.12m. Junior medical pay remained a challenge, with the YTD position for Acute across all Junior Doctors showing an overspend of £0.47m.</p> <p>Mr White provided an update on nursing pay spends. He highlighted that bank nursing expenditure has increased by £0.06m, however £0.28m of this expenditure that was attributable to the in-year pay award/superannuation increase. As such, the expenditure was at a lower level than last year in real terms.</p> <p>Members discussed the use of locum and agencies. The progress the South Sector has made in reducing these costs were noted. The Committee was assured that vacancies were being filled, which has helped to eliminate premium rate costs. Over 400 newly qualified nursing staff will take up post in September/October. Overall, the Committee were assured that vacancies were being monitored and that there was no impact to patient care.</p> <p>Mr White provided an update on non-pay and prescribing costs. He noted that there were some concerns regarding potential spend on ultra orphan drugs. This issue will remain under close review.</p> <p>The report provided an update on the Financial Improvement Programme (FIP).</p> <p>Mr White provided an update on the 2019/20 capital position. The current forecast core capital resources available to the Board for investment in 2019/20 amount to just over £51.3m. Mr White went on to highlight the major areas of planned spend.</p> <p>In summary, the Committee noted all three elements of the report and was content to note the financial position for 2019/20.</p> <p><u>NOTED</u></p>	
<p>48.</p>	<p>ANNUAL INTERNAL AUDIT PLAN AND CORPORATE RISK REGISTER</p>	
	<p>The Committee noted the paper 'Extract from Corporate Risk Register' [Paper No. 19/28] for information.</p> <p><u>NOTED</u></p>	

49.	INTERNAL AUDIT REPORTS – WAITING TIMES AND CAPACITY PLANNING		
	<p>The Committee considered the paper ‘Internal Audit Reports – Waiting Times and Capacity Planning’ [Paper No. 19/29] presented by Chief Operating Officer, Acute Services, Mr Jonathan Best.</p> <p>The paper provided an update on the outcome of the audits, and offered assurance to the Committee that the agreed actions were being carried out.</p> <p>The Committee noted that a revised version of the NHSGGC Access Policy has been drafted as the previous version had expired. The Scottish Government has advised however that the policy document should not be updated in preparation for a move towards harmonisation of policies across NHS Scotland.</p> <p>The Chief Executive took assurance from the audit reports that waiting times reporting is accurate.</p> <p>The Committee was content to note the report.</p> <p><u>NOTED</u></p>		
50.	INTERNAL REVIEW QEUH/RHC – DEMAND AND CAPACITY UPDATE		
	<p>The Committee considered the paper ‘Internal Review of QEUH/RHC – Demand and Capacity Update’ [Paper No. 19/30] presented by Chief Operating Officer, Acute Services, Mr Jonathan Best.</p> <p>The paper provided an update on progress of the capacity and demand work stream of the internal QEUH review, as agreed at the February 2019 Board meeting.</p> <p>Mr Best reported that the North of England Commissioning Support Team (NECS) have now visited the QEUH campus and met with a number of key stakeholders to discuss the demand and capacity model. Following agreement of the data required to conduct the review, the Business Intelligence Team in NECS have analysed the data. This offered an early indication of potential modelling capabilities. Mr Best reported that so far early insights were impressive. A report will be submitted to members at the next meeting in September, following completion of the work.</p> <p>Mr Finnie thanked Mr Best for the update and invited questions from Committee members.</p> <p>The Committee noted that work was ongoing with the Planning Team and the Acute Services Division to create a matrix. Work will also take</p>		

	<p>place with the Director of Estates and Facilities to discuss the high impact of estates. The Committee noted that this was a major piece of work, the outcome of which may result in the need for some challenging decisions. A paper will be presented to the Finance Planning and Performance Committee in October.</p> <p>In summary, the Committee was content to note the report and was assured by the wide range of support obtained from both internal and external parties.</p> <p><u>NOTED</u></p>	<p>Mr Best</p>
<p>51.</p>	<p>COWLAIRS DECONTAMINATION UNIT REVIEW UPDATE</p>	
	<p>The Committee considered the paper 'ISO Certificate Suspension Cowlairs Central Decontamination Unit' [Paper No. 19/31] presented by the Director of Estates and Facilities, Mr Tom Steele</p> <p>The report provided members with an update following the investigation into the events at Cowlairs Central Decontamination Unit, following suspension of the ISO Certificate in November 2018.</p> <p>A preliminary cause analysis investigation was concluded in March 2019 involving key members of the Senior Management Team, with further investigation in accordance with the Board Disciplinary Policy.</p> <p>Members noted the key findings of the investigations in the report. Mr Steele reported that staff were being supported through the process. A new Head of Decontamination has been appointed which has provided stability to the team.</p> <p>Mr Steele informed members that a robust improvement plan has been developed. The Committee noted the recommendations included in the report that will be taken forward as part of the improvement plan.</p> <p>The report detailed lessons learned following the review.</p> <p>Key recommendations to improving performance focussed on the following areas:</p> <ul style="list-style-type: none"> - Building design - Capacity/Contingency - Tracking system - Training <p>Mr Steele reported that at time of renewal of the lease on the building, consideration would be given to risks from the surrounding environment that may adversely affect the building structure/fabric.</p>	

	<p>Planning for the future included ensuring involvement in development of National Contingency Plans and ensuring procurement of a tracking system compatible with requirements across NHSGGC.</p> <p>The Committee was assured that appropriate systems had been put in place. In relation to a question as to whether issues like this should be reflected in the Corporate Risk Register, Mr Steele informed members that the risks were held at a Directorate level. The Committee agreed that Mr Steele would take this to the Audit and Risk Committee.</p> <p>The Committee noted that Mr Steele and Head of Board Administration and Corporate Governance, Ms Elaine Vanhegan, were working together to review governance processes.</p> <p>Mr Finnie thanked Mr Steele for the update and the Committee was content to note the report.</p> <p><u>NOTED</u></p>	<p>Mr Steele</p>
52.	INCREASED DEMAND IN ACUTE SERVICES	
	<p>A presentation was delivered by Director of Public Health, Dr Linda de Caestecker, on the agreed work requested at the January Committee in relation to increased demand in Acute Services.</p> <p>An in-depth analysis of emergency attendances has been carried out. Dr de Caestecker reported that nationally, there had been a reduction in out of hours attendances, however the reduction was more prominent in NHSGGC.</p> <p>Dr de Caestecker highlighted that attendance at ED and Minor Injuries Units (MIU) greatly increased for children and the elderly. Attendance was also significantly more likely for those living in the most deprived quintiles. More qualitative research was required to understand how patients could be encouraged to utilise the most appropriate services.</p> <p>Dr de Caestecker reported that a small number of patients make frequent attendances at EDs and MIUs, and noted that these patients are a vulnerable group. A more detailed survey of these patients was underway in both Inverclyde and West Dunbartonshire HSCPs. Initiatives have been put in place and further work is required to evaluate their effectiveness and to understand the variations between areas. There are also wide variations by GP practice that require further analysis</p> <p>In response to a question regarding whether an increase in presentations to OOHs and MIU's had been noted when GP OOH clinics have been unavailable, Dr de Caestecker reported that significant impact on attendances had not been observed, however Mr Best</p>	

	<p>reported that a change in pattern was noted in relation to an increase in presentations to ED at QEUH between 4pm -11pm.</p> <p>Following discussion, the Committee agreed that further work was required in order to fully understand the impact. Members noted that clinical pathways for minor head injuries and chest pain were required and this will be taken forward by the Unscheduled Care Group.</p> <p>A report will be prepared for the next meeting to provide assurance to the Committee.</p> <p>Mr Finnie thanked Dr de Caestecker for the update.</p> <p><u>NOTED</u></p>		Dr de Caestecker
53.	MINUTES FOR NOTING		
a)	ACUTE STRATEGIC MANAGEMENT GROUP: MINUTE OF THE MEETING HELD ON 25TH APRIL 2019		
	<p>The Committee considered the minute of the Acute Strategic Management Group Meeting of 25th April 2019.</p> <p><u>NOTED</u></p>		
b)	ACUTE STRATEGIC MANAGEMENT GROUP: MINUTE OF THE MEETING HELD ON 30TH MAY 2019		
	<p>The Committee considered the minute of the Acute Strategic Management Group Meeting of 30th May 2019.</p> <p><u>NOTED</u></p>		
54.	AOCB		
	None.		
55.	DATE OF NEXT MEETING		
	9.30am on Tuesday 17 th September 2019, in the Board Room, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH.		