

## NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the  
Acute Services Committee  
held in the Boardroom, JB Russell House, Gartnavel Royal Hospital,  
on Tuesday 17<sup>th</sup> September 2019**

**PRESENT**

Mr Simon Carr (in the Chair)

Cllr Jim Clocherty	Cllr Mhairi Hunter
Ms Margaret Kerr	Ms Amina Khan
Dr Margaret McGuire	Ms Anne Marie Monaghan
Mrs Audrey Thompson	Mr Mark White

**IN ATTENDANCE**

Mr Jonathan Best	..	Chief Operating Officer
Ms Sandra Bustillo	..	Interim Director of Communications
Ms Jacqueline Carrigan	..	Interim Assistant Director of Finance
Mrs Anne MacPherson	..	Director of Human Resources and Organisational Development
Ms Angela O'Neill	..	Deputy Director of Nursing
Ms Louisa Yule	..	Senior Auditor, Audit Scotland
Mrs Geraldine Mathew	..	Secretariat Manager (Minutes)

		ACTION BY
<b>56.</b>	<b>WELCOME AND APOLOGIES</b>	
	<p>Apologies for absence were intimated on behalf of Mr Ross Finnie, Ms Susan Brimelow OBE, Ms Dorothy McErean, Mr Ian Ritchie, Dr Jennifer Armstrong, Mr Tom Steele, and Mrs Jane Grant.</p> <p>Dr McGuire introduced Ms Angela O'Neill to Committee members. Ms O'Neill had recently taken up post as Deputy Nurse Director.</p> <p><b>NOTED</b></p>	
<b>57.</b>	<b>DECLARATIONS OF INTEREST</b>	
	<p>The Chair invited members to declare any interests in any of the items being discussed. There were no declarations made.</p> <p><b>NOTED</b></p>	

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<b>58.</b>	<b>MINUTES OF THE MEETING HELD 16<sup>th</sup> JULY 2019</b>	
	<p>The Committee considered the minute of the meeting held on Tuesday 16<sup>th</sup> July 2019 [Paper No. ASC(M)19/04] and were content to approve the minutes as an accurate record.</p> <p>Clarity was sought in relation to page 4, Item 46, second paragraph, specifically the number of bed days occupied by delayed discharge patients. Dr McGuire confirmed that this was the number of bed days target set by the Ministerial Strategic Group. Mr White further clarified that there were two targets reported in respect of delayed discharges, those being the number of bed days occupied by delayed patients, and the number of delayed patients.</p> <p><b><u>APPROVED</u></b></p>	
<b>59.</b>	<b>MATTERS ARISING</b>	
<b>a)</b>	<b>ROLLING ACTION LIST</b>	
	<p>The Committee considered the ‘Rolling Action List’ [Paper No. 19/32] and were content to accept the recommendation that 5 actions were closed.</p> <p>In addition, the following updates were provided on the remaining 2 open actions:</p> <p><u>Item 21 – Integrated Performance Report</u> The Committee agreed to close this action, given that this had been considered and approved by the Finance, Planning and Performance Committee.</p> <p><u>Item 46 – Sickness Absence</u> Mrs Anne MacPherson confirmed that a detailed sickness absence report had been presented to the Staff Governance Committee for assurance, therefore the Committee were content to accept the recommendation to close this item.</p> <p><u>Item 52 – Increased Demand in Acute Services</u> The Committee were content to note that Dr de Caestecker would provide a further update on this at a future meeting.</p> <p>There were no other matters arising noted.</p> <p><b><u>APPROVED</u></b></p>	<p align="center"><b>Secretary</b></p> <p align="center"><b>Secretary</b></p> <p align="center"><b>Secretary</b></p>
<b>60.</b>	<b>URGENT ITEMS OF BUSINESS</b>	
<b>a)</b>	<b>UPDATE ON INTERNAL REVIEW OF QEUH/RHC – DEMAND AND CAPACITY UPDATE</b>	
	<p>Mr Jonathan Best, Chief Operating Officer, provided an overview of progress with the Internal Review of QEUH/RHC – Demand and Capacity Work stream. The Demand and Capacity work stream would form part of the overall Internal Review of QEUH/RHC and would be presented to the Acute Services Committee in due course. Mr Best clarified that the Clinical Outcomes work stream part of the Internal Review would be reported to the Clinical and Care Governance</p>	

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<p>Committee, and the Estates and Facilities Work stream would be reported to the Finance, Planning and Performance Committee.</p> <p>In terms of the Demand and Capacity work stream, Mr Best highlighted that the North East of England Commissioning Team had undertaken work to consider a number of factors in relation to the QEUH/RHC including the Emergency Department model, the Immediate Assessment Unit model and the use of beds. He highlighted that there was emerging evidence in relation to changes over the past two years in respect of the number of presentations to the ED. Given that 71% of patients who had presented to ED were discharged from ED, and 50% of patients who had presented to the AU were discharged after diagnostic tests carried out, focus was required to redirect patients to the most appropriate service. Mr Best highlighted that a meeting with the North East of England Commissioning Team had been arranged to discuss the detail of the findings and alternative models. He confirmed that the final report, analysis, and action plan, would be presented to the Committee at the next meeting in November.</p> <p>Mr Best also provided an update on the current position associated with Wards 2a and 2b of the RHC and Ward 6a of the QEUH. The work underway in Wards 2a and 2b was expected to be completed by April 2020. He further noted that the Incident Management Group (IMT) continued to meet weekly. Mr Best assured Committee members that regular communications with patients and families continued. No new infections had been identified and infection rates remained within the expected levels.</p> <p>Ms Bustillo added that Communications remained a key item discussed at each IMT Meeting. She noted that a closed Facebook page had been created for patients families to address concerns. The Communications Team continued to respond to enquiries from members of the Press and noted that the issues had become topical again, given the recent media attention in relation to the RHC in Edinburgh.</p> <p>Mr Best advised that a single point of contact was being put in place for families, and Dr McGuire highlighted that staff were being supported. Ms Bustillo added that detailed statements were being communicated through the Core Brief to support staff to address enquiries from families.</p> <p>Mrs MacPherson advised Committee members that the Health and Safety Executive were also undertaking a review of systems and processes and had carried out interviews with key staff in July and August; a full report would be presented to the Staff Governance Committee in due course.</p> <p>In response to comments from members in relations to the process of contacting NHS24 and GP response times, Mr Best assured members that work continued to ensure that all parts of the system were working together effectively. Ms Bustillo added that communications and public messaging was a priority area of the MFT programme. Part of this work would ascertain the reasons why patients present to ED and identify ways to ensure patients attend the most appropriate service for their needs.</p> <p>Mr Carr thanked Mr Best, Dr McGuire, Mrs MacPherson and Ms Bustillo for the update.</p> <p><b>NOTED</b></p>	<p><b>Mr Best</b></p>
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61.	<b>ACUTE INTEGRATED PERFORMANCE REPORT</b>	
	<p>The Committee considered the paper ‘Acute Integrated Performance Report’ [Paper No. 19/33] presented by the Chief Operating Officer, Mr Jonathan Best.</p> <p>Mr Best noted amendments to the format of the report which included the suite of Acute related Local Delivery Plan (LDP) standards, Ministerial Steering Group (MSG) measures, alongside National Key Performance Indicators, HR and Governance related metrics.</p> <p>Mr Best provided an overview of Acute performance and noted that during April to July 2019 a total of 355,106 new and return outpatients were seen; there was 63,041 elective and non-elective admissions recorded alongside 56,949 day cases and 24,804 Treatment Time Guarantee (TTG) patients were seen. He highlighted improvements to Laboratory and Radiology/Imaging results for Acute based services, following the migration of paper delivery of results to electronic delivery on 2<sup>nd</sup> September.</p> <p>Mr Best noted congratulations to Ms Jennifer Rodgers, Chief Nurse for Women and Children’s Services, who recently picked up a prestigious Scottish Women of the Year Award for Services to Medicine in recognition of her outstanding work in paediatric medicine.</p> <p>In addition, Glasgow Royal Infirmary (GRI) was recognised as a world-leading healthcare facility named by Newsweek earlier in the year as one of the top 100 hospitals in the world.</p> <p>The Orthopaedic Team at the Royal Alexandra Hospital (RAH) recently won the ‘Golden Hip’ award for the third time since the award was launched in 2016.</p> <p>Mr Best highlighted page 4 and 5 of the report which detailed performance at a glance. He described the success achieved in respect of the Waiting Times Improvement Plan and assured the Committee that efforts continued to improve sustainability in this area.</p> <p>Mr Best paused for questions and comments.</p> <p>Committee members were pleased to note the improvements made to the overall format of the report. Questions were raised in respect of the colour coding of sickness absence performance, which did not appear consistent with other measures in the report. Mr White agreed to look into this.</p> <p>Mr Best went on to describe performance of new outpatients waiting &gt;12 weeks for a new outpatient appointment. He noted that as at July 2019, there was 23,285 new outpatients waiting &gt;12 weeks for a new outpatient appointment. Whilst current performance was above the trajectory of 21,000 new outpatients waiting &gt;12 weeks for September 2019, he noted that the number of patients waiting &gt;12 weeks was 10% less than the same month of the previous year. Mr Best noted challenges in respect of recruitment of consultant Neurology posts, however one vacant post had been filled recently. In-sourcing activity had also been implemented for Neurology, along with outsourcing activity for Orthopaedic Spinal cases. There were also challenges in relation to recruitment of three consultant vacancies in Ear, Nose and Throat (ENT). In-sourcing arrangements with Medinet continued in respect of both ENT and Ophthalmology. In addition, Access Collaboratives had been established for Gastroenterology, Trauma and</p>	<p><b>Mr White</b></p>

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Orthopaedics, and would review patient pathways across primary and secondary care. Outsourcing was also in place for Orthopaedic Spinal treatment with Ross Hall, with the Golden Jubilee National Hospital (GJNH) treating the longest waiting patients for hip and knee surgery.

Mr Best highlighted that access to key diagnostic tests performance was now being reported separately for scopes and imaging. He noted performance against the target of no more than 1,200 patients waiting >6 weeks to access a scope test and described a number of actions to improve performance including the recruitment of five Nurse Endoscopist posts, and continued support of a Locum Endoscopist to support additional activity. Mr Best advised that additional Saturday sessions at Stobhill, Gartnavel Hospital and across the Clyde Sector continued. The independent sector re-tender had been concluded and a change in provider was implemented on 17<sup>th</sup> August. A review and revalidation of surveillance scope waiting lists was underway across GGC, in line with recently revised national guidance to ensure demand remained appropriate.

Mr Best described performance against the target of no patient waiting more than 6 weeks to access an imaging test. He noted the actions underway to improve performance including tendering for additional private sector capacity from September 2019 and the recruitment of three Radiology Consultant posts.

In respect of performance against the Treatment Time Guarantee, Mr Best noted that as at July 2019, a total of 9,059 eligible TTG patients were waiting >12 weeks for an inpatient/day case procedure. This was above the 2019/20 AOP trajectory of no more than 7,500 patients waiting >12 weeks. He described a range of measures being taken to improve performance including additional waiting list sessions; in-sourcing activity through Medinet for adult Ophthalmology and Paediatric ENT, Ophthalmology and Paediatric Surgery; outsourcing activity for Orthopaedics (General and Spinal); and appointment of locums to support additional surgery e.g. Anaesthetics and additional capacity secured through GJNH. Mr Best confirmed that funding to support additional initiatives of £22.1m had been received from Scottish Government, which was £3m more than the 2018/19 allocation.

Mr Best paused for comments and questions.

Committee members welcomed the addition of the comparison figures with other Health Boards, however highlighted that these were not arranged in the same way in each section of the report.

The Committee also highlighted a marked difference in the figures reported in June and those reported in July, and asked if there was a specific reason for this. Mr Best assured Committee members that this was due to the holiday period, and was confident that there was no other underlying issue.

In response to questions from Committee members in respect of the trajectory for the referral to treatment target, Mr Best confirmed that the trajectory aimed to address the longest waiting patients in the first instance.

Questions were raised in respect of the tendering process to identify an external provider, given the small market. Mr White explained that the process remained the same as with all tendering in respect of negotiation and criteria of quality. Due to an increase in the number of consultants opting to work on a freelance

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<p>basis, Mr White was confident that there would be a significant number of companies submitting bids.</p> <p>In response to questions regarding when the actions being taken in relation to paediatric ENT; gastroenterology, neurology, were likely to yield results, Mr Best advised that as part of the collaborative work being undertaken, a number of groups had been established to consider specific pathways. This work was in the process of being concluded, and Mr Best advised that this would be reported to the Committee once complete. Mr Best also noted that there was a detailed plan in place to return to a 6 week position. Once this had been achieved, consideration of the capacity required to meet demand would be clear. Mr Best confirmed that some areas were close to achieving this position.</p> <p>Mr Best continued with the report, and highlighted the position in respect of the Stroke Care Bundle. Overall compliance with the Stroke Care Bundle was 72% as at July 2019. This was below the target of 80%. Three of the four elements of the bundle exceeded target, with the swallow screen remaining below target. He noted that a Swallow Screen Standard Operating Policy had been produced and shared with senior nurses in Emergency Departments (ED), Receiving and Stroke Units. Education and training sessions for nursing staff within these departments at Inverclyde Royal Hospital (IRH) and Royal Alexandra Hospital (RAH) sites had been arranged.</p> <p>In respect of the A&amp;E 4 hour wait target, Mr Best advised that as at July 2019, 88.4% of patients presenting to A&amp;E were either admitted, discharged or transferred for treatment &gt;4 hours. Performance had shown an improvement on the previous month position, however remained below the target of 95%. He noted a number of improvement actions currently in place including collaboration with the North East Commissioning Support Team to develop a demand and capacity model to support future decision making about service configuration and process change. In addition, outputs from the Winter Planning workshop have been produced and operational leads will be assigned to deliver improvements across these areas in advance of winter.</p> <p>Mr Best noted performance in respect of the target for number of A&amp;E Attendances. He confirmed that attendances across the 6 HSCPs was 62% above the year to date (YTD) planned position as set and agreed by each of the 6 HSCPs. He described a number of actions being taken to address this, including a review of frequent ED attendees and work with the Communications Team to promote the 'Know Who to Turn To' campaign to raise awareness of alternatives to A&amp;E. Clinical Directors had also undertaken a number of site visits to Emergency Departments (ED) during May 2019 and work will progress to promote alternatives to ED with a focus initially on Minor Injuries. In addition, HSCPs continued to develop local processes using the Frailty Assessment Tool to ensure improved awareness and management of frail people in a community and homely setting. Mr Best also noted the second phase of the 'Red Bag' rollout across care homes in NHSGCC, had concluded with positive feedback from staff, care homes, patients and relatives.</p> <p>Mr Best paused for comments and questions.</p> <p>In response to questions from members in relation to the 'Take 5' programme at Glasgow Royal Infirmary (GRI), Mr Best noted that this project was bespoke to the GRI. He highlighted that improvements in performance were being maintained. Each ED site was undertaking a different approach to ascertain</p>	<p><b>Mr Best</b></p>
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which models were most effective. The effective models would then be rolled out across all ED sites.

Committee members were pleased to note the good examples of positive changes being made and asked what the next step changes were to achieve a much bigger shift in demand of ED, and when the organisation would know if the models used were effective. Mr Best clarified that there were a number of key issues which required consideration, those being, the physical space available to the organisation and fluctuations in demand; whole system impact and effects; and staffing rotas to manage changes in flow.

In response to questions from Committee members in relation to HSCP targets, Mr Best advised that there remained different challenges in different HSCP areas; however work continued to consider all of the challenges on a system wide basis.

There was discussion about inappropriate use of Emergency Departments and GP Out of Hours services. Mr Best described work underway to implement the Redirection Policy; to increase awareness amongst members of the public to access the most appropriate service for their needs; and to promote the use of NHS24.

Dr McGuire provided an update on performance of delayed discharge. She noted that improvements were required to improve the position. She described a number of areas of work being progressed to address this including work within communities to prevent admissions; work with the eHealth Team to maximise the use of available technology; and implementation of Anticipatory Care Planning to prevent hospital admissions.

Dr McGuire paused for questions.

In response to questions from members in relation to the availability and effectiveness of home care. It was noted that regular reports were available which provided information on the specific nature of delays, however these were confidential. Dr McGuire did note however that the summary report recently presented to the Board which detailed Acute and Mental Health delays, provided additional information on the causes of delays.

Dr McGuire went on to provide an update on the position in relation to Staphylococcus aureus bacteraemias (SABs) performance. As at July 2019, the total number of SAB infections was 46, which comprised of 38 healthcare associated cases and 8 community associated cases. This was more than the aim to have no more than 25 SAB infections, reported each month. A number of actions were underway to address this, including implementation of the approved PVC Care Plan; and the evaluation of sample PVC packs.

Mr Best provided an update on performance of Stage 2 Complaints responded to within 20 working days. During the period April – June 2019, 68% of Acute Stage 2 complaints were responded to within 20 working days. However, there had been significant month on month improvement in performance during the past few months and the June 2019 monthly position was 77%.

Mr Best described performance of the Cancer 62 Day target, and noted that as at July 2019, 77.1% of patients referred urgently with a suspicion of cancer began treatment within 62 days of receipt of referral. Actions were being taken

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to improve performance including redirection of patients from South Sector to North and Clyde Sectors for breast; additional Nurse Endoscopist recruitment for colorectal; and a review of colorectal cancer pathways.

Mr Best paused for questions.

In response to questions from Committee members in relation to the impact of bowel screening, Mr Best advised that there had been a greater number of referrals, due to the sensitivity of the test. He also noted an increase in referrals following recent campaigns. However, Mr Best noted that despite the significant increase in referral rates, the number of cancers detected had remained the same.

Mr Best noted performance in respect of Smoking Cessation, Alcohol Brief Interventions, and Did Not Attend (DNA) rates. He added that the addition of Patient Focused Booking had proved beneficial in reducing the number of DNA's.

Mrs MacPherson provided an overview of performance in relation to sickness absence. She noted that July rates were similar to absence rates from the previous year. She described further analysis which was being done to consider a number of areas such as seasonal impact; and the effects of stress. Mrs MacPherson referred to a report recently presented to the Audit and Risk Committee and highlighted areas being addressed to promote a healthier workplace.

In response to questions from members in relation to progress of peer immunisation for flu, Mrs MacPherson advised that the Public Health Team have undertaken a significant amount of work to promote peer vaccination. She advised that stocks of vaccination had been ordered and promotion of peer immunisation through local teams continued. The programme will be launched in October.

Questions were raised in relation to national statistics for sickness absence. Mrs MacPherson clarified that this data was available for internal use only due to sensitivity, however she assured Committee members that senior colleagues review this data to establish NHSGGC position on a national basis.

In terms of the Better Workplace priority, Mrs MacPherson noted that additional metrics had been added to the report to provide a greater understanding of the position, those being, iMatter; statutory and mandatory training compliance; and Turas.

In response to questions from members in relation to the better workplace performance measures; specifically those reported for the South Sector, Mrs MacPherson advised that a member of the HR Team had been allocated to the South Sector to work with the team to address this. She also advised of the recent appointment of the Head of Organisational Development. She assured members that this remained an area of focus for management teams.

Mr Carr thanked Directors for the update, and the Committee were content to note the report.

**NOTED**



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62.	<b>EXTRACT FROM CORPORATE RISK REGISTER</b>	
	<p>The Committee considered the paper 'Extract from Corporate Risk Register' [Paper No. 19/35] presented by the Chief Operating Officer, Mr Jonathan Best.</p> <p>The Chair was pleased to note the addition of target dates within the Corporate Risk Register.</p> <p>The Committee were content to note the report.</p> <p><b><u>NOTED</u></b></p>	
63.	<b>FINANCIAL MONITORING REPORT</b>	
	<p>The Committee considered the paper 'Financial Monitoring Report' [Paper No. 19/34] presented by the Director of Finance, Mr Mark White.</p> <p>As at July 2019, the Board reported expenditure levels £14m over budget. The Financial Improvement Plan Tracker recorded projects totalling £15m on a FYE and £15.4m on a CYE. Mr White noted that following analysis of the month 4 results, the forecast potential gap predicted was £29.8m at 31<sup>st</sup> March 2020. Mr White confirmed that £8.0m of non-recurring funding had been factored in to support the financial position. He noted that HSCPs reported an under spend of £2.8m.</p> <p>Mr White noted performance of medical salaries across the Directorate, which reported an over spend of £0.79m at month 4. This compared to £1.7m over spend in month 4 of the previous year, and Mr White noted that there was improvement this month based on last year's trend. Mr White also noted improvements made in respect of nursing salaries, which reported an over spend of £0.4m at month 4. He described a number of actions being undertaken to improve performance in these areas including monthly meetings with senior colleagues. He also noted the recruitment of approximately 400 student nurses in October which would help to improve the position.</p> <p>Mr White highlighted the challenges associated with non-pay spend, which reported an over spend of £1m at month 4. There were emerging pressures noted in relation to prescribing costs and additional costs for fast moving stock items to support Brexit readiness.</p> <p>The reduction of the funding associated with the outcomes framework continued to be a financial pressure. In addition, contingency arrangements for the uplift and disposal of clinical waste, was expected to result in a cost pressure of between £4m and £4.5m, which was significantly more than the original estimate of £2.5m. Mr White also noted a current over spend in respect of property maintenance of £3.7m at month 4 and advised the Committee that this was being discussed with the Director of Estates and Facilities to identify ways to address this.</p> <p>The disposal of the former Stoneyetts Hospital site continued to prove challenging, due to a number of uncertainties in respect of planning.</p>	

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	<p>Mr White added that discussions were underway with colleagues from Scottish Government Access Team in respect of Access funding, which remained a cost pressure.</p> <p>In response to questions from members in relation to the reported over spend of £17m in Acute Services, detailed on page 5 of the report, Mr White clarified that this was a cumulative figure comprising of unachieved savings; over spends in property maintenance, and the additional costs associated with the uplift and disposal of clinical waste.</p> <p>Questions were raised in respect of the junior medical position and the excess costs of filling gaps. It was confirmed that these gaps were filled however the organisation does not receive funding for these gaps from NHS Education Scotland (NES). Mrs MacPherson advised that West of Scotland Boards had written to both NES and the Scottish Government in relation to this issue.</p> <p>In response to questions raised regarding the costs of increased attendance to ED departments, Mr White confirmed that there had been additionality for winter months put in place, however due to increasing demand on ED, the additionality has remained in place.</p> <p>Questions were raised in relation to the number of emerging issues, if and when the organisation would consider the possibility of utilising the new arrangements to break even over 3 years. Mr White acknowledged the increasing challenges, however assured the Committee that every effort was being made to improve the position before the winter period, to avoid the need to utilise the new arrangements available. Ms Carrigan added that focus continued on transformational change opportunities through the Moving Forward Together programme.</p> <p>In response to questions from members in relation to the decant of the Yorkhill site, Mr White noted that plans were in place for non-clinical teams, however the challenge remained the decant of clinical teams. He emphasised that it would be important to consider the wider implications of any clinical team moves to other sites, in the context of the wider organisation.</p> <p>Mr White advised that the capital report did not convey any significant changes and remained within a positive position.</p> <p>Mr Carr thanked Mr White for the update. The Committee were content to note the report.</p> <p><b><u>NOTED</u></b></p>	
64.	<b>ACUTE PATIENT EXPERIENCE REPORT</b>	
	<p>The Committee considered the paper 'Acute Patient Experience Report' [Paper No. 19/36] presented by the Nurse Director, Dr Margaret McGuire.</p> <p>Dr McGuire highlighted the revised format of the report and noted thanks to Mrs Jennifer Haynes, Board Complaints Manager, and Ms Angela Carlin, Associate Chief Nurse, for their efforts to improve the format and content of the report. She described a number of ways in which feedback was obtained including complaints, SPSO information and patient experience information. She was</p>	

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	<p>pleased to note improvements made to the quality of complaint responses. She noted that actions were underway to improve performance in relation to Care Opinion feedback and Dr McGuire advised that training was being developed for staff, to promote the use of the facility with patients.</p> <p>Mr Carr thanked Dr McGuire for the update and invited comments and questions from members.</p> <p>In response to questions from members in relation to the number of complaints not upheld, Dr McGuire provided further clarity on the figures reported. She noted that frequently, complaints were upheld however no recommendations were made as these had already been addressed. She further noted that work was ongoing with the SPSO to improve performance in this respect. Mr Best added that complaint responses now ask for feedback on how the complaint has been handled.</p> <p>Questions were raised in relation to delayed discharges and if there was data on the number of complaints received in respect of this. Dr McGuire advised that this data could be obtained, however she highlighted that the majority of issues in respect of delayed discharges were in relation to family matters.</p> <p>The Committee noted that this was a positive report. Members suggested that an Executive Summary be included in the report to detail the major themes.</p> <p><b><u>NOTED</u></b></p>	
<b>65.</b>	<b>ACUTE STRATEGIC MANAGEMENT GROUP</b>	
<b>a)</b>	<b>MINUTE OF MEETING HELD 27<sup>TH</sup> JUNE 2019</b>	
	<p>The Committee considered the minute of the Acute Strategic Management Group Meeting of 27<sup>th</sup> June 2019 [Paper No. SMG(M)19/07] and were content to note this.</p>	
<b>66.</b>	<b>CLOSING REMARKS AND KEY MESSAGES TO THE BOARD</b>	
	<p>Mr Carr summarised the key messages to the Board.</p> <ol style="list-style-type: none"> <li>1. The Committee received an update on Queen Elizabeth University Hospital (QEUH) and Royal Hospital for Children (RHC), and the actions underway to address previously identified issues in respect of Wards 2a and 2b of RHC and Ward 6a of QEUH.</li> <li>2. The Committee noted an update on progress of the Internal Review of QEUH/RHC – Demand and Capacity Work stream and would expect the final report and action plan to be presented to the next Committee meeting in November. The Committee were pleased to note the major work streams of the North East of England Commissioning Team and the whole systems approach taken.</li> <li>3. The Committee received the Finance Monitoring Report to Month 4, and noted expenditure levels £14m over budget at Month 4. The Committee</li> </ol>	

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	<p>were informed of a predicted financial gap of £29.8m at 31<sup>st</sup> March 2020 and noted the emerging financial pressures in year.</p> <p>4. The Committee received the revised Patient Experience Report and noted the actions being undertaken to further improve performance. The Committee suggested the addition of an Executive Summary section to the report.</p>	
<b>67.</b>	<b>DATE OF NEXT MEETING</b>	
	Tuesday 19 <sup>th</sup> November 2019, 09:30am, Boardroom, JB Russell House	