

<b>NHS Greater Glasgow &amp; Clyde</b>	<b>Paper No. 20/08</b>
<b>Meeting:</b>	<b>NHS Board Meeting</b>
<b>Date of Meeting:</b>	<b>25<sup>th</sup> February 2020</b>
<b>Purpose of Paper:</b>	<b>For Noting</b>
<b>Classification:</b>	<b>Board Official</b>
<b>Name of Reporting Committee</b>	<b>Acute Services Committee</b>
<b>Date of Reporting Committee</b>	<b>21<sup>st</sup> January 2020</b>
<b>Committee Chairperson</b>	<b>Mr Ross Finnie</b>

**Paper Title: Update on Key Items of Discussion at Governance Committee**

**Recommendation:**

That the Board note the key items of discussion at the recent meeting of the Acute Services Committee Meeting of 21<sup>st</sup> January 2020 as set out below. Please note that as the Chief Executive has provided an update on the Scottish Government's escalation to stage 4 at Item 5 on the Agenda, to avoid duplication no detail is provided in heading 1 of this report.

**Key Items of Discussion:**

**1. Queen Elizabeth University Hospital and Royal Hospital for Children Update**

The Committee was assured by the update provided by the Chief Executive on the progress into the issues raised in relation to infection prevention, management and control at the Queen Elizabeth University Hospital and the Royal Hospital for Children following escalation to stage 4 of the NHS Scotland Performance Framework.

**2. Acute Services Committee – Review of Terms of Reference**

The Committee received a report by the Head of Corporate Governance and Administration, Ms Elaine Vanhegan, which asked the Committee to review its

remit as part of the annual review process. The Committee was content to accept the minor amendments proposed to the Terms of Reference.

### **3. Acute Integrated Performance Report**

The Committee received the report, and sought detailed assurances from: (i) Mr Jonathan Best, on a number of key areas including Treatment Time Guarantee (TTG); performance of new outpatients waiting no longer than 12 weeks for a new outpatient appointment; access to diagnostics tests; Accident and Emergency (A&E) 4 hour target; and cancer 62 day target; (ii). Dr Jennifer Armstrong on *Staphylococcus aureus Bacteraemia* (SABs) and *Clostridioides difficile* (CDIs) infection rates; and (iii). Mrs Anne MacPherson, Director of Human Resources and Organisational Development, on key measures in relation to sickness absence; iMatter, statutory and mandatory training; and Turas Appraisal.

### **4. Financial Monitoring Report**

The Committee noted, the Month 8 Financial Monitoring Report as at 30<sup>th</sup> November 2019, presented by Mr Mark White, Director of Finance. The Board was reporting expenditure levels of £22.7m over budget. Mr White explained that the Month 5 Financial Monitoring Report presented to the Board at the meeting on 22<sup>nd</sup> October 2019, had projected a financial deficit as at 31<sup>st</sup> March 2020 of £29.8m. Following extensive work by the Finance Team, including a line by line assessment of all assumptions, budgets and savings opportunities, the projected financial deficit as at 31<sup>st</sup> March 2020, detailed within the Month 8 Financial Monitoring Report, was now estimated at £22m.

### **5. Corporate Risk Register**

A new risk has been added in relation to the recent issues and concerns expressed relating to the Queen Elizabeth University Hospital and Royal Hospital for Children. The Committee requested that this be cross referenced with the infection control risk within the Clinical and Care Governance risk register.

### **6. Delayed Discharges in NHSGG&C**

The Committee noted the paper presented by the Interim Chief Officer, Glasgow City HSCP, Ms Susanne Millar. The Committee noted the current performance in respect of all delayed discharges in NHSGG&C, and the actions being taken by HSCPs and the Acute Services Division to improve performance and outcomes for patients. The Committee noted the number of patients defined as Adults with Incapacity (AWI) under the Act have been increasing in recent months. The pressure this placed on the health and social care system due to the delays was recognised. The paper highlighted the complexities in managing delays. The Committee was assured that the HSCP's and the Acute Services Division have a number of actions in place to

improve outcomes for patients and performance. In addition, Dr Margaret McGuire provided a brief update on the legal challenge made by the Equalities and Human Rights Commission (EHRC). The Committee noted that a number of meetings have taken place and further updates will be provided in due course.