

ASC(M) 20/01  
 Minutes: 01 - 16

## 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 21<sup>st</sup> January 2020**

**PRESENT**

Mr Ross Finnie (in the Chair)

Mrs Jane Grant	Dr Jennifer Armstrong
Ms Susan Brimelow OBE	Mr Ian Ritchie
Cllr Jim Clocherty	Mrs Audrey Thompson
Ms Margaret Kerr	Ms Amina Khan
Mr Mark White	Ms Anne Marie Monaghan
Ms Dorothy McErlean	

**IN ATTENDANCE**

Mr Jonathan Best	..	Chief Operating Officer
Ms Sandra Bustillo	..	Interim Director of Communications
Ms Jacqueline Carrigan	..	Interim Assistant Director of Finance
Mr Tom Steele		Director of Estates and Facilities
Mrs Anne MacPherson	..	Director of Human Resources and Organisational Development
Dr Scott Davidson	..	Deputy Medical Director, Acute
Ms E Vanhegan		Head of Corporate Governance and Administration
Ms T Dungan		Programme Manager Digital Health/Board Administration
Ms Susanne Millar	..	Chief Officer, Glasgow City HSCP
Mrs Louise Russell	..	Secretariat Officer (Minutes)

		<b>ACTION BY</b>
<b>01.</b>	<b>WELCOME AND APOLOGIES</b>	
	Apologies for absence were intimated on behalf of Mr Simon Carr and Cllr Mhairi Hunter.	
	<b>NOTED</b>	
<b>02.</b>	<b>DECLARATIONS OF INTEREST</b>	
	The Chair invited members to declare any interests in any of the items being discussed.	
	No declarations of interest were made.	
	<b>NOTED</b>	

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<b>03.</b>	<b>MINUTES OF THE MEETING HELD 19<sup>th</sup> NOVEMBER 2019</b>	
	<p>The Committee considered the minute of the meeting held on Tuesday 19<sup>th</sup> November 2019 [Paper No. ASC(M)19/06] and were content to approve the minutes as an accurate record pending the following minor amendment:</p> <p>Item 67 – Welcome and Apologies – Cllr Mhairi Hunter to be removed from the list of apologies, as Cllr Hunter was in attendance at the meeting.</p> <p>The minute will be updated to reflect this change.</p> <p><b><u>APPROVED</u></b></p>	
<b>04.</b>	<b>MATTERS ARISING</b>	
<b>a)</b>	<b>ROLLING ACTION LIST</b>	
	<p>The Committee considered the ‘Rolling Action List’ [Paper No. 20/01] and were content to accept the recommendation that 4 actions were closed.</p> <p>In addition, it was agreed that the action related to Delayed Discharge Performance in Acute Hospital System, could now be closed, as this was included on the agenda. The action related to Increased Demand in Acute Services would remain ongoing.</p> <p>There were no other matters arising noted.</p> <p><b><u>APPROVED</u></b></p>	
<b>05.</b>	<b>URGENT ITEMS OF BUSINESS</b>	
	<p>The Chief Executive, Mrs Jane Grant, provided a verbal update on the progress into the issues raised in relation to infection prevention and management control at the Queen Elizabeth University Hospital and the Royal Hospital for Children following escalation to stage 4 of the NHS Scotland Performance Framework.</p> <p>An Oversight Board has been established, chaired by Professor Fiona McQueen, Chief Nursing Officer, Scottish Government. The Terms of Reference for the Oversight Board have been finalised and shared with NHS Board members. Three subgroups of the Oversight Board have been established; Communications and Engagement Subgroup, chaired by Prof Craig White, Infection Prevention and Control Subgroup, chaired by Ms Diane Murray and a Technical Subgroup chaired by Mr Alan Morrison. The Terms of Reference for the subgroups will be circulated to members once finalised.</p> <p>Professor Marion Bain has been appointed as Director of Infection Prevention and Control. Professor Bain commenced post on Monday 6<sup>th</sup> January 2020.</p> <p>In response to a question in relation to the format of the responses to media questions, Mrs Grant informed members that NHS Greater Glasgow and Clyde has adopted the format set out by the Scottish Government. Ms Bustillo, Interim Director of Communications, informed members that discussions were ongoing with the Scottish Government colleagues regarding the process and responsiveness to enquiries.</p>	

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	<p>Mrs Grant reported that a significant amount of work was being carried out to manage requests sent to the Project Management Office.</p> <p>Mrs Grant thanked the Executive Team and members of staff for their support during this challenging time.</p> <p>Mr Finnie thanked Mrs Grant for the update.</p> <p><b><u>NOTED</u></b></p>	
<b>06.</b>	<b>REVIEW OF TERMS OF REFERENCE</b>	
	<p>The Committee considered the paper 'Review of Terms of Reference' (Paper 20/02) presented by the Head of Corporate Governance and Administration, Ms Elaine Vanhegan. The Committee were asked to review its remit as part of the Annual Review of Governance.</p> <p>Ms Vanhegan reported that the Terms of Reference were revised as part of the wider governance review to ensure they remain fit for purpose and robust for the year ahead. The Committee noted that no significant changes have been made to the Terms of Reference following the review last year.</p> <p>The Committee were content to accept the minor amendments made to the Terms of Reference, to better describe the process for the appointment of members of the Committee and to reflect the introduction of Chair's Reports to the Board.</p> <p>In response to a question regarding timescales for national Terms of Reference as part of the implementation of NHS Scotland's 'A Blueprint for Good Governance', Ms Vanhegan reported that the work of the NHS Corporate Governance Steering Group continued, and so far, the Group had approved for national use, consistent standing orders, and induction and member appraisal processes. This work will, in due course, lead to the introduction of nationally consistent Terms of Reference for all mandatory committee's and these would be presented to the relevant committee's for adoption, once finalised.</p> <p><b><u>APPROVED</u></b></p>	
<b>07.</b>	<b>ACUTE SERVICES INTEGRATED PERFORMANCE REPORT</b>	
	<p>The Committee considered the paper 'Acute Services Integrated Performance Report' [Paper No. 20/03] presented by the Chief Operating Officer, Mr Jonathan Best. The report provided the Committee with a balanced overview of performance in the context of the key themes outlined in the 2019-20 corporate objectives.</p> <p>Mr Best noted that the report now included GP Out of Hours service closures, following the recommendation of the last Acute Services Committee.</p>	

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Mr Best provided an overview of Acute performance and noted that during April to November 2019, a total of 234,945 new and 494,394 return patients were seen; there was 29,604 elective and 95,489 non-elective admissions recorded, alongside 115,714 day cases and 51,970 Treatment Time Guarantee (TTG) patients seen.

The Interim Director of Communications, Ms Sandra Bustillo, provided an update on the Minor Injuries Unit (MIU) campaign which launched on 12<sup>th</sup> December 2019. The campaign aimed to promote the range of minor injuries that could be treated at MIU's. Real time data has been used to highlight the benefits to patients including faster treatment times compared with A&E Departments. The campaign was using a number of methods to reach patients, including; posters, online and radio campaigns. Ms Bustillo reported that the campaign appeared to be having a positive impact. The Committee were content to note that progress on the campaign would be monitored.

Mr Best highlighted page 6 of the report which provided an update on the 18 weeks Referral to Treatment (RTT) target. Mr Best reported that the focus continued to be targeting patients with the highest clinical priority and reduction of the number of patients with the longest waiting times. In response to a question on whether there was an estimate of when performance would be back in balance, Mr Best agreed to obtain further information for the next meeting.

Mr Best went on to describe performance of new outpatients waiting >12 weeks for a new outpatient appointment. He noted that as at November 2019, a total of 22,325 available new outpatients were waiting >12 weeks for a new outpatient appointment. Whilst current performance was marginally above (2%) the trajectory of 21,868 new outpatients waiting >12 weeks for November 2019, he noted that the number of patients waiting >12 weeks was 16% less than the same month the previous year. As at November 2019, 71.5% of available new outpatients on the waiting list were waiting <12 weeks for a new outpatient appointment, a further improvement on the previously reported position. The Committee noted that a new model of pain management has been implemented. There was a commitment to achieve a trajectory of 19,800 outpatients waiting >12 weeks by 31 March 2020. Monthly and fortnightly performance review meetings with Directors and General Managers continued to take place across all Sectors/Directorates.

As at November 2019, a total of 609 patients were waiting >6 weeks to access a scope test. It was predicted that this number would reduce to 600 by the end of December 2019. Significant progress has been made with the positive monthly reduction trend in the number of patients waiting >6 weeks to access a scope continuing in November 2019. The Committee noted that performance remained on track for the second consecutive month and was expected to remain this way. Mr Best reported that bowel screening demand remained high however waiting times have improved across all Acute Sectors. Negotiations were taking place with the Golden Jubilee National Hospital (GJNH) regarding capacity for next year. Mr Best reported that training has commenced for 6 nurse endoscopists. Discussions were ongoing with the Golden Jubilee National Hospital in relation to establishment of a training academy for nurse endoscopists. Mr Best reported that a review and re-validation of surveillance waiting lists was underway to ensure surveillance remained in line with the revised national clinical guidance.

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As at November 2019, a total of 3,320 patients were waiting >6 weeks for an imaging test. Current performance was above the standard of no patient waiting >6 weeks to access key diagnostic tests however, the rate of growth has slowed down. Mr Best reported that work was underway with three new outsourcing companies in order to organise the IT infrastructure and information governance procedures to allow remote reporting and reduce backlog. Two companies began reporting in November 2019, with the third scheduled to go online in February 2020. Local management information indicated that the imaging backlog has significantly reduced as a result. Nationally, the Scottish Radiology Transformation Programme was developing a business case that included implementation of Clinical Decision Software in Scotland to further support demand management. Funding of the development was agreed by the NHS Board Chief Executive's Group in November 2019, and will be rolled out during 2020.

In respect of performance against Treatment Time Guarantee (TTG), Mr Best noted that as at November 2019, a total of 9,291 eligible TTG patients (available and unavailable patients) were waiting >12 weeks for inpatient/day case procedures. Whilst current performance was above the trajectory of no more than 8,230 patients waiting >12 weeks for November 2019, the number of patients waiting >12 weeks continued to reduce, albeit marginally, for the third consecutive month reducing from 9,447 in September 2019 to 9,291 in November 2019. Mr Best described a number of measures taken to improve performance, including; use of in-sourcing clinicians through Medinet and Synaptik to provide support for Ophthalmology and Paediatric Surgery and validation of inpatient/daycase waiting lists by secretarial staff, with ongoing reviews every twelve weeks.

Mr Best paused for questions and comments.

The Committee commended the team on the Minor Injuries Unit (MIU) campaign however members sought assurance that the campaign would reduce Emergency Department attendances. Ms Bustillo reported that the design of the Minor Injuries Unit campaign was based on international evidence. The Committee recognised that culture change was a major factor in redirecting patients from A&E to the MIU. Further work would take place to continue promotion of the MIU service. In response to a question on whether there would be a campaign to promote pharmacy services as an alternative, Ms Bustillo reported that the next phase was to devise a significant campaign to promote pharmacy services. The Committee noted that the results of a pharmacy redirection pilot carried out in Inverclyde highlighted that referrals to pharmacy significantly increased and patients were treated quicker and closer to home. Ms Audrey Thompson, Lead Pharmacist, Prescribing Services, agreed to clarify whether a minimum standard of consultation space in pharmacies was being considered.

In response to a question in relation to retention of the nurse endoscopists once trained, Mr Best reported that NHS GGC would invest in staff by offering further development and training packages. Mr Best informed members that discussions were also ongoing in relation to offering weekend overtime.

In response to a question in relation to religious and cultural paediatric circumcision being carried out, the Committee noted that discussions remain ongoing. Currently 450 patients were on the waiting list. The target was to reach 0 by the end of March 2020. NHSGGC were working alongside NHS Lanarkshire

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in order to reach the target. The Committee noted that detailed discussions have taken place in relation to providing this service in the community. The Committee agreed that it was imperative that patient safety was considered if this service were to be provided in the community.

Mr Best reported that as at November 2019, overall compliance with the stroke care bundle was 65%. This was below the target of 80%. Two of the four elements of the stroke care bundle exceeded target. The remaining two elements below target were: 87% of patients admitted to a stroke unit on day of admission/day following presentation, marginally below the 90% target, and 85% of patients had swallow screen <4 hours following admission against a target of 100%.

In respect of the A&E 4 hour wait target, Mr Best reported that as at November 2019, 81.8% of patients presenting at A&E were either admitted, discharged or transferred for treatment <4 hours. Mr Best noted that the number of patients presenting at A&E remained challenging. The Committee noted that Consultant Connect (CC) has been expanded and rolled out across the three main Emergency Department (ED) sites.

As at November 2019, a total of 192 patients were delayed across Acute Services resulting in a total of 5,152 acute bed days occupied by delayed patients. Of these totals, there were 144 delayed patients affected and 3,956 bed days lost were from across each of the six HSCP's.

The Medical Director, Dr Jennifer Armstrong, highlighted page 17 of the report which provided an update on Staphylococcus Aureus Bacteraemia (SABs) and Clostridioides Difficile Infections (CDIs) infection rates. The Committee noted that work was ongoing to actively implement guidance to switch from administering intravenous antibiotics to oral antibiotics. The Infection Prevention and Control Team was carrying out a piece of work monitor the impact of this.

Mr Best described performance of the Cancer 62 day target and noted that as at November 2019, 80.1% of patients referred urgently with suspicion of cancer began treatment within 62 days of receipt of referral. Mr Best highlighted that the first outpatient appointment for suspicion of breast cancer continued to be a pressure in the South Sector. Patients were being redirected to Clyde Sector; a locum breast surgeon has been appointed 2 days per week; and other options to secure additional capacity continue to be explored. Significant progress was being made, with a backlog of patients waiting for a colonoscopy, following positive bowel screening result, now cleared. Recruitment of 5 Nurse Endoscopist posts was unsuccessful and alternative options were being reviewed. Mr Best noted that the prostate cancer pathway was a key challenge affecting overall urological cancer performance. An NHSGGC standard operating procedure has been developed in line with nationally agreed principles.

As at November 2019, 9.1% of (3,061) of all new outpatient appointments booked (33,789) did not attend. Mr Best reported that the current performance remained within the target of 11.3%.

Mr Best reported that during November 2019, a total of 94 closures were reported across the GP Out of Hours Service. This represented an increase on the same month the previous year. Mr Best reported that closure of sites remained challenging. The Committee noted that the number of GP's interested

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in working in the Out of Hours service was declining for a number of reasons. A Chief Officer has been seconded to the GP Out of Hours Service to provide senior leadership capacity. Work would be carried out to look at stabilising the service and delivering a more sustainable GP Out of Hours service. GP Workforce recruitment and the recruitment of Advanced Nurse Practitioners would be carried out to ensure a full complement of staff to support the service. Mr Best agreed to include a breakdown of closures by area in the next report.

The Director of Human Resources and Organisational Development, Mrs Anne MacPherson, provided an overview of performance relating to attendance management. As at November 2019, sickness absence across Acute Services was 6.3%, comprising of 3.3% long term absence and 3.0% short term absence. The focus on long term absence has achieved improvements. There would now be a focus on short term absence to understand the reasons for the increase in absence. Mrs MacPherson reported that the 'Once for Scotland' programme of work was ongoing, with significant training taking place and a new absence policy being developed.

Mrs MacPherson reported that a deep dive analysis was required to review staff mental health and wellbeing concerns to ensure reporting remained robust and that staff were fully supported. Further updates would be reported to the Staff Governance Committee.

Mrs MacPherson reported that overall, there was an average iMatter response rate of 58% across Acute Services. As at November 2019, compliance with each of the nine elements of the statutory and mandatory training across Acute Services continued to show a month on month improvement. Work continued with Training Grade Doctors to ensure they have access to LearnPro. Individual emails highlighting current compliance would continue to be sent to relevant staff. Mrs MacPherson reported that manager emails were also in place to provide an overview of team compliance in order to help direct action and support.

As at November 2019, 48.5% of KSF/PDP Reviews have been recorded on TURAS Appraisal across Acute Services. Overall performance demonstrated an ongoing improvement since December 2018, however the current position falls short of the 80% target. Mrs MacPherson reported that discussions would take place with Mr Best to consider ways to improve performance in this area.

The Committee noted concern at the levels of sick absence. Mrs MacPherson reported that work was being carried out as part of the Staff Health Strategy to understand the reasons for staff absence. The Committee noted that issues were reported to the Staff Governance Committee.

The Committee discussed the target set for statutory and mandatory training. The report highlighted that two of the nine elements were achieving 90% or more in terms of compliance. Further work would be carried out to improve performance and achieve a balance.

Mr Finnie thanked Mr Best, Ms Bustillo, Dr Armstrong and Mrs MacPherson for the updates, and the Committee were content to note the report.

**NOTED**

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<b>08.</b>	<b>FINANCIAL MONITORING REPORT</b>	
	<p>The Committee considered the paper 'Financial Monitoring Report' [Paper No. 20/04] presented by the Director of Finance, Mr Mark White.</p> <p>As at 30 November 2019, the Board reported expenditure levels £22.7m over budget. The Financial Improvement Programme (FIP) Tracker recorded projects totalling £19.6m on a FYE and £25.2m on a CYE. 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 had been revised, and was now estimated at £22.7m as at 31<sup>st</sup> March 2020.</p> <p>Mr White confirmed that £23.3m of non-recurring funding has been factored in to support the overall financial position.</p> <p>The report included analysis of the key pressure areas. The main overspends were in relation to equipment maintenance repair and service contracts of £0.56m, an overspend in prescribing of £0.8m, surgical sundries of £1.2m, CSSD and Diagnostics £0.6m, and hotel services overspend of £0.6m. Mr White reported that further work needs to be carried out to bring this area back in control. Mr White noted that the main pressures in pay were associated with medical £1.5m and nursing £2.0m salaries due to the inherent cost of providing certain services, service demands (particularly A&amp;E attendances) and the requirement to cover sickness/absence and vacancies via bank and agency spend. Mr White noted improvement in both medical and nursing overspend on the previous financial year.</p> <p>Mr White highlighted the challenges associated with non-pay pressures, increasing from the 2018/19 position which was a significant decrease on previous years.</p> <p>Mr White reported that medical salaries across the Directorate, which reported an over spend of £1.9m at Month 8. This compared to £2.9m over spend in Month 8 of the previous year. Mr White reported that the Senior Medical position reported a YTD underspend of £0.87m which represented an improvement of £0.20m in-month. Clyde and Women and Children's sectors were the main areas of pressure in respect of senior medical spend. Mr White reported that the junior medical position reported a YTD overspend of £2.3m, which represented a deterioration against the Month 8 2018/19 position.</p> <p>Mr White informed the Committee that the organisation was experiencing a range of financial pressures in-year which were impacting on the current deficit position and the forecast year end deficit. This included Outcomes Framework, Clinical Waste, Medical Pay Award, Property Maintenance, Access Funding and Cystic Fibrosis drugs.</p> <p>Mr White reported the Financial Improvement Programme (FIP) continued into 2019/20. The Programme Board continued to meet on a weekly basis. The overall financial challenge for 2019/20 has been estimated as £75m and sectors and Directorates were developing plans to achieve this target.</p>	

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	<p>The report provided an update on the Capital Plan. Mr White reported that the programme was progressing as predicted. The report highlighted major areas of planned spend. This included; ward refurbishments at Glasgow Royal Infirmary (GRI), provision for ventilation upgrade and associated works at QEUH campus, replacement of medical equipment, investment in e-Health priorities, provision of £1.9m for the Board’s hub schemes and local minor works projects. The plan currently included £1.8m of unallocated capital.</p> <p>Mr Finnie thanked Mr White for the update and invited comments and questions from members.</p> <p>In response to a question regarding the expected year end position, Mr White reported that winter performance would play a factor in the year end position. Discussions continue to take place with Scottish Government colleagues to explore ways to address this and further discussions would be held at the Finance, Planning and Performance Committee to prepare for the year end.</p> <p>Mr Finnie thanked Mr White for the update. The Committee noted the Month 8 financial position and the projected financial deficit as at 31<sup>st</sup> March 2020, of £22m.</p> <p><b><u>NOTED</u></b></p>	
<p><b>09.</b></p>	<p><b>EXTRACT FROM CORPORATE RISK REGISTER</b></p>	
	<p>The Committee considered the paper ‘Extract from Corporate Risk Register’ [Paper No. 20/05] presented by the Chief Operating Officer, Mr Jonathan Best.</p> <p>The Committee discussed risks in relation to the recent issues and concerns relating to the QEUH and RHC and it was agreed that this risk would be remitted to the Risk Management Steering Group, for inclusion within the Corporate Risk Register. In addition, the risk would be cross referenced with the Infection Control Risk, which was included within the remit of the Clinical and Care Governance Committee.</p> <p>The Committee were content to note the report and were satisfied that the risks and controls recorded were appropriate and the further actions were sufficient to mitigate the risks described.</p> <p><b><u>NOTED</u></b></p>	<p><b>Mr Best</b></p>
<p><b>10.</b></p>	<p><b>DELAYED DISCHARGE IN ACUTE HOSPITAL SYSTEM</b></p>	
	<p>The Committee considered the paper ‘Delayed Discharges in GG&amp;C’ [Paper No. 20/06] presented by the Interim Chief Officer, Glasgow City HSCP, Ms Susanne Millar.</p> <p>The paper provided an update on all delayed discharges, and the actions underway to improve performance and outcomes for patients.</p> <p>The report highlighted that performance on delayed discharges has declined over the past 12 months, particularly delays in the Acute hospital sector. The Committee noted that this mirrored a national trend across Scotland.</p>	

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	<p>Ms Millar highlighted that there has been an increase in emergency admissions. This has caused significant pressure during periods of high demand.</p> <p>Performance reporting on Acute hospital delays focussed on three distinct patient groups those being; patients over 65, patients aged 18-64 and Adults with Incapacity (AWI). The Committee noted that patients over the age of 75 represented the highest volume patient group with increasing frailty and multi-morbidities. Ms Millar reported that the number of patients defined as AWI under the Adults with Incapacity (Scotland) Act has increased in recent months. Of the three patient groups, AWI delays place the greatest strain on the health and social care system.</p> <p>Ms Millar reported that each Health and Social Care Partnership (HSCP), working closely with the Acute Services Division, has a number of actions in order to improve outcomes for patients and current performance. Progress was reported to Integrated Joint Boards (IJB's). The report highlighted the key actions being taken in each HSCP.</p> <p>Dr McGuire provided an update on the legal challenge made by the Equalities and Human Rights Commission (EHRC) in regards to accommodating adults with incapacity at the Quayside and Darnley Care Homes. Meetings have taken place with the Scottish Government and Mental Health Welfare Commission. Dr McGuire informed members that a procedural hearing was due to take place on 22 January 2020 and a court date set for the following week. Dr McGuire informed members that NHS Greater Glasgow and Clyde has agreed to cease all admissions until further notice. Each of the current patients would be reviewed on a case by case basis to ensure legal orders were in place. Dr McGuire reported that two patients have been identified for interim guardianship test cases.</p> <p>Mr Finnie thanked Ms Millar and Dr McGuire for the update and invited comments and questions from members.</p> <p>Following a question in relation to a review of intermediate care beds, Ms Millar noted that following the outcome of the review and audit, improvements have been made. Ms Millar agreed to share the results of the Internal Audit that was carried out.</p> <p>The Committee were content to note the report which detailed performance in respect of all delayed discharges in NHSGGC, and were assured by the actions being taken by both HSCTPs and the Acute Services Division, that positive integrated working was in place to improve performance and outcomes for patients.</p> <p>The Chair thanked Ms Millar and Dr McGuire for the update.</p> <p><b>NOTED</b></p>	
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11.	<b>NHSGGC – UROLOGICAL CANCER PERFORMANCE SUMMARY JANUARY 2020</b>	
	<p>The Committee considered the paper ‘NHSGGC Urological Cancer Performance Summary January 2020’ [Paper No. 20/07] presented by the Chief Operating Officer, Mr Jonathan Best.</p> <p>The report provided a detailed update on performance against the 31 day target and the 62 day target for urological cancer. The report highlighted that performance against the 31 day target for urological cancer has improved over recent months, with over 95% of patients commencing treatment within 30 days in October and November 2019. Performance against the 62 day target for urological cancers was below trajectory. Mr Best highlighted that the majority of breaches were related to patients with prostate cancer. As a result, prostate cancer patients were being assessed and prioritised for treatment based on clinical risk factors and burden of disease.</p> <p>Mr Best went on to report that performance was affected by consultant vacancies across the sectors. The Committee noted that there were 5 vacancies across NHS GGC (25% of establishment). In addition, sickness absence across all sectors had contributed to the challenges. Mr Best assured members that there was a focus on recruitment and supporting trainees.</p> <p>Mr Best reported that key challenges in the prostate pathway have occurred due to vacancies and recent nursing staff changes. A pan NHSGGC meeting was held on 7<sup>th</sup> October 2019 to review the prostate cancer pathway, and actions were agreed to streamline the pathway.</p> <p>The Committee noted the report and were assured by the range of improvement actions underway to address performance.</p> <p><b><u>NOTED</u></b></p>	
12.	<b>LANGLANDS UNIT UPDATE</b>	
	<p>The Committee considered the paper ‘Position Paper – Langlands Building QEUH/Provision of Domestic Services’ [Paper No. 20/08] presented by the Director of Estates and Facilities, Mr Tom Steele.</p> <p>The report provided an update concerning the provision of Domestic Services, within the QEUH Langlands Building and offered assurance that continuous service review remained in place between the QEUH Facilities Management and contract provider for Domestic Services, within the QEUH Langlands Building.</p> <p>The report highlighted that cleanliness compliance audits undertaken throughout November and December 2019 demonstrated satisfactory performance results. Mr Steele reported that this was an improved position.</p> <p>Mr Steele reported that a review of the Contract Specification Schedule 21 Service Level Agreement continued. This formed part of a wider remediation process between NHSGGC and Imagile.</p>	

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	<p>Mr Steele reported that NHSGGC were receiving advice and guidance from Health Facilities Scotland, PFI Liaison Manager, together with direction from Central Legal Office, in respect of this.</p> <p>The report highlighted a number of NHSGGC support measures that have been successfully implemented. This included; supporting Serco domestic management and supervisors with training, separating and communicating cleaning tasks between domestic services and ward based staff, investment in replacement of ward equipment and providing access to Serco to the Facilities Management Tool.</p> <p>Mr Steele informed the Committee that the next steps were to conclude the remediation process between NHSGGC and Imagile to ensure the current cleanliness standards were being consistently met. He reported that cleanliness audit arrangements would be undertaken with increased frequency to ensure cleanliness standards within Langlands building continue to improve and comply with the NCSS Quality Framework.</p> <p>The Chair thanked Mr Steele for the report. The Committee were assured by the report that continuous service review remained in place between QEUH Facilities Management and the contract provider for Domestic Services within the QEUH Langlands Building.</p> <p><b>NOTED</b></p>	
<p><b>13.</b></p>	<p><b>QUARTER 2 PATIENT EXPERIENCE REPORT</b></p>	
	<p>The Committee considered the paper 'Acute Patient Experience Report Quarter 2 (1 July 2019 to 30 September 2019) [Paper No. 20/09] presented by the Nurse Director, Dr Margaret McGuire.</p> <p>The report highlighted a number of ways in which feedback was obtained including complaints, Scottish Public Services Ombudsman (SPSO) information and patient experience information.</p> <p>Dr McGuire reported that through the Care Opinion website and Patient Feedback through the NHSGGC website, 379 people provided feedback on their experience via the two online methods during the period of 1 July 2019 to 30 September 2019. Dr McGuire reported that 68% of the feedback reported during this period was positive. The report highlighted the positive progress that has been made, however it was recognised that further work was required.</p> <p>The Committee noted that the new format of the report was helpful. It was suggested that more emphasis on lessons learned would be beneficial.</p> <p>Mr Finnie invited comments and questions from members.</p> <p>Following a question in relation to potential to link with complaints with Consultant and Doctor's appraisals, Mrs MacPherson agreed to explore this.</p> <p>The Chair thanked Dr McGuire for the update. The Committee were assured by the actions undertaken to improve patient care.</p> <p><b>NOTED</b></p>	<p><b>Mrs MacPherson</b></p>

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<b>14.</b>	<b>ACUTE STRATEGIC MANAGEMENT GROUP</b>		
<b>a)</b>	<b>MINUTE OF MEETING HELD 31<sup>ST</sup> OCTOBER 2019</b>		
	<p>The Committee considered the minute of the Acute Strategic Management Group Meeting of 31<sup>st</sup> October 2019 [Paper No. SMG(M)19/10] and were content to note this.</p> <p><b><u>NOTED</u></b></p>		
<b>b)</b>	<b>MINUTE OF MEETING HELD 28<sup>th</sup> NOVEMBER 2019</b>		
	<p>The Committee considered the minute of the Acute Strategic Management Group Meeting of 28<sup>th</sup> November 2019 [Paper No. SMG(M)19/11] and were content to note this.</p> <p><b><u>NOTED</u></b></p>		
<b>15.</b>	<b>CLOSING REMARKS AND KEY MESSAGES TO THE BOARD</b>		
	<p>Mr Finnie summarised the key messages to the Board.</p> <p><b>1. Queen Elizabeth University Hospital and Royal Hospital for Children Update</b></p> <p>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.</p> <p><b>2. Acute Services Committee – Review of Terms of Reference</b></p> <p>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.</p> <p><b>3. Acute Integrated Performance Report</b></p> <p>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&amp;E) 4 hour target; and cancer 62 day target; (ii). Dr Jennifer Armstrong on <i>Staphylococcus aureus Bacteraemia</i> (SABs) and <i>Clostridioides difficile</i> (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.</p>		

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	<p><b>4. Financial Monitoring Report</b></p> <p>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.</p> <p><b>5. Corporate Risk Register</b></p> <p>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.</p> <p><b>6. Delayed Discharges in NHS GG&amp;C</b></p> <p>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 NHS GG&amp;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.</p> <p><b><u>NOTED</u></b></p>	
<b>16.</b>	<b>DATE OF NEXT MEETING</b>	
	Tuesday 24 <sup>th</sup> March 2020, 09:30am, Boardroom, JB Russell House	