

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Acute Services Committee
held via MS Teams
on Tuesday 22nd September 2020**

PRESENT

Mr Ian Ritchie (in the Chair)

Mrs Jane Grant	Mr Simon Carr
Ms Susan Brimelow OBE	Dr Margaret McGuire
Cllr Jim Clocherty	Mrs Audrey Thompson
Ms Margaret Kerr	Mr Mark White
Ms Paula Speirs	

IN ATTENDANCE

Mr Jonathan Best	..	Chief Operating Officer
Ms Sandra Bustillo	..	Director of Communications
Ms Jacqueline Carrigan	..	Interim Assistant Director of Finance
Mrs Anne MacPherson	..	Director of Human Resources and Organisational Development
Ms Elaine Vanhegan	..	Head of Corporate Governance and Administration
Mrs Geraldine Mathew	..	Secretariat Manager
Ms Melanie McColgan		General Manager, Oncology
Mrs Louise Russell	..	Secretariat Officer (Minutes)

		ACTION BY
32.	WELCOME AND APOLOGIES	
	The Chair welcomed those present to the meeting. Board member apologies for absence were intimated on behalf of Prof John Brown CBE. NOTED	
33.	DECLARATIONS OF INTEREST	
	The Chair invited members to declare any interests in any of the items being discussed. No declarations of interest were made. NOTED	

BOARD OFFICIAL

34.	MINUTES OF THE MEETING HELD 21 JULY 2020		
	<p>The Committee considered the minute of the meeting held on Tuesday 21st July [Paper No. ASC(M)20/02] and were content to approve the minute as an accurate record.</p> <p><u>APPROVED</u></p>		
35.	MATTERS ARISING		
a)	ROLLING ACTION LIST		
	<p>The Committee considered the 'Rolling Action List' [Paper No. 20/17] and were content to accept the recommendation that 3 actions were closed and 1 action remained ongoing. In addition, an update was provided on the following action.</p> <p><u>Action 13 – Consultant and Doctor Appraisals</u> The action in relation to exploring linking complaints to consultant and doctors appraisals remained ongoing and would be reviewed post COVID-19. Mrs MacPherson assured the Committee that a detailed patient feedback process was in place as part of the standard appraisal process and systems were in the process of being upgraded. In relation to the particular issue of how consultant and doctor appraisals were linked to complaints, Mrs MacPherson assured the Committee that work would take place to address this in due course. The Committee were content that this action remained ongoing.</p> <p>There were no other matters arising noted.</p> <p><u>APPROVED</u></p>		
36.	URGENT ITEMS OF BUSINESS		
	<p>The Chair invited members to raise any urgent items of business. There were no items raised.</p> <p><u>NOTED</u></p>		
37.	ACUTE COVID-19 UPDATE		
	<p>The Chief Operating Officer, Mr Jonathan Best, provided a verbal update on the current position in respect of the NHSGGC response to manage COVID-19 in Acute Services, and provided assurance to members of the actions being taken in response to the pandemic.</p> <p>Mr Best reported that, whilst there had been an overall reduction in the number of COVID-19 positive inpatients, the challenges of COVID-19 remained ongoing. Mr Best highlighted that significant effort and focus was required to maintain the ability to increase COVID-19 response capacity and the requirement to remobilise services.</p>		

BOARD OFFICIAL

	<p>Mr Best went on to report that whilst NHSGGC was beginning to see a slight increase in the number of patients within intensive care, and a steady number of COVID-19 positive patients in the wards, the service was in a robust and stable position and ready for a surge. Weekly meetings continued to be held with Partnership and West of Scotland colleagues to ensure the response to COVID-19 was managed in unison.</p> <p>The Committee noted that staff testing continued under Scottish Government regulations, particularly staff working in specialist oncology wards, long term care of the elderly wards and long term care wards in mental health facilities. Mr Best reported that NHSGGC continued to support regional colleagues by testing patients over the age of 70 and patients being discharged to care homes. A report on testing would be provided to the Scottish Government in due course.</p> <p>Mr Best reported that a programme of testing had commenced in the 5 largest care homes within Glasgow City. A phased programme would be implemented for the remainder of care homes within the NHSGGC area. Mr Best reported that a Regional Hub for testing was in the process of being created in conjunction with the Scottish Government and that the recruitment process for the hub had commenced.</p> <p>The Nurse Director, Dr Margaret McGuire, provided a brief update on NHSGGC position in relation to care homes. There were currently 3 care homes within NHSGGC that were rated as red status and 8 rated as amber, however, reasons other than COVID-19 had contributed to these ratings. Dr McGuire reported that a daily huddle template had been introduced, and that compliance with the template was currently 95%. Discussions were ongoing regarding testing of healthcare workers entering care homes, for example district nurses. Dr McGuire reported that discussions were also ongoing regarding the guidance on family and friends visiting care home residents.</p> <p>Mr Ritchie thanked Mr Best and Dr McGuire for the update and invited comments and questions from members.</p> <p>In response to a question in relation to the remobilisation plan and whether services would be scaled back, Mrs Grant reported that decisions would be made in line with the national position. Mrs Grant assured the Committee that lessons had been learned from previous experience and NHSGGC would aim to continue with green and red pathways and continue surgical and scope procedures, however the Committee noted that there were significant risks moving into winter.</p> <p>The Committee were content to note the update and were assured by the information provided of the actions taken by NHSGGC in respect of the response to COVID-19.</p> <p><u>NOTED</u></p>	
<p>38.</p>	<p>ACUTE SERVICES INTEGRATED PERFORMANCE REPORT</p>	
	<p>The Committee considered the paper 'Acute Services Integrated Performance Report' [Paper No. 20/18] presented by the Chief Operating Officer, Mr Jonathan Best and the Director of Finance, Mr Mark White. The report provided the</p>	

BOARD OFFICIAL

Committee with a balanced overview of the current performance position across Acute Services in relation to a number of high level key performance indicators during these unprecedented times.

Mr White reported that although the challenges of COVID-19 remained, there had been an overall reduction in the number of COVID-19 positive inpatients. Mr White informed the Committee that the focus over recent months had been on implementing a co-ordinated and considered approach to restarting elective activity. A number of redesign initiatives, revised patient pathways and expanding the use of digital technology to maximise the potential of new ways of interacting with patients had seen an increase in the number of elective appointments and procedures being carried out across Acute services, with the intention to reach 80% of pre COVID-19 outpatient activity by December 2020, and 60% in patient elective activity by October 2020. The revised emergency patient pathways developed in response to the pandemic had assisted in the progress made to date and work was currently underway to further develop the emergency care service model in line with the national model for urgent care. The current performance was highlighted in the report.

Mr Best reported that whilst the priority remained on urgent care and urgent suspicion of cancer referrals, detailed work was underway across all specialties to establish a revised capacity plan for routine appointments.

As at July 2020, a total of 54,493 available new outpatients were waiting >12 weeks for a new outpatient appointment. Mr Best reported the figure as at 21 September had reduced to 52,423. The Committee was reassured by the gradual reduction. The Committee noted the changes made within the outpatient departments which included social distancing, installation of screens and use of PPE.

Mr Best reported that as part of the response to COVID-19, all outpatient services had extended their use of telephone and Near Me video appointments as alternatives to face to face appointments. The investment made in technology had made this possible, with over 500 additional multifunctional monitors deployed across outpatient departments and additional laptop provision for flexible delivery of sessions.

Mr Best reported that as at July 2020, a total of 5,769 patients were waiting >6 weeks to access a scope test. Mr Best highlighted the current performance had been adversely affected by the COVID-19 pandemic, with overall reductions in the number of patients waiting >6 weeks prior to the outbreak. Mr Best reported that re-establishing endoscopy activity had been challenging due to these being Aerosol Generating Procedures (AGPs), in particular with air exchange rates in endoscopy suites however the Committee was assured that plans were being developed to address this. The current referral rates remained significantly lower than pre-COVID-19 rates, however Mr Best reported that this was expected to increase following the resumption of the bowel screening programme in August 2020.

The report highlighted that as at July 2020, a total of 10,285 patients were waiting >6 weeks for an imaging test. Mr Best reported that a recovery action plan had been put in place and a number of key actions were currently being implemented and developed. Two mobile units were set up at the Queen Elizabeth University Hospital (QEUH) and Gartnavel General Hospital (GGH) which had a positive impact on the waiting list. Mr Best highlighted that work was being carried out

BOARD OFFICIAL

	<p>with primary care on the ultrasound waiting list for category 4 patients. Work was also underway to consider additional capacity at the Golden Jubilee National Hospital and NHS Louisa Jordan.</p> <p>As at July 2020, a total of 20,054 eligible TTG patients (available and unavailable patients) were waiting >12 weeks for an inpatient/day case procedure, representing 82% of the total number of patients on the waiting list.</p> <p>Mr Best reported that the collection and reporting of Stroke Care Bundle data had been temporarily suspended earlier in the year. Nationally, ISD had suspended monthly reporting across Scotland.</p> <p>Mr Best reported that NHSGGC continued to exceed the 95% target for A&E 4 hour waiting time. Performance improvements had been sustained month on month since April 2020.</p> <p>Mr Ritchie thanked Mr White and Mr Best for the update and invited questions from the Committee.</p> <p>In response to a question regarding whether additional monitors would be available if required, Mr Best reassured the Committee that further kit would be deployed if necessary. Mr Best also reported that the eHealth department were in the process of refreshing laptops to allow consultants to operate remotely.</p> <p>In response to a question on whether the current set of indicators were the most reflective, Mr White reported that activity continued to be the main focus of remobilisation. The Committee noted that an assurance framework was in the process of being developed to enable the organisation to ensure sufficient assurance was provided at Committees and duplication avoided.</p> <p>The Committee acknowledged the excellent performance in the A&E department during these challenging times. The Committee noted that a national group had been established to develop a communications campaign to support the public and ensure they attend the correct place.</p> <p>The Committee were content to note the report, the current performance position across Acute Services in relation to a number of high level key performance indicators, and were assured of the information provided of the actions being taken.</p> <p><u>NOTED</u></p>	
<p>39.</p>	<p>CANCER RECOVERY</p>	
	<p>Ms Melanie McColgan, General Manager, Oncology, provided a presentation on the NHSGGC Cancer Remobilisation Plan.</p> <p>Ms McColgan reported that during the pandemic, cancer services continued to provide treatment, however some services were paused during this time. A robust plan was put into place and priority groups were established. This included a cancer treatment response group, established on 18 March 2020 and a national cancer recovery group, established on 5 June 2020, which focussed on remobilisation.</p>	

BOARD OFFICIAL

	<p>The Committee noted the remobilisation plan performance trajectory and noted that the 62 day performance was above trajectory. Ms McColgan reported that there had been a drop in urgent suspicion of cancer referrals however referrals started to increase from May 2020.</p> <p>In relation to cancer surgery, a national framework was being developed. Patients requiring surgery during the COVID-19 crisis were classified into 1 of 4 priority levels. Ms McColgan reported that during the pandemic, many patients were commenced on holding therapies and weekly meetings continued to be held regarding patient levels. Ms McColgan reported that some of the interim therapies were adopted as a result of a number of years of research, therefore those changes would remain in place. Although some of the other approaches were constructive interim measures, there was less evidence to support a long term change, therefore these would revert back to standard therapies.</p> <p>Ms McColgan reported that the waiting list had been steadily decreasing and the backlog in robotic cases had decreased. During this period, some treatment cycles for non-surgical cancer treatments were paused or deferred. This included reducing the radiotherapy schedule and delivering oral medicines to the patients home and undertaking the majority of the pre-treatment assessment and follow up, virtually.</p> <p>The presentation highlighted data for long waiting patients over 100 days and the 62 day pathway breached – not yet diagnosed. Tumour specific pathways were developed for urology, lung and breast cancer.</p> <p>Ms McColgan noted that although performance was below target, improvements were being made and the service was clear on the priorities moving forward.</p> <p>The Chair thanked Ms McColgan for the presentation and noted the clear picture of success in managing the service during this time. The Chair invited questions from members.</p> <p>In relation to Moving Forward Together, clarification was sought on what extent Moving Forward Together planned for distanced treatment. Ms McColgan reported that changes were made in relation to physical capacity and layout including changes made to chair spacing in addition to changes made to align with repatriation to the new Victoria Ambulatory Care Hospital.</p> <p>The Committee were content to note the presentation and were assured that cancer treatments were continued throughout the COVID-19 pandemic. Members found the detail of the presentation helpful.</p> <p><u>NOTED</u></p>	
<p>40.</p>	<p>FINANCIAL MONITORING REPORT</p>	
	<p>The Committee considered the paper ‘Financial Monitoring Report’ [Paper No. 20/19] presented by the Director of Finance, Mr Mark White.</p> <p>As at 30 June 2020, the Board reported expenditure levels £81.1m over budget, however Mr White noted that this included £85m (including offsets) of COVID-19 expenditure relating to health and opportunity costs.</p>	

BOARD OFFICIAL

	<p>Mr White reported that the Scottish Government had received significant additional COVID-19 consequentials and it was anticipated the full £80.8m (£85m less health allocations already received) would be reimbursed in September 2020 by the Scottish Government. A return was also being prepared that projected the COVID-19 impact (costs and income) for the remainder of the financial year.</p> <p>The exact details of COVID-19 financial reimbursement had yet to be confirmed. As such, coupled with the uncertainty over a potential “second wave”, Mr White highlighted the financial risk to the Board in achieving balance at 31 March 2021.</p> <p>Mr White reported that, to date, the Board had incurred additional direct COVID-19 costs of £55.5m, which included £29.5m of unachieved savings and a further £5.3m of unachieved savings that had been indirectly affected by COVID-19 but were not included on the Scottish Government Financial Return. Mr White noted that these were key areas for discussion with the Scottish Government.</p> <p>Mr Ritchie thanked Mr White for the update and invited questions from the Committee.</p> <p>In response to a question on whether the figures were actual costs, Mr White confirmed that the report included a projection for the full year however until the process with the Scottish Government had been concluded, and funding allocations were confirmed, the actual and projected financial position of the Board remained uncertain. The primary focus was on balance of care and new service models.</p> <p>The Committee were content to note the Financial Monitoring Report - Month 4 position, including the revenue position at Month 4; the Month 4 position with the Financial Improvement Programme, and the capital position at Month 4, and were assured by the information provided on the actions being taken to address the ongoing financial challenge.</p> <p><u>NOTED</u></p>	
41.	EXTRACT FROM CORPORATE RISK REGISTER	
	<p>The Committee considered the paper ‘Extract from Corporate Risk Register’ [Paper No. 20/20] presented by the Chief Operating Officer, Mr Jonathan Best.</p> <p>The Committee noted that risks were allocated to a specific committee and the risk register for Brexit sat with its own Committee. The Committee also noted that there was a separate COVID risk register.</p> <p>Mr White and Ms Susan Brimelow OBE agreed to discuss changes previously suggested to the risk register following the meeting.</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. The Committee were content with the new format of the report.</p>	<p>Mr M White/Ms S Brimelow OBE</p>

BOARD OFFICIAL

	NOTED	
42.	PATIENT EXPERIENCE REPORT QUARTER 3, QUARTER 4 & QUARTER 1	
	<p>The Committee considered the paper 'Acute Patient Experience Report – Quarter 3 (1 October to 31 December 2019), Quarter 4 (1 January to 31 March 2020) and Quarter 1 (1 April to 30 June 2020)' [Paper No. 20/21] presented by the Nurse Director, Dr Margaret McGuire. 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 highlighted that performance for stage 1 complaints was improving however there was a decrease in performance for stage 2 complaints from 68% to 59% in quarter 4. For both feedback and complaints, the volume received was reduced as a result of the COVID-19 pandemic. Clinical treatment, attitude and behaviour / communication and waiting times were all common themes.</p> <p>Dr McGuire reported that the patient experience feedback continued to be positive. The Care Opinion website was developed further and staff were encouraged to promote use of the website with patients. Dr McGuire reported that there was a commitment to provide a response within 4 days.</p> <p>Dr McGuire reported that during the pandemic the number of complaints had decreased however there had been an increase in recent weeks.</p> <p>Mr Ritchie thanked Dr McGuire for the update and invited questions from the Committee.</p> <p>The Committee suggested that a report with comparative data from previous years would be helpful to establish trends and to track whether improvements were being made. It was suggested that there should be a balance with the Clinical Care and Governance Committee to prevent duplication. The Committee sought assurance on how the Board were responding to common complaints. Dr McGuire assured the Committee that snapshots of improvements made were included in the quarterly reports. Furthermore, Dr McGuire advised that the annual feedback report included much of this information and would be made available in due course as the report had been delayed until the end of September due to COVID-19.</p> <p>The Committee noted that communication with families was a common theme from complaints. The Director of Human Resources and Organisational Development, Mrs Anne MacPherson, reported that during the COVID-19 period normal HR business was paused however assured the Committee that there had been significant activity with Junior Doctors and new medical staff. A Civility Saves Lives Programme was being developed to be delivered to various staff groups however the programme had been paused for the time being.</p> <p>The Committee were content to note the Patient Experience Report for quarter 3, quarter 4 and quarter 1, and were assured by the update provided.</p> <p>NOTED</p>	

BOARD OFFICIAL

43.	ACUTE STRATEGIC MANAGEMENT GROUP		
a)	MINUTE OF MEETING HELD 19th DECEMBER 2019		
	<p>The Committee considered the minute of the Acute Strategic Management Group Meeting of 27th February 2020 and were content to note this.</p> <p>In response to a question in relation to junior medical staff recruitment and whether the training grade vacancies were well supplied, Mr Best confirmed that NHSGGC was in a good position due to an increase in applicants. Mrs MacPherson reported that the holding position was positive as there hadn't been the same migration as seen in previous years. Mrs MacPherson reported that other methods would be used to fill any gaps.</p> <p><u>NOTED</u></p>		
b)	MINUTE OF MEETING HELD 30th JANUARY 2020		
	<p>The Committee considered the minute of the Acute Strategic Management Group Meeting of 25th June 2020 and were content to note this.</p> <p><u>NOTED</u></p>		
44.	CLOSING REMARKS AND KEY MESSAGES TO THE BOARD		
	<p>Mr Ritchie summarised the key messages to the Board.</p> <p>1. Acute Integrated Performance Report</p> <p>The Committee received the report, and noted in particular the acute activity and planning for the potential rise in COVID-19 cases. The Committee noted that internal and external testing processes were working well and routine work would continue to be carried out but at a lower level. The Committee noted the excellent work being carried out to continue treating patients during the pandemic.</p> <p>2. Cancer Recovery</p> <p>The Committee noted the excellent results from the cancer remobilisation plan and the success with managing the current position.</p> <p>3. Financial Monitoring Report</p> <p>The Committee noted, the Month 4 Financial Monitoring Report as at 30 June 2020, presented by Mr Mark White, Director of Finance and noted continued efforts to address the ongoing financial position and the implications of COVID-19.</p> <p><u>NOTED</u></p>		

BOARD OFFICIAL

45.	DATE OF NEXT MEETING		
	Tuesday 17 th November 2020, 09:30am, MS Teams		