

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Acute Services Committee
held via MS Teams
on Tuesday 17th November 2020**

PRESENT

Mr Ian Ritchie (in the Chair)

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

IN ATTENDANCE

Mr Jonathan Best	..	Chief Operating Officer
Ms Sandra Bustillo	..	Director of Communications
Mrs Anne MacPherson	..	Director of Human Resources and Organisational Development
Dr Jennifer Armstrong	..	Medical Director – In attendance for Item 7b
Ms Fiona Aitken	..	Royal College of Physicians of Edinburgh
Prof Michael Deighan	..	Royal College of Physicians of Edinburgh
Ms Liz Maconachie	..	Senior Audit Manager, Audit Scotland
Mrs Geraldine Mathew	..	Secretariat Manager
Mrs Louise Russell	..	Secretariat Officer (Minutes)

		ACTION BY
46.	WELCOME AND APOLOGIES	
	The Chair welcomed those present to the meeting. Board member apologies for absence were intimated on behalf of Mr Tom Steele. NOTED	
47.	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

48.	MINUTES OF THE MEETING HELD 22 SEPTEMBER 2020		
	<p>The Committee considered the minute of the meeting held on Tuesday 22nd September [Paper No. ASC(M)20/03] and were content to approve the minute as an accurate record.</p> <p><u>APPROVED</u></p>		
49.	MATTERS ARISING		
a)	ROLLING ACTION LIST		
	<p>The Committee considered the 'Rolling Action List' [Paper No. 20/22] and were content to accept the recommendation that 1 action was closed and 1 action remained ongoing.</p> <p>There were no other matters arising noted.</p> <p><u>APPROVED</u></p>		
50.	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>		
51.	ACUTE COVID-19 UPDATE		
	<p>The Chief Operating Officer, Mr Jonathan Best, provided a presentation 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 provided an update on the position as at 16th November 2020. He reported that patient numbers in the Intensive Care Unit were increasing, which was having an impact on the wards. Mr Best reported that movement of staff within the wards had taken place due to staff absence relating to COVID-19 or self-isolation.</p> <p>Mr Best reported that as at 16th November 2020, 16 wards had closed. He informed members that the criteria for ward closure was 2 or more positive cases. The ward would then close for 14 days and a deep clean carried out.</p> <p>Mr Best reported that as at 16th November 2020, there were 209 delayed discharges. He informed the Committee that delayed discharges were having a particular impact on hospital wards. Dr Margaret McGuire and the IJB's were working together to improve the position.</p>		

BOARD OFFICIAL

The presentation highlighted a steep rise in the total number of confirmed COVID inpatients in hospital.

Mr Best reported that the staff flu vaccination programme continued to be rolled out. He reported that the vaccination was being delivered mainly through peer immunisation for staff working in clinical areas and by occupational health for non-clinical staff. Mr Best highlighted that this year there had been a record number of peer immunisers. He reported that there had been significant early uptake of the vaccine which led to redistribution of the vaccine. Mr Best reported however that 16,000 more doses of the vaccine would be available by next week. This would allow for the programme to complete any outstanding vaccinations. To date, 64% of staff had been vaccinated or were registered to attend an appointment to be vaccinated. Mr Best reported that work would continue to take place to promote uptake of the vaccination through social media, core briefs and via local teams.

Mr Best reported that the testing of asymptomatic staff had been undertaken in line with government guidance. Staff in cancer services, long stay older peoples care and the bone marrow transplant departments continued to be tested on a weekly basis. Mr Best reported that staff were also tested in outbreak situations. Mr Best informed the Committee that national discussions were taking place regarding expansion of staff testing, therefore testing would likely be increased following agreement of national strategy.

Mr Best reported that, where possible, the elective schedule was being maintained. A large amount of remobilisation work had been carried out. Mr Best reported that bed usage was increasing, therefore the elective schedule was under review on a daily basis, and managed on a case by case basis. The Committee noted the significant challenge in maintaining a balance.

Mr Ritchie thanked Mr Best for the presentation and invited questions from the Committee.

In response to a question in relation to increased testing potentially leading to an increase in the number of staff who require to self-isolate, and the impact the potential increase to level 4 restrictions would have, Mr Best reported that discussions were held with staff returning from shielding on areas where they could safely work, which had worked well. Staff who required to shield would receive a letter and information regarding potential further shielding. Mrs MacPherson informed the Committee that further guidance was awaited in relation to shielding for the various levels. The Committee were assured that risk assessments would continue to be carried out and working in green pathway areas, home working and other clinical areas continued to be options for staff.

In response to a question in relation to measuring the pressure for front line staff, for example upsurge in stress and impact on attendance, the Committee were assured that support was available to staff. Mental health and wellbeing actions were being carried out including the use of R&R hubs and psychological first aid in partnership with staffside. The national mental health support phone line was available. Mrs MacPherson assured members that the Board understood the importance of supporting staff and were well sighted in this area. The Committee noted that there had been a 34% increase in counselling activity, therefore staff were engaging in the services available. Mrs MacPherson reported that extra support and CBT online were also available. Mental health check-in for one to

BOARD OFFICIAL

	<p>one telephone calls and Z cards with a range of helpline numbers were available. Mrs MacPherson highlighted that these services would be sustained going forward. Dr McGuire reported that the Lead Nurse/Midwife forum and the and Senior Charge Nurses/Midwife forum met fortnightly met virtually Teams were working together to support each other and the feedback received so far had been positive.</p> <p>A question was raised about current resourcing and if these were sufficient. Mr Best assured members that daily touch point was used to manage resources.</p> <p>Prof John Brown CBE, noted that the flu vaccination programme was on track to exceed the 60% target. He reported that the Public Health Committee would carry out a deep dive analysis. He noted his concern however about the uptake of the vaccination amongst Acute staff and would welcome further promotion of staff vaccination in order to increase numbers.</p> <p>In response to a question in relation to staff testing figures, Mr Best assured the Committee that compliance was positive and staff had welcomed the testing. He reported that regional testing hubs were due to be set up at the end of the month, which would offer additional capacity for testing.</p> <p>A question was raised regarding bed capacity and the Committee were assured that plans were in place to increase bed capacity in the ICU bed base by threefold if required. The number of patients being admitted continued to be monitored. The Committee noted that the current number of patients was manageable however plans were in place for additional beds if required.</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>	
52.	ACUTE SERVICES INTEGRATED PERFORMANCE REPORT	
	<p>The Committee considered the paper 'Acute Services Integrated Performance Report' [Paper No. 20/23] presented by the Chief Operating Officer, Mr Jonathan Best and the Director of Finance, Mr Mark White. The report provided the 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.</p> <p>Mr Mark White, Director of Finance, informed members that the Remobilisation Plan was submitted to the Scottish Government at the end of July 2020, and published at the end of September 2020. As such, the format of the performance report was revised to include the new and revised trajectories outlined in the Remobilisation Plan. The Committee noted the appendix which included activity levels pre COVID-19.</p> <p>A total of 11,202 eligible TTG in-patients/day case procedures were carried out during the period July – September 2020. In line with Scottish Government advice, clinical teams across NHSGGC continued to regularly review the priority of patients on their waiting lists.</p>	

BOARD OFFICIAL

The report provided performance statistics as at November 2020. The report highlighted a total of 73,331 new outpatient referrals received during the period July-September 2020. The current performance exceeded the quarterly milestone position outlined in the phase 2 Remobilisation Plan by 14.3%. Mr Best reported that NHSGGC intended to reach 80% of pre-COVID-19 new outpatient activity by December 2020.

Mr Best reported that as part of the response to COVID-19, there had been a steady increase in virtual communication. All outpatient services extended use of telephone and video appointments. Significant investment had been made in technology to allow that to happen. The Committee noted that PC and laptop refreshes continued to take place and investment in these areas would continue.

The report highlighted an overall total of 4,293 patients received a scope during the period July-September 2020. The current performance exceeded the quarterly milestone position outlined in the phase 2 Remobilisation Plan by 20.2%. With the exception of lower endoscopy, all other scopes exceeded the quarterly milestone. Mr Best reported that re-establishing the service was challenging due to the need to ensure appropriate air exchange rates in endoscopy suites, which had subsequently reduced the number of patients that could be seen safely. The Committee noted that this was an issue across Scotland. The Estates and Facilities Department were working on increasing ventilation in endoscopy suites to address the issue. Mr Best reported that national guidance now required pre-testing of patients 72 hours prior to a scope procedure being carried out. The Committee noted that a new evidence based process has been agreed between Primary and Acute Care using QFIT testing for assessment of patients waiting for a colonoscopy.

Mr Best highlighted the key areas of TTG performance. The Committee noted that NHSGGC intended to reach 60% of pre-COVID-19 inpatient/day case activity by October 2020. The report highlighted the actions agreed as part of the Phase 2 Remobilisation Plan and Recovery Plan (although not exhaustive) which included clinical teams regularly reviewing the priority of patients on their waiting lists and remaining in regular communication with the Golden Jubilee National Hospital and the Scottish Government to secure additional theatre sessions for NHSGGC patients and ensure all available sessions were optimised.

The report highlighted that during the quarter July - September 2020, the overall number of A&E attendances and 4 hour breaches were above the planned quarterly milestone position outlined in the Phase 2 Remobilisation Plan by 24.8% and 32.3% respectively.

Mr Best reported that work was underway to further develop the interim emergency care services model developed in response to COVID-19. The report highlighted that significant effort would be made on implementing the new national priorities for urgent care, including consolidating the COVID-19 pathways to prepare for the expected increase in the prevalence of COVID-19 and flu over the winter period. Mr Best reported that deployment of staff to different areas had caused some pressures, however assured members that these were being addressed.

Mr Best reported that work would take place to maintain the COVID-19 pathway over the winter period.

BOARD OFFICIAL

The report provided a breakdown of Accident and Emergency attendances, by hospital site, for the period April – September 2020 alongside NHS Scotland's position. Mr Best reported that NHSGGC maintained a good national position. The number of emergency admissions were lower, however longer stays, particularly with the use of Remdesivir, were causing some additional pressure.

The report highlighted that a total of 9,561 urgent with suspicion of cancer referrals were received during the quarter July - September 2020, almost 11% above the quarterly milestone position of 8,638 outlined in the Phase 2 Remobilisation Plan. The management of cancer patients and vital cancer services remained a clinical priority during the COVID-19 outbreak, although changes to clinical pathways of patients had been required to ensure all clinical risks were considered.

The report highlighted that a total of 1,292 patients diagnosed with cancer to be treated within 31 days of diagnosis during the quarter July - September 2020, exceeding the quarterly milestone position of 1,275 outlined in the Phase 2 Remobilisation Plan by 1.3%. Cancer Services previously suspended had, where appropriate, been restarted. Cancer Multi-Disciplinary Teams hosted within NHSGGC had worked to prioritise service resumption in line with guiding principles and agreed services that were to be prioritised for restart pre-July. All cancer patients awaiting surgery were reviewed on a weekly basis and cases continue to be booked for surgery in line with urgency categories.

Mr Ritchie thanked Mr White and Mr Best for the update and invited questions from the Committee.

In response to a question regarding performance status of the Remobilisation Plan, Mr Best assured members that the data was based from July 2020, therefore was not a full year. Weekly discussions had taken place and the Scottish Government were flexible in regards to the year-end position. The appendix remained in the report to allow the Committee to see the actual numbers.

A question was raised regarding whether trajectory was based on the scenarios in the Remobilisation Plan, what the forecasted trajectory was and what the impact of new scenarios were, Mr Best informed the Committee that areas were working together to address this. The Committee noted that the Golden Jubilee National Hospital was offering additional capacity to assist, therefore a team would be deployed. The Committee recognised that the best case scenario could change depending on the peak.

In response to a question regarding plans to address telephone vs near me consultations, Mr Best reported that telephone and near me had worked well, and DNA's had not been impacted. Face to face appointments would continue to be made available if required.

A question was raised regarding review of the clinical referral triage and Mr Best highlighted that it was early days in terms of recording statistics. Outpatient clinics had to be cancelled to allow clinicians to deal with COVID-19 patients. The statistics from GP's dealing with the impact of virtual appointments were being monitored. The statistics could be brought to a future meeting if required. The Committee recognised the challenges NHSGGC were faced with and the balance required to manage the current situation.

BOARD OFFICIAL

	<p>In response to a question in relation to what stage NHSGGC were in relation to introducing new technology for scopes, Mr Best informed the Committee that plans were being developed to set up the trans-nasal scope at Gartnavel and the Vale of Leven in January 2021. The cytosponge scope and the SCOTCAP colonoscopy would be introduced in December/January 2021. Mr Best informed the Committee that NHS Lanarkshire were due to carry out the first SCOTCAP scope at the NHS Louisa Jordan. NHSGGC would follow in due course.</p> <p>Mr Best updated the Committee on the changes to urgent care. The flow hub was scheduled to go live at the beginning of December. The processes and kit were in place, and staff were being recruited to deal with the calls. Interest had been received from retired A&E consultants to be involved. The next stage was to agree different pathways. The bed manager hub on the third floor of the Queen Elizabeth University Hospital had been set up. Mr Best reported that feedback and the lessons learned so far from NHS Ayrshire and Arran had been received.</p> <p>Mr Best reported that the feedback on the Call Me pilot in the Minor Injuries Unit had been positive from both staff and patients. This would be ready to implement in the Clyde Sector and the South Sector in December. The number of GP referrals to the Community Assessment Centres (CACs) had reduced however the numbers were slowly increasing. Mr Best assured the Committee that weekly meetings continued to be held and the red SATA pathways remained in place.</p> <p>The Committee noted that work continued in relation to delayed discharges and AWI's. The Committee noted that the court process for AWI guardianship was being tested and work was taking place on the AWI pathway. The Committee noted that there were various issues in different areas in relation to delayed discharges. The Committee recognised that delayed discharges may be a local issue, therefore it was suggested that discussions within the local IJB's may be more appropriate.</p> <p>In response to a question in relation to the status of the Unscheduled Care Commissioning Plan, Mr Best informed the Committee that work was taking place to finish redrafting the plan. He assured members that the plan would go through due governance process.</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. The Committee suggested it would be helpful to see trends in future reports.</p> <p><u>NOTED</u></p>	
53.	PRESENTATION - TRAUMA CENTRE UPDATE	
	<p>Dr Jennifer Armstrong, Medical Director, provided a presentation on the NHSGGC Major Trauma Service.</p> <p>Dr Armstrong informed members that in 2015 a government policy was developed to establish a Major Trauma Centre in the West of Scotland. A Major Trauma Centre (Adult and Paediatrics) would be established at Queen Elizabeth University Hospital, with Trauma Units at Glasgow Royal Infirmary and Royal Alexandra Hospital, and a local emergency hospital and Centre of Excellence at</p>	

BOARD OFFICIAL

Inverclyde Royal Hospital. The Major Trauma Centre was due to open in March 2021, however it was recognised that the timescale may be put back due to the pandemic. Dr Armstrong highlighted the evidence in relation to centralising trauma service. This included improved outcomes for patients with survival rates increasing and patients less likely to suffer from long term disability. Significant investment provided opportunities to redesign current service provision and provide new roles and offer new ways of working.

Mr Ritchie thanked Dr Armstrong for the presentation and invited questions from the Committee.

In response to a question in relation to feedback from staff, Dr Armstrong assured the Committee that staff viewed this as a major opportunity and an opportunity to develop techniques.

In response to a question in relation to recruitment of new staff and the ability to recruit the level of staff required, Mr Best informed the Committee that the Scottish Government had released funding for recruitment. Mr Best reported that phased recruitment had been agreed. This would ensure that the recruitment process wouldn't destabilise staffing levels in other areas/hospitals.

A question was raised in relation to the impact and the benefits to patients and the Committee noted that national STAG audit data would be available. The Committee noted that further updates in relation to impact and cost would be provided at a future meeting.

In response to a question on whether the investment had been signed off, the Committee noted that funding had been secured.

A question was raised in relation to the impact on staff numbers in existing services and whether additional staff would be required in the community. The Committee noted that the patients being returned to the community were not additional patients. The patients, however would be in a much better state of health when being discharged from hospital. Recruitment would take place for a specialist rehab team when funding available who could provide advice and support regionally.

In response to a question on whether links had been made with the Scottish Ambulance Service (SAS), Dr Armstrong assured members that the Scottish Ambulance Service had been involved in the process.

The Committee noted the key involvement of Inverclyde Royal Hospital in the plans. This would be promoted through various methods, including newsletters and community councils.

In response to a question on what the biggest benefit achieved from the process was, Dr Armstrong highlighted in particular the team effort in coming together across the region with proposals to benefit and improve clinical outcomes for patients. Dr Armstrong highlighted that the biggest challenge would be the underlying complexity with the number of moves required, particularly during the pandemic.

The Committee were content to note the presentation and were assured of the information provided regarding the actions being taken to establish the Major Trauma Centre, and the Centre of Excellence.

BOARD OFFICIAL

	<u>NOTED</u>	
54.	EXTRACT FROM CORPORATE RISK REGISTER	
	<p>The Committee noted the paper 'Extract from Corporate Risk Register' [Paper No. 20/24] presented by the Chief Operating Officer, Mr Jonathan Best.</p> <p>In response to a question in relation to ownership of the reputational risk action, Mr Best assured the Committee that a report would be formally submitted to the next Finance, Planning and Performance Committee meeting.</p> <p><u>NOTED</u></p>	
55.	ACUTE STRATEGIC MANAGEMENT GROUP	
a)	MINUTE OF MEETING HELD 23 JULY 2020	
	<p>The Committee considered the minute of the Acute Strategic Management Group Meeting of 23rd July 2020 and were content to note this.</p> <p><u>NOTED</u></p>	
b)	MINUTE OF MEETING HELD 27th AUGUST 2020	
	<p>The Committee considered the minute of the Acute Strategic Management Group Meeting of 27th August 2020 and were content to note this.</p> <p><u>NOTED</u></p>	
56.	CLOSING REMARKS AND KEY MESSAGES TO THE BOARD	
	<p>Mr Ritchie summarised the key messages to the Board.</p> <p>1. Acute COVID-19 Update</p> <p>The Committee noted the overview provided in respect of the current position and ongoing response to COVID-19. The Committee were satisfied that the Acute Tactical Group would address any issues.</p> <p>2. Performance Update</p> <p>The Committee noted the current position in respect of Performance and the impact of COVID-19 on A&E targets and the ability to maintain the targets.</p> <p>3. Major Trauma Centre</p> <p>The Committee received a presentation by the Medical Director which described progress in respect of the development of the Major Trauma Centre and the Centre for Excellence. The Committee were assured by the information provided regarding the current position.</p> <p><u>NOTED</u></p>	

BOARD OFFICIAL

57.	DATE OF NEXT MEETING		
	Tuesday 19 th January 2021, 09:30am, MS Teams		