ASC (M) 21/03
Minutes: 27 – 38

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Acute Services Committee held on Tuesday 21 September 2021 at 9.30 am via Microsoft Teams

PRESENT

Mr Ian Ritchie (in the Chair)

Mrs Jane Grant	Dr Paul Ryan
Prof John Brown CBE	Mr Simon Carr
Cllr Jim Clocherty	Dr Margaret McGuire

IN ATTENDANCE

Mr Jonathan Best	..	Chief Operating Officer
Ms Sandra Bustillo	..	Director of Communications and Public Engagement
Ms Jacqueline Carrigan	..	Assistant Director of Finance Acute/Access
Dr Scott Davidson	..	Deputy Medical Director (Acute)
Ms Gillian Duncan	..	Secretariat (Minute)
Mrs Jennifer Haynes		Corporate Services Manager - Governance
Mrs Anne MacPherson	..	Director of Human Resources & Organisational Development
Mr Wesley Stuart	..	Chief of Medicine, South Sector (for Item 7b)

			ACTION BY
27.	**WELCOME AND APOLOGIES**		
	Mr Ritchie welcomed those present to the meeting. Apologies were intimated on behalf of Ms Susan Brimelow, Ms Paula Speirs and Mr Mark White.		
28.	**DECLARATIONS(S) OF INTEREST(S)**		
	Mr Ritchie invited members to declare any interests in any of the items being discussed.		

			ACTION BY
	No declarations of interest were made. **NOTED**		
29.	**MINUTES OF PREVIOUS MEETING: 20 JULY 2021**		
	The Committee considered the minute of the meeting held on Tuesday 20 May 2021 [Paper No. ASC (M) 21/02] and were content to approve the minute as an accurate record. Mr Ritchie said that at the previous meeting of the Committee it had been agreed that Integrated Care would sit with the Finance Planning and Performance Committee and IJBs with regular updates provided to the Acute Services Committee and asked how these updates would be provided. Professor Brown said that work was ongoing as part of Active Governance on reporting to Committees and a further meeting was scheduled to take place later in the week to look at this. It was noted that this was work in progress. **APPROVED**		
30.	**MATTERS ARISING**		
a)	**Rolling Action List**		
	The Committee considered the Rolling Action List [Paper No. 21/09] and were content to close the first two items. Mr Ritchie queried the third item, Terms of Reference, and asked if agreement had been reached that all Board Members on a Committee would have equal voting rights whether they were a Non-Executive or Executive Board Member. Mr Brown advised that this would be agreed at the NHS Board Meeting later in the day as part of the discussion on the annual governance statement. It was agreed that this action could therefore be closed. **APPROVED**		
31.	**URGENT ITEMS OF BUSINESS**		
	Mr Ritchie invited members to raise any urgent items of business.		

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	Mrs Grant advised that the Scottish Hospitals Public Inquiry had started hearing evidence from families on 20 September 2021 and it was anticipated this would attract some media interest. Mrs Grant also advised that the main issues for NHSGGC currently were the impact of the recent increase in the number of COVID-19 cases and the COP26 summit that was due to take place from 31 October 2021. **NOTED**		
32.	**ACUTE COVID-19 UPDATE**		
	Mr Jonathan Best, Chief Operating Officer, provided an update on the current position in respect of the NHSGGC response to managing COVID-19 in Acute Services, and provided assurance to members of the actions being taken in response to COVID-19. Mr Best advised that that Professor Linda de Caestecker, Director of Public Health, had reported to the Strategic Executive Group on 20 September 2021 that the rate of infection had stabilised in recent days and it was hoped that this had now peaked. Mr Best advised that as of today there were 766 inpatients in total across all sites, 384 of whom had tested positive in the last 28 days. He advised that there was a total of 28 patients in ICU, 22 of whom had tested positive in the last 14 days. Mr Best advised that the elective programme had been paused due to the recent rise in cases with the exception of urgent cases, trauma and cancer. He also advised that endoscopy and outpatients were still running. Mr Best advised that some staff, including theatre staff, had been temporarily redeployed to support other services and he reported that there were less wards closed than there had been in previous waves of the pandemic. Mr Best advised that paediatrics was also extremely busy, particularly in relation to Emergency Department attendances and the number of inpatients. However, he provided reassurance that the Royal Hospital for Children (RHC) had well-rehearsed plans in place and were coping well with the current challenges and their elective programme was continuing. Mr Best said that the spike in RSV cases among children was earlier than normal this year.		

			ACTION BY
	Mr Best said the focus now was on the vaccination programmes for flu and the COVID-19 booster, particularly for frontline hospital and community staff. Dr Davidson agreed that the position was challenging, particularly in balancing normal activity with COVID-19. He said that it was a testament to staff that the challenges over the last few weeks have been managed well. In response to a query about the increase in ICU cases given the success of the vaccination programme, Dr Davidson reported that 60% of people in the ICU with COVID-19 were unvaccinated and that the elderly and those with comorbidities were also more likely to be severely affected. Dr Davidson advised that there was a daily ICU call across all sites to manage the number of patients. However, he said he was reassured that the vaccine was providing protection against the most severe forms of the disease. In response to a query about the less than 28 days and more than 28 days inpatients with a COVID-19 diagnosis, Mr Best clarified that some of these patients had been in hospital a long time and would have been diagnosed with COVID-19 mainly on admission. He said that they would have various comorbidities and their stay in hospital may not just be related to treatment for COVID-19. Dr Davidson agreed and said that the active treatment for COVID-19 was generally around 10 days. He also advised that there were newer drugs being developed that would give another option for those not responding to treatment. In response to a question about what the situation was expected to look like over the coming months, Dr Davidson said that this was difficult to predict but prevalence in the community had fallen in the last few weeks and this should lead to a decline in inpatient and ICU numbers. Mrs Grant said that the national COVID-19 modelling predicted two to three weeks in advance at the moment but local work on modelling was underway to look at what additional capacity may be required in NHSGGC going into the winter. There was a question about how prevalent flu was likely to be this year and, although it was not possible to respond to this in the absence of Professor de Caestecker, Mr Best said that it was important to start the flu vaccination programme early. Mrs Grant agreed and although she acknowledged that the flu vaccine uptake among healthcare workers had historically been low, she advised that work on encouraging healthcare workers to receive the flu vaccination was underway.		

			ACTION BY
	Mr Ritchie thanked members for their contribution and summarised the discussion as follows: - The situation with COVID-19 remained challenging; - Most patients in the ICU were unvaccinated, however, older people and those with comorbidities were also more adversely affected. - The elective programme had been reduced as a consequence of the increased in COVID-19. - Fewer Acute wards were closed due to COVID. - Paediatrics was busy but were coping well. - The flu and COVID-19 booster programmes had started. The Committee were content to note the update. **NOTED**		
33.	**a) ACUTE SERVICES INTEGRATED PERFORMANCE REPORT**		
	Mr Jonathan Best, Chief Operating Officer, presented the Acute Services Integrated Performance Report [Paper 21/10] that provided a summary of performance against the Key Performance Indicators (KPIs) outlined in Remobilisation Plan 3 (RMP3). Mr Best advised that Remobilisation Plan 4 (RMP4) was due to be submitted to the Scottish Government at the end of September 2021 and this included the Winter Plan. Work was ongoing across the system to finalise this. Mr Best said the at a glance performance table showed that six KPIs were on target and two – delayed discharges and 31 day cancer – had not met the target. As he had indicated in the COVID-19 update, the elective programme had been paused due to the increasing pressures of COVID-19. He also advised that the planned trajectory increase for theatres was on hold for several weeks due to COVID-19 but indicated that this should be restarting soon. Mr Best reported that the CT pod on the Queen Elizabeth University Hospital (QEUH) site was now operational, however, staffing continued to be impacted by COVID-19. Mr Ritchie thanked Mr Best for the update and said that he recognised the immense amount of work underway. He also looked forward to a change in the presentation of the data as part of the Active Governance work.		

			ACTION BY
	In response to a query about A&E targets, Mr Best said that that there were a number of challenges including the increased number of inpatients with COVID-19, the number of delayed discharges and the increase in the number of patients presenting to A&E. There were also staffing pressures in the Specialist Assessment and Treatment Areas (SATAs) and Community Assessment Centres (CACs). However, he advised that there was constant dialogue between the teams to improve the position. Dr Davidson advised that a detailed piece of work on presentations and flow through A&E was underway and he would bring an update on this to a future meeting of the Committee. In response to a query about the Ultrasound Hub, Mr Best advised that Mr Arwel Williams, Director of Regional Services, was leading on work to utilise space at the Centre for Integrated Care for additional ultrasound machines, however, as with CT, staffing continued to be challenging. The July/August Delayed Discharges position was noted and Dr McGuire, Nurse Director, was asked about the current position. Dr McGuire reported that the number of Delayed Discharges had increased over the last few weeks and daily calls had been set up with appropriate senior staff in the six HSCPs to focus on resolving this. She advised that the Adults with Incapacity (AWI) numbers had not changed and the legal position remained challenging. Dr McGuire also advised that there was work underway with families as a number of the delays were related to choice. She said it was difficult to resolve these issues locally and it would be helpful if there was a national dialogue on these. Dr McGuire advised that around 40 of the Delayed Discharges were non-NHSGGC, the bulk of which were from NHS Lanarkshire. Mrs Grant and Dr McGuire were discussing this with other NHS Boards and HSCP Chief Officers. In response to a question about the A&E position across Scotland, Mr Best advised that all territorial NHS Boards were experiencing similar issues. Professor Brown asked if there was information on whether the pressures in primary care were having an impact and to what extent people presented as they had been unable to be seen in primary care.		Dr Davidson

			ACTION BY
	Dr Davidson acknowledged that the whole system was under pressure but said it was difficult to conclude that this was an issue as there was not enough information from primary care. He said the national messaging on Right Care, Right Place was being driven forward and it was also important to improve public confidence in virtual consultations. He also reported that there had been significant weekend increase in presentations to the ED. Dr Davidson advised that 80% of self-presenters were discharged so there was scope to improve the situation. Mr Ritchie asked if it was possible to look at the impact of GP access on Acute Services in more detail. Mrs Grant said that work could be done from Acute to identify who attended and who could have generally been treated in primary care but reliable primary care data was not available and this was an issue that needed to be resolved nationally. Mr Best suggested that it would be helpful to work with GPs to ensure that the information needed to support them was available. He also advised that NHS24 was opening a new call centre which would provide more capacity for redirection. Ms Bustillo said that work was underway with Dr Kerri Neylon, Deputy Medical Director for Primary Care, along with primary care colleagues to promote the different ways GPs were seeing people and that these were positive as well as promoting other options, for example, community pharmacy and optometry. Mr Ritchie thanked members for their contribution and summarised the discussion as follows: - The system remained under pressure, particularly ED attendances, but work to improve this was ongoing and Dr Davidson would provide feedback and data to a future meeting. - Delayed Discharges were particularly challenging with the main issues being Care Home choice and AWI, however, there was a considerable amount of work being undertaken by Dr McGuire and the IJBs. **NOTED**		
	b) PRESENTATION: ROBOTICS		

			ACTION BY
	Mr Jonathan Best introduced Mr Wesley Stuart, Chief of Medicine South Sector, who provided a presentation on Robotic Assisted Surgery (RAS) in NHSGGC. Mr Stuart provided an overview of the current position and the implementation of the new systems in place at GRI and QEUH. He advised this would establish a stable and robust service that promoted cross-system governance, learning and team working with surgeons recruited to train from three Sectors. Mr Stuart set out the activity to date and set out the activity to date. He also outlined the potential risks and provided assurance on the governance of the new systems. Mr Stuart advised that this was a welcome addition to NHSGGC services with significant potential for development that would be attractive for future recruitment Mr Ritchie asked what the effect on waiting times would be. Mr Stuart said that this would be neutral initially but would provide benefits to patients and would improve over time. He said that this would have particular benefits to Head and Neck surgery which it was anticipated would increase from two cases per day to four or five cases per day. Mr Ritchie asked if there was a concern about open surgery skills being lost in the future. Mr Stuart said that surgeons would continue to be trained in both open surgery and RAS. Mr Ritchie asked about the impact on the Golden Jubilee National Hospital (GJNH) in terms of their use of Cowlairs decontamination facility. Mr Stuart said that there was a system in place to anticipate the workload and try to spread this equally during the week. He advised there had been no issues reported and any challenges could be managed if necessary. In response to a query about the length of training, Mr Stuart advised that those being trained were spending approximately 40 hours on a simulation machine and were picking this up quickly. He advised the proctoring time would be 10 cases. In response to a query about the benefits to patients, Mr Stuart agreed that this was marginal initially but the advantages to patients would develop over time. He said that the patient response to the new technology had been good. Mr Ritchie thanked Mr Stuart for the comprehensive presentation and summarised the discussion as follows:		

			ACTION BY
	- It was important that GGC progress new technology and not be behind the curve. - This would have a neutral effect on waiting times initially but it would be beneficial overall for patients and was the way ahead for the future. **NOTED**		
34.	**FINANCIAL MONITORING REPORT**		
	Ms Jacqueline Carrigan, Assistant Director of Finance Acute/Access, presented the Financial Monitoring Report for month 4 to the end of July 2021 [Paper 21/11] which set out the Acute revenue position and progress with the Financial Improvement Programme (FIP). Ms Carrigan advised that the Acute Division was reporting an expenditure overspend of £11.1 million at month 4. She advised that there was a pay underspend overall but Junior Doctors remained a pressure. There was also a non-pay overspend. In response to a query about the FIP and whether it was still expected to meet its target, Ms Carrigan said 31% of the target had schemes identified at the end of month four and there were further schemes in the pipeline that were being worked through. Mr Best acknowledged there were challenges in promoting cost savings given the current competing pressures but he provided reassurance that there continued to be a focus on the FIP and he and Ms Carrigan met with Acute Directors and Heads of Finance monthly to review the FIP schemes. Ms Carrigan said that a number of unachieved savings had been declared in the Quarter 1 return to the Scottish Government and there was a meeting with the Government on Thursday and the level likely to be funded would be clearer following this. Mr Ritchie asked if there was a particular issue with Junior Doctor staff in the North Sector compared to the South Sector. Mr Best said it depended on the rotation and gaps each year and this year there had been a particular issue in some areas at Glasgow Royal Infirmary but work was ongoing to resolve this. Mr Ritchie thanked members for their contribution and said that there was a lot to be achieved in FIP but otherwise he was content that this was progressing. The Committee were content to note the update.		

			ACTION BY
	NOTED		
35.	**CORPORATE RISK REGISTER – RELEVANT EXTRACT**		
	Mr Ritchie asked members to review the two items on the extract of the Corporate Risk Register for the Acute Services Committee [Paper 21/12] and confirm that they were content that the risks were clearly described and that the risk scores were appropriate. Mr Best reported that this was discussed at the Acute Senior Management Group which met monthly and each Sector and Directorate within Acute Services also had their own Risk Registers. Mr Ritchie asked how realistic the scores were given the recent increase in pressure across the system. Mr Best agreed that the circumstances had changed since this was produced and that this should be reviewed. Professor Brown advised that the Audit and Risk Committee had agreed the risk strategy process and the latest version of the Corporate Risk Register was due to be confirmed by the October Board meeting. He also advised that the Audit and Risk Committee had discussed improving the risk description by including a cause and impact section. It was agreed that the first risk should be split into scheduled care and unscheduled care as the causes and mitigation were different and this would be rescored based on the current position. It was also agreed that a cause and impact section would be added. Mrs Grant and Mr Best would redraft this and send to Mr Ritchie for review. **NOTED**		Mrs Grant/ Mr Best
36.	**ANNUAL CYCLE OF BUSINESS**		
	Mr Ritchie asked members to consider the Annual Cycle of Business [Paper 21/13] and confirm that they were still content with the timing of items to come to future Committee meetings. In particular, he asked if the presentation on unscheduled care under RMP3 waiting times pressures should be brought forward from March 2022. It was agreed that any amendments to the Annual Cycle of Business would be discussed at the pre-agenda discussion for the November meeting of the Committee. **NOTED**		Mr Best

			ACTION BY
37.	**CLOSING REMARKS AND KEY MESSAGES FOR THE BOARD**		
	Mr Ritchie asked members to raise any other competent business. There was no other business noted. Mr Ritchie summarised the key messages for the Board: - Members recognised the hard work of the Executive Team in producing the papers for this and other Committees. - It was noted that the current urgent issues for NHSGGC were COVID-19, COP26 and the Scottish Hospitals Public Inquiry and the Committee recognised that this represented a significant amount of work. - The number of patients in ICU with COVID-19 had increased but 60% of were unvaccinated. Others at risk were the elderly and those with comorbidities. - The effect of the COVID-19 position on the elective programme was noted, but cancer, urgent, trauma and outpatients continued. - The number of wards closed due to COVID-19 had decreased. - The RHC was also busy but coping well. - The programme for flu and COVID-19 booster vaccinations was commencing. - It was noted that RMP3 performance was good except for 31 day cancer and delayed discharges. - A&E continued to be under pressure and Dr Davidson would present data on presentations and flow to the Committee in due course. - Delayed discharges had increased mainly due to AWI and Care Home choice but these were subject to a significant amount of work by Dr McGuire and her team. - Overall, it was recognised that the system was under great pressure. - Further messaging on Right Care Right Place and primary care was required. - The presentation on Robot Assisted Surgery had provided an overview of the benefits and assurance that a robust system of control and governance on how this was introduced was in place. - It was agreed to amend the Corporate Risk Register by converting the first risk into two separate risks and including a cause and impact section. - There were no concerns with the current financial position. Mr Ritchie thanked members for attending and closed the meeting.		

			ACTION BY
	NOTED		
38.	**DATE AND TIME OF NEXT SCHEDULED MEETING**		
	The next meeting would take place on Tuesday 16 November 2021 at 9.30 am via Microsoft Teams.		