ASC(M) 21/01
Minutes: 01 – 12

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Acute Services Committee held via MS Teams on Tuesday 18th May 2021

PRESENT

Mr Ian Ritchie (in the Chair)

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

IN ATTENDANCE

Mr Jonathan Best	..	Chief Operating Officer
Ms Sandra Bustillo	..	Director of Communications
Ms Jacqueline Carrigan		Assistant Director of Finance Acute/Access
Ms Nareen Owens	..	Head of People and Change - Development and Support
Dr Scott Davidson	..	Deputy Medical Director (Acute)
Ms Lisa Duthie	..	Senior Audit Manager, Audit Scotland
Mr William Edwards	..	Director of eHealth
Ms Susan McFadyen	..	General Manager (in attendance for item 7b only)
Ms Elaine Vanhegan	..	Head of Corporate Governance
Mrs Louise Russell	..	Secretariat Officer (Minutes)
Mrs Amy White	..	Observer

			ACTION BY
01.	**WELCOME AND APOLOGIES**		
	The Chair welcomed those present to the meeting and welcomed Mrs Amy White who was in attendance to observe proceedings. Board member apologies for absence were intimated on behalf of Ms Susan Brimelow OBE. Other apologies were intimated on behalf of Mrs Anne MacPherson. **NOTED**		

02.	**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**		

03.	**MINUTES OF THE MEETING HELD 17 NOVEMBER 2020**		
	The Committee considered the minute of the meeting held on Tuesday 17th November [Paper No. ASC(M)20/04] and were content to approve the minute as an accurate record. **APPROVED**		
04.	**MATTERS ARISING**		
a)	**ROLLING ACTION LIST**		
	The Committee considered the 'Rolling Action List' [Paper No. 21/01] and were content to accept the recommendation that 1 action was closed. There were no other matters arising noted. **APPROVED**		
05.	**URGENT ITEMS OF BUSINESS**		
	The Chair invited members to raise any urgent items of business. There were no items raised. **NOTED**		
06.	**ACUTE COVID-19 UPDATE**		
	The Chief Operating Officer, Mr Jonathan Best, provided an 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. Mr Best reported that there had been a slight increase in the number of COVID patients within Acute Services. He reported that patient numbers		

	remained low in the Intensive Care Unit, with 1 patient diagnosed as positive within the last 28 days and 3 patients in total being treated. He reported that up to 33 inpatients had tested positive within the last 28 days, this was an increase from 20 patients. Mr Best reported that the position would continue to be closely monitored. Mr Best reported that a strong focus on remobilisation continued. Mr Best provided an update on ward closures. He reported that 2 wards had been closed at the Royal Infirmary due to COVID infections. Mr Best assured the Committee that monitoring would continue to take place through the Infection Control Management Team in order to manage the situation. The Committee noted that red and green pathways continued. Mr Best reported that the pathways in Surgery, High Dependency Unit and Intensive Care Unit were green. He reported that SATA pathways remained in operation and the Emergency Department front door continued to link with the Community Assessment Centres (CACs). Mr Best reported that deployment of point of care testing, managed through the laboratories, continued to assist with improving patient placement. Mr Best provided an update on staffing. Following updates to Scottish Government guidance, some members of staff previously shielding returned to work at the end of April 2021. Mr Best informed the Committee that individual risk assessments had been carried out. He reported that 350-380 members of staff remained shielding for various reasons, including pregnancy and long term COVID symptoms. Mr Best reported that pre-testing of patients 72 hours prior to a procedure was well embedded. Staff testing kits continued to be distributed and staff were encouraged to use the kits. The Committee noted that a strong focus remained on the COVID Vaccination Programme and the second vaccine. Mr Ritchie thanked Mr Best for the update and invited questions from the Committee. In response to a question regarding the current position in Glasgow City in relation to COVID levels rising and whether there was a shift in the approach to vaccinations, the Committee noted that dialogue with the Scottish Government was ongoing. Discussions continued to take place regarding bringing forward the second dose of the vaccination in those particular postcodes and bringing forward the vaccination for the younger age group. The Committee noted that this would be dependent on vaccination supply. In response to a question regarding vaccination supply and whether this would be redistributed from other areas or sourced additionally, the Committee noted that NSS would be responsible for supplies.		

	In response to a question regarding whether vaccinations were resulting in reduction of the number of people being admitted and whether patients were less likely to be admitted to the Intensive Care Unit, the Committee noted that the low levels were positive, however there were cohorts of the population where the uptake of the vaccination was lower. The Committee noted that this was being monitored. Research had been carried out to review where patients had been admitted from and checked against the database to see if the patient had been vaccinated. The Committee were content to note the update and, although slightly anxious, were optimistic that the vaccination process had been effective. There was some concern noted regarding the areas that had not been fully vaccinated. 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. **NOTED**		
07 a.	**ACUTE SERVICES INTEGRATED PERFORMANCE REPORT**		
	The Committee considered the paper 'Acute Services Integrated Performance Report' [Paper No. 21/02] 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. The Director of Finance, Mr Mark White, informed the Committee that the report provided an overview of performance in relation to the metrics outlined in Phase 2 Remobilisation Plan (RMP2). An update on the Phase 3 Remobilisation Plan (RMP3) would be provided in due course. The report provided an overall summary of performance. The report highlighted that NHSGGC were performing well in relation to remobilisation and elective programme targets were being achieved. The Committee noted that that the mix of activity was challenging. Mr White reported that unscheduled care numbers were starting to increase, which was highlighted in red on the table provided in the paper. Mr White reported however that overall NHSGCC were in a good position and were slightly ahead of where the Board expected to be. In response to a question regarding the plan for Scottish Government to move from TTG to clinical prioritisation and whether NHSGGC were close to being input driven rather than outcome drive, the Committee noted that new administration was being formed by the Scottish Government which would focus on a blended approach. The Committee		

	noted that work was taking place with the clinical teams and weekly meetings were ongoing with the Scottish Government Access Team. The Committee noted that national guidance would be released in due course. In response to a question regarding trajectories and being able to look forward towards the next quarter, the Committee noted the Board were confident that they could meet the scheduled care RMP2 targets. The Board recognised that the unscheduled care targets would be challenging, however were confident that the RMP3 targets overall were achievable. In response to a question on the increased burden of the work that was required and whether NHSGGC were facing greater challenges, the Committee noted that this was difficult to monitor. The Committee noted that although hospitals were not back to pre-pandemic attendance, there had been a spike in attendance. The Flow Navigation Hub and better use of the Minor Injuries Unit would assist in alleviating this pressure. The Committee noted the Flow Navigation Hub was a useful tool to assist with the new ways of working and engaging with services. In response to a question on whether this was reducing the number of people in the system, the Committee noted that some reductions were evident. The Committee noted that discussions were being held with the Scottish Government regarding a national campaign for the Flow Navigation Hubs for all Boards and NHS24. The Committee noted a soft launch was carried out in NHSGGC, however the flow hub was still very early into its journey. The Committee noted that an article was included in the Glasgow Times outlining the service. The Committee noted the next phase would look at developing pathways for other services including ophthalmology, optometry and sexual health. The Committee noted that a national formal launch was required and discussions regarding this were taking place. In response to a question relating to RMP3 targets and whether the targets were low, Mr White reported that RMP2 targets were drafted early summer 2020, therefore the numbers fixed at that time were realistic with the information available. The RMP3 targets were revised in the autumn. The Committee noted the targets were 60% of previous elective and 80% of outpatient activity. The Committee noted that these were challenging targets and the Scottish Government had signed off the targets as challenging but realistic. In response to a question in relation to AWI pressure on the system and the impact on the patient, the Committee noted that work had taken place with the Scottish Government to look at planning some improvement activity in order to reach some long term benefits. The Committee noted that discussions were also taking place in partnerships.		

	In response to a question relating to the 7 day working and implementation capacity included in the report and whether including operational items, for example purchasing of mobile units, was appropriate to include, the Committee noted that the report would no longer be in this format. The Committee would however continue to see detail by exception for a few months. The Committee recognised that the current situation was fluid and acknowledged that staff wellbeing was priority and staff required time off for annual leave in order to recover. The Committee agreed that this was an essential part of the activity. The Committee noted that balancing the elective programme with the need to prioritise p1 and p2 patients would be challenging. In response to a question in relation to scope and imaging waiting lists and whether there had been issues or delays with the mobile unit for scopes and the ultra sound hub for imaging, Mr Best informed members that a national working group had been established for endoscopy and scopes. A Tactical Group were looking at the mobile unit which was currently out to tender using a national framework. Results from the tender process were expected in the next few weeks. The Committee noted that locums and additionality were being used to try to balance with remobilisation. The Committee noted that estates and facilities were looking at the new standards for endoscopy to ensure these were met. This included ventilation. The Committee noted that NHSGGC were making positive progress within imaging, currently achieving MRI and CT within 6 weeks. The Committee noted that work was taking place with Primary Care colleagues through the Interface Group to look at clinical prioritisation for GP referrals for routine ultrasounds. A question was raised regarding the redesign of urgent care and how effective the new pathway was in relation to A&E numbers. It was also raised that accessing GP appointments could be challenging at times. The Committee were keen to know how this was being evaluated to understand the impact. In response to the questions, the Board acknowledged that unscheduled care was challenging. The Board continued to work closely with Primary Care colleagues. Collaborative work was taking place with Primary Care colleagues to look at a whole system approach. It was recognised that additional work was required to look at the public perception that a “hands on” approach was always required. The Committee noted that feedback by patients on virtual appointments had been very positive. The Committee recognised the pressure that GP colleagues faced due to high demand. The challenge of social distancing and hygiene reduced the amount of patients that could be seen safely. The Committee noted that similar discussions had taken place at the Inverclyde IJB yesterday and the pressure on Primary Care colleagues was noted. The Director of Communications, Ms Sandra Bustillo, informed committee members that an evaluation of the		

	flow navigation hub and unscheduled care was planned. The results of that evaluation would be submitted to the Committee in due course. The Committee were content to note the update and acknowledged the complex and fluid situation in respect of COVID-19. The Committee recognised that not all information was available to make a realistic assessment, however the Committee were assured that a lot of activity and actions were being taken forward to ensure the health of the population at this difficult time. **NOTED**		
07 b.	**PRESENTATION - OUTPATIENT REDESIGN VIRTUAL PATIENT MANAGEMENT**		
	Dr Scott Davidson, Deputy Medical Director (Acute), provided a presentation on Virtual Patient Management and the Active Clinical Referral Triage (ACRT). Dr Davidson reported that an Oversight Group was established in June 2020 to maximise the use of Virtual Patient Management (VPM) through remote and virtual technologies and drive the implementation of Active Clinical Referral Triage (ACRT). A multidisciplinary group with eHealth, Health Records, Management, Clinical and Planning representation set out the Board's expectations around service level adoption, provide support and monitor progress of implementation. The Committee noted that Service Improvement Managers had been appointed for Clyde, North & South Sectors, working with the Clinical Service Managers, senior Clinical Staff and service support staff to: support key areas/sub-specialties for focus and establish cross Sector agreement, and standardisation of vetting practice and pathways across GG&C. Dr Davidson reported that more than 60% of referrals were now vetted through ACRT. The Committee noted that ACRT was widely accepted by clinical teams as the model for management of new referrals into secondary care to ensure patients were triaged to the optimal, evidence based, locally agreed pathway. Dr Davidson highlighted that work was underway with e-health colleagues to update the Trakcare interface to more accurately capture the ACRT options at the point of triage. Dr Davidson highlighted the GGC Board ARCT progress from January 2020 to December 2020. This highlighted a gradual improvement with an overall increase of 25%. The next graph highlighted a rapid increase towards 100% from January 2021 to April 2021. Dr Davidson highlighted there was an overall increase of 60%. Dr Davidson provided an update on Virtual Patient Management (VPM). The Board trajectory was minimum 40%. Dr Davidson highlighted the current position which was 30% of appointments being carried out		

	remotely. This was increase from 5% in March 2020, which highlighted that the use of remote consultations had become routine within NHSGGC. The Committee noted that telephone was the most widely used method. Dr Davidson reported that Near Me consultations would be promoted and supported by a significant investment programme of equipment across GG&C. Dedicated training would be available for clinical staff on the use of the Near Me system. Dr Davidson updated on Trakcare system developments and face to face consultations. Mr Ritchie thanked Dr Davidson for the presentation and invited questions from the Committee. In response to a question on the Moving Forward Together work and whether there was any reluctance to engage with virtual technology, Dr Davidson reported that people were initially anxious, however were becoming more confident. Dr Davidson reported that the team were considering champions to promote the system. In response to a question on what barriers there were, Dr Davidson reported that telephone was preferred method over video conference as patients were slightly more anxious to use the video platform. In response to a question on whether incentives would be used, Dr Davidson reported that there was no financial incentive. Encouraging use would come from word of mouth and patient experience. Dr Davidson highlighted that, in his opinion, the use of video to assess patients was transformational. This allowed clinicians to visually meet with the patient, which could help with patient assessments. Ms Susan McFadyen, General Manager, also highlighted that direct clinic outcome and optimising time was a benefit. It also assisted with continuity and ensured that all staff were working the same way. The Committee noted that huge progress had been made in setting up clinics. Blended clinics were developed which helped to optimise the clinician's time and the flexible approach had made a difference. The Committee recognised that digital scaling up was a benefit, however also recognised the challenges with this. In response to a question on the challenges, which included clinician push back, sustainability, English not being the patient's first language and access to equipment, the Committee noted that early reviews indicated that patient feedback had been positive. The Committee noted that a significant piece of work was carried out last year to evaluate patient experience using video and telephone communications. The feedback received was positive. Patients were provided with a self-questionnaire at the end of each consultation which they had the choice to participate in. The Committee noted that there was high levels of patient satisfaction. The Committee noted that further work would be carried to gather feedback from patients, particularly regarding accessibility. The Committee noted that virtual appointments help balance accessibility issues for patients, for example it removed transport issues to sites. Families could also be dialled in to virtual consultations.		

	In response to a question regarding technical investment and whether the resources were available to support change, the committee noted that NHSGGC had made significant investment in technology and additional kit. Investment had been made in additional laptops and cameras. Pre COVID 33,000 pieces of equipment was available, this had now increased to 40,000. GP practices were enabled with kit and the feedback received was that this was gratefully received. The Committee noted that progress was still being made. The desktop refresh programme was moving forward and had been include in future capital plans. In response to a question on how NHSGGC compare to the rest of the UK and the world, the committee noted that local benchmarking takes place. In response to a question on how NHSGGC were approaching implementation of policy, the Committee noted that this was high on the Acute Services Division agenda. A balanced approach was required with space and time to increase use. The Committee were content to note the presentation and were assured by the progress being made. **NOTED**		
08.	**FINANCIAL MONITORING REPORT**		
	The Committee considered the paper 'Financial Monitoring Report' [Paper No. 21/03] presented by the Assistant Director of Finance Acute/Access, Ms Jacqueline Carrigan. The Committee noted that, as at the 31st March 2021, the Board's financial ledger reported a financial position of £0.4m under budget. This was as a result of the receipt of the full COVID-19 funding from Scottish Government plus the impact of additional funding allocations. The report provided analysis of the financial position as at 31st March 2021. This highlighted that Acute area reported an expenditure underspend of £408k, with partnerships and corporate departments at a break even position. The Committee noted the overall, Pays were £2.3m underspent and Non Pay was £1.9m overspent. The FIP position reported a break even position due to the non–recurring support received from Scottish Government related to COVID-19. The report included the Sector and Directorate year-end outturns, Medical Salaries and a non-pay costs summary. The report also included the financial performance for partnerships and showed their position.		

	Financial Improvement Programme 2020/21 The Committee noted the Financial Improvement Programme continued throughout 2020/21. The overall financial challenge for 2020/21 was £108m, which was fully achieved in year. This achievement was in part due to non-recurring support from Scottish Government and underspends arising from reduced elective activity being released against FIP. As at 31st March 2021, savings of £14.6m had been achieved on a full year effect basis with a current year effect of £108m. The Committee noted the overall financial challenge for 2021/22 had been estimated as £157.5m. The approach to the FIP programme followed a similar approach adopted last year. The FIP Delivery Board continued to meet on a weekly basis. Ms Carrigan provided an update on the capital positon for 2021/22. The level of core capital resources made available to the Board for investment in 2020/21 amounted to £94m. This figure comprised gross capital allocations received from SGHSCD of £85.7m, together with £1.8m income from in-year Capital Receipts generated through property disposals, and an amount of revenue funded capital expenditure, which amounted to £6.5m. Mr Ritchie thanked Ms Carrigan for the update and invited questions from the Committee. In response to a question on when the end of year position for partnerships would be available, the Committee noted that this would be submitted to the Financial Planning and Performance Committee on 15th June 2021. In response to a question on the junior medical costs being a key priority for 2021/22 and what work would take place, the Committee noted that this would be reviewed in detail to gain insight and support rotas. The Committee noted that analytical work had been carried out which was a good baseline. The Committee noted that rota compliance was being reviewed. There were 4 at the moment that were non-compliant. The Committee noted that work was being carried out, led by Kenny Tracey and Lindsay Donaldson regarding natural breaks and the timetabling of breaks to ensure staff wellbeing. The Committee noted an update paper would be submitted to the Staff Governance Committee to provide assurance. The Committee noted that a Junior Doctors Monitoring Group had been established and conversations had already taken place. The Committee also noted that a letter had been sent to Junior Doctors, with support from the BMA and LMC, regarding rota compliance and breaks. A summary could be provided to the Staff Governance Committee for assurance. In response to a question in relation to the Financial Improvement Programme (FIP) and the £14.6m savings that had been achieved on a		

	full year effect basis with a current year effect of £108m, the Committee noted the remainder was non-recurring support from in the system. In response to a question in relation to the spread of savings and variance in some areas, the Committee noted the Director of FIP would be invited to the Financial Planning & Performance Committee The Committee noted that equipment costs and repair maintenance costs varied year on year. There had been an increase in costs this year, however the Committee noted that controls were well embedded. The Committee were content to note the update. NOTED		
09.	**EXTRACT FROM CORPORATE RISK REGISTER**		
	The Chief Operating Officer, Mr Jonathan Best, provided a verbal update on the Corporate Risk Register. The Committee noted that the Corporate Risk Register was undergoing review as part of the review of active governance. The Committee noted a proposal for updating the Corporate Risk Register and closing of historic risks would be submitted to the next meeting. **NOTED**		
10.	**ACUTE STRATEGIC MANAGEMENT GROUP**		
a)	**MINUTE OF MEETING HELD 24 SEPTEMBER 2020**		
	The Committee considered the minute of the Acute Strategic Management Group Meeting of 24th September 2020 and were content to note this. **NOTED**		
b)	**MINUTE OF MEETING HELD 26th NOVEMBER 2020**		
	The Committee considered the minute of the Acute Strategic Management Group Meeting of 26th November 2020 and were content to note this. **NOTED**		

11.	**CLOSING REMARKS AND KEY MESSAGES TO THE BOARD**		
	Mr Ritchie summarised the key messages to the Board. **1. Acute COVID-19 Update** The Committee noted the overview provided in respect of the current position and ongoing response to COVID-19. The Committee noted concern regarding the slight rise in COVID related cases, however were assured that Acute Services were managing the situation effectively. The team would continue to look for the improvements to be maintained. **2. Performance Update** The Committee noted the current position in respect of Performance and the impact of COVID-19. The Committee widely discussed the Integrated Performance Report and recognised the remobilisation plans varied from the set included in the appendix, which was the target set pre COVID. **3. Outpatient Redesign Virtual Patient Management** The Committee received a presentation by the Deputy Medical Director (Acute) which described progress in respect of the Virtual Patient Management & Active Clinical Referral Triage (ACRT). The Committee were assured by the information provided and the transformational elements continuing through the onset of COVID-19. **4. Financial Monitoring Report** The Committee noted the Month 12 Financial Monitoring Report and the benefits accrued in respect of finance available to manage the crisis. **NOTED**		
12.	**DATE OF NEXT MEETING**		
	Tuesday 20th July 2021, 09:30am, MS Teams		