

ASC(M) 24/03
Minutes 43 - 56

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Acute Services Committee
held on Tuesday 10 September 2024 at 9.30am
via Microsoft Teams**

PRESENT

Mr David Gould (in the Chair)

Cllr Chris Cunningham	Mr Colin Neil
Ms Jane Grant	Dr Becky Metcalfe
Mr Graham Haddock OBE	Dr Lesley Rousselet

IN ATTENDANCE

Ms Jacqueline Carrigan	Assistant Director of Finance Acute/Access
Dr Scott Davidson	Deputy Medical Director, Acute
Ms Kim Donald	Corporate Services Manager, Governance
Mr William Edwards	Chief Operating Officer
Ms Morag Gardner	Deputy Nurse Director - Acute Services
Ms Susan Groom	Director of Regional Services
Ms Katrina Heenan	Chief Risk Officer
Ms Natalie Kerr	Secretariat (Minutes)
Ms Susan McFadyen	Director of Access
Ms Anne MacPherson	Director of Human Resources and Organisational Development
Ms Louise Russell	Secretariat Manager
Ms Natalie Smith	Depute Director of Human Resources
Dr Lesley Thomson KC	NHSGGC Chair

		ACTION BY
43.	Welcome and Apologies	
	<p>The Chair welcomed those present to the September meeting of the Acute Services Committee.</p> <p>Apologies were noted on behalf of, Angela Wallace, Jennifer Armstrong, Sandra Bustillo, Collette McDiarmid and Elaine Vanhegan.</p> <p><u>NOTED</u></p>	
44.	Declaration(s) of Interest(s)	

		ACTION BY
	The Chair invited members to declare any interests in any of the matters being discussed. No interests were declared. <u>NOTED</u>	
45.	Minutes of Previous Meeting	
	The Committee considered the minute of the previous meeting, Tuesday 7 th May 2024, and were content to approve the minute as a complete and accurate record. <u>APPROVED</u>	
46.	Matters Arising	
a)	Rolling Action List	
	The Committee considered the Rolling Action List and were content to approve the items recommended for closure. <u>APPROVED</u>	
47.	Urgent Items of Business	
	There were no urgent items of business. <u>NOTED</u>	
	Committee Vice Chair	
	Mr Graham Haddock was nominated as Vice Chair by the Committee Chair, Mr David Gould, and was approved by the Committee. <u>NOTED</u>	
48.	Acute Update	
	Mr William Edwards, Chief Operating Officer, Acute Services, provided a verbal update for assurance.	

		ACTION BY
	<p>Mr Edwards reported that performance in relation to the 4-hour A&E target had improved, however, there were ongoing challenges with regards to occupancy across the Board. He assured the Committee that work was ongoing to optimise flow throughout the sites; but noted delayed discharges remained challenging.</p> <p>With regards to the HIS Emergency Department Review, Mr Edwards noted that we were working collaboratively with HIS regarding the information requested and further updates will be provided, when available. Mr Edwards outlines that it was still anticipated that the review would issue a draft report for factual accuracy to NHS GG&C in December 2024, with a final version being published in January 2025 when the review is expected to conclude.</p> <p>The committee were content to note the update.</p> <p><u>NOTED</u></p>	
49.	Acute Services Integrated Performance Report	
	<p>The Committee considered the paper 'Performance Report - July 2024 [Paper No. 24/12] presented by Mr Colin Neil for assurance.</p> <p>Mr Neil reported that, overall compliance with the A&E four-hour waits was 69.7% which was an increase on the previous months' position of 68.5%. The Committee noted that performance was marginally below the 2024-25 ADP planned position of 70%.</p> <p>Performance in relation to the Cancer 31 Day waiting times reported a slight decrease on the previous month's position, from 95.8% in June 2024 to 93.8% in July 2024. This was below the national target of 95%.</p> <p>Whilst performance in relation to the Cancer 62 Day waiting times reported an improvement on the previous month's position, increasing from 66.1% in June 2024 to 68.6% in July 2024, performance remained challenged due to the significant increase in Urgent Suspicion of Cancer referrals.</p> <p>Overall sickness absence levels increased on the previous months' position, and performance remained above the local 5% target.</p> <p>In response to a question regarding a timescale for the review of Primary Care referral templates, the Committee noted that work on the necessary changes were made to SCI Gateway on 19th August 2024 for Urology and Breast templates. There would be ongoing</p>	

		ACTION BY
	<p>engagement with GPs to audit the templates, and monitoring will be fed back through the performance report.</p> <p>In response to a question regarding funding for the expansion of Orthopaedic elective activity, the Committee noted that discussions remained ongoing and the complexities surrounding access money in relation to SLAs with other Health Boards.</p> <p>The Committee discussed the importance of staff wellbeing and were assured that there were champions and processes in place to ensure this remained a priority.</p> <p>The Committee noted the update provided.</p> <p><u>NOTED</u></p>	
50.	Financial Monitoring Report	
	<p>The Committee considered the paper [Finance Paper Month 4 - Paper No. 24/13] presented by Mr Colin Neil for awareness.</p> <p>Mr Neil reported that, as at 31st July 2024, Acute Services finance ledger reported a deficit of £34.4m.</p> <p>The Junior Medical position for Acute reported an overspend of £3.8m, with a forecast of £11.4m, which was at the same financial position as the 23/24 outturn. He explained that Band 3 rotas were challenging, and national discussions were underway.</p> <p>The Senior Medical position reported an overspend of £780k, with the Clyde sector and Women and Children being the main drivers of the pressure. The year end forecast was £1.7m.</p> <p>Overall, Nursing pays reported an overspend of £3.9m. The forecast outturn was £7.9m based on the month 4 position and there were actions in place to reduce spend.</p> <p>Mr Neil highlighted that there was a national target in place to cease agency spend and the Board were working towards that.</p> <p>Non-pays reported an overspend of £6.94m, with work underway to understand the drivers.</p> <p>The Committee discussed the scope of the financial challenge, noting the actions already underway to mitigate further overspend. The Committee also considered the importance of collaboration</p>	

		ACTION BY
	<p>with the Area Partnership Forums with regards to staff communication and ongoing engagement.</p> <p>The Committee noted the update provided.</p> <p><u>NOTED</u></p>	
<p>51.</p>	<p>Cancer Performance Update and USOC Referral Review</p>	
	<p>The Committee considered the Cancer Performance Update and USOC Referral Review presentation delivered by Ms Susan Groom for assurance.</p> <p>Ms Groom reported the increase in Urgent Suspicion of Cancer (USOC) referrals which continued to impact on capacity, particularly in the diagnostic part of the pathway. Ms Groom explained that there had been a change to national guidance which removed some referral exemptions which had also contributed to the number of referrals received.</p> <p>She noted that the referrals received in July 2024 were 79.4% higher when compared against July 2019, with notable increases in urology and colorectal referrals, and the overall number of patients treated had grown by 6% from 2019 to date. Colorectal cancer had increased by 15% and Urology cancer had increased by 22%. She highlighted that the increase was in line with other Health Boards, that there was an ageing population as well as campaigns to detect cancer early which would be contributing to the increase.</p> <p>Ms Groom noted areas of focus for 31-day performance within Colorectal, Urology and Breast. There were actions being taken forward to improve the 62 Day performance within Breast, Cervical and Ovarian, Colorectal, Endoscopy, Head and Neck, Lung and Melanoma Cancers.</p> <p>Ms Groom reported that pressure from increased USOC referrals continued to be a challenge, particularly in matching diagnostic capacity to demand. She highlighted that the action taken to date had resulted in an upward trend in the 31 day and 62-day performance. She highlighted that the GP referral pathways and templates remain under review, along with benchmarking work and ensuring we continue to learn from best practice nationally.</p>	

		ACTION BY
	<p>The Committee discussed the effects of repeated treatment, e.g. bladder cancer, and were assured that resection rates were considered within the figures.</p> <p>With regards to transnasal endoscopy service expansion, Dr Davidson advised that this had increased to 5 sessions and work was underway with Gastroenterology to identify patients.</p> <p>The Committee noted the update provided.</p> <p><u>NOTED</u></p>	
<p>52.</p>	<p>Acute Nursing and Midwifery Update</p>	
	<p>The Committee considered the circulated presentation Acute Nursing and Midwifery Update presented by Ms Morag Gardener for assurance.</p> <p>Ms Gardner assured the Committee that the nursing workforce was becoming increasingly stable, however, pressure remained within Acute Band 5 establishment which was sitting at 89.0%.</p> <p>Ms Gardner provided an overview of the actions that had been taken to develop the workforce, including recruitment campaigns, training and development, International Nurses recruitment and support and Newly Qualified Practitioners (NQP) Recruitment Campaigns.</p> <p>Ms Gardner reported that 2023/24 had seen a successful NQP recruitment campaign, with a high number of offers of employment issued. She reported that support continued to be provided to internationally educated Nurses, with establishment of International Nurse Recruitment multi-professional oversight group.</p> <p>The Committee noted that the trainee Assistant Practitioner campaign for 2024/25 was underway with Glasgow Clyde College and Glasgow Kelvin College confirming training days.</p> <p>Ms Gardner provided an update on the quality measures, confirming that there was an improvement in quality data. Patient Experience and feedback continued to be closely monitored and remained a central focus for teams at all levels.</p> <p>Ms Gardner provided a brief overview of the HIS Inspection Reports on the work being undertaken at Queen Elizabeth University Hospital, Royal Alexandra Hospital and Glasgow Royal</p>	

		ACTION BY
	<p>Infirmary. Ms Gardner also reported on the progress of the requirements raised for each site, noting that the 5 requirements raised for the QEUH had been completed. The Committee noted that engagement with public partners was arranged through the Public Engagement Team.</p> <p>In response to a question regarding the media reporting of nursing vacancies within NHSGGC, Ms Gardner explained that all vacant posts had been advertised but if a NQN had been offered more than one post they had the option to choose employment with another Health Board.</p> <p>The Committee noted the update provided.</p> <p><u>NOTED</u></p>	
53.	Extract from Corporate Risk Register	
	<p>The Committee considered the paper [ASC Corporate Risk Register - Paper No. 24/14] presented by Ms Katrina Heenan for approval.</p> <p>The risk scores for two risks relating to Acute Services around In Patient/Day Case Treatment Time Guarantee and Outpatients Scheduled Care Waiting Time Targets, had been rescored and reduced from 16 to 15. No changes were proposed for the risk in relation to Unscheduled Care, however significant work was ongoing to review the risk.</p> <p>The Committee were content to approve the Corporate Risk Register.</p> <p><u>APPROVED</u></p>	
54.	Annual Cycle of Business	
	<p>The Committee considered the paper [Annual Cycle of Business - Paper No. 24/15] presented by Ms Kim Donald for approval.</p> <p>Ms Donald highlighted that Patient Experience Reports were previously on the cycle of business, however, following the development of the Assurance Information Framework and the updated Scheme of Delegation this would now be delegated to Clinical and Care Governance Committee.</p>	

		ACTION BY
	<p>The Annual Cycle of Business would continue to be reviewed at agenda setting meetings to ensure a stable process of assurance across the work of the Committee.</p> <p>The Committee were content to approve the Annual Cycle of Business.</p> <p><u>APPROVED</u></p>	
55.	Closing Remarks and Key Messages for the Board	
	<p>The Chair provided an overview of the discussion which took place in today's Acute Services Committee meeting.</p> <p>The Chair thanked the committee for welcoming him as the new chair and for their attendance.</p> <p><u>NOTED</u></p>	
56.	Date and Time of Next Scheduled Meeting	
	<p>The next meeting would be held on Tuesday, 12 November 2024 at 9.30am via Microsoft Teams.</p>	