

ASC(M)23/05  
Minutes 54 - 67

**NHS GREATER GLASGOW AND CLYDE**

**Minutes of the Meeting of the  
Acute Services Committee  
held on Tuesday 19 September 2023 at 9.30am  
via Microsoft Teams**

**PRESENT**

Mr Ian Ritchie (in the Chair)

Mr John Brown	Ms Colette McDiarmid
Mrs Jane Grant	Mr Graham Haddock OBE
Dr Becky Metcalfe	Mr Colin Neil
Dr Paul Ryan	Dr Lesley Rousselet

**IN ATTENDANCE**

Ms Sandra Bustillo	Director of Communications and Public Engagement
Ms Jacqueline Carrigan	Assistant Director of Finance Acute/Access
Dr Ron Cook	Associate Medical Director, NHS24
Dr Scott Davidson	Deputy Medical Director, Acute
Mrs Maria Doherty	Executive Director for Nursing and Care, NHS24
Ms Kim Donald	Corporate Services Manager, Governance
Mr William Edwards	Chief Operating Officer
Ms Morag Gardner	Deputy Nurse Director, Acute
Ms Susan Groom	Director of Regional Services
Ms Sara Khalil	Secretariat (Minutes)
Mrs Gail MacGregor	Head of Clinical Services, NHS24
Ms Natalie Smith	Depute Director of Human Resources
Ms Elaine Vanhegan	Director of Corporate Services and Governance
Mr Scott Wilson	Senior Business and Delivery Manager to CEO

		ACTION BY
<b>54.</b>	<b>Welcome and Apologies</b>	
	<p>The Chair welcomed those present to the September meeting of the Committee.</p> <p>Apologies were noted on behalf of Cllr Chris Cunningham, Susan McFadyen, Tom Steele, Angela Wallace, and Anne MacPherson</p> <p><b>NOTED</b></p>	

		ACTION BY
<b>55.</b>	<b>Introductory Remarks</b>	
	There were no introductory remarks noted by the Chair. <b><u>NOTED</u></b>	
<b>56.</b>	<b>Declaration(s) of Interest(s)</b>	
	The Chair invited members to declare any interests in any of the matters being discussed. There were no declarations of interest. <b><u>NOTED</u></b>	
<b>57.</b>	<b>Minutes of Previous Meeting</b>	
	The Committee considered the minute of the previous meeting, Tuesday, 18 July 2023 [Paper No. ASC(M)23/04], with one change to page 7, 'end of May position from 50.6M ' to '15.6M' and were content to approve the minute as a complete and accurate record. <b><u>APPROVED</u></b>	
<b>58.</b>	<b>Matters Arising</b>	
a)	Rolling Action List	
	The Committee considered the Rolling Action List [Paper No. 23/21].  The Committee were content to accept the recommendation that the two actions were closed.  The Committee were content to approve the RAL. <b><u>APPROVED</u></b>	
<b>59.</b>	<b>Urgent Items of Business</b>	
	The Chair asked members if there were any urgent items of business. There were no items of urgent business raised. <b><u>NOTED</u></b>	
<b>60.</b>	<b>Acute Update</b>	

		ACTION BY
	<p>The Committee considered the presentation on the Acute services provided by Mr William Edwards, Chief Operating Officer.</p> <p>Mr Edwards noted that the primary focus had been on the Planned Care Programme. Additionally, there was a concerted effort to reduce outpatient wait times. Mr Edwards highlighted that the focus extended to unscheduled care, with the main areas of work involving enhancing flow performance, optimizing the flow model, implementing changes, and maximizing the usage of the Minor Injuries Unit.</p> <p>Mr Edwards outlined that high occupancy rates remained a persistent challenge, alongside the increase in the number of COVID-positive cases within the hospital.</p> <p>In response to the question regarding the number of patients with COVID in the wards and its impact on general or critical care wards, Mr Edwards explained that as soon as a patient tests positive, strict infection control measures are implemented to prevent further transmission and that we were not seeing admissions to critical care due to covid.</p> <p>The Committee were content to note the update.</p> <p><b><u>NOTED</u></b></p>	
<b>61.</b>	<b>NHS 24 Update</b>	
	<p>The Committee considered the 'NHS 24 Update' presentation presented by Mrs. Maria Docherty, Executive Director for Nursing and Care. Dr Ron Cook, Associate Medical Director and Mrs Gail MacGregor, Head of Clinical Services.</p> <p>The presentation on the Redesign of Urgent Care covered the key points as follows:</p> <ul style="list-style-type: none"> <li>• How It Works</li> <li>• The Impact It Has Made</li> <li>• Key Takeaways</li> <li>• Available Opportunities</li> </ul> <p>In response to the question about the patient's pathway, Mrs MacGregor explained that when a patient contacts NHS 24 they are initially screened to rule out immediate urgency requiring ambulance services. Following this, a nurse or clinician makes a decision regarding the appropriate pathway for the patient.</p>	

		ACTION BY
	<p>Regarding call rates and abandoned calls, Mr Cook mentioned that abandoned calls are monitored on a daily basis. The average call wait time is around six minutes. He also noted that approximately 90% of patient referrals are successfully handled during their first call.</p> <p>Mr Cook further explained that abandoned calls can sometimes be challenging to assess accurately because patients can listen to the screening information and decide to seek immediate help, which counts as an abandoned call out with their control.</p> <p>In response to the question whether children referred from NHS 24 had a similar ratio outcome (30/40/30) Mr Cook had shared that approximately 15-20% of patients who presented were children. Mrs Doherty reassured that paediatric care training is provided to the clinicians who handle NHS24 calls.</p> <p>In response to the question about outcomes and the 30% of patients directed to self-care measures, Mr Cook explained that most patients were willing to follow the advice provided over the phone, which often directed them to visit a pharmacy or seek guidance from NHS Inform. Regarding accessibility, he noted that the option for digital and remote consultations benefited patients who could use these platforms.</p> <p>In response to the question about improving performance, particularly achieving the goal of 50% of calls answered before 5 minutes, Mrs MacGregor clarified that some callers listened to the screening information and then pursued alternative options or contacted NHS 24 when trying to reach their GP after hours. There was a shared agreement to delve deeper into strategies for meeting the target of having 50% of calls answered within 5 minutes.</p> <p>The Committee were content to note the update.</p> <p><b><u>NOTED</u></b></p>	
<b>62.</b>	<b>Acute Services Integrated Performance Report</b>	
	<p>The Committee considered the Acute Services Integrated Performance Report [Paper 23/22] presented by Mr William Edwards, Chief Operating Officer, and Mr Colin Neil, Director of Finance.</p> <p>Mr Neil noted performance in terms of new outpatients, TTG, and scopes activity has consistently exceeded the planned targets for</p>	

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	<p>the period spanning April to July 2023. Moreover, the number of TTG patients waiting for more than 78 weeks and 52 weeks remains in line with the planned position for July 2023.</p> <p>Mr Neil noted the number of new outpatients waiting for more than 78 weeks was above the planned position for July 2023. Mr Neil mentioned the overall compliance with the A&amp;E four-hour wait target remained consistent at 73.5%, mirroring previous months' performance.</p> <p>Performance in terms of Cancer 31 Day waiting times experienced a slight decrease, dropping from 93.9% in June 2023 to 93.5% in July 2023. Similarly, performance regarding Cancer 62 Day Waiting Times also saw a decline from 62.0% in June 2023 to 61.2% in July 2023. Mr Edwards explained that certain actions were already in to ensure that outpatient appointments were being delivered within 14 days and that diagnostics were being delivered in a timely fashion. Where dates fell out of those being monitored escalations would be made.</p> <p>Mr Edwards did outline the overall rise in USOC referrals, which was around a 52% increase pre pandemic overall, with some cancer types noticing a 70% increase.</p> <p>Mr Edwards noted after implementing changes to the scheduling system, Radiology is revising its vetting process to fast-track all USOC patients more effectively. This change addressed breaches across multiple pathways.</p> <p>In response to the question regarding the increase in cancer diagnoses, given the 52-70% increase in referrals, and whether this suggests over-referral, Mr Davidson explained that imaging is essential to confirm a cancer diagnosis. While pathway redesign efforts have been made, clinicians may tend to over-refer to avoid the clinical risk of missing something important. Mr Edwards also outlined work underway to support primary care in referrals.</p> <p>The Committee were assured by the update.</p> <p><b><u>ASSURED</u></b></p>	
<b>63.</b>	<b>Planned Care Update</b>	
	<p>The Committee considered the Planned Care Update presented by Mr William Edwards, Chief Operating Officer and Mr Scott Davidson, Deputy Medical Director.</p>	

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	<p>Mr Edwards noted as of August 31, 2023, there was a total of 5,849 outpatients in NHS Scotland waiting for over 78 weeks. Among these, 1,039 patients were waiting for more than 104 weeks, but none of them were from NHS Greater Glasgow and Clyde. Notably, nine Health Boards in Scotland had outpatients waiting for over 104 weeks.</p> <p>Mr Edwards had noted that NHS GGC Annual Delivery Plan (ADP) aimed to have zero outpatients waiting over 78 weeks by Q2 2023/2024. Various measures had been taken to address the situation, including maximizing consultant resources, recruiting locum support, using Optometry support effectively, and implementing waiting list initiatives.</p> <p>In Gynaecology and ENT, insourcing and WLIs helped work towards zero patients waiting &gt;78 weeks. However, OMFS faced challenges due to subspecialisation in a single surgeon service, and solutions were explored for managing this patient cohort.</p> <p>Specialties facing challenges, including Gynaecology, ENT, and Orthopaedics, had been conducting Waiting List Initiative (WLI) clinics to meet their agreed projections for patients waiting over 52 weeks.</p> <p>Reduced delivery of the Orthopaedic Arthroplasty service was expected at the Golden Jubilee National Hospital (GJNH) due to theatre and workforce challenges. Plans were being developed to increase elective Orthopaedic capacity at NHSGGH, with orthopaedic programs at IRH and ambulatory sites were maintained throughout the winter.</p> <p>In response to the question of why religious circumcisions were still being offered by the NHS, despite not being clinically indicated, Mrs Grant advised that this was a directive from the Scottish Government.</p> <p>In response to the question about when the report regarding Transnasal Endoscopy would be brought to the meeting, Mr Davidson replied that it would be presented at the next meeting, as there were still papers in progress.</p> <p>The Committee were content to note the update.</p> <p><b>NOTED</b></p>	<p><b>Mr Davidson</b></p>
<p><b>64.</b></p>	<p><b>Financial Monitoring Report</b></p>	

	ACTION BY
<p>The Committee considered the Financial Monitoring Report [Paper 23/19] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil confirmed the end of July position of £29.5M deficit, which included £17.3M YTD unachieved savings, £6M pay position and £6.3M non-pay. Mr Neil noted the allocation of £7.9M in non-recurring funding to cover 'Winter and Covid' expenses for the four months up to July 2023.</p> <p>Mr Neil noted an overspend in pays, with the main areas being:</p> <ul style="list-style-type: none"> <li>• Medical Salaries exceeding the budget by £5.2M.</li> <li>• Nursing pays surpassing the budget by £2.8M.</li> <li>• Other pays, including AHPs, Healthcare Sciences, and Admin &amp; Clerical, were under budget by £2M.</li> </ul> <p>Mr Neil reported on the sustainability and value program, stating that the Acute Target was £58.5M for the full year. Savings achieved on a recurring basis were £2.9M (4.95% of the target). For the current year, they achieved £3.7M (6.4% of the target). The year-to-date target was £19M, with an achieved amount of £1.7M (8.89% of the target), leaving an unachieved YTD position of £17.3M.</p> <p>The Committee considered the 'Overview of Medical and Nursing Financial Controls' presented by Mr Scott Davidson, Deputy Medical Director and Morag Gardner, Deputy Nursing Director</p> <p>Mr Davidson outlined that challenges in Medical Salaries resulted in a current Senior Medical pressure of £1.3 million over budget (1.3% over budget based on a year-to-date budget of £101 million).</p> <p>The impact of these challenges included:</p> <ul style="list-style-type: none"> <li>• The use of high-cost Agency Locums.</li> <li>• Additional EPA's.</li> <li>• Premium Adhoc sessions in Anaesthetics and ED.</li> <li>• Sickness cover.</li> </ul> <p>Actions taken to address these challenges included:</p> <ul style="list-style-type: none"> <li>• Ongoing recruitment for hard-to-fill posts.</li> <li>• Ceasing the use of Agency Locums as posts were filled or services were redesigned.</li> <li>• Continual review of Additional EPA's to ensure they were stopped when appropriate.</li> <li>• Ensuring job plans had no more than 12 sessions.</li> <li>• Stopping Adhoc sessions when appropriate after a service review.</li> </ul> <p>Ms Gardner highlighted a nursing budget overspend of £2.8M in</p>	

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	<p>July 2023, representing a 1.2% overage based on a £231M year-to-date budget. Agency staffing accounted for £9M (3.9%) of the year-to-date spend, and bank staffing amounted to £25M (10.9%). Efforts to address this challenge included eliminating Premium Rate Agency (PRA) with a 62.9% reduction in usage.</p> <p>Ms Gardner noted Deep Dives were conducted from September 2022 to April 2023, identifying common issues and implementing solutions. Additional measures encompassed roster masterclasses, finance workshops for managers, HR-tailored sessions, and recruitment workshops.</p> <p>Ms Gardner described recruitment initiatives involved hiring Newly Qualified Nurse/Midwife (NQNM) posts, and international nursing recruitment campaigns. Recent modelling suggested that these recruitment efforts, combined with anticipated leavers, would significantly reduce the vacancy gap for Band 5 nursing and midwifery roles in Acute.</p> <p>In response to the question about the £7.9M in non-recurring funding to cover 'Winter and Covid' expenses, Mr Neil clarified that this funding was allocated for additional beds built into the forecast and would be on a non-recurring basis.</p> <p>In response to the question about the restriction of EPAs despite the high cost of agency locums, Mr Davidson explained that these positions are difficult to fill, leaving limited scope for EPAs.</p> <p>In response to the question about supporting doctors to ensure they get natural breaks, Mr Davidson reassured that work was being done to reinforce this.</p> <p>In response to the question about the difference in financial performance between the South Sector and other sectors, Mr Neil explained that taking up additional beds accounts for the need for more cover.</p> <p>In response to the question about turnover and the new 36-hour work week, Ms Grant mentioned that working groups are being established to address this issue, and future Risk Registers would provide more insight.</p> <p>The Committee were content to note the update.</p> <p><b>NOTED</b></p>	
65.	<b>Overview of Nursing Workforce and Quality</b>	



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	<p>The Committee considered the 'Overview Nursing Workforce and Quality' presented by Ms Morag Gardner, Deputy Nursing Director.</p> <p>Ms Gardner mentioned key points:</p> <ul style="list-style-type: none"> <li>• An outline of the current Nursing Workforce</li> <li>• Innovation Plans – recruitment and new roles</li> <li>• Winter Planning</li> <li>• Quality Measures</li> <li>• Feedback from the recent unannounced inspection at Gartnavel General Hospital (GGH)</li> </ul> <p>Ms Gardner noted established real-time staffing monitoring and data-driven interventions. These included recruitment drives, reducing reliance on off-framework agency staff without significantly affecting metrics, and a strong emphasis on managing Nursing Pays to control costs. Ms Gardner mentioned comprehensive monitoring system tracked quality, staff well-being, and patient experience data from ward to board, showing overall stability.</p> <p>In response to the question about the establishment of Band 7s and Band 8s, Ms Gardner explained that this over establishment is primarily due to the appointment of Advanced Nurse Practitioners in the Emergency Department, among other factors.</p> <p>Ms Gardner highlighted areas of good practice, as well as recommendations and requirements from the recent unannounced inspection at Gartnavel General Hospital, were highlighted.</p> <p>The Committee were content to note the update.</p> <p><b><u>NOTED</u></b></p>	
<p><b>66.</b></p>	<p><b>Extract from Corporate Risk Register</b></p>	
	<p>The Committee considered the Extract from Corporate Risk Register [Paper 23/20] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil advised there were no proposed changes, but updates had been made, which included reviewing the target dates for actions, assessing controls and mitigating actions, and keeping the risk scores static for this reporting period.</p>	

		ACTION BY
	The Committee were content to approve the update.	
	<b><u>APPROVED</u></b>	
<b>67.</b>	<b>Closing Remarks and Key Messages for the Board</b>	
	The Chair thanked Members for attending the Acute Services Committee.	
	<b><u>ASSURED</u></b>	
<b>68.</b>	<b>Date and Time of Next Scheduled Meeting</b>	
	The next meeting would be held on Tuesday, 21 November 2023 at 9.30am via MS Teams.	