

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Acute Services Committee
held on Tuesday 12 November 2024 at 9.30 am
via Microsoft Teams**

PRESENT

Mr David Gould (in the Chair)

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

IN ATTENDANCE

Ms Sandra Bustillo	Director of Communications and Public Engagement
Ms Jacqueline Carrigan	Assistant Director of Finance Acute/Access
Ms Kim Donald	Corporate Services Manager, Governance
Ms Gillian Duncan	Corporate Executive Business Manager (minutes)
Mr William Edwards	Chief Operating Officer, Acute Services
Ms Morag Gardner	Deputy Nurse Director, Acute Services
Ms Susan Groom	Director of Regional Services
Dr Claire Harrow	Deputy Medical Director, Acute
Ms Katrina Heenan	Chief Risk Officer
Ms Claire MacDonald	Business Manager, Acute Division
Ms Anne MacPherson	Director of Human Resources and Organisational Development
Ms Susan McFadyen	Director of Access
Professor Kevin Rooney	Clinical Lead in Organ Donation
Ms Natalie Smith	Depute Director of Human Resources
Professor Angela Wallace	Nurse Director
Mr Scott Wilson	Senior Business and Delivery Manager, Chief Executive's Office

		ACTION BY
57.	Welcome and Apologies	
	The Chair welcomed those present to the November meeting of the Acute Services Committee.	
	There were no apologies noted.	
	NOTED	

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58.	Declaration(s) of Interest(s)	
	<p>The Chair invited members to declare any interests in any of the matters being discussed.</p> <p>The Chair advised that in relation to Item 10 – Organ Donation Update, he was also Chair of the Organ Donation and Transplantation Committee. No further interests were declared.</p> <p><u>NOTED</u></p>	
59.	Minutes of Previous Meeting	
	<p>The Committee considered the minute of the previous meeting held on Tuesday 10 September 2024, and were content to approve the minute as a complete and accurate record.</p> <p><u>APPROVED</u></p>	
60.	Matters Arising	
	<p>a) <u>Rolling Action List</u></p> <p>The Committee noted that there had been no actions from the previous meeting on 10 September 2024.</p> <p><u>NOTED</u></p>	
61.	Urgent Items of Business	
	<p>There were no urgent items of business.</p> <p><u>NOTED</u></p>	
62.	Acute Update	
	<p>Mr William Edwards, Chief Operating Officer, Acute Services, provided a verbal update for assurance.</p> <p>Mr Edwards reported that Healthcare Improvement Scotland (HIS) had advised that the timescales for the outcome of the ED review had changed and it was now anticipated that the report would be published in March 2025. He said that engagement continued across the sites as part of the programme of work and HIS had noted their appreciation to staff for their proactive contribution.</p>	

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	<p>The Committee were content to note the update.</p> <p>NOTED</p>	
63.	Acute Services Integrated Performance Report	
	<p>The Committee considered the Acute Services Integrated Performance Report [Paper No. 24/16] presented by Mr Colin Neil, Director of Finance, for assurance.</p> <p>Mr Neil said that that activity delivered for new outpatients, TTG and imaging had all exceeded the planned position agreed with the Scottish Government for the first six months of the financial year. ED 4 hour waits compliance had marginally increased on the previous month's position at 72.5%, however, this remained an area of ongoing pressure and provisional data for week ending 3 November 2024 was showing a decrease in compliance at 68.8%.</p> <p>New outpatients waiting over 52 weeks and 78 weeks remained above the planned position and the number of inpatients/daycases waiting more than 52 weeks had increased marginally and was above the planned position. The cancer 31 day target had reported a marginal decrease on the previous month's position at 92.9% which was below the national target of 95%. There had been a slight improvement in relation to 62 day cancer target to 63.1% but overall performance remained challenging due to the significant increase in Urgent Suspicion of Cancer (USOC) referrals since the pandemic. Overall sickness absence was at 6.7% which was a marginal improvement on the previous month but this remained above the local 5% target and continued to be an area of focus.</p> <p>In response to a query about USOC, Ms Groom provided further details on the contact with NHS Lanarkshire to understand their delivery models and pathways and said that they had been very helpful in sharing their approach and data. She also confirmed that despite recent media coverage on prostate cancer there was no increase in prostate referrals into secondary care being seen nationally at the moment.</p> <p>There was a query about whether it would be possible for the Committee to receive further data and information on some specific areas of concern, including those patients waiting over 100 weeks and data on the distribution of the number of days that individuals were missing targets by. In terms of the 100 day pathway, Mr Edwards provided assurance that there was regular contact with patients on the longest waiting</p>	

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	<p>pathway who were continually monitored and their progress tracked.</p> <p>In response to a query about whether there were any particular areas where sickness absence was a concern, Mrs MacPherson said that work was underway with Directors and the Heads of HR in all areas identified as “hotspots” and there was discussion on this at the Acute Senior Management Group. Mrs MacPherson said that this sickness absence had been increased into a risk which would ensure there was a focus across the Board.</p> <p>The Chair thanked Mr Neil for the update and noted that it was important to recognise the positive achievements and not just focus on the areas of challenge.</p> <p>The Committee were content to note the update.</p> <p>NOTED</p>	
64.	Financial Monitoring Report	
	<p>The Committee considered the Financial Monitoring Report [Paper No. 24/17] presented by Mr Colin Neil, Director of Finance, for awareness.</p> <p>Mr Neil said that at the end of September 2024, the acute services finance ledger was reporting a deficit of £48.1m. Of this, unachieved savings accounted for £29.6m with pay at £8.1m and non-pay at 10.4m over budget. Pay spend was predominantly on medical salaries and Mr Neil said that it was important to recognise that nursing pay costs had show a significant level of progress from the previous report. He said that prescribing and surgical sundries were the predominant factors in the non pay overspend. He said that senior medical spend was close to break even and some further work had been identified to achieve that. There was a workstream looking specifically at Junior Doctors. Overall, Mr Neil said that there would need to be further improvement over the second half of the year to ensure breakeven.</p> <p>In response to a query regarding the savings plan and potential impact on service delivery, Mrs MacPherson said that there were reviews underway and there was a robust process and risk assessment element in place for each vacancy. Mrs Grant said that the Scottish Government had asked Boards to review their staffing numbers now compared with 2019. Mr Neil said it was important to ensure that the Board would breakeven while ensuring a balance between service delivery and savings.</p>	

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	<p>Mr Gould thanked Mr Neil for the overview and noted the significant work that was ongoing.</p> <p>The Committee were content to note the update.</p> <p>NOTED</p>	
65.	Junior Doctor Workforce/Educational Review	
	<p>The Committee considered the Junior Doctor Workforce/ Educational Review [Paper 24/18] presented by Dr Claire Harrow, Deputy Medical Director, Acute Services, for assurance.</p> <p>Dr Harrow introduced the key themes from the report which provided an update on the quality of the training and education experience of medical staff, working closely with services and NES and ensuring that this adhered to standards set by the GMC and the Deanery. She said that resident doctors and clinical fellows accounted for around 40% of NHSGGC staff therefore training and education was an essential core function. The paper set out the activities over the last year. Dr Harrow said that one site in NHSGGC, QUEH medicine, remained on enhanced monitoring but year on year improvement had been noted by NES. She said that it was positive that four sites had been removed from Deanery recurrent visit processes in the last year as there had been satisfactory progress recorded. There was regular feedback to the Acute Clinical Governance Forum on this work.</p> <p>Dr Harrow also highlighted the ongoing Medical Education workstreams and the work of the DME team who had worked with NES to devise an enhanced leadership programme for selected Chief Residents. She also said that there was an active Medical Wellbeing group who had a range of positive initiatives.</p> <p>In response to a query about ensuring concerns were raised and responded to appropriately, Dr Harrow confirmed that the whistleblowing policy was regularly circulated and promoted. She said that colleagues were also encouraged to use DATIX as a means for raising concerns although she appreciated that this was not anonymous.</p> <p>Dr Harrow said that there was continued dialogue around the work towards removing enhanced monitoring as a priority and provided reassurance that senior staff were sighted on this. Mr Edwards said that work was ongoing around the common</p>	

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	<p>themes raised around the QEUH and there was also ongoing engagement and communication.</p> <p>Mrs MacPherson also provided assurance that there were regular reports to the Staff Governance Committee. She said there were now 637 peer supporters across the sites who staff could speak to in confidence and there were Junior Doctor representatives on the medical wellbeing group. Dr Harrow said that this was a rolling programme of work as there were always new doctors coming into the organisation. In terms of retention and recruitment, Mrs MacPherson said that NHSGGC had good levels of Junior Doctors and Clinical Fellows as well as an active medical bank.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>	
66.	Organ Donation Update	
	<p>The Committee considered Organ Donation Update [Paper No. 24/19] presented by Professor Kevin Rooney, Clinical Lead in Organ Donation, for assurance.</p> <p>Professor Rooney set out the figures for donation in 2023/24 noting that these had returned to pre-pandemic levels. However, he said that NHSGGC, in line with the rest of Scotland, was below average in terms of family support rates and actions continued to be taken to improve this. Professor Rooney said that BAME donation was a key focus as this group were more likely to need transplants but less likely to find suitable donors. He said that this was a challenge for the whole of the UK and set out the work that had been undertaken locally to address this, including faith and community engagement.</p> <p>Professor Rooney said that better communication and raising awareness of organ and tissue donation was key in improving donor numbers and discussed the various initiatives that were underway, including work with the realistic medicine team and discussion at the recent regional collaborative about using the 2026 Commonwealth Games in Glasgow as a platform to create a legacy of increased donors on the register. The Committee Chair agreed that one of the challenges was promoting awareness and it was agreed that Ms Bustillo would ask the communications team to link in with Professor Rooney to discuss what further support and advice they could provide.</p>	<p>Ms Bustillo</p>

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	<p>Mr Gould thanked Professor Rooney for the engaging and thought-provoking presentation.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>	
67.	Extract from Corporate Risk Register	
	<p>The Committee considered the Corporate Risk Register [Paper No. 24/20] presented by Ms Katrina Heenan, Chief Risk Officer, for approval.</p> <p>Ms Heenan said that there were three risks assigned to the Committee and confirmed that 100% of these risks had been reviewed since the previous meeting with no changes to the risk scores proposed. She said that the Unscheduled Care review had now been completed and would be presented to the Corporate Management Team for approval followed by the next meeting of the Committee. Full details of all risks and actions were set out in the appendix.</p> <p>The Committee were content to approve the Corporate Risk Register.</p> <p><u>APPROVED</u></p>	
68.	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. The Chair thanked the Committee for their attendance and closed the meeting.</p> <p><u>NOTED</u></p>	
69.	Date and Time of Next Scheduled Meeting	
	<p>The next meeting would be held on Tuesday 14 January 2025 at 9.30 am via Microsoft Teams.</p>	