

ASC (M) 23/03  
Minutes: 27 – 40

## NHS GREATER GLASGOW AND CLYDE

### Minutes of the Meeting of the Acute Services Committee Held on Tuesday 16 May 2023 at 9.30 am via Microsoft Teams

#### PRESENT

Mr Ian Ritchie (in the Chair)

Professor John Brown	Mr Simon Carr
Councillor Chris Cunningham	Mrs Jane Grant
Mr Graham Haddock	Councillor Colette McDiarmid
Mr Colin Neil	Dr Lesley Rousselet
Dr Paul Ryan	Professor Angela Wallace

#### IN ATTENDANCE

Ms Lesley Aird	..	Assistant Director of Finance
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 Kim Donald	..	Corporate Services Manager, Governance
Ms Gillian Duncan	..	Secretariat (Minutes)
Mr William Edwards	..	Chief Operating Officer
Ms Morag Gardner	..	Deputy Nurse Director, Acute Division
Mr Andrew Gibson	..	Chief Risk Officer
Ms Susan Groom	..	Director of Regional Services
Dr Claire Harrow	..	Chief of Medicine, Clyde Sector (for Item 9)
Ms Anne MacPherson	..	Director of Human Resources and Organisational Development
Ms Melanie McColgan	..	Director, Clyde Sector
Ms Susan McFadyen	..	Director of Access
Mr Arwel Williams	..	Director, South Sector

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		ACTION BY
<b>27.</b>	<b>WELCOME AND APOLOGIES</b>	
	<p>The Chair welcomed those attending to the May meeting of the Acute Services Committee.</p> <p>Apologies had been submitted on behalf of Dr Jennifer Armstrong and Professor Tom Steele.</p> <p>The Chair welcomed Mr Graham Haddock as a new member of the Committee. Mr Haddock had joined the NHS Board on 1 May 2023.</p> <p><b><u>NOTED</u></b></p>	
<b>28.</b>	<b>DECLARATIONS(S) OF INTEREST(S)</b>	
	<p>The Chair invited members to declare any interests in any of the matters being discussed. Mr Graham Haddock declared that he was Chair of the National Endoscopy Training Programme Board.</p> <p><b><u>NOTED</u></b></p>	
<b>29.</b>	<b>MINUTES OF PREVIOUS MEETING: 21 MARCH 2023</b>	
	<p>Members considered the minutes of the Acute Services Committee held on 21 March 2023 [ASC(M)23/02] and were content to approve the minute as a complete and accurate record.</p> <p>In response to a query from the minute, Mr Edwards reported that the winter beds remained open at a similar number to that reported previously due to high occupancy rates. Mr Neil also explained how funding for these beds was recorded.</p> <p><b><u>APPROVED</u></b></p>	
<b>30.</b>	<b>MATTERS ARISING</b>	
	<p>a) <u>Rolling Action List</u></p> <p>There were no actions noted on the Rolling Action List.</p>	

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		ACTION BY
<b>31.</b>	<b>URGENT ITEMS OF BUSINESS</b>	
	<p>The Chair invited Members to raise any items of business that were not included on the agenda. There were no items of urgent business raised.</p> <p><b><u>NOTED</u></b></p>	
<b>32.</b>	<b>ACUTE UPDATE</b>	
	<p>The Chair invited Mr William Edwards, Chief Operating Officer, to provide a brief update on Acute Services.</p> <p>Mr Edwards reported that there were currently 148 COVID-19 positive inpatients and there was currently only one ward closed due to COVID-19. Mr Edwards advised that occupancy across hospitals was high and unscheduled care performance remained challenging. Mr Edwards advised that the actions to support flow, admission and discharge would form part of the presentations at today's meeting.</p> <p>In terms of planned care, Mr Edwards reported that the Board had delivered against the trajectories for the year just ended and active dialogue was underway with Scottish Government colleagues on setting future trajectories.</p> <p>In response to a query about bed occupancy, Mr Edwards advised that this referred to the total number of beds and included those being utilised for winter capacity.</p> <p>Mrs MacPherson, Director of Human Resources and Organisational Development, was asked to provide an update on potential strike action by Junior Doctors. She advised that this was being dealt with nationally but provided assurance that preparatory work was underway should this go ahead.</p> <p>The Committee were content to note the update.</p> <p><b><u>NOTED</u></b></p>	
<b>33.</b>	<b>ACUTE SERVICES INTEGRATED PERFORMANCE REPORT</b>	
	<p>The Chair invited Mr Colin Neil, Director of Finance, to present the Integrated Performance Report [Paper 23/12] which summarised performance against the Key Performance Indicators outlined in the Acute Performance Assurance Framework, based on the key</p>	

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		<b>ACTION BY</b>
	<p>priorities for Acute Services outlined in the 2022-23 Annual Delivery Plan, the new planned care reduction targets and key national and local targets.</p> <p>Mr Neil reported that performance in relation to the number of new outpatients waiting &gt;78 weeks and the number of TTG patients waiting &gt;104 weeks and &gt;78 weeks had delivered within the agreed trajectories for March 2023. He also reported that the position in respect of 31 day cancer waits was positive at 96.7% and that the performance on new outpatients, TTG and scopes had exceeded the year end remobilisation targets.</p> <p>Mr Neil reported that the A&amp;E 4 hours waiting time target remained challenging and had been just under 70% in March. He said that 62 day cancer also remained challenging but the March position had noted some progression. Sickness absence had also seen an incremental improvement and had been 6.5% at the end of March.</p> <p>Mr Edwards advised that there was a number of actions underway in relation to the 62 day cancer target including additional scope and diagnostic capacity, but reported that the number of referrals per month had significantly increased when compared to previous years.</p> <p>In terms of targets going forward, Mrs Grant advised that the Annual Delivery Plan was due to be submitted to the Scottish Government in June following which the trajectories for this year could then be confirmed. She appreciated that the year had already started but said that this was a complex piece of work and the totality of the package needed to be agreed before the trajectories could be set.</p> <p>In response to a query about mutual aid to other Boards, Ms Groom advised that there were regular meetings between NHS Boards to discuss and review this. In terms of availability of external capacity for NHSGGC patients, there was a small amount of private sector capacity for neurosurgery currently contracted. There was also insourcing for some services and this was aligned with clinical services to ensure patients were being managed as effectively as possible.</p> <p>In response to a query about cancer services, Mr Edwards said that there were a number of action plans in place including increasing diagnostics and additionality. He also advised that external scrutiny had been requested from the cancer lead at the Scottish Government to validate action plans. Ms McFadyen said that theatre capacity had not yet returned to the pre-pandemic base level but there were active plans in place to progress this. There was also a deep dive being undertaken in January 2024 into theatre utilisation and capacity.</p>	

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	<p>Ms Groom said that in terms of urology and colorectal cancer, colonoscopy availability had been a limiting factor but the recovery plan in place would see improvement soon and additional Radiofrequency Ablation sessions had also been added.</p> <p>Ms McFadyen said that many of the longer waits were in orthopaedics, noting that some patients were not suitable for the additional elective capacity because of comorbidities. Mr Williams noted that more capacity was required for general elective work that needed to be on the QEUH site, for example, supporting trauma.</p> <p>In response to a query about performance metrics related to children’s services, Professor Brown advised that this would be taken forward as part of the Assurance Information Framework work that was underway.</p> <p>The Committee asked about the challenges of ensuring robust communication around redirections to manage the front door and noted that, while there were some really good initiatives underway, there were still challenges around delayed discharges. Professor Wallace said that she was working with Chief Officers and colleagues to ensure a systematic performance focus on delayed discharges but she acknowledged that this was not having the required impact and would need to be looked at differently.</p> <p>In response to a query about staffing challenges, Mrs MacPherson said that this was a complex area. She said that there were discussions about developing existing staff and creating different roles that would not require the same academic models making them attractive for people who had not seen university as their preferred route. She also provided assurance that NHSGGC had not lost staff as a result of Brexit and continued to receive applications from non UK nationals. She said that while international campaigns were now more complex these continued to be run and over 200 international nurses had been recruited in addition to the newly qualified nurses. She said that staff turnover was stabilising and retention levels were starting to improve. Recruitment was focusing not just on young people starting their career but also on over 50s and there were significant initiatives being run through staff governance in August.</p> <p>The Chair thanked Members for the discussion and said that the delayed discharge challenges should be escalated to the Finance, Planning and Performance Committee.</p> <p><b><u>NOTED</u></b></p>	

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<b>34.</b>	<b>CONTINUOUS FLOW MODEL UPDATE</b>	
	<p>Mr Arwel Williams, Director, South Sector, presented on the Glasgow Continuous Flow Model (GlasFLOW). Mr Williams described the work that had commenced, the impacts and outcomes. Ms Melanie McColgan, Director, Clyde Sector, then provided an overview of the implementation of the model in Clyde.</p> <p>In response to a query, Mr Williams confirmed that there had been some variation between different wards and the team were reviewing the reasons behind this. Mr Williams also provided reassurance that while the nature of the work had changed this had not added to workload. Dr Davidson added that ultimately this was splitting demand across the day and as this matured there should be visible benefits. Dr Davidson also provided assurance that there had been a significant level of planning and clinical governance across the whole system to ensure patient safety.</p> <p>The Chair thanked the presenters for the helpful and informative presentation and the Committee were content to note the update.</p> <p><b><u>NOTED</u></b></p>	
<b>35.</b>	<b>ALTERNATIVES TO EMERGENCY DEPARTMENT ATTENDANCE</b>	
	<p>Dr Scott Davidson, Deputy Medical Director Acute, presented on Alternatives to ED Admission. He said that this had been a whole system approach based around the Redesign of Urgent Care programme and building on the GlasFLOW work which would lead to a better outcomes for both patients and staff in terms of wellbeing and resilience. Dr Davidson then invited Dr Claire Harrow, Chief of Medicine, Clyde Sector, to provide an overview on Outpatient Parenteral Antibiotic Therapy (OPAT).</p> <p>Dr Harrow said that internal communications were critical and there had been discussions around ensuring that everyone who was involved in front door receiving was aware of access to these services. She agreed that to maximise this awareness there should be thought given to creating some bespoke communications for specific staff groups and Ms Bustillo said that she would liaise with Dr Harrow and colleagues on identifying which staff groups might benefit from more bespoke communications and what this should look like. Ms Bustillo added that her team was working closely with Acute and HSCP colleagues to produce a comprehensive internal communications plan. She said that the Core Brief continued to report</p>	

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	<p>on the monthly Unscheduled Care core project meeting. Ms Bustillo said that she would also pick up the points that had been made in discussion about also having communication on the overall work as well as the individual pieces.</p> <p>In response to a query about the impact of NHS24 response levels on patient satisfaction, Ms Bustillo advised that the ED satisfaction rates in the presentation had pre-dated the period where the increase in NHS24 staffing came in and it was therefore not possible to correlate this. She said that the survey was currently being re-run which may show whether the improvement in response times had an effect although she stressed that the priority was satisfaction with NHSGGC services. Dr Davidson said that removing uncertainty for patients was helpful and the GPOOH and FNC offered appointments to patients.</p> <p>The Committee thought it would be helpful if there was any data available on NHS24 call handling specific to NHSGGC and Mrs Grant said she would speak to the NHS24 Chief Executive to see what information might be available.</p> <p>The Chair thanked Dr Davidson and Dr Harrow for their comprehensive review of this work and the engagement activities that were underway.</p> <p>The Committee were content to note the update.</p> <p><b>NOTED</b></p>	<p>Ms Bustillo/ Dr Harrow</p> <p>Ms Bustillo</p> <p>Mrs Grant</p>
<b>36.</b>	<b>FINANCIAL MONITORING REPORT</b>	
	<p>The Chair invited Mr Colin Neil, Director of Finance, to present the Financial Monitoring Report [Paper 23/13] which outlined the month 12 financial position for Acute Services including the Sustainability and Value Programme (SVP).</p> <p>Mr Neil reported that at 31 March 2023, Acute Services had reported a deficit of £29.8 million. He advised that COVID-19 expenditure had been fully covered. Mr Neil reported that pay spend was over budget by £5.3 million with medical pays being the main areas of concern and there would be a specific focus on junior medical pay in 2023/24. Mr Neil reported that non-pay was over budget by £8.3 million with a range of areas contributing to this and there would be a significant focus on mitigating prescribing overspent and work on surgical instruments and review of contracts going forward.</p> <p>Mr Neil said that in terms of the SVP, there had been an overall target in Acute Services of £45.9 million of which £29.7 million had been achieved in year which was 64.7% of the overall target. The recurring</p>	

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	<p>position showed an achievement of £12.3m which was 26.9% of target. For 2023/23 the Board had set a savings target for £58.5 million in Acute Services and all Directors and Sectors had been asked as a minimum to identify 50% of that recurrently by the end of the first quarter.</p> <p>The Chair asked when the work on rota caps in relation to junior medical staffing would start to show a financial impact. Ms Carrigan said that there had been meetings with each Sector and Directorate and the baseline for each Directorate had now been set which would provide the ability to monitor against that baseline with a specific focus on reducing bank and agency staff and she anticipated that a trajectory around this would be available by August. Dr Davidson said that work had been agreed to review the roles of Clinical Fellows. Mr Edwards added that now that rota caps had been agreed then bank and agency usage would be an area of focus with a view to reduce additionality where possible. Mr Neil said that the agency reduction should start to have an impact over the first two quarters of the year with the wider workforce plan including the work around Clinical Fellows taking longer to have an effect.</p> <p>In response to a query about the overspend in surgery, Mr Neil advised that surgical sundries were a high cost area with a number of contracts not having been reviewed over the COVID-19 period and there was now a focus on looking at standardisation and rationalisation of products particularly around the first two quarters of the year.</p> <p>In relation to the underspend on other pays, Mr Neil provided assurance that this had not meant that there had been a missed opportunity to appoint staff given the size of the organisation and turnover rates. He also provided assurance that work was ongoing to fill vacancies.</p> <p>In relation to a query about new medical students, Mrs MacPherson said that there would be detailed conversations with NHS Education for Scotland (NES) around the allocation of students and the budget following which there would be more clarity on the number of FY1s allocated to NHSGGC.</p> <p>In terms of nursing spend, Ms Gardner reported that work had been underway over the last 6 months supporting Senior Charge Nurses on budget and rota management and ensuring operational and professional management were utilising NHSGGC staff resources first. She advised that NHSGGC had responded to the Scottish Government's directive to reduce off framework agency staffing costs by agreeing a 40% reduction by the end of June 2023 rising to 100%</p>	



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	<p>in October 2023. She said that the amount of requests had reduced and provided reassurance that across Acute Services there had not been any change seen in the metrics on safety and patient and staff experience had also remained static.</p> <p>Ms Gardner also reported that 230 international nurses were due to join NHSGGC and there had been 600 applications received through the through newly qualified nurses programme. In addition, NHSGGC was also continuing to pursue other options to recruit nursing staff, acknowledging that the Band 5 vacancy rate was currently 17% and that this would continue to be the highest focus. She said that Band 4 HCSW Assistant Practitioners were also being introduced and work was underway with three colleges across Glasgow to provide this qualification. Applicants would be appointed to a training post with the expectation that it would take them a year to complete training and receive a recognised qualification that would enable them to practice at higher level. Ms Gardner said that overall there were a number of different and innovative pieces of work underway to create stability in the workforce while ensuring financial efficiency.</p> <p>The Committee were content to note the update.</p> <p><b><u>NOTED</u></b></p>	
<b>37.</b>	<b>TERMS OF REFERENCE REVIEW</b>	
	<p>The Chair invited Ms Kim Donald, Corporate Services Manager – Governance, to introduce the Terms of Reference [Paper 23/14].</p> <p>Ms Donald advised that these would form part of the governance pack that would be considered by the NHS Board at its June meeting. Ms Donald reported that all Committee Terms of Reference now included reference to the Assurance Information Framework and this was the only recommendation for change.</p> <p>The Committee were content to approve the Terms of Reference.</p> <p><b><u>APPROVED</u></b></p>	
<b>38.</b>	<b>EXTRACT FROM CORPORATE RISK REGISTER</b>	
	<p>The Chair invited Mr Andrew Gibson, Chief Risk Officer, to introduce the Extract from the Corporate Risk Register [Paper 23/15].</p> <p>Mr Gibson reported that the risks had undergone the normal review process by the risk owners and there had been no changes proposed</p>	

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		<b>ACTION BY</b>
	<p>to the three risks that were on the Corporate Risk Register for this Committee.</p> <p>The Committee were content to approve the Corporate Risk Register.</p> <p><b><u>APPROVED</u></b></p>	
<b>39.</b>	<b>CLOSING REMARKS AND KEY MESSAGES FOR THE BOARD</b>	
	<p>The Chair said it had been an informative meeting and it had been much appreciated that today's presentations had been circulated in advance. There were no further items of business and the Chair thanked Members for attending and closed the meeting.</p> <p><b><u>NOTED</u></b></p>	
<b>40.</b>	<b>DATE AND TIME OF NEXT SCHEDULED MEETING</b>	
	<p>The next meeting would be held on Tuesday 18 July 2023 at 9.30 am via Microsoft Teams.</p>	