

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Acute Services Committee held on Tuesday 11 March 2025 at 9.30 am hybrid in the Board Room, JB Russell House and via Microsoft Teams

PRESENT

Mr David Gould (in the Chair)

Mr Graham Haddock OBE	Dr Lesley Thomson KC
Dr Becky Metcalfe	Cllr Colette McDiarmid
Mr Colin Neil	

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 Servies
Ms Katrina Heenan	Chief Risk Officer
Ms Claire MacDonald	Business Manager, Acute Division
Ms Susan McFadyen	Director of Access
Ms Natalie Smith	Depute Director of Human Resources
Professor Angela Wallace	Nurse Director

			ACTION BY
17.	Welcome and Apologies		
	The Chair welcomed those present to the March meeting of the Acute Services Committee.		

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			ACTION BY
	Apologies were noted on behalf of Ms Denise Brown, Cllr Chris Cunningham and Dr Lesley Rousselet. <u>NOTED</u>		
18.	Declarations(s) of Interest(s)		
	The Chair invited members to declare any interests in the matters being discussed. No interests were declared. <u>NOTED</u>		
19.	Minutes of Previous Meeting held on 14 January 2025		
	The Committee considered the minute of the previous meeting held on Tuesday 14 January 2024 [ASC(M) 25/01] and were content to approve the minute as a complete and accurate record. <u>APPROVED</u>		
20.	Matters Arising		
	a) Rolling Action List The Committee considered the Rolling Action List [Paper 25/06] presented for approval. All three actions had been completed and it was agreed that these could be closed and the Committee were therefore content to approve the Rolling Action List. <u>NOTED</u>		
21.	Urgent Items of Business		
	The Chair invited Members to raise any urgent items of business that were not included on the agenda. There were no further items of business. <u>NOTED</u>		
22.	Acute Update		
	Mr William Edwards, Chief Operating Officer, Acute Services, provided a verbal update for assurance.		

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	<p>Mr Edwards said that ED performance in February had been 67.7% which was similar to the same period last year. The additional winter capacity remained in place and the aim was to close this by the end of March, however, this was challenging given the current pressures on the system with a significant number of delayed discharges.</p> <p>Professor Wallace agreed that delayed discharges were particularly challenging acknowledging that the interventions that had been put in place previously had not been as effective as anticipated. She said that this remained a significant area of focus and outlined the various actions that were underway. There was a variance between HSCPs but there was robust data available and as well as system-wide discussions on overarching performance there were also operational meetings reviewing delays on an individual basis. She said that this was a complex area with a number of different reasons behind delays and added that there had been national work recently around encouraging Power of Attorney.</p> <p>Mr Edwards said that reducing the number of delayed discharges was important given the impact on Acute Services and this would require a collective effort across the system. He said that there was regular dialogue with colleagues in the six HSCPs and there had also been communication with the Chief Executives of neighbouring Boards who had residents delayed within NHS GGC hospitals, noting that there also NHS GGC patients delayed in other NHS Boards. Professor Wallace said that interface would be a key part of the reform agenda.</p> <p>The Chair said that he was aware of an IT based solution to monitoring activity and creating a checklist that had been developed in North Tees and he would share the link to that with Professor Wallace.</p> <p>The Chair thanked members for the discussion which had offered insight into the challenges around delayed discharges and provided assurance on the work that was underway to reduce these.</p> <p>The Committee were content to note the update.</p> <p>NOTED</p>		
23.	Acute Services Integrated Performance Report		
	The Committee considered the Acute Services Integrated Performance Report [Paper No. 25/07] presented by Mr Colin Neil, Director of Finance, for assurance.		

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	<p>Mr Neil said that performance in relation to new outpatients, TTG and imaging had continued to exceed the planned position agreed with the Scottish Government as part of the Annual Delivery Plan. The ED 4 hour waits compliance had shown a slight improvement on the previous month at 67.5% but was still below the target of 70%. There had been significant work in relation to outpatient waiting times and TTGs and although the number had decreased significantly in year these remained above the planned position. The cancer performance remained challenging due to the volume of referrals with 31-day performance at 92.5% in January and the 62-day performance at 63.8%. Sickness absence levels had reduced since the previous month, however, these remained below target at 7.8%. Further to a query at the previous meeting of the Committee, Ms Smith provided assurance that sickness absence in the Emergency Departments over the winter period had been reviewed and there had been no specific concerns.</p> <p>The Committee were concerned about the drop in cancer performance and Mr Edwards provided further details on the initiatives that were underway, including work to reduce diagnostic waits that would improve performance particularly in urology. Ms Groom also provided details on the work on the prostate pathway including a new modelling template that had been developed in NHS Tayside and was now being rolled out nationally.</p> <p>Ms Groom said that there had also been work through the Regional Cancer Advisory Group to identify any referral rates that differed between Boards and from that there was a focus on some key areas, including dermatology and gynaecology.</p> <p>The Chair said that it had been helpful for the Committee to spend time considering the challenges and approach to improving performance in a number of areas.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>		
24.	Financial Monitoring Report		
	<p>The Committee considered the Financial Monitoring Report [Paper No. 25/08] presented by Mr Colin Neil, Director of Finance, for awareness.</p>		

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	<p>Mr Neil said that at month 10, Acute Services were reporting a deficit of £61.8 million. Of this unachieved savings accounted for £35 million, with a pay pressure of £8.8 million and non-pay at £18 million over budget with prescribing and surgical sundries being the key pressures. The S&V had achieved £26.6 million which was significantly below target. Mr Neil said the forecast was that this would be incorporated fully within the overall breakeven portfolio of the Board and while there were significant pressures it was also important to acknowledge that run rates in some areas had improved over the last 2 months.</p> <p>In response to a query about savings for 2025/26, Mr Neil said that there had been some recent finance sessions to consider areas that had not been reviewed recently to identify any savings and while there had been a significant improvement in terms of agency costs there was still more that could be done in that space. There was also a whole system engagement piece required to encourage clinical colleagues and teams to focus on ideas of improvement. Mr Neil said that it was important to work collaboratively from the start of the new financial year to discuss ideas and develop an understanding of how improvements could be made. In relation to absence, Ms Smith advised that each Sector was reviewing trajectories for next year, refreshing action plans and looking at shared learning across the organisation. Mr Edwards added that sickness absence was discussed in detail at different levels across the Acute Division.</p> <p>The Committee were content to note the update, recognising the significant savings that had been achieved.</p> <p><u>NOTED</u></p>		
25.	Review of Medical and Nursing Pay Controls		
	<p>Dr Claire Harrow and Ms Morag Gardner provided a short presentation on the review of medical and nursing pay controls for assurance.</p> <p>Dr Harrow and Ms Gardner provided an overview of the position across Medical and Nursing Salaries noting that this remained challenging due to a range of factors providing an update on the areas of difficulty and the actions being taken to address these issues. It was, however, noted that there had been a number of improvements made including reducing the usage of bank and agency staff and there were significant efforts underway to recruit permanent staff.</p>		

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	<p>In relation to a query about premium rate sessions, Dr Harrow described the areas where there were specific challenges and the reasons for these. She acknowledged that there were some specific challenges in Inverclyde Royal Hospital in relation to Junior Doctors and anaesthetists, and she explained the different actions that were being taken to resolve this.</p> <p>She said that the Board was allocated Junior Doctors through the NES allocation process which she outlined to the Committee. She said that that there had been discussion with NES about ensuring the information on allocation of Junior Doctors was notified early as possible and to receive this by WTE rather than headcount.</p> <p>In relation to Consultant anaesthetist vacancies, Dr Harrow said that there had been a number of creative approaches to recruitment as well as encouraging a more cross-sector approach. There were also a number of hard to fill posts in other specialties and areas and it was important to support colleagues to develop and modernise and promote their service.</p> <p>In response to a further query about rotas, there was significant effort by teams to focus on the challenges of rotas and it was important to ensure that there were action plans in place and a consistency of scrutiny applied across all rotas.</p> <p>In response to a query about the recruitment process for Newly Qualified Nurses, Professor Wallace said that this year's approach had been informed by learning from last year and NHSGGC was in a positive position in terms of the number of new graduates that it was anticipated would be appointed this year.</p> <p>The Committee were assured by the presentation.</p> <p><u>NOTED</u></p>		
26.	Theatres and Planned Care Update		
	<p>Ms Susan McFadyen, Director of Access, provided a short presentation on theatres and planned care for assurance.</p> <p>Ms McFadyen provided an overview of the year end position on new outpatients, TTG, scopes and radiology against the Annual Delivery Plan targets, noting that these were above the planned position with the exception of scopes. The Committee were also presented with</p>		

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	information about theatre nursing which highlighted the challenges as well as the positive changes that had been made to the theatre nursing workforce and model.		
	The Chair said that this had been a helpful presentation and as the meeting was no longer quorate any further information on this would be picked up in one of the other Board Committees.		
	The Committee were assured by the presentation.		
	<u>NOTED</u>		
27.	Extract from Corporate Risk Register		
	The Committee considered the Corporate Risk Register [Paper No. 25/09] presented by Ms Katrina Heenan, Chief Risk Officer, for approval.		
	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. She said that the feedback at the previous Committee around the Unscheduled Care risk had been taken on board and this remained at its original score of 20.		
	The Committee were content to approve the Corporate Risk Register but as the meeting was no longer quorate this would be confirmed via email.		K. Donald
	<u>APPROVED</u>		
28.	Closing Remarks and Key Messages for the Board		
	The Chair provided an overview of the discussion that took place in today's Acute Services Committee meeting. He thanked everyone who had been involved in the Committee and closed the meeting.		
	<u>NOTED</u>		