

ASC(M)23/06  
 Minutes 69 - 84

**NHS GREATER GLASGOW AND CLYDE**

**Minutes of the Meeting of the  
 Acute Services Committee  
 held on Tuesday 21 November 2023 at 9.30am  
 via Microsoft Teams**

**PRESENT**

Mr Ian Ritchie (in the Chair)

Cllr Chris Cunningham	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 Scott Davidson	Deputy Medical Director, Acute
Ms Kim Donald	Corporate Services Manager, Governance
Ms Morag Gardner	Deputy Nurse Director, Acute
Ms Katrina Heenan	Chief Risk Officer
Ms Sara Khalil	Secretariat (Minutes)
Ms Anne MacPherson	Director of Human Resources and Organisational Development
Ms Susan McFadyen	Director of Access
Ms Natalie Smith	Depute Director of Human Resources
Ms Elaine Vanhegan	Director of Corporate Services and Governance
Ms Angela Wallace	Director of Nursing
Mr Scott Wilson	Senior Business and Delivery Manager to CEO

		ACTION BY
<b>69.</b>	<b>Welcome and Apologies</b>	
	<p>The Chair welcomed those present to the November meeting of the Committee.</p> <p>Apologies were noted on behalf of William Edwards, Jennifer Armstrong and Susan Groom.</p> <p><b>NOTED</b></p>	

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		ACTION BY
<b>70.</b>	<b>Introductory Remarks</b>	
	There were no introductory remarks noted by the Chair.  <b><u>NOTED</u></b>	
<b>71.</b>	<b>Declaration(s) of Interest(s)</b>	
	The Chair invited members to declare any interests in any of the matters being discussed.  Dr Metcalfe noted a declaration of interest in Junior Doctor Training.  <b><u>NOTED</u></b>	
<b>72.</b>	<b>Minutes of Previous Meeting</b>	
	The Committee considered the minute of the previous meeting, Tuesday, 19 September 2023 [Paper No. ASC(M)23/05], were content to approve the minute as a complete and accurate record.  <b><u>APPROVED</u></b>	
<b>73.</b>	<b>Matters Arising</b>	
a)	Rolling Action List	
	The Committee considered the Rolling Action List [Paper No. 23/25].  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>74.</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.  Ms Wallace mentioned the security incident that occurred in July 2023. Ms Wallace noted the issue had been addressed with an	

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	ongoing investigation. All necessary procedures were followed in handling the situation.  <b>NOTED</b>	
<b>75.</b>	<b>Acute Update</b>	
	<p>The Committee considered the presentation on the Acute services provided by Dr Scott Davidson, Deputy Medical Director and Ms Morag Gardner, Deputy Nurse Director [Acute]</p> <p>Dr Davidson highlighted the following key points:</p> <ul style="list-style-type: none"> <li>• Trauma and Orthopaedic TTG (Treatment Time Guarantee) patients continue to face significant pressure, with 1,245 patients waiting over 104 weeks for care by December 2023. Efforts are being made to increase orthopaedic sessions at Gartnavel General Hospital (GGH) by reinstating six sessions weekly for priority waiting patients.</li> <li>• Current performance slightly exceeds the planned position for September 2023. Capacity is focused on urgent, high-priority cases and long-waiting patients. However, elective activity on key inpatient sites remains constrained due to workforce issues, high bed occupancy, and competing priorities for emergency patient activity. Theatre nurse staffing remains a challenge in increasing adult sessions across sectors.</li> <li>• There are 237 COVID inpatients and 7 closed wards. Emphasis remains on Flow performance to increase ED capacity.</li> <li>• Positive progress is noted at the Flow Navigation Centre (FNC), with increased call closures, avoidance of 376 OPAT bed days, and higher percentages of patients discharged within 48 hours and from assessment units without admission, compared to baseline metrics.</li> <li>• A winter 'ABC' campaign has been launched to guide patients to the required services efficiently. A report on its outcomes will be presented at an upcoming meeting.</li> </ul> <p>The Committee were content to note the update.</p> <p><b>NOTED</b></p>	Ms Bustillo
<b>76.</b>	<b>Acute Services Integrated Performance Report</b>	
	The Committee considered the Acute Services Integrated Performance Report [Paper 23/26] presented Mr Colin Neil, Director of Finance.	

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	<p>Mr Neil noted key performance highlights:</p> <ul style="list-style-type: none"> <li>• Outpatient, TTG, and scopes activity surpassing targets for April - September 2023.</li> <li>• Patients waiting &gt;78 weeks for NOP and TTG procedures within planned limits for September 2023.</li> <li>• Significant reduction in new outpatients waiting &gt;78 weeks since January 2023, dropping from 737 to 47 patients, with 41 confirmed for appointments.</li> </ul> <p>Mr Neil noted areas needing improvement:</p> <ul style="list-style-type: none"> <li>• A&amp;E compliance with four-hour waits slightly dropped to 70.6%.</li> <li>• Cancer 31 Day waiting times saw a slight decrease from 95.3% in August 2023 to 94.1% in September 2023.</li> <li>• Cancer 62 Day Waiting Times, facing increased demand, improved from 63.9% in August 2023 to 65.7% in September 2023.</li> <li>• Sickness absence, though slightly reduced, remains above the local 5% target.</li> </ul> <p>In response to the inquiry about the status of the draft guidance to the Scottish Government concerning Urgent Cancer referral criteria and its implementation, Dr Davidson mentioned ongoing work with Primary Care. Efforts are focused on understanding the source of referrals and providing guidance back to the referrer.</p> <p>In response to the question about the number of patients waiting for procedures outside the TTG (Treatment Time Guarantee) and their management, Ms McFadyen mentioned that there were 803 patients. Emphasising the priority on addressing urgent cases first was highlighted to ensure their needs are met promptly.</p> <p>In response to the query about the daily reconciliation of patient cancellation slots being reoffered to others, Ms McFadyen mentioned that efforts are made to fill these slots and inform patients through electronic communication.</p> <p>The Committee were assured by the update.</p> <p><b><u>ASSURED</u></b></p>	
<b>77.</b>	<b>Junior Doctor Workforce/ Education Review</b>	
	<p>The Committee considered the 'Junior Doctor Workforce/Educational Review' [Paper 23/27] presented by Dr Colin Perry, Director of Medical Education</p> <p>The paper covered the key points as follows:</p>	

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	<ul style="list-style-type: none"> <li>• The Directorate of Medical Education (DME) maintains GMC standards and assists struggling units, with some placed under enhanced monitoring after Deanery visits.</li> <li>• Last academic year saw NHSGGC hosting 10 Scotland Deanery visits, four being monitored. QEUH medicine and IRH psychiatry remain monitored, showing improvement despite challenges.</li> <li>• IRH General Internal Medicine and Princess Royal Maternity Obstetrics and Gynaecology were recently removed from monitoring after successful Deanery visits.</li> <li>• A pilot in August 2023 extended FY1s' induction to seven days, beyond the standard five. The DME also launched an enhanced leadership program for selected Chief Residents with a NES Scottish Clinical Leadership Fellow.</li> <li>• The Medical Education team actively supports trainee and overall wellbeing. The Teaching and Learning Centre at QEUH reopened in September 2023 for joint training with the University of Glasgow and NHSGGC.</li> </ul> <p>In response to the inquiry about why QEUH was under enhanced monitoring for 7 years, Dr Perry explained that there had been consistent improvement year by year, including a reduction in concerning notifications.</p> <p>In response to the question regarding the learning acquired when sites came off enhanced monitoring, Dr Perry replied that strong leadership was crucial in the process, along with the support of chief residents to facilitate the de-escalation.</p> <p>The Committee were content to note the update.</p> <p><b>NOTED</b></p>	
<b>78.</b>	<b>Financial Monitoring Report</b>	
	<p>The Committee considered the Financial Monitoring Report [Paper 23/28] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil confirmed the end of September position of £39.6M deficit, which included £21.6M YTD unachieved savings, £18M pay and non-pay position. Mr Neil noted non-recurring funding of £10.6m had been allocated to cover costs associated with additional</p>	

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	<p>service demands including additional beds and pressures with funding identified.</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 £7.2M.</li> <li>• Nursing pays surpassing the budget by £4.5M.</li> <li>• Other pays, including AHPs, Healthcare Sciences, and Admin &amp; Clerical, were under budget by £2.9M.</li> </ul> <p>Mr Neil highlighted the year-end forecast indicated an overspend of £4.1 million, reflecting a decrease from the current spending levels. This projection was a result of ongoing efforts within sectors and directorates to reduce expenses, especially in Standard Rate Agency and bank expenditures. Additional Newly Qualified Nurses and Midwives (NQNs) and international recruits had a positive impact on this situation. The utilisation of off-framework agency staffing had notably decreased by 97% by month 6 and had reached minimal utilization by the end of October, as planned, with just one shift used during that period.</p> <p>Mr Neil reported on the sustainability and value program, stating that the Acute Target was £58M for the full year. Savings achieved on a recurring basis were £9.7M (16.53% of the target). For the current year, they achieved £9.7M and unachieved YTD position of £21.6M.</p> <p>Mr Neil noted the forecast for 2023/24 anticipates a financial shortfall of around £58 million, with pressure totalling £28.3 million in pay and non-pay areas, coupled with unachieved savings of £43.5 million. Strategies were underway to trim the projected £71.8 million deficit, with ongoing efforts to reduce this further. Mitigating pressures and finding extra savings were noted as crucial for the current financial year and for shaping the assumptions for 2024/25.</p> <p>In response to the question about filling the 112 vacancies and addressing Band 3s' rotas, Dr Davidson mentioned ongoing struggles in filling these gaps. Rota changes had been initiated, and efforts to encourage natural breaks were underway with action plans.</p> <p>The Committee were content to note the update.</p> <p><b>NOTED</b></p>	
79.	<b>Transnasal Endoscopy Update</b>	

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	<p>The Committee considered the Transnasal Endoscopy Update [Paper 23/30] presented by Dr Scott Davidson, Deputy Medical Director.</p> <p>Dr Davidson highlighted the following:</p> <ul style="list-style-type: none"> <li>• The Transnasal Endoscopy (TNE) was initially introduced in NHSGGC back in 2021, with three clinics operational per week, one in each sector.</li> <li>• Patients had positively received TNE as a diagnostic procedure, demonstrating its appropriateness for specific cases.</li> <li>• TNE lists provided the same patient capacity as traditional transoral endoscopy lists.</li> <li>• Efforts were made to transition TNE into outpatient facilities at Stobhill ACH, Victoria ACH, and Inverclyde Royal Hospital, indicating its suitability for community-based delivery.</li> <li>• NHSGGC had established comprehensive staff training plans aimed at increasing the number of trained personnel capable of delivering TNE services.</li> </ul> <p>Mr Davidson noted the paper outlined the then-current use of TNE in NHSGGC and the staff training program that supported potential future expansion. The Endoscopy service continued to review opportunities to enhance base capacity in both TNE and traditional transoral Endoscopy.</p> <p>When asked about the cost estimation for community-based delivery and the exploration of implementing Transnasal Endoscopy (TNE) in children, and if there were ongoing discussions to strengthen connections with ENT, Ms McFadyen noted discussions with new trainee nurses to include ENT training in endoscopy. Mr Davidson added that they would delve into the procedure's viability in children and associated costs. Additionally, Mr Davidson highlighted the procedure's good tolerance levels.</p> <p>In response to the inquiry about the nurses' training timeline, Mr. Haddock mentioned it would span 18 months and is conducted in collaboration with Glasgow Caledonian University.</p> <p>The Committee were content to note the update.</p> <p><b>NOTED</b></p>	

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<b>80.</b>	<b>Organ Donation Update</b>	
	<p>The Committee considered the 'Organ Donation Update' [Paper 23/29] presented by Dr Scott Davidson, Deputy Medical Director.</p> <p>Dr Davidson noted NHSGGC experienced significant improvements in organ donor referral, authorisation, proceeding donor numbers, and transplants over the last fiscal year. These improvements approached pre-pandemic levels of activity.</p> <p>In response to the inquiry about the involvement of the Radiology directorate in organ and tissue donation, Mr Davidson stated that their involvement was focused on implementing CT Angiography. This initiative aimed to support clinical diagnoses related to Death Using Neurological Criteria (DNC) and improve neurological death-testing rates.</p> <p>In response to the query regarding the lower authorisation rate compared to the UK rate and measures for improvement, Mr Ritchie explained that this discrepancy was due to the Deemed Authorisation rate. He emphasised the ongoing efforts towards communication strategies for organ and tissue donation awareness.</p> <p>The Committee were content to note the update.</p> <p><b><u>NOTED</u></b></p>	
<b>81.</b>	<b>Extract from Corporate Risk Register</b>	
	<p>The Committee considered the Extract from Corporate Risk Register [Paper 23/31] presented by Ms Katrina Heenan, Chief Risk Officer</p> <p>Ms Heenan reported that no proposed changes were put forward. Nevertheless, updates aligned with the Acute Services Committee's risks had been accomplished:</p> <ul style="list-style-type: none"> <li>• Risk scores had been reviewed and remained static in the reporting period.</li> <li>• An update had been provided concerning the upcoming review scheduled at SMG.</li> </ul> <p>The Committee were content to approve the update.</p> <p><b><u>APPROVED</u></b></p>	



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<b>82.</b>	<b>Closing Remarks and Key Messages for the Board</b>	
	The Chair thanked Members for attending the Acute Services Committee.  <b>ASSURED</b>	
<b>83.</b>	<b>Date and Time of Next Scheduled Meeting</b>	
	The next meeting would be held on Tuesday, 16 January 2023 at 9.30am via MS Teams.	