

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Acute Services Committee held on Tuesday 14 January 2025 at 9.30 am hybrid in the Board Room, JB Russell House and via Microsoft Teams

PRESENT

Mr David Gould (in the Chair)

Cllr Chris Cunningham	Dr Lesley Rousselet
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
Mr Daniel Connelly	Deputy Director, Public Engagement
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
Ms Katrina Heenan	Chief Risk Officer
Ms Claire MacDonald	Business Manager, Acute Division
Ms Anne MacPherson	Director of Human Resources and Organisational Development
Ms Ali Marshall	Depute Director of Planning
Ms Susan McFadyen	Director of Access
Ms Natalie Smith	Depute Director of Human Resources
Professor Angela Wallace	Nurse Director

		ACTION BY
1.	Welcome and Apologies	
	The Chair welcomed those present to the January meeting of the Acute Services Committee.	
	Apologies were noted on behalf of Mrs Jane Grant and Dr Claire Harrow.	
	NOTED	

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		ACTION BY	
2.	Declaration(s) of Interest(s)		
	<p>The Chair invited members to declare any interests in the matters being discussed. No interests were declared.</p> <p><u>NOTED</u></p>		
3.	Minutes of Previous Meeting		
	<p>The Committee considered the minute of the previous meeting held on Tuesday 12 November 2024 and were content to approve the minute as a complete and accurate record.</p> <p><u>APPROVED</u></p>		
4.	Matters Arising		
	<p>a) <u>Rolling Action List</u></p> <p>The Committee considered the Rolling Action List [Paper 25/01] presented for approval. The following item was proposed for closure:</p> <ul style="list-style-type: none"> - <u>Organ Donation Update</u> <p>The Communications Team had made contact with Professor Rooney to discuss providing further support and advice.</p> <p>The Committee were content to close the item and approve the Rolling Action List.</p> <p><u>NOTED</u></p>		
5.	Acute Services Committee Governance Approach		
	<p>The Committee considered the Acute Services Committee Governance Approach [Paper 25/02] presented by Ms Sandra Bustillo, Director of Communications and Public Engagement, for approval.</p> <p>Ms Bustillo said that, as part of the Board's self-assessment, additional focus around Equalities, Diversity and Inclusion (EDI) had been identified as an area requiring development. Recognising the time pressures on Board Members, rather than adding an additional Committee, a review of the current Standing Committees had subsequently been undertaken and</p>		

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	<p>it was proposed to disband the Acute Services Committee migrating its responsibilities to the Finance, Planning and Performance Committee (FPPC), the Clinical and Care Governance Committee (CCCG) and the Staff Governance Committee (SGC).</p> <p>In response to concerns about the capacity of the other Committees to take on these additional responsibilities, Ms Bustillo said that this had been reflected on and would be closely monitored to ensure that the same level of scrutiny was applied without making the other Committees unmanageable.</p> <p>The Committee were content to approve the paper.</p> <p><u>APPROVED</u></p>		
6.	Urgent Items of Business		
	<p>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.</p> <p><u>NOTED</u></p>		
7.	Acute Update		
	<p>Mr William Edwards, Chief Operating Officer, Acute Services, provided a verbal update for assurance.</p> <p>Mr Edwards provided an overview of Acute Services over the winter period. He said that the number of flu cases over recent weeks had been particularly challenging, however, this was now decreasing. He said that additional beds had been opened at the end of the first week of January when the Emergency Departments (EDs) and the Assessment Units had been under significant pressure. Mr Edwards said that these pressures had been seen nationally and there had been a number of discussions between the Scottish Government, Public Health Scotland and territorial Boards to monitor the situation. The pressure continues and our staff are working hard to support our patients in challenging conditions.</p> <p>In response to a query about the impact on frontline staff, Mr Edwards said that the hard work of staff across all sites was recognised and appreciated and there were a number of initiatives in place to support staff. However, he noted the current pressure being experienced were not what we should be normalising.</p>		

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	<p>The Committee were content to note the update and suggested we must look at avenues to support our staff and recognised the challenge.</p> <p><u>NOTED</u></p>	
8.	Acute Services Integrated Performance Report	
	<p>The Committee considered the Acute Services Integrated Performance Report [Paper No. 25/03] presented by Mr Colin Neil, Director of Finance, for assurance.</p> <p>Mr Neil said that performance for new outpatients, TTG and imaging had all exceeded the planned position agreed with the Scottish Government for the first eight months of the financial year. As reported by Mr Edwards, ED 4 hour waits compliance had shown a slight reduction on the previous month remaining below target and there were indications that there had been a further decrease over the Christmas and New Year period. The number of new outpatients waiting over 52 weeks had decreased compared to the previous month but remained above the planned position. The number of new outpatients waiting over 78 weeks had increased to 195 for November and further work was required there. The number of inpatients/day-cases waiting more than 52 weeks had increased slightly and was above the planned position. The cancer 31-day target had reported an improvement to 96% which was above the national target. There had been a slight improvement in the 62-day cancer target to 66% but overall the performance remained challenging due to the volume of referrals. Overall sickness absence had remained relatively static in November, but recent data had shown an increase over the winter period.</p> <p>In relation to sickness absence, Ms Smith said that Acute absence had increased to 8.1% for short and long term and she outlined the actions that were being put in place to manage both absence types. Ms Smith said that the pressures of business, scrutiny and reviews on ED staff was recognised and while she was not aware of any hotspots, she would review the data for EDs to determine if there had been any significant increase in these areas.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>	<p>Ms Smith</p>

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9.	Financial Monitoring Report	
	<p>The Committee considered the Financial Monitoring Report [Paper No. 25/04] presented by Mr Colin Neil, Director of Finance, for awareness.</p> <p>Mr Neil said that at the end of November 2024, the Acute services finance ledger was reporting a deficit of £54.6 million. Of this, unachieved savings accounted for £32 million with pay at £8.7 million and non-pay was £13.7 million over budget with drugs and surgical sundries being the key pressures. The S&V target was £69 million and 30% of the overall total had been achieved to date. The forecast had seen an improvement by £10 million over the last two months.</p> <p>In response to a query about surgical sundries, Mr Neil said advised that robotic assisted surgery sundries had been included as part of the national contract at the point of investment in robots across the country. In terms of general sundries, Ms Carrigan said that a working group had been established to review the products across each site and look at standardisation.</p> <p>In response to a query about the impact of unachieved savings on the 2025/26 budget, Mr Neil said that although the overall challenge for next year was slightly less than 2024/25, the recurring deficit was increasing year on year and there needed to be further opportunities taken to reduce this. He said that there were formal quarterly reviews with the Scottish Government, and they were reassured by the current position in NHS GGC.</p> <p>The Chair and the Committee recognised the significant pressure to manage the financial situation and commended the hard work and effort being taken to address it.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>	
10.	Planned Care Update	
	<p>Ms Susan McFadyen, Director of Access, provided a short presentation on planned care</p> <p>Ms McFadyen set out the current outpatient waiting list position and provided an overview of those specialties that were challenged including gynaecology, general surgery, urology and ENT, and the actions that were being taken to make improvements in these areas.</p>	

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	<p>In response to a query about whether NHS Forth Valley and the Golden Jubilee National Hospital were only accepting patients with specific anaesthetic needs, Ms McFadyen confirmed that was the case. She acknowledged that this was challenging and there was work ongoing on how the profile of the patients accepted could be changed and how the capacity could be used in a different way. In response to a query about communication with patients on the waiting list, Ms McFadyen said that patients were provided with helpful information and were always able to contact and engage with specialist nurses or other members of team.</p> <p>It was noted that at the previous meeting there had been a request for data on the number of days individuals were missing targets by. The Committee recognised that this data had been provided for cancer and wondered if it could be extended to OP and TTG in terms of average waits. The Committee were reassured by the work that had been described today but remained interested in the data originally requested by specialty and it was agreed that the Chair and Dr Metcalfe would discuss the data request with Mr Edwards and share with the Committee in due course.</p> <p>Mr Edwards outlined he would ensure that the same level of data that was supplied for cancer performance be made available by specialty.</p> <p>The Committee thanked Ms McFadyen for the helpful presentation and were content to note the update.</p> <p><u>NOTED</u></p>	<p>Mr Gould/ Dr Metcalfe/ Mr Edwards</p>
11.	Cancer Performance Review and USOC Referral Review	
	<p>Ms Susan Groom, Director of Regional Services, provided a short presentation setting out the cancer performance and Urgent Suspicion of Cancer (USOC) referrals.</p> <p>Ms Groom said that the increase in USOC referrals continued. She outlined the areas that were most challenged, noting that that urology and colorectal were under the most pressure and discussed the actions that were underway to improve the position.</p> <p>In relation to work with other regions, Ms Groom said that NHSGGC actively worked at learning best practice from other Boards highlighting cancer tracking in NHS Lanarkshire, the demand and capacity model in NHS Tayside and the colorectal pathway in NHS Lothian.</p>	

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	<p>In response to a query about the number of USOC referrals, Ms Groom said that despite best efforts, including the introduction of templates, there had been no reduction in the number of referrals from GPs. This was in line with the national position and was regularly discussed at the national Cancer Development and Performance Board as the challenges were recognised by all Boards. Ms McFadyen said that there was also work being taken forward with the Primary Care Interface Group.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>	
12.	A&E Survey Update	
	<p>Mr Neil McSeveny, Depute Director of Communications, provided a short presentation on the A&E Survey.</p> <p>Mr McSeveney said that the most recent survey had received responses from 382 patients in Flow 1 and outlined the key findings from that survey.</p> <p>Ms Bustillo acknowledged that the findings suggested that patients were being advised by NHS24, GPs and MIUs to attend ED. She said that Flow 1 patients should and could be treated elsewhere and it was important to understand and influence those behaviours. There needed to be further work with NHS24, GPs and the MIUs. However, she said that the survey had shown an increasing awareness of the alternatives to A&E which was positive.</p> <p>Mr Edwards said that it was important that the redirection policy provided support to staff giving them confidence in redirecting patients when it was appropriate to do so, with the full backing of the organisation.</p> <p>In response to a query, Ms Bustillo said that equalities information had been asked for in the survey but this was voluntary. She said that there needed to be targeted communications to patients in SIMD categories 1 and 5 who had been identified as being more likely to access A&E inappropriately. Work was also underway to translate the ABC campaign into other languages and support patients where English was not their first language. The equalities team was also engaging with communities around patterns of access and supporting their use of services.</p>	

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	<p>The Committee were assured by the presentation.</p> <p><u>NOTED</u></p>	
13.	Winter Update	
	<p>Ms Ali Marshall, Depute Director of Planning, provided a short presentation on the winter update.</p> <p>Ms Marshall updated on progress to date against the 27 actions, adding that all of these had been assessed as either complete or on track to be delivered within the timescale. She set out the key highlights from this as well as progress on communications and public messaging. She said that feedback was awaited from the Scottish Government on the additional whole system plan submitted to the Scottish Government in December which set out actions to reduce bed days and occupancy and improve ED and patient flow, however, work was ongoing to move some of these priorities forward while awaiting the outcome. Mr Neil said that it had been highlighted to the Scottish Government that the response on funding was awaited.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>	
14.	Extract from Corporate Risk Register	
	<p>The Committee considered the Corporate Risk Register [Paper No. 25/05] 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 and one detailed risk review had been completed. There were three new actions, three actions were overdue and those were being progressed to completion. There was a proposed score reduction from 20 to 16 for Unscheduled Care and it was agreed to review the timing of this as there were concerns about reducing this score during the winter period.</p> <p>The Committee were content to approve the Corporate Risk Register noting that the proposed change to the Unscheduled Care score would be reviewed</p> <p><u>APPROVED</u></p>	Ms Heenan

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			ACTION BY
15.	Closing Remarks and Key Messages for the Board		
	<p>The Chair provided an overview of the discussion that took place in today's Acute Services Committee meeting. He thanked the Committee for their attendance and closed the meeting.</p> <p><u>NOTED</u></p>		
16.	Date and Time of Next Scheduled Meeting		
	<p>The next meeting would be held on Tuesday 11 March 2025 at 9.30 am hybrid in the Board Room, JB Russell House and via Microsoft Teams.</p>		