

ASC(M) 24/01
Minutes 1 - 13

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Acute Services Committee held on Tuesday 16th January 2024 at 9.30am via Microsoft Teams

PRESENT

Mr Ian Ritchie (in the Chair)

Cllr Chris Cunningham	Ms Colette McDiarmid
Ms Jane Grant	Mr Graham Haddock OBE
Dr Becky Metcalfe	Mr Colin Neil
Dr Paul Ryan	Dr Lesley Rousselet
Ms Jennifer Armstrong	Prof Angela Wallace

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
Mr David Ferguson	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
Mr Scott Wilson	Senior Business and Delivery Manager to CEO
Mr William Edwards	Chief Operating Officer
Ms Susan Groom	Director of Regional Services
Ms Claire Macdonald	Business Manager
Mr John Crawford	Deputy Chief of Medicine, South
Ms Lesley Thomson	NHSGGC Chair

		ACTION BY
1.	Welcome and Apologies	
	The Chair welcomed those present to the January meeting of the Committee.	

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	There were no apologies noted. <u>NOTED</u>	
2.	Declaration(s) of Interest(s)	
	The Chair invited members to declare any interests in any of the matters being discussed. No interests were declared. <u>NOTED</u>	
3.	Minutes of Previous Meeting	
	The Committee considered the minute of the previous meeting, Tuesday, 21 November 2023 [Paper No. ASC(M)23/05], and were content to approve the minute as a complete and accurate record. <u>APPROVED</u>	
4.	Matters Arising	
a)	Rolling Action List	
	The Committee considered the Rolling Action List [Paper No. 23/25]. The Committee were content to approve the RAL. <u>APPROVED</u>	
5.	Urgent Items of Business	
	The Chair asked members if there were any urgent items of business. There were no items of urgent business raised. <u>NOTED</u>	
6.	Acute Update	
	The Committee considered the presentation on the Acute Update provided by Mr William Edwards, Chief Operating Officer – Acute. The following was highlighted:	

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	<ul style="list-style-type: none"> - The present focus is on enacting the winter plan and making sure we can manage the subsequent challenges of winter. - Hospital occupancy remains significantly high at 98.3% across the board. - As was planned, additional winter capacity was opened up on the 3rd of January. The additional beds have helped with the challenges related to Covid, Norovirus and flu. - Due to the high levels of Covid, Norovirus and flu, 19 wards were close across the acute division which has been an additional layer of pressure. - Electives have been maintained via the ring fencing resourcing and surgical wards. <p>The Committee discussed staff shortages and closures due to Norovirus. It was confirmed that staff have been affected but wards closed due to Norovirus were able to reopen much more efficiently.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>	
7.	Acute Services Integrated Performance Report	
	<p>The Committee considered the Acute Services Integrated Performance Report [Paper 23/03] presented Mr Colin Neil, Director of Finance. The following was highlighted:</p> <ul style="list-style-type: none"> - Performance was exceeding the planned trajectory in Treatment Time Guarantee (TTG) and other areas. - The number of new outpatients and day patients waiting over 52 weeks was within the planned position. - Performance in relation to the Cancer 31 Day waiting times had improved from the previous month's position increasing from 91.4% in October 2023 to 92.4% in November 2023. - Overall compliance with the A&E four hour waits remained challenging and below the national target. <p>In response to a query regarding the increase in cancer referrals from USOC, Mr Williams confirmed that GP's were being written to across the Board to reinforce the Scottish cancer referral guidelines. With regards to the availability of data across the four different specialties and over the past four or more years; it was noted that pathways have changed significantly in the post-</p>	

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	<p>pandemic period and the numbers may be harder to directly compare.</p> <p>The Committee discussed the redirection update program, noting that less patients were attending the main sites. The Committee wished to re-emphasise the success that redirection is having even in the face of significant occupancy pressures.</p> <p>The Committee discussed the significant challenges faced across the services, including Ophthalmology and Theatres, and were assured that daily reviews were undertaken by the senior management team to ensure that capacity was released, where available.</p> <p>The Committee were assured by the update.</p> <p><u>ASSURED</u></p>	
8.	Financial Monitoring Report	
	<p>The Committee considered the 'Financial Monitoring Report' [Paper 24/04] presented by Mr Colin Neil, Director of Finance. The following was highlighted:</p> <ul style="list-style-type: none"> - As at the 30th November 2023 Acute Services finance ledger was reporting a deficit of £48.8m. - Unachieved savings were £25.7m YTD. - Pays were £10.9m over budget, with Medical and Nursing pays being the main drivers. - Non Pays were £12.3m over budget with drugs, surgical sundries, theatre and radiology supplies and being the key pressures. - The forecast for 2023/24 was based on current run rates adjusted for actions in place giving an overall deficit of £62.1m, with pay and non-pay by £31.0m and unachieved savings forecast to be £31.1m. - Through the last quarter the focus was on the review and cap of any discretionary spending. <p>The agency spend has reduced significantly reduced.</p> <p>The Committee discussed the limitations on spending on supplies and sundries. Mr Neil stated that up to 3 million was spent on this in the same period last year meaning this could be a significant saving. Mr Edwards assured that a number of areas were being looked into in great detail to make further savings e.g. reduction in</p>	

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		ACTION BY
	<p>spend on nursing agencies and reducing premium rates for medical pays.</p> <p>The Committee were content to note the update.</p> <p>NOTED</p>	
9.	Theatres Update	
	<p>The Committee considered the 'Theatres Update' presentation from Ms Susan McFadyen, Director of Access. The following was highlighted:</p> <ul style="list-style-type: none"> - Total theatre activity has returned to pre-Covid levels, delivering a balance of emergency and elective work to ensure provision for long waiting patients. - New areas of service have been established – Major Trauma, Robotic Surgery. - Funding struggles mean some sites have aging facilities which has a negative impact on patient flow. - Designated Surgical Hubs established at several sites to protect an element of elective activity from the demands of unscheduled care. <p>The Committee considered the impact of the Covid pandemic on theatre colleagues, noting many chose to move on and much of the current staff is newly qualified. The Committee queried why theatres were running at 70% capacity. Ms McFadyen explained that staffing availability is one of the main drivers for this, but efforts were being made to make it more efficient.</p> <p>The Committee were content to note the update.</p> <p>NOTED</p>	
10.	Winter Update and Comms Campaign	
	<p>The Committee considered the 'Winter Update' presentation from Mr William Edwards, Chief Operating Officer – Acute. The following was highlighted:</p> <ul style="list-style-type: none"> - 146 additional beds were made available last year and were never closed resulting in additional costs. - As of the 3rd of January there was a further 69 beds opened. These will be closed in March. 	

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	<ul style="list-style-type: none"> - There is a continual focus on delayed discharges. - Winter boarding teams are in place across GRI, QEUH and RAH. Boarding remains high across our sites and numbers rose as anticipated over winter. - The Flow Navigation Centre continues to be key in redirection and has seen an increase of 93 virtual consultations per week. - 45 virtual beds have been made available but the funding is non-recurring. <p>The Committee considered the ‘Winter Communications Campaign’ presentation from Ms Sandra Bustillo, Director of Communications and Public Engagement. The following was highlighted:</p> <ul style="list-style-type: none"> - From those surveyed, a medical emergency accounted for 35% of the reason people chose to attend A&E in 2023. - Most seek help elsewhere before attending e.g. contacting 111 (39%) or reaching out to their GP (31%). - A disproportionate number of men are going straight to A&E before trying any other avenue – 46% compared to 34% for women. - Campaign objectives were to drive awareness and use of A&E alternatives, to educate specific groups (students and men) on alternative services and to include Redirection Messaging in the materials. - Both the ABC campaign and the adverts targeting men were shown. The adverts are being shown across a large number of different platforms. - Engagement will be evaluated via text survey when the campaign ends in February. <p>The Committee queried when data on the impact will be available. Ms Bustillo advised that the survey data will be ready in a few months but metrics on social media clicks can be sourced immediately. A further update will be available in the summer.</p> <p>The Committee were content to note these updates.</p> <p>NOTED</p>	<p>Secretariat</p>

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11.	Extract from Corporate Risk Register	
	<p>The Committee considered the Extract from Corporate Risk Register [Paper 24/05] presented by Ms Katrina Heenan, Chief Risk Officer. The following was highlighted:</p> <ul style="list-style-type: none"> - No proposed changes were put forward for this period - The three risks relating to Acute Services are around scheduled waiting time targets. - Controls and mitigations have been further updated for this risk register. <p>The Committee were content to approve the update.</p> <p><u>APPROVED</u></p>	
12.	Closing Remarks and Key Messages for the Board	
	<p>The Chair thanked Members for attending the Acute Services Committee.</p> <p><u>ASSURED</u></p>	
13.	Date and Time of Next Scheduled Meeting	
	<p>The next meeting would be held on Tuesday, 19 March 2024 at 9.30am via Microsoft Teams.</p>	