

ASC (M) 22/04  
Minutes: 37 – 50

## NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the  
Acute Services Committee  
Held on Tuesday 19 July 2022 at 9.30 am  
via Microsoft Teams**

**PRESENT**

Mr Ian Ritchie (in the Chair)

Professor John Brown CBE	Dr Lesley Rousselet
Mr Simon Carr	Dr Paul Ryan
Councillor Colette McDiarmid	Professor 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
Mr William Edwards	..	Chief Operating Officer
Ms Morag Gardner	..	Chief Nurse, South Sector
Mrs Anne MacPherson	..	Director of Human Resources and Organisational Development
Ms Fiona McEwan	..	Interim Director of Finance
Ms Susan McFadyen	..	Director of Access
Ms Elaine Vanhegan	..	Director of Corporate Services and Governance
Mr Arwel Williams	..	Director of Diagnostics and Regional Services
Ms Kim Donald	..	Corporate Services Manager – Governance/Board Secretary
Mrs Louise Russell	..	Interim Secretariat Manager (Minutes)

			<b>ACTION BY</b>
<b>37.</b>	<b>WELCOME AND APOLOGIES</b>		
	Mr Ritchie welcomed those present to the meeting and welcomed new members, Councillor Colette McDiarmid and Councillor Chris Cunningham, to the Committee.		
	Apologies were noted on behalf of Ms Susan Brimelow, Ms Denise Brown and Professor Tom Steele.		
	<b>NOTED</b>		

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		ACTION BY
<b>38.</b>	<b>DECLARATIONS(S) OF INTEREST(S)</b>	
	Mr Ritchie invited members to declare any interests in any of the items being discussed.  No declarations of interest were made.  <b><u>NOTED</u></b>	
<b>39.</b>	<b>MINUTES OF PREVIOUS MEETING: 17 MAY 2022</b>	
	The Committee considered the minute of the meeting held on Tuesday 17 May 2022 [Paper No. ASC (M) 22/03] and were content to approve the minute pending the following amendments; <ul style="list-style-type: none"> <li>• Page 3, second paragraph: The minute should accurately reflect that this was in relation to the specific impact on Acute Services.</li> <li>• Page 6, Core Morbidities to be amended to Comorbidities.</li> <li>• Page 9, second last paragraph: The Union to be removed and replaced with BMA.</li> </ul> <b><u>APPROVED</u></b>	<b>Secretary</b>
<b>40.</b>	<b>MATTERS ARISING</b>	
<b>a)</b>	<b>Rolling Action List</b>	
	The Committee considered the Rolling Action List [Paper No. 22/16].  The Committee were content to approve the recommended closure of four items on the Rolling Action List.  The Committee noted the following updates;  <b>Minute 28, Urgent Items of Business</b> Ms Bustillo highlighted that the planned work in the atrium at the Queen Elizabeth University Hospital would not proceed until written confirmation had been received that the Scottish Government would underwrite the costs. Ms Bustillo also highlighted that the original plan for internal scaffolding was no longer feasible due to the intensive nature of the work required. The Committee were assured that amended plan for work should commence early August 2022.	

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			<b>ACTION BY</b>
	<p><b>Minute 30 – Performance</b>  <b>Acute Integrated Performance Report</b>                      The Committee agreed that an update should be presented to the September 2022 ASC on the impact that Delayed Discharges had on the average length of stay.</p> <p><b><u>APPROVED</u></b></p>		<p><b>Mr Edwards</b></p>
<b>41.</b>	<b>URGENT ITEMS OF BUSINESS</b>		
	<p>The Committee noted that a letter had been received from the Scottish Government on 6<sup>th</sup> July 2022 detailing the elective targets going forward. As this impacted on the work of the Committee, consideration would be given to what prioritisation was required.</p> <p>The Committee noted the update provided.</p> <p><b><u>NOTED</u></b></p>		
<b>42.</b>	<b>ACUTE COVID-19 UPDATE</b>		
	<p>Mr William Edwards, Chief Operating Officer, provided an update on the current position in respect of the pressure of Covid-19 within the Acute Services.</p> <p>Mr Edwards informed the Committee that there was currently a total of 662 Covid-19 positive inpatients in the last 28 days. As at 18<sup>th</sup> July 2022, 66 beds were unavailable due to ward closures or Infection Prevention Control measures which was causing increased pressure across the system.</p> <p>The Committee noted that staffing challenges remained ongoing, with unplanned absence remaining a particular challenge. On 15<sup>th</sup> July 2022 there were 915 staff absences; 490 of which related to Acute Services.</p> <p>The Committee noted that Delayed Discharges continued to increase the pressure on occupancy rates. At the time of the meeting there were 318 Delayed Discharges in NHSGGC. The impact Delayed Discharges had on outward flow was adding to the challenge of moving to full recovery. The Committee noted that the occupancy rate was currently over 95%. The Front Door performance to adhere to the 4 hour target was 67.8%, however, it was recognised that the Scottish position was 66.8%,</p>		

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		ACTION BY
	<p>In response to a question on whether the Delayed Discharge performance would improve if Adults with Incapacity (AWI) and admissions to Care Homes were removed from the statistics, the Committee received assurance that there would be a continued focus on Delayed Discharges and significant work carried out to address each section of the pathway. The Committee noted that actions being taken forward included; writing out to other Boards who were non GG&amp;C HSCPs, re-patriating patients to their own Board area, ongoing partnership work and reviewing urgent and emergency care. The Committee received assurance that the focus remained in place and every partnership was optimising the processes.</p> <p>In response to a question regarding the biggest challenge in relation to Care Home admissions, the Committee noted that various factors had an impact. A number of Care Homes were private providers, therefore, could control the admission of residents. The Committee noted that 2 audits in relation to Delayed Discharges and time of day discharge had been carried out. The results from the Delayed Discharge audit highlighted that robust processes were in place. The time of day discharge was more challenging due to staffing pressures.</p> <p>The Committee discussed the current Covid-19 Infection Prevention and Control measures and whether they remained fit for purpose. The Committee noted that the Government guidance continued to be followed, including continuing to test for Covid-19. The Committee were assured that regular feedback was being provided to the Scottish Government.</p> <p>In response to a question regarding planned staff absence, in particular encouraging annual leave over the summer period, the Committee noted that this was the current policy to ensure staff had appropriate time off for their wellbeing. The Committee agreed it would be helpful to understand the overall staff absence rate to receive assurance on staffing levels. This information was reported through the Staff Governance Committee, however, information regarding the overall absence figures and the impact on Acute Services could be included at future meetings under the Acute update.</p> <p>The Committee were content to note the update provided.</p> <p><b><u>NOTED</u></b></p>	<p><b>Ms MacPherson</b></p>

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		ACTION BY
<b>43.</b>	<b>PERFORMANCE</b>	
	<b>a) Acute Integrated Performance Report</b>	
	<p>Mr William Edwards and Ms Jacqueline Carrigan, Assistant Director of Finance Acute/Access, presented the Acute Services Integrated Performance Report [Paper 22/17] that provided a summary of performance against the Key Performance Indicators (KPIs) outlined in the Performance Assurance Framework.</p> <p>The report included the 14 key performance indicators. The Committee were assured of the work that was taking place to look at the current position of Access to Cancer Services within 62 Days of Receipt of Referral with a Suspicion of Cancer. The Committee noted that the recovery actions were in line the trajectory.</p> <p>The Committee recognised that the 18 week referral to treatment performance status remained a key challenge. The Committee discussed robotic surgery and the benefits of this resource. The Committee were pleased to note that a Robotics presentation would be added to the agenda at a future meeting. In response to a question regarding the Urology Locum post and whether a permanent position had been considered, the Committee noted that the operator in robotic surgery post was an additional post to support recovery.</p> <p>In response to a question in relation to the Upper GI waiting list and the expectation on when this could be cleared, the Committee were assured that P1 patients could be accommodated within 19 days and P2 patients would be accommodated within 48 days. The Committee noted that Upper GI were specialist procedures carried out by 4 Consultants two times per week. The Committee were assured that ongoing work was helping to reduce the waiting time.</p> <p>The Accident and Emergency 4 hour Waiting Time Standard remained a challenge Scotland wide. Mr Edwards highlighted that NHSGGC were above or in line with the Scottish position based on published national data.</p> <p>Mr Arwel Williams, Director of Diagnostics and Regional Services, provided an update on the amended referral route for CT scanning from GP Practices. The Committee noted that rollout in the North sector was now complete and rollout continued in the South sector. The Committee were advised that an end date for full rollout would be dependent on GP uptake. The Committee were assured that work</p>	<p><b>Secretary</b></p>

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	<p>remained ongoing in partnership with the HSCP's to encourage GP Practices to take part.</p> <p>In response to a question regarding GP's adopting the new pathways, the Committee noted that rollout in the North East sector was complete. The Committee noted that work was ongoing to support GP colleagues and improve confidence in this new way of working.</p> <p>The Committee were advised that each Board was asked by the National Urgent and Unscheduled Care Collaborative to undertake a self-assessment. The Committee were assured that the mapping exercise work was being carried out. The Committee acknowledged that research into patient behaviours was limited, however, some evidence included patients suggesting an expert had asked them to go or believing their condition warranted attendance. The Committee acknowledged that changing behaviours was challenging. The Committee agreed that re-direction played a key part in improving challenges faced at the front door of A&amp;E Departments. The Committee noted that re-direction was on the annual cycle of business for the Finance, Planning and Performance Committee to be discussed further.</p> <p>The Committee agreed that further discussion regarding operational research as to why patients attend emergency departments was required, therefore, an item would be added to the agenda for a future Acute Services Committee meeting and update will be provided in due course.</p> <p>The Committee were content to note the update provided.</p> <p><b><u>NOTED</u></b></p>	<p><b>Mr Edwards/Dr Davidson</b></p>
<p><b>44.</b></p>	<p><b>SCOTTISH GOVERNMENT WAITING TIME TARGET</b></p>	
	<p>Ms Susan McFadyen, Director of Access, attended the meeting to provide a presentation on 'Scottish Government Waiting Time Target'.</p> <p>Prior to the presentation, Mr Edwards updated the Committee on the announcement of targets received in a letter from Mr John Burns, Chief Operating Officer of NHS Scotland, dated 6 July 2022. The Committee noted the key principle areas of challenge, recognising that capacity would remain a key challenge in some specialties in achieving the targets.</p> <p>Ms McFadyen informed the Committee that previous national deliberation on the maximum wait time of 2 years indicated that this</p>	

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	<p>would likely be achieved by the end of March 2023 for Out Patients and Inpatients/Day Cases. However, the position had changed and a letter had been received advising of Cabinet Secretary announcement on targets. The Committee noted the targets which were;</p> <ul style="list-style-type: none"> <li>• 2 year wait for Outpatients in most specialties by end of Aug 22;</li> <li>• 18 month wait for Outpatients in most specialties by end of Dec 22;</li> <li>• 1 year wait for Outpatients in most specialties by end of March 23;</li> <li>• 2 year waits for Inpatients/Day Cases in majority of specialties by Sept 22;</li> <li>• 18 month for Inpatients/Day Cases in majority of specialties by Sept 23;</li> <li>• 1 year wait for Inpatients/Day Cases in majority of specialties by Sept 24.</li> </ul> <p>It was noted that the areas of challenge included Orthopaedics, Adult and Paediatric ENT, Neurosurgery and Surgical Paediatrics and that, in general, patients are requiring an Inpatient stay and are not the majority not able to be managed as a Day Case, for example Adult Tonsillectomy cases.</p> <p>Ms McFadyen highlighted that there was a continued need to balance clinically urgent patient demand with a reduction in the long waiting patient position, noting Paediatrics were seeing increased numbers of priority 2 patients. Ms McFadyen reported that consideration of Religious Circumcisions backlog had been highlighted to the Scottish Government as clinicians have expressed a view around the clinical relevance. The Committee agreed that the September 2022 target would be challenging but sought further updates as the forecasting became clearer.</p> <p>The Committee noted the information provided in the presentation and agreed that the capacity and trajectories were realistic, however, acknowledged the staffing , bed capacity due to current Covid numbers and financial challenges that would likely impact on the targets.</p> <p>In response to a question in relation to what impact the new targets would have on the six priorities that had been set by the Board, the Committee were assured that the Executive Team would do a cross check on Board priorities and ensure consistency.</p> <p>In response to a question in relation to digital innovation, for example Apps, the Committee were assured that digital work was ongoing. The Committee noted that the Citizens Access Board were driving an</p>	<p><b>Ms Vanhegan</b></p>

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	<p>innovation programme, which included COPD patients registering symptom scores and remote monitoring of Heart failure patients. The Committee noted that clinicians were fully engaged with innovation and a number of programmes were clinically led. The Committee were advised that digital intervention pre-operative management work was also being considered. The Committee were assured by the information provided.</p> <p>The Committee thanked Ms McFadyen for the update and were assured by the information provided.</p> <p><b>NOTED</b></p>	
45.	<b>FINANCIAL MONITORING REPORT</b>	
	<p>Ms Jacqueline Carrigan, Assistant Director of Finance Acute, presented the Financial Monitoring Report for Month 2 [Paper 22/18] which set out the Acute revenue position and the position with the Financial Improvement Programme (FIP).</p> <p>Ms Carrigan advised as at the 31<sup>st</sup> May 2022 the Acute Division reported an overspend of £19.6m. This was broken down to direct expenditure relating to delivery of services relating to Covid-19 of £9.3m, which remained unfunded at this stage, unachieved savings of £6.4m and Scottish Government allocations under review and awaiting confirmation of £3.6m.</p> <p>The Committee noted that discussions regarding the IJB holding reserve were ongoing. It was highlighted that there would be a gap in funding, however, the total spend would be reviewed. The Committee were advised that funding would cover flu and Covid-19 vaccinations and that Covid-19 exit planning work was ongoing. The Committee discussed Covid-19 funding from the Scottish Government. The Committee noted that the Q1 spend to date would be funded, however, at present, no further funding was available; however, the Scottish Government was reviewing all allocations to Boards.</p> <p>In response to a question in relation to the variance in spending between the sectors, the Committee were informed that each sector was structured differently and issues varied in each sector. The Committee noted that a Pan NHSGGC Working Model was in place for newly qualified consultants to assist with staffing issues across GG&amp;C. The Committee were assured that significant steps had been made to address the issues pertaining to locum use in certain sectors.</p>	

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	<p>The Committee discussed medical contracts, and the negotiations of job plans regarding locations of work. The Committee noted that the BMA were involved in conversations, and that contracts highlight that the clinicians are employees of the Health Board, as opposed to a specific hospital. The Committee also raised variation across sectors re junior doctor spending and were assured that the disparity in spending across the sectors was being reviewed and addressed.</p> <p>The Committee were content to note the report and were assured by the information provided.</p> <p><b>NOTED</b></p>	
<b>46.</b>	<b>CANCER WAITING TIMES</b>	
	<p>Mr Arwel Williams, Director of Diagnostics and Regional Services, attended the meeting to provide a presentation on 'Cancer Waiting Times' Performance.</p> <p>Mr Williams informed the Committee that referrals continued to exceed pre-pandemic levels with approximately 1200 referrals per week compared to 1000 pre-pandemic.</p> <p>The Committee noted that the national percentage for 62 Day Performance was 71.1% and NHSGGC were at 75.8% from May 2022. The Committee noted performance challenges, which included theatre and bed capacity impacting cancer pathways.</p> <p>Mr Williams highlighted issues in Urology regarding access to P3/4 Robotic Assisted Laparoscopic Prostatectomy (RALP) which remained a key challenge, however, confirmed that robotic surgery was exempt from the standards. Additional weekend sessions were in place where possible, however, a backlog of cases requiring treatment would continue to impact performance in the coming months.</p> <p>He also reported that Upper GI performance was under pressure due to complex diagnostic pathway (scope, CT, PETCT, EUS, laparoscopy) issues impacting the early part of patient journey. He reported that screening/scope capacity was the primary performance issue,</p> <p>In response to a question on the position against national figures, the Committee noted that as NHSGGC had the robotic surgery and deal with other specific tumour groups which may have had an impact against the national statistics.</p>	

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	<p>In response to a question regarding resources, the Committee noted that staffing remained a key challenge. The Committee were assured that improvement plans were in place.</p> <p>In response to a question regarding the impact on screening programmes, the committee noted that the provision for Bowel Screening was being rebalanced and was being re-categorised as P2.</p> <p>The Committee were content to note the update.</p> <p><b><u>NOTED</u></b></p>	
<b>47.</b>	<b>SAFE TO START UPDATE</b>	
	<p>Ms Morag Gardner, Chief Nurse, attended the meeting to provide a presentation on ‘Safe to Start Update’. The presentation provided an update on the processes to align nursing resources to wards in order to manage and mitigate risk.</p> <p>Ms Gardner reported that Hospital Huddles formed part of daily Hospital management which assisted with improving patient safety, flow and communication.</p> <p>The Committee noted that a RAG system was in place and that this scoring system determined by the Senior Charge Nurse in order to view the safety of the wards. This approach was utilised to minimise the use of supplementary staffing across acute in-patient services. The Committee noted that 3 levels of RAG status were used; Green (first line defence), Amber (second line defence) and Red (third line defence).</p> <p>Ms Gardner informed the Committee that as at 19 July 2022, the RAG status for staffing was 37 Green status, 109 Amber status and 60 Red status.</p> <p>Ms Gardner provided an update on staffing issues noting that there was currently 702 Band 5 vacancies across Acute sites. The Committee noted that 542 newly qualified Nurses and Midwives would be joining the organisation in the Autumn which was 54% of what as required. Ms Gardner reported that events had been carried out to attract candidates noted that 50 International Nurses had been recruited and were going through the on boarding process.</p> <p>Ms Gardner informed the Committee that, despite staffing challenges, the feedback received from a recent unannounced Healthcare</p>	

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	<p>Improvement Scotland (HIS) Inspection at the QEUH was positive. It was highlighted in particular that the management and transparent recording of staffing issues was excellent.</p> <p>The Committee noted that the challenges with nurse staff figures was mirrored across Scotland. The Committee were assured that a Task Force Group had been set up to look at International recruitment and increasing the skills of the current workforce. Work was also taking place to attract staff to come back on the register.</p> <p>The Committee recognised the ongoing challenges in relation to staffing and retaining the current workforce. The Committee were assured that a good system was in place and recognised that longer term work to address the issue was required.</p> <p>In response to a question regarding the Safer Staffing Legislation, the Committee noted that 'Safe to Start' sits well with the legislation.</p> <p>The Committee were content to note the update provided.</p> <p><b><u>NOTED</u></b></p>	
48.	<b>EXTRACT FROM CORPORATE RISK REGISTER</b>	
	<p>Ms Carrigan presented the Extract from the Corporate Risk Register for the Acute Services Committee [Paper 22/19] for the Committee to consider and confirm that they were content that the risks were clearly described and that the risk scores were appropriate.</p> <p>The Committee noted that the Corporate Risk Register had been modified and the title of the first risk had been updated to reflect the current position and nature of the outstanding risk. The Committee were assured that the risk would remain on the main Corporate Risk Register, however would no longer be submitted to the Acute Services Committee.</p> <p>It was suggested that the second risk in relation to Scheduled Care Waiting Time Targets was split into Outpatients and Inpatients as they were 2 separate targets that required different mitigation.</p> <p>It was suggested that the third risk in relation to Unscheduled Care Waiting Time Targets was reviewed and the mitigating actions considered.</p> <p><b><u>NOTED</u></b></p>	<p><b>Ms Carrigan/ Mr Gibson</b></p>

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<b>49.</b>	<b>CLOSING REMARKS AND KEY MESSAGES FOR THE BOARD</b>	
	<p>Mr Ritchie asked members to raise any other competent business.</p> <p>There was no other business noted.</p> <p>The key messages for the Board were:</p> <ul style="list-style-type: none"> <li>• The Acute Services Committee recognised the challenges that the organisation was facing due to Covid-19 and ongoing staffing pressures.</li> <li>• The Committee received the Acute Services Performance Report and noted the performance against the 14 key performance indicators.</li> <li>• The Committee received the Month 2 Finance Report which set out the Acute revenue position and the position with the Financial Improvement Programme (FIP). The Committee noted the Acute Division reported an overspend of 19.6m as at 31<sup>st</sup> May 2022.</li> <li>• The Committee received presentations on the 'Scottish Government Waiting Time Target', 'Cancer Waiting Times' and 'Safe to Start'.</li> </ul> <p>Mr Ritchie thanked members for attending and closed the meeting.</p> <p><b><u>NOTED</u></b></p>	
<b>50.</b>	<b>DATE AND TIME OF NEXT SCHEDULED MEETING</b>	
	The next meeting would take place on Tuesday 20 September 2022 at 9.30 am via Microsoft Teams.	