

ASC (M) 23/01
Minutes: 01 – 15

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Acute Services Committee
Held on Tuesday 17 January 2023 at 9.30 am
via Microsoft Teams**

PRESENT

Mr Ian Ritchie (in the Chair)

Professor John Brown CBE	Mr Colin Neil
Ms Susan Brimelow.	Dr Lesley Rousselet
Councillor Chris Cunningham	Dr Paul Ryan
Ms Jane Grant	Professor Angela Wallace
Councillor Colette McDiarmid	

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	..	Deputy Nurse Director, Acute Division
Mr Andrew Gibson	..	Chief Risk Officer
Ms Susan Groom	..	Director of Regional Services
Ms Susan McFadyen	..	Director of Access
Ms Kim Donald	..	Corporate Services Manager – Governance/Board Secretary
Ms Pamela Metcalfe	..	Secretariat Officer (Observer)
Mrs Louise Russell	..	Interim Secretariat Manager (Minutes)

			ACTION BY
01.	WELCOME AND APOLOGIES		
	Mr Ritchie welcomed those present to the meeting.		
	Apologies were noted on behalf of Mr Simon Carr, Mrs Anne MacPherson and Mr Tom Steele.		
	<u>NOTED</u>		

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		ACTION BY
02.	DECLARATIONS(S) OF INTEREST(S)	
	Mr Ritchie invited members to declare any interests in any of the items being discussed. No declarations of interest were made. <u>NOTED</u>	
03.	MINUTES OF PREVIOUS MEETING: 15 NOVEMBER 2022	
	The Committee considered the minute of the meeting held on Tuesday 15 November 2022 [Paper No. ASC(M)22/06] and were content to approve the minute. The Committee noted the following points; <ul style="list-style-type: none"> • Page 4: The Committee received assurance that plans were in place for additional winter capacity and there was active recruitment in nursing services. • Page 4: Dialogue with the Scottish Government continued in relation to AWI patients. • Inverclyde Healthcare Improvement Scotland (HIS) report was due to be published at the end of January 2023. <u>APPROVED</u>	
04.	MATTERS ARISING	
a)	Rolling Action List	
	The Committee considered the Rolling Action List [Paper No.23/01]. The Committee were content to approve the recommended closure of 3 items on the Rolling Action List. <u>APPROVED</u>	
05.	URGENT ITEMS OF BUSINESS	
	There were no urgent items of business to discuss. <u>NOTED</u>	

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		ACTION BY
06.	ACUTE UPDATE	
	<p>Mr William Edwards, Chief Operating Officer, provided an update on the current position in respect of COVID-19 and the current pressure within Acute Services. Mr Edwards reported that significant pressures across the system were ongoing and occupancy rates remained high.</p> <p>As at 16th January 2023, there were a total of 338 COVID-19 positive inpatients. The Committee received assurance that the number of COVID-19 positive inpatients and Influenza inpatients were reducing.</p> <p>The Committee noted that a number of actions from the Winter Plan had been implemented, including reduction in elective activity and an increase from 5 day to 7 day wards. A continuous flow model had been introduced and would continue to be rolled out at the Royal Alexandra Hospital (RAH) and Glasgow Royal Infirmary (GRI). The Committee noted that day surgery at all sites continued to be carried out and monitored.</p> <p>In response to a question regarding opening of additional beds, the Committee noted that additional capacity had been created at Ward 5C at Gartnavel General Hospital and the Brownlee Centre. The Committee noted that staffing remained challenging, however, plans were in place to utilise staff skill mix across the Board. The Committee receive assurance that monitoring remained in place and staff wellbeing checks remained ongoing.</p> <p>Prof Wallace highlighted that staffing remained a challenge, however, they had recently recruited 53 HCSW and have a target of recruiting 167 international nurses.</p> <p>The Committee discussed Home for Lunch and noted that an area of focus was the collection of data in relation to patient transport, which was monitored on a weekly basis. The Committee received assurance that any risk was safely shared across the organisation and regular meetings with staff take place to share data.</p> <p>The Committee noted the update and were assured by the information provided.</p> <p>NOTED</p>	
07.	PERFORMANCE	
	a) Acute Integrated Performance Report	

		ACTION BY
	<p>Mr Colin Neil, Director of Finance, presented the Acute Services Integrated Performance Report [Paper 23/02] which provided a summary of performance against the Key Performance Indicators (KPIs) outlined in the Performance Assurance Framework.</p> <p>The Committee noted the following;</p> <ul style="list-style-type: none"> • As at November 2022, there continued to be no new outpatients waiting over 104 weeks for an appointment. The number of new Outpatients waiting over 18 months was within the planned position for December 2022. • Performance in relation to Treatment Time Guarantees (TTG's) and Scopes were positive. • Performance in relation to the A&E 4 hour target remained a significant challenge. • Performance in relation to the Cancer 62 day waiting time standard remained challenging. <p>The Committee noted the update provided.</p> <p>NOTED</p>	
09.	PROGRESS ON PLANNED CARE UPDATE	
	<p>Ms Susan McFadyen, Director of Access, attended the meeting to provide a presentation on 'Progress on Planned Care Update'.</p> <p>Ms McFadyen provided an update on the progress made against the targets and the next steps, which included;</p> <ul style="list-style-type: none"> • Maintain current capacity for outpatients throughout the winter period. • Plan for reductions in elective inpatient activity over the peak winter period. • Plan for potential National Treatment Centre (NTC) capacity in early 2023. <p>The Committee acknowledged the challenges in maintaining current capacity and noted that there was a focus on streamlining activity. The Committee also noted that weekly meetings were held around planned care funding and capacity which included additional capacity at the Golden Jubilee. Ms McFadyen highlighted that this was being co-ordinated by the Scottish Government as the additional capacity at the GJNH incorporated all Health Boards.</p>	

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	<p>It was recognised that Gynaecology had the biggest growth in waiting list numbers since the pandemic and this was largely due to the requirement for a physical examination prior to diagnosis/treatment. The Committee noted that in-sourcing had been arranged for Endoscopy and that this was working well in bringing down the waiting list.</p> <p>In response to a question regarding management of appointment attendance, the Committee noted that use of the patient focus booking system which assisted with the validation of the waiting lists. Ms McFadyen also highlighted that patient packs were being issued to patients waiting on an appointment which offered more information.</p> <p>The Committee discussed the challenges in relation to Urology. It was noted that performance was a challenge nationally. The Committee were assured that the Robotics action plan would assist to reduce the current backlog and a group had been set up to consider the Diagnostics Pathway further in order to create capacity.</p> <p>The Committee were content to note the update and were assured by the information provided.</p> <p><u>NOTED</u></p>	
<p>10.</p>	<p>CANCER PERFORMANCE UPDATE</p>	
	<p>Ms Susan Groom, Director of Regional Services provided a presentation on 'Cancer Performance Update'.</p> <p>Ms Groom provided an overview of the current position in relation to cancer performance for Quarter 2 including the position in relation to the 31 day target and the 62 day target. The Committee noted that achieving the 62 day target remained challenging. The Committee received assurance on the improvement actions being taken against the challenging cancer types.</p> <p>The Committee noted that Urology seemed to be a challenging area. Ms Groom advised that they had appointed a Locum Consultant Urologist for 12 months and this will have a positive impact on the 31 day target.</p> <p>Ms Groom noted that there had been a notable increase in Urgent Suspicion of Cancer (USOC) referrals since the pandemic, however, there had not been a corresponding increase in the number of cancers diagnosed. Ms Groom noted that to mitigate the increase there is work ongoing to introduce referral templates through the GP lead and CfSD.</p>	

		ACTION BY
	<p>Ms Groom highlighted that the team continue to focus on the long waiters meaning it will take time for the performance to increase as it is based on patients treated in the month.</p> <p>In response to a query regarding NHSGGC resource being used within NHS Tayside, Ms Groom confirmed that the role was an Oncology post and that this would not have an impact on the current diagnostic waiting lists.</p> <p>The next steps included;</p> <ul style="list-style-type: none"> • Continued focus on the reduction in long waiting patients. • Revise demand and capacity modelling, with key focus on Urology. • Ensure cancer slippage funding continued to be targeted towards areas of improved performance. <p>The Committee noted the update provided.</p> <p><u>NOTED</u></p>	
11.	FINANCIAL MONITORING REPORT	
	<p>Mr Neil presented the Financial Monitoring Report for Month 8 [Paper 23/03] which set out the Acute revenue position and the position with the Financial Improvement Programme (FIP).</p> <p>As at the 30th November 2022, the Acute Division reported a deficit of £27.4m. Funding of £19.1m had been allocated against the Acute COVID-19 expenditure, which would be funded in full. The unachieved savings for month 8 amounted to £19.5m. Mr Neil reported that Pays were £4m over budget, with Medical Pays being the main driver at £8.9m. This included Senior Medical lines at £2.6m spend and Junior medical spend at £6.3m. The Committee noted that agency and locums continued to be a key element of expenditure. Nursing salaries reported a breakeven position for Month 8.</p> <p>The Non-Pay lines were reporting an overspend of £3.9m. This included spend related to drugs due to short supply.</p> <p>The Committee noted that the £10.9m savings had been achieved against the Year to Date Target of £30.4m. The Committee received assurance that further schemes had been identified.</p>	

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		ACTION BY
	<p>The Committee noted that planning for 2023/24 would be completed at the end of the month.</p> <p>The Committee noted the following;</p> <ul style="list-style-type: none"> • A review of Clinical Fellows would be carried out. • Discussion was ongoing with SG regarding new medicines funds. • Non recurring funding had been identified for additional beds and was included in the financial position. • Calculations in regards to the pay settlement were being carried out and final figures would be submitted to the Scottish Government. • There would be an increased focus on Bank and Agency staff, including Junior Medical staff in order to improve process in this area of spend. • A forecast of the overall position at year end would be encapsulated in future reports. <p>The Committee were content to note the update provided.</p> <p><u>NOTED</u></p>	<p>Mr Neil</p>
<p>12.</p>	<p>EXTRACT FROM CORPORATE RISK REGISTER</p>	
	<p>Mr Andrew Gibson, Chief Risk Officer, presented the Extract from the Corporate Risk Register [Paper 23/04] 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 no changes to the risk scores were proposed. Mr Gibson highlighted that the Corporate Risk Register had been updated to reflect the risk management process outlined in the new Risk Management Strategy approved by the Board.</p> <p>The Committee were content to approve the Corporate Risk Register</p> <p><u>APPROVED</u></p>	
<p>13.</p>	<p>ANNUAL CYCLE OF BUSINESS</p>	
	<p>The Committee noted the Annual Cycle of Business [Paper 23/05] provided for assurance and information regarding future topics of discussion.</p>	

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			ACTION BY
	<ul style="list-style-type: none"> • The Committee were content to approve the Corporate Risk Register for Acute Services. <p>Mr Ritchie thanked members for attending and closed the meeting.</p> <p><u>NOTED</u></p>		
15.	DATE AND TIME OF NEXT SCHEDULED MEETING		
	The next meeting would take place on Tuesday 21 March 2023 at 9.30 am via Microsoft Teams.		