

ASC (M) 22/06  
Minutes: 67 – 80

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the  
Acute Services Committee  
Held on Tuesday 15 November 2022 at 9.30 am  
via Microsoft Teams**

**PRESENT**

Dr Paul Ryan (in the Chair)

Dr Jennifer Armstrong	Ms Jane Grant
Professor John Brown CBE	Mr Colin Neil
Councillor Chris Cunningham	Dr Lesley Rousselet
Mr Simon Carr	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
Mrs Anne MacPherson	..	Director of Human Resources and Organisational Development
Ms Susan McFadyen	..	Director of Access
Ms Elaine Vanhegan	..	Director of Corporate Services and Governance
Ms Kim Donald	..	Corporate Services Manager – Governance/Board Secretary
Mrs Louise Russell	..	Interim Secretariat Manager (Minutes)

			<b>ACTION BY</b>
<b>67.</b>	<b>WELCOME AND APOLOGIES</b>		
	Dr Ryan welcomed those present to the meeting.  Apologies were noted on behalf of Mr Ian Ritchie and Ms Susan Brimelow.		
	<b>NOTED</b>		

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		ACTION BY
<b>68.</b>	<b>DECLARATIONS(S) OF INTEREST(S)</b>	
	Dr Ryan 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>69.</b>	<b>MINUTES OF PREVIOUS MEETING: 20 SEPTEMBER 2022</b>	
	The Committee considered the minute of the meeting held on Tuesday 20 September 2022 [Paper No.ASC(M)22/05] and were content to approve the minute.  In response to a question regarding the focussed piece of work on discharge protocols, the Committee noted that this was an ongoing programme of work regarding unscheduled care and were assured that this piece of work would form part of the overall winter plan.  <b><u>APPROVED</u></b>	
<b>70.</b>	<b>MATTERS ARISING</b>	
<b>a)</b>	<b>Rolling Action List</b>	
	The Committee considered the Rolling Action List [Paper No.22/26].  The Committee were content to approve the recommended closure of 5 items on the Rolling Action List.  <b><u>APPROVED</u></b>	
<b>71.</b>	<b>URGENT ITEMS OF BUSINESS</b>	
	Mr William Edwards, Chief Operating Officer, informed the Committee that following the Healthcare Improvement Scotland (HIS) Inspection at the Queen Elizabeth University Hospital, a draft report had been received for review and a response would be submitted by the deadline on 30 <sup>th</sup> November 2022. Mr Edwards reported that overall the report was positive.	

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	<p>The Committee noted that the Inverclyde Royal Hospital inspection report had not been received yet and would be brought to the Committee when available.</p> <p>In response to a question regarding potential industrial action, the Committee noted that the 8 trade unions in GG&amp;C had balloted and a formal response was awaited. The Committee received assurance that business continuity plans were being prepared and there was ongoing dialogue with the Scottish Government. The Committee noted that the Scottish Ambulance Service (SAS) intimated industrial action on 28<sup>th</sup> November 2022 and were assured that work was ongoing out to assess and minimise the impact.</p> <p>The Committee noted the update provided.</p> <p><b><u>NOTED</u></b></p>	
<b>72.</b>	<b>ACUTE UPDATE</b>	
	<p>Mr Edwards provided an update on the current position in respect of COVID-19 and the current pressure within Acute Services.</p> <p>The Committee noted that the unscheduled and planned care positions remained challenging with unscheduled care performance for September sitting at 72%. However, the Committee were assured that the position was monitored on a weekly basis and recognised that challenges remained ongoing with regards to occupancy rates.</p> <p>There were a total of 276 COVID-19 positive inpatients that had tested positive in the last 28 days and 1 patient in ICU. The Committee noted that 7 wards were closed and that elective activity was being maintained at 1220 cases per week.</p> <p>The Committee noted the update provided.</p> <p><b><u>NOTED</u></b></p>	
<b>73.</b>	<b>PERFORMANCE</b>	
	<b>a) Acute Integrated Performance Report</b>	
	Mr William Edwards and Mr Colin Neil, Director of Finance, presented the Acute Services Integrated Performance Report [Paper 22/27] that	

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	<p>provided a summary of performance against the Key Performance Indicators (KPIs) outlined in the Performance Assurance Framework.</p> <p>The report highlighted that a significant number of the performance indicators were delivering against the target. The Committee noted significant progress against a number of KPI's with the revised TTG target for the end of September being met, as was the target set for the end of August in relation to no new outpatients waiting more than 2 years. The Committee received assurance that an action plan had been put in place to address performance, which was outlined in the report. The Committee recognised that a significant increase in performance would not take place until the backlog had been cleared.</p> <p>The Committee acknowledged the A&amp;E waiting times pressures and noted that work continued to take place with the IJBs and local authorities regarding the challenges with delayed discharges. The Committee received assurance that Professor Angela Wallace, Executive Nurse Director, was leading on a piece of work in relation to Delayed Discharges and continued to work closely with the Chief Officers. The plan to reduced Delayed Discharges by 25% by the end of December was underway. The Committee were assured that work was being carried out in relation to time of day discharge, use of the discharge lounge and working in conjunction with care home staff. A piece of work was also being carried out to increase the number of Healthcare Support Workers. Use of the flow navigation centre continued to be maximised and work was ongoing with the Scottish Ambulance Service (SAS).</p> <p>In response to a question regarding the impact on delayed discharges with Adults with Incapacity (AWI), and whether a change in emergency legislation was expected, the Committee noted that a meeting had been held with the Mental Health Commission. The Committee noted that any agreed changes would take time to be implemented. The Committee noted that work in relation to the performance management process was ongoing. Staffing challenges were contributing to the significant increase in AWI figures in partnerships. Ms Jennifer Rodgers, Deputy Nurse Director, was carrying out a piece of work to deploy Nurse and HSCW Bank staff to provide support. In response to a question regarding whether the Care Commissioning Plan was still in operation, the Committee noted that the plan overlapped with the Unscheduled Care Plan.</p> <p>In response to a question regarding NHS24 performance, the Committee noted that regular discussions were held with NHS24 and</p>	

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	<p>the Scottish Ambulance Service regarding flow. The Committee noted that discussion was underway with NHS24 regarding data collection. With regards to the performance level of Primary Care and the impact on Acute Services, the Committee noted that the IJB's continued to work with Primary Care. Some progress regarding data had been made and work remained in progress.</p> <p>The Committee were advised that the data pulled from the workstreams above were being reviewed by FP&amp;P. The Committee were content to note the report and were assured by the information provided and the actions being taken forward.</p> <p><b>NOTED</b></p>	
<b>74.</b>	<b>FINANCIAL MONITORING REPORT</b>	
	<p>Mr Neil presented the Financial Monitoring Report for Month 6 [Paper 22/28] which set out the Acute revenue position and the position with the Financial Improvement Programme (FIP).</p> <p>Mr Neil advised as at the 30<sup>th</sup> September 2022, the Acute Division reported a deficit of £21.6m. The annual forecast for Acute Covid-19 spend had been reviewed and reduced to £24m from the previous forecast of £28m, with budget allocated for agreed spend to date. The unachieved savings for month 6 amounted to £16.5m. Mr Neil reported that Pays were £2.5m over budget, with Medical Pays being the main driver at £5.9m. The Committee noted that agency and locums were a key element of expenditure.</p> <p>The Committee were advised that Nursing salaries reported a breakeven position for Month 6.</p> <p>The Non-Pay lines were reporting an overspend of £2.6m. This included spend related to drugs of £0.8m which had been impacted due to short supply and price increases. The Committee were assured that this expenditure was being reviewed.</p> <p>The Committee received an update on the Financial Improvement Programme (FIP) for 2022/23. The year to date target of £22.7m had received delivery of £6.3m at month 6 and a forecast that this would rise to £10.7m by year end. The Committee were assured that further pipeline schemes were in place to take this value to £14.8m, and work continued to identify further opportunities.</p>	

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	<p>The Committee noted the information provided in regards to the Financial Improvement Programme and sought assurance that the schemes identified would come to fruition. The Committee received assurance that ongoing progress had been made.</p> <p>In response to a question regarding medical salaries overspend and whether steps had been taken to address this area in the longer term, the Committee noted that several pieces of work were underway in regards to reducing this spend across the senior and junior medical lines. With regards to nursing it was noted that there was an ongoing recruitment programme in place and it was expected that the newly qualified nurses that commenced in post in October would have a positive impact on the position.</p> <p>The Committee were content to note the update provided.</p> <p><b>NOTED</b></p>	
<b>75.</b>	<b>PLANNED CARE UPDATE</b>	
	<p>Ms Susan McFadyen, Director of Access, attended the meeting to provide a presentation on 'Planned Care Update'.</p> <p>Ms McFadyen provided an update on the progress made against the targets;</p> <p><u>Adult Outpatient Specialties: December 2022 Target</u></p> <ul style="list-style-type: none"> <li>As at 1<sup>st</sup> October 2022, there had been significant reduction in the numbers of patients over 78 weeks.</li> </ul> <p><u>Paediatric Outpatient Specialties</u></p> <ul style="list-style-type: none"> <li>There were no Paediatric specialties with patients waiting more than 78 weeks, and the position was predicted to continue to the end of December 2022. All Paediatric specialties were predicting to have no patients waiting over 52 weeks by the end of March 2023.</li> </ul> <p><u>Inpatients/Daycases</u></p> <ul style="list-style-type: none"> <li>At the end of September 22 GG&amp;C reported 1,769 patients waiting more than 104 weeks. This was a reduction to the previous prediction of 1,899 patients.</li> </ul> <p><u>Progress since Sept 22</u></p> <ul style="list-style-type: none"> <li>On target to achieve 80% of appropriate services using Patient Focussed Booking by the end of 2022.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Innovative work by Health Records to develop robust Trakcare processes for Patient Initiated Follow Up. Testing due to begin in November/December 2022.</li> <li>• Continued use of Waiting List Initiatives; insourcing agreed for Gynaecology which was at the tender evaluation stage.</li> <li>• Levels of 100+ elective TTG admissions/week were being maintained.</li> <li>• Surgical Hubs at GGH, IRH and SACH supported increased Orthopaedic activity.</li> <li>• Cross Sector lists for longest waiting patients commenced in October 22 in General Surgery.</li> <li>• Potential for Forth Valley National Treatment Centre allocation to begin to become available before April 2023.</li> </ul> <p>The Committee received assurance that there would be a continued focus on clinical prioritisation, maximising capacity and making use of external capacity.</p> <p>Ms McFadyen provided an update on the delivery risks for Winter 2022. This included;</p> <ul style="list-style-type: none"> <li>• Holding the current elective position would be challenging.</li> <li>• There was an expectation that elective activity at main inpatient sites would be reduced for an extended period to support the unscheduled care demand. Wherever possible elective activity would be streamed to the non-receiving sites.</li> <li>• Staffing support for unscheduled care would be required.</li> </ul> <p>The next steps included;</p> <ul style="list-style-type: none"> <li>• Maintain current capacity for outpatients throughout the winter period.</li> <li>• Plan for reductions in elective inpatient activity over the peak winter period and maximise use of non-receiving sites for day case/short stay surgery.</li> <li>• Focused clinical and managerial review to balance requirements.</li> <li>• Plan for potential NTC capacity in early 2023.</li> </ul> <p>In response to a question regarding whether there was risk involved in contacting patients, the Committee received assurance that there was a validation route and contact with patient would depend on the condition. For example, DNA patients with a Cancer profile would trigger information back to the GP. The Committee noted that the process was being refined further.</p>	

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	<p>The Committee were content to note the update and were assured by the information provided.</p> <p><b><u>NOTED</u></b></p>	
	<p><b>76. A&amp;E ATTENDANCE RESEARCH</b></p>	
	<p>Ms Sandra Bustillo, Director of Communications and Public Engagement provided a presentation on ‘A&amp;E Attendance Research’.</p> <p>An Evaluation of the Emergency Department usage in Greater Glasgow and Clyde was carried out by capturing users views by text messaging people who recently visited an Emergency Department. There were 1125 responses to the survey.</p> <p>Ms Bustillo highlighted the main reasons for patients attending the Emergency Department included injury (45%), illness (11%), long term health condition (8%), had a recent fall (16%), asked by A&amp;E at an earlier visit and for other reasons (35%).</p> <p>The survey also highlighted variation in attendance reasons across areas of deprivation, sex and age.</p> <p>The Committee noted the next steps which included identifying targeted areas of action to improve patient experience and awareness of A&amp;E alternatives. A previous survey was carried out in 2019 and the results of this would be compared against the 2022 survey. This would be brought back to a future ASC.</p> <p>In response to a question regarding whether any of the trends in the survey had not been seen before, the Committee noted that a large proportion of the trends were expected, however, not accessing GP’s prior to attending A&amp;E was unexpected.</p> <p>In regards to the SIMD being broadly similar, the Committee noted that age was a factor, however, further work would take place to establish what area patients came from and different methods of engagement would be considered further.</p> <p>A detailed piece of work was being taken forward with the Inequalities and Human Rights Team to ensure that responses to future surveys were representative of the total population.</p> <p>The Committee were content to note the update and noted the valuable information from the survey.</p>	<p>Ms Bustillo</p>

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	<b><u>NOTED</u></b>	
<b>77.</b>	<b>PATIENT EXPERIENCE REPORT</b>	
	<p>Professor Angela Wallace, Executive Nurse Director, presented the paper 'Patient Experience Report' [Paper 22/29] for Quarter 2: 1st July 2022 to 30th September 2022.</p> <p>The paper provided an overview of feedback and complaints mechanisms, the resultant performance and the actions and improvements based on these.</p> <p>Prof Wallace reported that 90% of all Stage 1 complaints received a response within 5 working days and 63% of Stage 2 complaints received a response within 20 working days. The Committee noted that clinical treatment, attitude and behaviour/communication and waiting times were all common themes. The Committee received assurance that future iterations of the report would focus on improvement actions, include comparative data from previous years and benchmarking across Health Boards within Acute Services in relation to these themes.</p> <p>The Committee were assured that discussions were taking place to ensure that reporting was appropriate and duplication across the Standing Committees would be avoided.</p> <p>The Committee were content to note the update provided.</p> <p><b><u>NOTED</u></b></p>	<p>Prof Wallace</p> <p>Ms Vanhegan</p>
<b>78.</b>	<b>EXTRACT FROM CORPORATE RISK REGISTER</b>	
	<p>Mr Andrew Gibson, Chief Risk Officer, presented the Extract from the Corporate Risk Register [Paper 22/30] 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 following discussion at the last meeting, the risk scores had been reviewed and the existing Scheduled Care waiting times risk was separated into two distinct risks. The Risk scores had been reviewed and remained static for this reporting period.</p> <p>The Committee were content to approve the Corporate Risk Register</p> <p><b><u>APPROVED</u></b></p>	

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<b>79.</b>	<b>CLOSING REMARKS AND KEY MESSAGES FOR THE BOARD</b>	
	<p>Dr Ryan asked members to raise any other competent business. 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 ongoing pressures in relation to staffing and delayed discharges.</li> <li>• The Committee received the Acute Services Performance Report and noted the performance against the 17 key performance indicators.</li> <li>• The Committee received the Month 6 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 £21.6m as at 30<sup>th</sup> September 2022.</li> <li>• The Committee received presentations providing an update on the Planned Care Update and noted the challenges ahead.</li> <li>• The Committee received a presentation on A&amp;E Attendance Research and noted the valuable information provided.</li> <li>• The Committee received the Quarter 2 Patient Experience Report and noted that the format of the report was under review.</li> <li>• The Committee were content to approve the Corporate Risk Register for Acute Services.</li> </ul> <p>Mr Ryan thanked members for attending and closed the meeting.</p> <p><b><u>NOTED</u></b></p>	
<b>80.</b>	<b>DATE AND TIME OF NEXT SCHEDULED MEETING</b>	
	The next meeting would take place on Tuesday 17 January 2023 at 9.30 am via Microsoft Teams.	