

Standing Committee Chairs Board Report

NHS Greater Glasgow & Clyde	Paper No. 22/91
Paper Title	Standing Committee Chairs Board Report
Meeting:	Board Meeting
Date of Meeting:	20 December 2022
Purpose of Paper:	For Assurance
Classification:	Board Official
Name of Reporting Committee	Acute Services Committee
Date of Reporting Committee	15 November 2022
Committee Chairperson	Mr Ian Ritchie

1. Purpose of Paper:

The purpose of this paper is to inform the NHS Board on key items of discussion at NHS GGC Acute Services Committee.

2. Recommendation:

The Board is asked to note the key items of discussion at the recent meeting of the Acute Services Committee on Tuesday 15th November 2022 as set out below and seek further assurance as required.

3. Key Items of Discussion noting purpose; Assurance/Approval/Awareness.

3.1 Acute Update

- Verbal update provided for Awareness
- The Committee noted that the unscheduled and planned care positions remained challenging. The position was monitored on a weekly basis.

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- The Committee were assured that Acute Services continue to work efficiently and effectively, recognising the challenges.

3.2 Acute Services Integrated Performance Report

- Paper provided for Assurance
- The Committee noted that significant progress had been made against a number of Key Performance Indicators (KPI's) and the revised Treatment Time Guarantee (TTG) target for the end of September had been met.
- The Committee acknowledged the A&E waiting times pressures and received assurance that work was taking place with IJB's and local authorities to address the challenges in relation to Delayed Discharges.
- The Committee were assured by the update provided.

3.3 Financial Monitoring Report

- Paper provided for Assurance.
- The Committee received the Month 6 Finance Report and noted the financial position as at 30 September 2022.
- The Committee received an update on the Financial Improvement Programme (FIP) for 2022/23 and received assurance that schemes had been identified and work continued to identify further opportunities to ensure the schemes were deliverable by the end of financial year.
- The Committee were assured by the update provided.

3.4 Planned Care Update

- Presentation provided for Assurance.
- The Committee received a presentation on the Planned Care position and received an update on the progress made against the targets.
- There would be a continued focus on clinical prioritisation, maximising capacity and making use of external capacity.
- The Committee noted the progress that had been made since September 2022 which included being on target to achieve 80% of appropriate services using Patient Focussed Booking by the end of 2022.
- The Committee received an update on the delivery risks for Winter 2022 and noted the next steps.
- The Committee were assured by the update provided.

3.5 A&E Attendance Research

- Presentation provided for Assurance.
- The Committee received a presentation on the evaluation of the Emergency Department usage in Greater Glasgow and Clyde.

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- The survey received a positive response and highlighted the main reasons for patients attending A&E and the variation in attendance reasons across areas of deprivation, sex and age.
- The Committee noted the next steps which included identifying targeted areas of action to improve patient experience and awareness of A&E alternatives.
- The Committee noted the valuable information from the survey.

3.6 Patient Experience Report

- Paper provided for Assurance.
- The Committee received the Patient Experience Report for Quarter 2 which covered the period from 1st July 2022 to 30th September 2022.
- The paper provided an overview of feedback and complaints mechanisms, the resultant performance and the improvement actions based on these.
- The Committee were content to note the report and were assured by the actions being taken forward.

4. Issues for referral to other Standing Committees or escalation to the NHS Board.

None.

ASC (M) 22/05
Minutes: 51 – 66

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Acute Services Committee
Held on Tuesday 20 September 2022 at 9.30 am
via Microsoft Teams**

PRESENT

Mr Ian Ritchie (in the Chair)

Ms Susan Brimelow	Ms Jane Grant
Professor John Brown CBE	Dr Lesley Rousselet
Mr Simon Carr	Dr Paul Ryan
Councillor Colette McDiarmid	

IN ATTENDANCE – TO BE UPDATED

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
Mr Colin Neil	..	Director of Finance
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)

			ACTION BY
51.	WELCOME AND APOLOGIES		
	Mr Ritchie welcomed those present to the meeting and welcomed Ms Morag Gardner, Deputy Nurse Director, to her first meeting of the Committee.		
	Apologies were noted on behalf of Professor Angela Wallace.		

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		ACTION BY
	<u>NOTED</u>	
52.	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>	
53.	MINUTES OF PREVIOUS MEETING: 19 JULY 2022	
	The Committee considered the minute of the meeting held on Tuesday 19 July 2022 [Paper No.ASC(M)22/04] and were content to approve the minute.	
	The Committee noted the following comments;	
	<ul style="list-style-type: none"> • Page 6, Item 43, Acute Integrated Performance Report – the Committee received assurance that the operational research scoping work had commenced and the findings would be presented at a future meeting. • Page 22, Item 48, Extract from the Corporate Risk Register – the Committee suggested at the last meeting that the risk in relation to Scheduled Care Waiting Time Targets was split into Outpatients and Inpatients. Mr Andrew Gibson, Chief Risk Officer, agreed to progress this with the Chief Operating Officer. 	Mr Gibson
	<u>APPROVED</u>	
54.	MATTERS ARISING	
a)	Rolling Action List	
	The Committee considered the Rolling Action List [Paper No.22/20].	
	The Committee were content to approve the recommended closure of ten items on the Rolling Action List.	
	<u>APPROVED</u>	

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			ACTION BY
55.	URGENT ITEMS OF BUSINESS		
	<p>Mr William Edwards, Chief Operating Officer, informed the Committee that as at 20th September 2022, there was a total of 196 Covid-19 positive inpatients in the last 28 days. There were 2 patients in ICU who had tested positive in the last 28 days.</p> <p>Mr Edwards informed the Committee that DL32 Covid-19 guidance had been issued by the Scottish Government. The Guidance recommended that routine asymptomatic testing for Health Care workers and pre-elective surgery admissions would cease by the end of September. The Committee noted that a recommendation would be made to SEG to stop routine testing in NHS GGC in line with the guidance. Mr Edwards reported that the existing Specialist Assessment and Treatment Area (SATA) pathways would also be reviewed in context of the new guidance</p> <p>Mr Edwards informed the Committee that a number of senior vacancies across Acute services had been successfully filled. Ms Morag Gardner had been appointed as Deputy Nurse Director and had commenced in post. Ms Ann Smith had been appointed as Director of Diagnostics and Ms Susan Groom had been appointed as Director of Regional Services; start dates were in the process of being confirmed.</p> <p>In response to a question in relation to discharge lounges, the Committee noted that the Queen Elizabeth University Hospital (QEUE) discharge lounge had been relocated to Langlands during pandemic. The Committee were advised that discussions were ongoing in relation to closure of the SATA pathway and the potential return of the lounge back to the QEUE ground floor.</p> <p>The Committee noted the update provided.</p> <p><u>NOTED</u></p>		
56a	ACUTE UPDATE		
	<p>Mr William Edwards had no further information to add to his update during the previous item.</p> <p><u>NOTED</u></p>		
57b	STAFFING POSITION		

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		ACTION BY
	<p>Ms Anne MacPherson, Director of Human Resources and Organisational Development, attended the meeting to provide a presentation on the current staffing position.</p> <p>Ms MacPherson provided figures in relation to sickness and Covid-19 absence. The Committee noted that July and August were particularly challenging months, with some variation noted across the sectors.</p> <p>Mrs MacPherson highlighted that a number of staff remained absent due to long term illness and this included staff shielding due to underlying health conditions.</p> <p>. The Committee were assured that significant work remained ongoing to support staff, which included particular focus areas and interventions. Detailed case reviews through the Occupational Health Pathway were carried out with staff who were absent due to long terms sickness and supports available included Cognitive Behaviour Therapy (CBT), workshops and psychological services support. A specific piece of person centred work was being carried out in relation to supporting staff.</p> <p>The Committee noted that Covid-19 absence had reduced. Mrs MacPherson informed the Committee that the rules regarding Covid-19 absence had changed and as at 1st September 2022, absence would be registered as a sickness absence.</p> <p>Mrs MacPherson informed the Committee that there was a focus on recruitment. The Committee noted that 576 candidates for posts in Acute Services had been recruited and the majority were due to commence in post on 3rd October 2022. The Committee noted that a vacancy gap remained to be filled by business as usual recruitment was 260 WTE. The Committee were assured that recruitment campaigns had been successful, for example through the RCN event in London.</p> <p>Mrs MacPherson informed the Committee that 39 former Scottish Ambulance Service staff had been appointed in Regional Services and Clyde in Band 2 posts. There had been 46 candidates appointed in Band 2 posts through the 'Pre-employment Programme' and since June 2022, 34 HealthCare Support Workers (Bands 2-4) had been recruited.</p> <p>Mrs MacPherson provided an update on Bank Staffing numbers and highlighted the aim to reduce agency use. The Committee noted that international recruitment had been successful and a campaign for a second cohort of registered nurses had been approved.</p>	

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	<p>In response to a question regarding what work could be carried out regarding negative media activity, the Committee were assured that work remained ongoing to highlight the successes in NHSGGC to demonstrate that NHSGGC was a good place to work. There were positive messages sent to staff via the Chief Executive updates and Core Briefs. The Committee noted that discussions were active with the Royal College of Nursing (RCN) to discuss specific issues.</p> <p>The Committee were content to note the update provided and acknowledged the work that had been carried out.</p> <p>NOTED</p>	
58.	PERFORMANCE	
	a) Acute Integrated Performance Report	
	<p>Mr William Edwards and Mr Colin Neil, Director of Finance, presented the Acute Services Integrated Performance Report [Paper 22/21] that provided a summary of performance against the Key Performance Indicators (KPIs) outlined in the Performance Assurance Framework.</p> <p>The report included the 18 key performance indicators. The Committee noted significant progress against a number of KPI's.</p> <p>The Committee acknowledged an increase in the number of urgent suspicion of Cancer referrals received in comparison to the previous year, and received assurance that the 31 day pathway was being maintained and remained stable. The Committee were advised that key actions were being carried out to address the current position of Access to Cancer Services within 62 days of receipt of referral with a suspicion of Cancer, particularly in the tumour types facing ongoing challenges.</p> <p>The Committee noted that the target submitted to the Scottish Government for the number of outpatients waiting over 2 years for a new outpatient appointment was met at the end of August 2022. An additional target by Scottish Government outlines that no patient should wait more than 18 months for outpatients in most specialties by the end of September 2022.</p> <p>In response to a question regarding day surgery, and the work taking place to reduce attendance at the Victoria Hospital, the Committee</p>	

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		ACTION BY
	<p>noted that maximising day cases was part of the remobilisation plan. Work was ongoing to clear the outpatient lists by using patient focussed booking to maximise slots and help reduce the overall Did Not Attend (DNA) numbers.</p> <p>In response to a question regarding whether the Cancer Management Group had been established, the Committee noted that the group had refocussed and were carrying out a number of deep dives and breach analysis alongside creating improvements.</p> <p>In response to a question regarding Netcall, and the progress that had been made in relation to discharge protocols, the Committee noted that the Netcol platform allowed different methods of communication with patients, for example using text messages for appointments and questionnaires.</p> <p>The Committee highlighted the need for a focussed piece of work regarding discharge protocols and ensuring time of day discharge was a focus to support unscheduled care flow.</p> <p>The Committee were content to note the report and were assured by the information provided and the actions being taken forward.</p> <p><u>NOTED</u></p>	
59.	FINANCIAL MONITORING REPORT	
	<p>Mr Colin Neil, Director of Finance, presented the Financial Monitoring Report for Month 4 [Paper 22/22] which set out the Acute revenue position and the position with the Financial Improvement Programme (FIP).</p> <p>Mr Neil advised as at the 31 July 2022 the Acute Division reported an overspend of £32.6m. This was broken down to direct expenditure relating to delivery of services relating to Covid-19 of £16.2m, Test and Protect of £1.5m and £1.4m of other expenditure where funding allocations were under review and unachieved savings of £12.4m.</p> <p>The Committee noted that the overall board Covid-19 costs were over £26m. A significant amount of work had been carried out to mitigate and reduce cost and this led to a reduction of £7.9m. It was hoped that the changes in relation to asymptomatic testing and SATA Pathways would result in a further reduction.</p>	

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	<p>The Committee acknowledged the position in relation to Medical Salaries. As at Month 4 the total overspend was £8.2m, however, after taking into account funding allocations, the overspend would be £4.4m. This included Senior Medical and Junior Medical salaries.</p> <p>The Committee were advised that, following funding allocations and taking account of Covid-19 expenditure, Nursing salaries would be £2.7m under budget. It was expected that Month 5 would report slightly under budget or a breakeven position.</p> <p>The Non-Pay lines were reporting an overspend of £1.6m. This included spend related to drugs of £0.9m. The Committee were assured that this was an area that 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 £14.5m had received delivery of £2m, which left an underachievement of £12.4m. The Committee were assured that schemes to the value of £13m had been identified and work continued to identify further opportunities.</p> <p>The Committee noted that of the overall £45.9m target within Acute, a recurring achievement of £6.1m was reported at Month 4. This represented 13.4% of the target. The Committee were assured that this remained a key area of focus for the Board.</p> <p>In response to a question regarding the FIP and the anticipated £13m identified schemes, the Committee were assured that work was ongoing and that the schemes would be deliverable by the end of financial year. The Committee noted that working groups with cross sector representation had been established to look across the sites.</p> <p>The Committee noted that an area of activity was looking at Non Payees level of activity and variation across sectors. A national benchmarking tool would be used to explore the data further and match the cost per activity. A further update on the progress would be provided at a future meeting.</p> <p>The Committee discussed Acute Services expenditure and how that could that be costed, for example A&E, GP OOH and Delayed Discharges. The Committee were assured that Nursing services carried out regular deep dives. This provided an opportunity to focus on areas, for example areas with high bank agency spend, and put supports in place.</p> <p>The Committee were content to note the update provided.</p>	<p>Mr Neil</p>

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		ACTION BY
	<u>NOTED</u>	
60.	SCOTTISH GOVERNMENT WAITING TIME TARGET - PROGRESS	
	<p>Ms Susan McFadyen, Director of Access, attended the meeting to provide a presentation on 'Scottish Government Waiting Time Target - Progress'.</p> <p>Ms McFadyen provided an update on the progress made against the targets announced by the Scottish Government in July 2022. The Committee noted that no additional funding had been confirmed to support with meeting the new targets, however, the funding position was expected to be clarified soon.</p> <p>Ms McFadyen highlighted the following update in relation to the targets;</p> <ul style="list-style-type: none"> • 2 year wait for Outpatients in most specialties by end of Aug 22 had been met; • A significant reduction was expected in the 18 month wait for Outpatients in most specialties by end of Dec 22; • Further work was being carried out with Gynaecology due to the current demands; <p>The Committee were assured that work would continue to build on the momentum of reductions in the long waiting patients, there would be a continued focus on treatment of urgent and long waiting patients and digital solutions would be optimised to aid efficiency.</p> <p>In response to a question regarding clinical prioritisation, the Committee noted that ongoing monitoring ensured that clinicians had an overall view.</p> <p>In response to a question regarding meeting the target for the 2 year wait for inpatients, the Committee noted that this was a challenge faced by all Boards in Scotland.</p> <p>The Committee thanked Ms McFadyen for the update and were assured by the information provided.</p> <p><u>NOTED</u></p>	

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			ACTION BY
61.	LENGTH OF STAY – IMPACT OF COVID AND DELAYED DISCHARGE		
	<p>Mr William Edwards, provided a presentation on ‘Length of Stay – Impact of Covid-19 and Delayed Discharge’.</p> <p>Mr Edwards informed the Committee that a review was carried out to look beyond the high level mean length of stay data. Mr Edwards provided a site by site analysis of data for the emergency average length of stay. The impact of the pandemic was evident in the data for 2020/21. Mr Edwards noted that the Queen Elizabeth University Hospital and the Royal Alexandra Hospital were back in line with pre pandemic length of stay. The Glasgow Royal Infirmary, the Vale of Leven and Glasgow Victoria Infirmary had been impacted due to ward closures and delayed discharges.</p> <p>The analysis looked at the number of days lost. The Committee noted that during 2021/22, 99,902 bed days were lost due to delayed discharges. The Committee noted that improvement actions included a review of high volume & high bed utilisation procedures and clinical pathway redesign.</p> <p>The Committee were advised that Covid-19 was the main diagnosis for bed days used. Pneumonia was the next highest in bed days used and COPD and Heart Failure continued to be next highest.</p> <p>In response to a question regarding the length of stay admission rate and whether there was any noticeable difference, the Committee noted that there was variance in admission rates across the sites and work was taking place to look at monitoring this. A piece of work was being undertaken at the moment to look at bed days used by diagnosis.</p> <p>Mr Edwards agreed to bring back a progress report to a future meeting and the annual cycle of business would be updated to reflect this.</p> <p>The Committee were content to note the update provided.</p> <p>NOTED</p>		Mr Edwards/ Secretary
62.	UPDATE ON GP DIRECT TO CT SCAN NORTH EAST PILOT		

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		ACTION BY
	<p>Ms Susan McFadyen and Mr William Edwards, presented the paper 'Update on Rollout of Direct Access CT Chest Requesting by GP's' [Paper 22/23].</p> <p>The Committee noted that the roll out in Glasgow City and the North East region had gone well and implementation of the final phase had been accelerated.</p> <p>The Committee noted that feedback from GP's had been positive.</p> <p>The Committee were content to note the update provided.</p> <p><u>NOTED</u></p>	
63.	EXTRACT FROM CORPORATE RISK REGISTER	
	<p>Mr Andrew Gibson, Chief Risk Officer, presented the Extract from the Corporate Risk Register for the Acute Services Committee [Paper 22/24] 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>Mr Gibson reported that since the last meeting, the following amendments had been made;</p> <ul style="list-style-type: none"> • Target date for actions reviewed for all risks • Controls and mitigating actions reviewed throughout • The risk scores were reviewed and remained static for this reporting period. <p>Mr Gibson agreed to work with the Chief Operating Officer to refine and split the scheduled care risk as discussion earlier in the meeting.</p> <p>The Committee noted that the Corporate Risk Register</p> <p><u>NOTED</u></p>	
64.	ANNUAL CYCLE OF BUSINESS	
	<p>Ms Elaine Vanhegan, Director of Corporate Services and Governance, presented the Annual Cycle of Business [Paper 22/25] for consideration.</p>	

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			ACTION BY
	<ul style="list-style-type: none"> • The Committee received an update on the Rollout of Direct Access CT Chest Requesting by GP's and noted the positive progress that had been made. <p>Mr Ritchie thanked members for attending and closed the meeting.</p> <p><u>NOTED</u></p>		
66.	DATE AND TIME OF NEXT SCHEDULED MEETING		
	The next meeting would take place on Tuesday 15 November 2022 at 9.30 am via Microsoft Teams.		