

ASC (M) 23/02  
Minutes: 15-27



## NHS GREATER GLASGOW AND CLYDE

### Minutes of the Meeting of the Acute Services Committee Held on Tuesday 21 March 2023 at 9.30 am via Microsoft Teams

#### PRESENT

Mr Ian Ritchie (in the Chair)

Mr Simon Carr	Councillor Chris Cunningham
Mrs Jane Grant	Mr Colin Neil
Dr Lesley Rousselet	Dr Paul Ryan

#### IN ATTENDANCE

Ms Lesley Aird	..	Assistant Director of Finance
Ms Sandra Bustillo	..	Director of Communications and Public Engagement
Ms Jacqueline Carrigan	..	Assistant Director of Finance Acute/Access
Mr Daniel Connelly	..	Deputy Director of Public Engagement
Ms Emilia Crighton	..	Deputy Director of Public Health Health Services
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 Sara Khalil	..	Secretariat (Minutes)
Ms Anne MacPherson	..	Director of Human Resources and Organisational Development
Prof Tom Steele	..	Director of Estates and Facilities
Ms Elaine Vanhegan	..	Director of Corporate Services and Governance

			ACTION BY
<b>15.</b>	<b>WELCOME AND APOLOGIES</b>		
	Mr Ritchie welcomed those present to the Acute Services Committee meeting and noted Ms Susan Groom's first meeting as a new member of the Committee.		

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	Apologies were noted on behalf of Prof Angela Wallace, Ms Susan McFadyen, Ms Nareen Owens, Cllr Colette McDiarmid, and Dr Jennifer Armstrong.  <b><u>NOTED</u></b>		
<b>16.</b>	<b>DECLARATIONS(S) OF INTEREST(S)</b>		
	Mr Ritchie invited members to declare any interests.  No declarations of interest were made.  <b><u>NOTED</u></b>		
<b>17.</b>	<b>MINUTES OF PREVIOUS MEETING: 17 January 2023</b>		
	The Committee considered the minute of the meeting held on Tuesday, 17 January 2023 [Paper No. ASC(M)23/01] and approved these as an accurate record.  <b><u>APPROVED</u></b>		
<b>18.</b>	<b>MATTERS ARISING</b>		
<b>a)</b>	<b>Rolling Action List</b>		
	The Committee considered the Rolling Action List [Paper No.23/06] and were content to approve.  <b><u>APPROVED</u></b>		
<b>19.</b>	<b>URGENT ITEMS OF BUSINESS</b>		
	There were no urgent items of business to discuss.  <b><u>NOTED</u></b>		
<b>20.</b>	<b>ACUTE UPDATE</b>		
	Mr William Edwards, Chief Operating Officer, provided an update on Acute services.		

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			<b>ACTION BY</b>
	<p>Mr Edwards stated that since the last meeting on 17 January 2023, the focus had been on maximising outpatient and inpatient day case capacity. It was noted from April to January 2023, the numbers were above trajectory and it was hoped that this would exceed further.</p> <p>Performance continued to exceed each of the Acute remobilisation activity targets in relation to New Outpatients, Treatment Time Guarantees (TTGs) and Scopes.</p> <p>Mr Edwards noted since 20 March 2023, there was a total of 436 COVID-19positive inpatients. This resulted in 13 Ward closures predominantly in the North Sector. Mr Edwards reported significant pressures across the sites and occupancy rates remained high.. Mr Edwards noted additional beds had been opened to support patient flow, but challenges existed with high occupancy rates.</p> <p>Mr Edwards noted the Continuous Flow Model continued to be rolled out across the QEUH, GRI and RAH and more recently the Inverclyde Royal Hospital. It was noted that the model was designed to reduce potential risks to patients which could arise from excessive lengths of stay in Emergency Departments (EDs) and Assessment Units. The model supported teams across Acute services to deliver safe and effective patient flow within hospital sites, alleviating pressures faced by the EDs which allowed the focus to be on moving patients through the appropriate treatment pathways as swiftly and as safely as possible.</p> <p>In response to the question of why there was a higher prevalence of ward closures in GRI. Mr Edwards confirmed that it was indeed due to the Nightingale Wards' setup, and noted that shared rooms were more predisposed to the spread of infection.</p> <p>The Committee noted the update and were assured by the information provided.</p> <p><b><u>NOTED</u></b></p>		
<b>21.</b>	<b>PERFORMANCE</b>		
	<b>a) Acute Services Integrated Performance Report</b>		
	Mr Colin Neil, Director of Finance, presented the Acute Services Integrated Performance Report [Paper 23/07] which provided a		

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	<p>summary of performance against the Key Performance Indicators (KPIs) outlined in the Performance Assurance Framework.</p> <p>Mr Neil advised there continued to be no new outpatients waiting &gt;104 weeks for a new outpatient appointment as of January 2023. Performance in relation to the number of new outpatients waiting &gt;78 weeks and the number of TTGs patients waiting &gt;104 weeks and &gt;78 weeks remained on track to deliver against the revised reduced trajectories for March 2023.</p> <p>Mr Neil reported Accident &amp; Emergency (A&amp;E) 4-hour waits had improved significantly compared to the previous month. However, performance remained a challenge during January 2023 due to the pressures of winter. Performance in relation to the Cancer 62-Day Waiting Times continued to remain a challenge. Performance concerning the Cancer 31-Day Waiting Times had moved from Amber to Red within the reporting period. However, the trajectory was forecast to revert to Amber by March 2023.</p> <p>Mr Neil noted whilst there was an improvement in the overall sickness absence levels across all Sectors/Directorates within Acute services when compared to the previous month, performance remained above the local target.</p> <p>Mr Edwards noted a total of 56,093 Urgent with a suspicion of cancer patient referrals were received during the period April - January 2023, 14% higher than the 49,215 referrals reported in the same period the previous year. Overall pre-pandemic, there had been a 47% increase in referrals and there was work ongoing to cope with the demand.</p> <p>Mr Edwards mentioned that the latest provisional position for cancer treatment 31-day performance was 89.5% for January 2023, below the local target by 5.5%. A Mobile Endoscopy Unit continued to provide additional capacity on NHSGGC sites, with up to 1,000 scopes in each quarter.</p> <p>In response to the question raised on what was the actuality behind the improvement of patient flow, and if this would continue. Mr Edwards replied that the additional beds helped support the flow but the funding usually ended at the end of March for Winter beds and this would pose a threat. In addition, the Continuous Flow Model had helped since going live at all sites.</p> <p>Dr Davidson noted the Flow Navigation Centre (FNC) was continuing to develop and agreed that is it a multifactorial effort to maintain this</p>		

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	improvement, and noted the initiatives were in place not just for the winter period and this would help long-term improvements. Dr Davidson mentioned that the FNC currently undertook 80-90% video consultations which resulted in 40-43% of cases being closed. Four hundred patients had been seen virtually.		
	In response to the question on the Locum Consultant in Urology leaving in April 2023 and how quickly this gap would be filled. Ms Groom clarified a substantive post would be occupied, as the interviews were taking place in March 2023, and a Locum Consultant was being recruited to fill the gap between the locum leaving and the new start.		
	In response to the question raised on the mean Length of Stay, in particular, the Day of Care (DOC) Audit's learnings achieved and outcomes. Ms Gardner responded that the process already existed through the Scottish Government under Unscheduled Care. Hospitals had routinely participated in DOC Audits routinely for the last 10-15 years, the difference now noted was an approach with an Acute team and a Community team supporting the Audit, meaning it was dual-reviewed. Ms Gardner noted that the e-Health team digitalised all the data and this provided ease for the audit. The data reviewed bed occupancy and supported teams to drive patient discharges. This audit, which was in line with the request from the Scottish Government to reduce delayed discharge patients, resulted in an increased number of discharges from Acute services across the non-delayed patient community and a reduction in patient length of stay.		
	Mrs Grant assured the committee this audit was essential and highlighted that the systems were in place were working efficiently.		
	The Committee noted the update provided.		
	<b><u>NOTED</u></b>		
<b>22.</b>	<b>IRH UNANNOUNCED HIS INSPECTION UPDATE</b>		
	Ms Gardner, Deputy Nurse Director, provided an update on the IRH Unannounced Healthcare Improvement Scotland (HIS) Inspection Update.		
	Ms Gardner reported that an unannounced Acute hospital 'safe delivery of care inspection' at Inverclyde Royal Hospital had been carried out by HIS on the 17, 18 and 24 October 2022.		

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	<p>Ms Gardner noted the following key points; Areas of Good Practice were identified and requirements taken forward, the Improvement Action Plan was sent to HIS on 13 January and documents were published on the HIS website and the ongoing and remaining actions were being progressed through the Improvement Action Plan.</p> <p>Ms Gardner updated members that the focus remained to complete all outstanding actions on target. Externally, there would be an eight-week follow-up from HIS on the status of the improvement plan and actions. Internally, the Clyde Sector Management Team had ensured outstanding actions were being progressed against timelines agreed, and Ms Gardner would provide an update to appropriate governance committees at Board level.</p> <p>In response to the question on why some wards were locked, and if these were psychiatric wards. Ms Garner replied that the locked wards were for older people and locked largely due to habit the three wards locks were removed as it was not clinically indicated.</p> <p>Ms Bustillo advised HIS had asked for public involvement with the Public Action Plan and that the PEPI team would help develop this.</p> <p>The Committee were content to note the update</p> <p><b><u>NOTED</u></b></p>		
<b>23.</b>	<b>A&amp;E Attendance Research</b>		
	<p>Ms Sandra Bustillo, Director of Communications and Public Engagement provided a presentation on 'A&amp;E Attendance Research'.</p> <p>The presentation provided an overview of the findings from the NHSGGC ED evaluation project undertaken by the Patient Experience Public Involvement Team to better understand patient awareness of care pathways used by patients to access A&amp;E services across NHSGGC. The report was based on the 1,112 responses received by NHSGGC via both text message and email survey.</p> <p>Ms Bustillo highlighted the main reasons for patients attending the ED included Injury (33.6%) and Illness (31.2%) being the most common reasons for attending, with Cardiovascular concerns and bleeding being the most common 'other' (15.9%) reasons shared. The survey also highlighted variations in attendance reasons across areas of deprivation, sex and age.</p>		

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	<p>The Committee noted the next steps identifying targeted areas of action to improve patient experience and awareness of A&amp;E alternatives.</p> <p>In response to the question of why some age brackets for patients looking online for advice were lower than expected, the committee were advised that several factors contributed to the lower numbers and the matter would be explored further.</p> <p>In response to the question on what the accessibility of digital resources was for those in older age brackets, and to determine why the figures were low if third-party organisations had been contacted. Ms Bustillo noted this was an important sector to work with.</p> <p>The Committee noted the update provided.</p> <p><b>NOTED</b></p>		
<b>24.</b>	<b>FINANCIAL MONITORING REPORT</b>		
	<p>Mr Neil presented the 'Financial Monitoring Report' for Month 10 [Paper 23/09] which set out the Acute revenue position and the position with the Financial Improvement Programme (FIP).</p> <p>As of 31 January 2023, the Acute Division reported a deficit of £28.3m. Funding of £21m had been allocated against the Acute COVID-19 expenditure, which would be funded in full. The unachieved savings for Month 10 totalled £16.2m. Mr Neil reported that Pays were £6m over budget, with Medical Pays being the main driver. Non-Pays were £6.1m over budget with drugs, surgical sundries, equipment, Interventional Radiology supplies and Interventional Neurology supplies and Out of Area beds being the main drivers.</p> <p>The Committee noted that the year-end forecast was anticipated to be £31.1m, being pays and non-pays of £14.3m and Unachieved Savings of £16.8m.</p> <p>In response to the review of the Clinical Fellowships that would have been carried out, it was noted that the review was in-depth and would be presented at a future meeting.</p> <p>The Committee were content to note the update.</p> <p><b>NOTED</b></p>		

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			<b>ACTION BY</b>
<b>25.</b>	<b>EXTRACT FROM THE CORPORATE RISK REGISTER</b>		
	<p>Mr Andrew Gibson, Chief Risk Officer, presented the Extract from the Corporate Risk Register [Paper 23/10].</p> <p>The Committee noted two changes to the risk scores; the In-Patient/Day Case TTG - Scheduled Care Waiting Time Targets had decreased from 20 to 16, and The Outpatients - Scheduled Care Waiting Time Targets had decreased from 20 to 16, reducing overall risk</p> <p>The Committee were content to approve the Register.</p> <p><b><u>APPROVED</u></b></p>		
<b>26.</b>	<b>Annual Report of Acute Services Committee 2023</b>		
	<p>Chair, Ian Ritchie, presented an 'Annual Report of Acute Services Committee 2023' which provided an overview of the Committee proceedings during the 2022/23 period. The committee was content to approve the report.</p> <p><b><u>NOTED</u></b></p>		
<b>27.</b>	<b>CLOSING REMARKS AND KEY MESSAGES FOR THE BOARD</b>		
	<p>Mr Ritchie asked members to raise any other competent business. There was no other business noted.</p> <p>Mr Ritchie thanked members for attending and closed the meeting.</p> <p><b><u>NOTED</u></b></p>		
<b>28.</b>	<b>DATE AND TIME OF NEXT SCHEDULED MEETING</b>		
	<p>The next meeting would take place on Tuesday, 16 May 2023 at 9.30 am via Microsoft Teams.</p>		