

**APPROVED**  
**NHS Grampian (NHSG)**  
**Minute of the Performance Assurance, Finance**  
**and Infrastructure Committee**  
**Wednesday 19 October 2022 14.00**  
**Microsoft Teams Meeting**

Board Meeting  
Open Session  
02.02.23  
Item 9.3

**Present**

Sandy Riddell, Non-Executive Board Member, NHS Grampian (SR) (Chair)  
Tracy Colyer, Non-Executive Board Member (TC) (Left meeting at 16:39)  
Luan Grugeon, Non-Executive Board Member, NHS Grampian (LG)  
Derick Murray, Non-Executive Board Member, NHS Grampian (DM)

**In Attendance**

Paul Allen, Director of Infrastructure & Sustainability (PA) Item 5  
Julie Anderson, Assistant Director of Finance (JA) Item 6  
Paul Bachoo, Portfolio Lead Integrated Specialist Care (PB) Item 3 (Left 14:45)  
Jackie Bremner, Project Director for Baird and Anchor (JB) Item 6 (Joined 15:27)  
Kate Danskin, Chief of Staff (KD)  
Sarah Duncan, Board Secretary (SD) (Left 16:30)  
Preston Gan, System Transformation Programme Manager (PG) (on behalf of Lorraine Scott)  
Caroline Hiscox, Chief Executive (CH)  
Pamela Lowbridge, Senior Specialist Analyst  
Sandra MacLeod, Chief Officer, Aberdeen City Integration Joint Board and Portfolio Lead  
Medicine and Unscheduled Care, and Mental Health Services (SM) Item 9 (Left 15:12)  
Alan Sharp, Deputy Director of Finance (AS) (on behalf of Alex Stephen)  
John Tomlinson, Non-Executive Board Member (JT) (on behalf of Joyce Duncan)  
Alison Wood, Minute taker (AW)

Item	Subject	Action
1	<p><b>Welcome</b></p> <p>Mr Riddell welcomed everyone to the meeting. He advised that Rhona Atkinson had now resigned from the Committee and acknowledged the significant role she had played as Chair of Performance Governance Committee. Mr Riddell also thanked her for the support she had provided to himself as Chair for the new Performance, Assurance, Finance and Infrastructure committee.</p> <p><b>Apologies</b></p> <p>Rhona Atkinson, Non-Executive Board Member  June Brown, Executive Nurse Director  Joyce Duncan, Non-Executive Board member  Lorraine Scott, Director for Planning, Innovation and Programmes  Alex Stephen, Director of Finance</p>	

2	<p><b>Minute of Meeting Held on 17 August 2022 and matters arising</b></p> <p>The minute of 17 August 2022 was approved and no matters arising were noted.</p>	
3	<p><b>Planned Care</b></p> <p>Mr Bachoo had provided background details in the accompanying paper and power point slide set for this agenda item in the circulated meeting papers. It was also noted that a discussion on this topic had taken place at NHS Grampian Board meeting on 6 October 2022. Mr Bachoo introduced this item and gave a summary overview of the information contained in the accompanying documents.</p> <p>The challenges in meeting the requests of NHS Grampian Annual Delivery Plan (ADP) and the Scottish Government targets for dealing with the backlog were acknowledged. Mr Bachoo highlighted</p> <ul style="list-style-type: none"> <li>a. There are significant risks of not meeting the timelines which the organisation has been asked to meet by Scottish Government, over and above what is contained in the ADP and a number were not likely to be met.</li> <li>b. It has been recognised that there is a significant change to case mix patient profiles and whilst total number of new outpatient referrals is relatively steady there has been an increase in the complexity of outpatient referrals, evidenced by increased numbers of urgent referrals.</li> <li>c. Other key risks for planned care relate to finance and workforce.</li> </ul> <p>To meet these challenges, Grampian’s overall objective remains to sustainably deliver these targets from within core capacity through improvement and redesign. Mr Bachoo drew the Committee’s attention to the changes being progressed and embedded as set out in the accompanying paper and slide pack.</p> <p>Mr Bachoo emphasised all of the described changes are being progressed in a project managed, mixed and integrated approach with the urgent and unscheduled care redesign work, as well as population and public health development work.</p> <p>Mr Bachoo shared further information on the broad range of initiatives being progressed with the aim of reducing the capacity-demand gap as set out in the accompanying paper and slide set.</p> <ul style="list-style-type: none"> <li>a. In collaboration with CfSD (for example, active clinical triage and patient-activated return clinic appointments), Mr Bachoo described many of these initiatives having achieved higher than expected results, evidencing that NHS Grampian has actively</li> </ul>	

	<p>engaged with nationally run improvement programmes and delivered them to a high standard and value.</p> <p>b. Two examples of the work to maximise effective use of outpatient facilities:</p> <ul style="list-style-type: none"> <li>• a large amount of digital consultations are via “Near Me”</li> <li>• 6,000 new referrals per month for conditions acute planned care does not manage, were removed from waiting lists by redirecting.</li> </ul> <p>c. Improving the interface with Primary Care remains a focus and Mr Bachoo stated 90% of all enquiries from Primary Care are responded to within one week.</p> <p>d. Workforce developments; in response to significant workforce gaps:-</p> <ul style="list-style-type: none"> <li>• theatre team have worked with finance and workforce colleagues to improve recruitment. As a result, in 2019 there were 78 whole time equivalent (WTE) vacancies and that has been reduced to 48 WTE.</li> <li>• Staffing ratios in theatres have been changed and has resulted in 11 extra half day sessions per month</li> </ul> <p>e. Negotiating for national support has been requested for paediatric surgery, urology, general surgery (including outpatient resource) and General Practice minor surgery. Approximately 22 patients have gone on to have surgery externally to NHS Grampian. This reflects the shared capacity – demand issues across the country and the resulting competing use of national resources.</p> <p>Mr Bachoo updated on chronology of current funding for planned care. Discussions with Scottish Government had commenced in February 2022 and the outcomes of the amounts were not advised until September 2022. The funding was significant less than requested. The backlog in outpatients and Time to Treat Guarantee (TTG) are significantly greater than a year ago, however to address these there is approximately the same amount of funding. Therefore representation on the funding available continues to be made to Scottish Government. It should be noted NHS Grampian have been heavily reliant on additional funding historically.</p> <p>Mr Bachoo advised the following two targets would be met.  Target 1; no one will be waiting over 2 years by the end of March  Target 2; no one waiting over 18 months for an outpatient appointment by the end of this year. However, Mr Bachoo also advised there are a significant number of programmes included in the Delivery Plan and to meet Scottish Government targets which have not been funded.</p>	
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A discussion followed including comparison with other Boards for patients waiting longer than 78 weeks. It was noted that due to the Elective Surgery Categorisation System (ESCatS) implemented in 2018 patients were clinically prioritised to the capacity available. There is enough capacity to deal with the urgent clinically prioritised cases but clinical prioritisation results in a greater delay for other less clinically urgent patients. Mr Bachoo expressed the issues are enduring and chronic and the aim is for sustainability, with recurring funding including the National Treatment Centre to address this and not through use of independent sector and non-recurring waiting list funding.

In response to a question about the Committee's understanding of planned care targets as achievable or aspirational, Mr Bachoo stated that targets set through the NHS Grampian Annual Delivery Plan are realistic and deliverable. NHS Grampian's ADP has been signed off and endorsed by the Board and Scottish Government. The Committee were requested to note Scottish Government targets have not been able to be delivered across other Boards in Scotland. There is an understanding that some Boards will be more challenged than others with some of the planned care targets due the difference in the starting baseline. The expectations of the targets have been reviewed with Scottish Government which has led to some amendments in expectations. This is pertinent to the starting position of NHS Grampian and the limited access to "cold" surgical sites (less affected by surges such as pandemic and unscheduled care, for example).

The impact on planned care of infrastructure issues was emphasised. It was noted that following a significant leak from a drainage pipe only one of the four theatres at Dr Gray's Hospital was currently in use. Further remedial works and additional air sampling are required before the other theatres affected by water damage can re-open. Phase 1 ventilation issues at Aberdeen Royal Infirmary were also highlighted. This has impacted on the ability to deliver on planned care.

Professor Hiscox reflected her understanding that within the financial constraints (reduction in the anticipated planned funding by £10 million), workforce constraints and building infrastructure challenges the team have been using all assets as efficiently as possible, building relations and optimising all other resources available to NHS Grampian e.g. Stracathro Hospital, emerging improvements from Centre for Sustainable Delivery. There is a recognition that NHS Grampian is working within financial, infrastructure and workforce constraints which are chronic and enduring. Professor Hiscox requested agreement from the Committee that they are holding executives to account for performance within the above constraints.

	<p>Strategic work by Mr Bachoo`s team is to consider what the sustainable model for planned care would be within the North and Grampian. The committee would require to understand and endorse the future sustainable model when developed.</p> <p>It was noted that there was political interest and scrutiny in planned care. Mr Bachoo, Mr Sharp and Professor Hiscox met with the Cabinet Secretary and his team last week and fortnightly reporting on progress towards trajectories has been requested to Scottish Government.</p> <p>The commitment and work of the teams in planned care was acknowledged by the Committee and that not meeting targets was a result of the context they are working in.</p> <p>In response to a question in relation to honest conversations with people about waiting times for surgery, Mr Bachoo advised waiting times` information is available to the public on the NHS Grampian website. There have been honest conversations with patients to consider different options of care in different out-patient clinics and services. This includes in relation to wait times and under the principles of Realistic Medicine. Waiting well models need developed more fully within hospital sites and in the community.</p> <p>Bed base on ARI site was back to pre-covid figures however access for planned care was challenging due to unscheduled care pressures. Urgent care redesign is ongoing which aims to release beds back to pre-covid levels for planned care on ARI site. Dr Gray`s Hospital is in a similar situation. National Treatment Centre – Grampian will come on line in the future for planned care patients. Number of patients waiting under treatment time guarantee (TTG) waiting list is 17,791 and outpatients is 42,718.</p> <p>It was requested that unmuted colours be used in the graphs for ease of view.</p> <p><b>The Committee noted the report and accompanying data slides and are assured that, although not meeting Scottish Government objective timelines, all that can be done within the context of the constraints is being done to improve the performance.</b></p>	
<p><b>4</b></p>	<p><b>4.1 Discuss Proposed Annual Delivery Plan Objectives</b>  <b>4.2 Developing Committee Work Plan</b></p> <p>It was set out that the role of the Committee is to provide assurance on behalf of NHS Grampian Board on effective performance review arrangements across the organisation to achieve the Board objectives</p>	

set out in the strategic “Plan for the Future” and related annual delivery plans and that appropriate action has been taken to deal with any areas of underperformance.

It was agreed that Ms Duncan would review across the Committees of the Board where the 21 deliverables from the Annual Delivery Plan (ADP) endorsed by the Board in August 2022 would be monitored. However, any deliverables with particular focus on performance would come to PAFIC. It was agreed that any aspects of the ADP deliverables not identified as pertinent to any of the other Committees would be monitored by PAFIC.

The Committees have considered what their work plans would be. There is variation between the Committees and Ms Duncan will discuss with the Chairs of the Committees at their next scheduled meeting to ensure clarity on the format of the work plans and the approach the Committees should take. Ms Duncan updated on which committees had expressed a view to monitor particular ADP deliverables. It was noted that Audit and Risk Committee’s role is to get assurance on the management of risk processes for the NHS Grampian system so would not be involved in the ADP deliverables.

This Committee will require to be assured on how the assurance roles for the ADP across different Committees links and the strategic leadership and oversight. Board Committees may be considering an objective from their different lens when it may be applicable to a number of Committees to review. The Committees will be asked to confirm which aspect of their terms of reference they would be referencing for the issue they will scrutinise. Ms Duncan will discuss with the Committee executive leads to establish. There will be discussions with the Committee Chairs when there are multiply bids to monitor the same objectives. It was suggested a trial of one report going to multiple Committees with different recommendations for the individual Committees could be undertaken. This would also ensure that the other Committees are aware of what each other are monitoring to ensure transparency. It was noted that this would be trialling a new process as there would be a new delivery plan from April 2023. Committee forward planners incorporating agreed ADP deliverables monitoring for each Committee will support the assurance process on behalf of the Board, through the visibility of timetabled scrutiny.

Professor Hiscox stated that she was supportive of doing the right thing which is not always easy. However asked that careful consideration was given to ensure responsible officers are not required to give the same narrative across multiple Committees, particularly in the current context of capacity pressures. Objectives which would require to go to

	<p>multiple Committees may be more appropriate to go to the NHS Grampian Board directly for assurance. Additionally, that consideration of the audit and accountable processes are important to be considered alongside the interest points of the Committees.</p> <p>The final report from Ms Duncan will go for consideration at the Chief Executive Team (CET) meeting and then to NHS Grampian Board.</p> <p><b>The Committee agreed:</b></p> <ul style="list-style-type: none"> <li>• <b>Ms Duncan would review across the board committees where the 21 ADP deliverables would be monitored. Discussions to be held with Board Committee Chairs on the lens to be used for scrutiny with reference to the Committee’s terms of reference. The objectives to be mapped to a Board Committee and the authors of the reports identified.</b></li> <li>• <b>Ms Duncan to discuss with the Chairs of the board committees at their next scheduled meeting to ensure clarity on the format of the work plans and the approach the committees should take.</b></li> <li>• <b>Any objectives not monitored by other board committees will be monitored by PAFIC.</b></li> <li>• <b>Trial of one report for objectives that are monitored by multiple committees with different recommendations for the individual committees.</b></li> <li>• <b>Final report on which Committee of the Board will monitor and gain assurance on the 21 ADP deliverables to be prepared by Ms Duncan and presented to CET and NHS Grampian Board.</b></li> </ul>	<p>SD</p> <p>SD</p> <p>All</p> <p>All</p> <p>SD</p>
<p><b>5</b></p>	<p><b>Infrastructure &amp; Sustainability Governance Assurance Framework</b></p> <p>Mr Allen updated on the governance arrangements on infrastructure. The review encompassed sustainability to ensure a direct line into infrastructure and sustainability oversight board. The oversight board will report through to PAFIC to provide assurance on the adequacy of the governance arrangements for infrastructure including compliance with sustainability and climate emergency requirements and digital transformation delivery group. Terms of Reference (ToR) from infrastructure and asset management group have been updated. The revised ToR will go to the next meeting of the infrastructure sustainability oversight board for approval. NHS Grampian Infrastructure Governance and Assurance Framework was shared.</p>	

	<p>It was noted that the three groups which sits below the oversight board are currently chaired by Mr Allen. Mr Allen advised this had been reviewed and that Jillian Evans (Head of Health Intelligence &amp; Learning Health Systems) will become chair of Sustainability Governance Group. Future chair of Digital Transformation Delivery Group is being considered. Asset Management Group is delegated which has authority on behalf of Board around infrastructure and finance and sits with Mr Allen.</p> <p><b>The Committee endorsed the single system governance and assurance framework operating within NHS Grampian for all infrastructure related matters.</b></p>	
<p><b>6</b></p>	<p><b>Baird and ANCHOR Update</b></p> <p>Mr Allen introduced Ms Bremner and Ms Anderson. Ms Anderson provided an update on the risks and management of the risks for the project. Good progress had been made on the construction. There are concerns for the conclusion of the design phase of the Baird which is a key risk to the project. In common with other major infrastructure projects, other key risks are programme costs, quality and resources. Risk management procedures are an integral feature of the project with a comprehensive risk register maintained monthly by all parties, weekly risk reductions meetings and regular reporting of key risks to the Project Board. Further escalation would be to PAFIC as appropriate. There are contractual arrangements to allocate the risks between NHS Grampian and the contractor. Ms Anderson highlighted in the report for this agenda item, the risks currently categorised as red risks.</p> <p>There is no change to the overall forecast for the project however it is noted the project is under real pressure particularly due to the market conditions and delay in concluding the design of the Baird project. The Board approved in June 2023 to vary the construction contract value, within approved funding limits, for the Baird Family Hospital and ANCHOR Centre project, following finalisations of arrangements to provide contractor relief in relation to abnormal market conditions experienced from October 2020 to last summer. Ms Anderson advised they were still in dialogue with the contractor in terms of delivering the project in the current economic environment.</p> <p>The revised opening dates previously reported are under severe pressure. Anchor is due to be brought into operation in September 2023 and Baird in May 2024.</p> <p>Discussion followed on:</p> <ul style="list-style-type: none"> <li>a. Risk - Concluding the design stage and its coordination is an escalating risk that is impacting on programme. Enhanced</li> </ul>	

	<p>resources had been allocated to the risk however it is escalating due to the risk of impacting on construction and the opening dates for the building due to the additional time taken to conclude the design stage. The Board was advised at its June meeting of the complex challenges.</p> <p>b. Current timeline mapped out however there is a high degree that these may be changed due to the design completion which is starting to collide with construction in part.</p> <p>c. Relationship with Scottish Government and their awareness of the need for additional funding. Ms Anderson advised there had been focus and general regular updates meetings with Scottish Government on Baird and Anchor. They have been sighted on the commercial risks and challenges.</p> <p>d. Based on the current programme the National Treatment Centre Grampian (NTC-G) should not be impacted by any delay with Baird and Anchor. There is a risk with negotiations for planned care that this would include utilisation of theatres at NTC-G. This would cause a delivery and performance issue if NTC-G was delayed.</p> <p>e. The need to be honest and open on the financial position was noted. The gap between the capital infrastructure requirements for NHS Grampian and agreed capital funding from Scottish Government is significant. The dialogue with Scottish Government is positive however there will be constraint with the available funding to be provided to NHS Boards. It was not anticipated at this stage that Scottish Government would not provide additional funding needed for the completion of the Baird and Anchor however future projects, including NTC-G, may be in question.</p> <p><b>The committee:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted progress on delivery of this Project.</b></li> <li>• <b>Noted the revised programme for delivery of both projects.</b></li> <li>• <b>Noted the risk to project forecast and impact associated funding arrangements.</b></li> <li>• <b>Noted that commercial dialogue on the arrangements to provide contractor relief in relation to abnormal market conditions continues.</b></li> <li>• <b>Confirmed they were assured that the framework to manage the project and risk are in place to NHS Grampian Board.</b></li> </ul>	
7	<p><b>Finance update and draft Local Value and Sustainability Plan</b></p> <p>Mr Sharp provided a finance update of NHS Grampian’s high level financial performance for the first five months of the 2022/23 financial year and highlighted risks and opportunities in seeking to meet financial</p>	

targets. For the first time NHS Grampian has not able to set a balanced revenue budget for this financial year. NHS Grampian`s financial plan submitted to Scottish Government projected a £20 million deficit for the year. At the end of August a deficit of £16.9 million was reported against an expected year to date deficit of £8.3 million in order to be in line with the financial plan. The reasons for the over spend were well known to the Committee and included the pressures across the system. Figures to September 2022 highlighted the over spend for the month of September was £2.4 million with a year to date position of £19.3 million overspend on revenue for the first six months of the year. The serious position was noted. The current forecast overspend is £30 million and this is being reviewed. Scottish Government have requested all Boards submit a financial recovery plans (Local Value and Sustainability Plan for NHS Grampian). The challenge for the remainder of the year is to reduce the £30 million forecast down to £20 million finance plan deficit. The local Value and Sustainability Plan includes actions to be implemented to deliver the expected financial improvements. This includes actions on supplementary staffing and technical accounting adjustments e.g. accrual of untaken annual leave.

Discussion followed on:

- Many actions and measures are relating to non-recurring spend.
- Board reserves are funding which is held back and not released as the costs have not materialised as yet e.g. funding earmarked for pay award not yet been agreed for this year or paid. The £20 million deficit gap when the financial plan was set is also reflected in the board reserves.
- Scottish Government would provide brokerage – short term financial support for the over spend. The Board would be expected to pay this back when the Board had reached a position of financial balance. Historically, Boards who had gone into brokerage had not been in the position to repay the funding and this was written off by Scottish Government. This would not mean that it would to be written off in the future.
- There is a risk if staff are required to take all their annual leave by March 2023 that there would be a requirement to use supplementary staffing with increased costs. The aim would be to manage this. The annual leave should also be taken for staff wellbeing. It was noted that pre-covid the policy had been not to carry forward annual leave. It was noted that there were different terms and conditions in different staff groups. e.g. medical and dental.
- Performance delivery balance within the financial envelope. Some actions are at strategic high level however teams would be expected to mitigate the use of supplementary staffing.

	<ul style="list-style-type: none"> <li>• Work has been ongoing for a number of years to try to reduce the cost of supplementary staffing e.g. recruit to substantive staff, international recruitment, locums to be used in an efficient way, national programme for agency nurse staffing. Clinical safety is owned and informed by those accountable for quality and safety of patient standards.</li> <li>• It was noted that a 1% efficiency savings had already been requested which was proving challenging due to the pressures in the system.</li> <li>• The financial position for 2023/24 would come to the committee.</li> <li>• The organisation would struggle to stop doing any further activity that would not have a significant and enduring impact on the population. This was advised in the discussions held today on planned and unscheduled care. There are pressure around mental health and the unmet social care needs in the 3 Health &amp; Social Care Partnerships (HSCPs). At a local level for a short period of time to manage a major emergency we could stop delivering some services however there is very little which could be turned off. NHS Grampian is working with Scottish Government to understand what the national picture of reform looks like for the health service. At a local level redesign and reform is required. Waiting times work will require to fit within the financial envelop which will have a direct impact on waiting times performance.</li> </ul> <p><b>The Committee noted the financial performance report to the end of August 2022 and the request of further detailed updates on financial performance to each meeting.</b></p>	
8	<p><b>Performance</b></p> <p>It was noted that a refreshed and renewed format of the Performance Assurance Framework for NHS Grampian is under development. This includes the development of a performance assurance report to meet the specific requirements of this Committee to meet its role and function. This will be co-produced with Committee members. Ms Danskin provided an understanding of the work in development.</p> <p>Ms Danskin highlighted the assurance discussion on the system pressure report circulated with the papers for this meeting that had taken place at the Board meeting on 6 October. The Board agreed although some targets and objectives are not being met due to sustained system pressures, everything that can be done is being done to improve the situation. The scrutiny and assurance of the System Pressures Report by the Board was noted by the Committee.</p>	

Professor Hiscox highlighted the greatest risks relating to planned care and unscheduled care have been discussed in detail today.

Ms Danskin then addressed the new report format for PAFIC. The aim is to align the reporting to deliverables set out in ADP as the agreed priority steps towards “the Plan for the Future”. As the reporting to Scottish Government on the ADP is required and produced quarterly it has been challenging to produce an overarching PAFIC report out with that reporting cycle. A fuller new performance report will be produced utilising end of quarter 2 reporting against the ADP for the Committee’s consideration in the PAFIC meeting on 21 December 2022.

Ms Danskin shared a presentation example format for the new PAFIC performance report using psychological therapy performance to illustrate, which was an emerging issue of risk, to seek the views of the Committee on the content for the proposed data and narrative of reporting. The narrative is to provide the assurance of what the organisation is doing about performance data.

Currently the national or local access performance is not being met for psychological therapy due to workforce recruitment issues, a patient data reliability issue and a previous lack of a robust accountability sign off process of data to Scottish Government -this latter point has been resolved. The performance landscape for psychology has been changing, further complicating this; a phased transition to new psychology Scottish standards have not yet been finalised. The risk is currently being formally assessed through the Treatment Times Improvement Board and will follow the risk management process guidance including action planning and mitigations. Psychological therapy has been added to the ADP and therefore will be included in future ADP quarterly monitoring. A comprehensive action plan is underway and an update will be provided at the 21 December PAFIC meeting. The proposed information to be presented at future meetings would be an overview of all deliverables of the ADP and focus spotlight on key areas. It will also highlight which Committee of the Board is seeking assurance for each of the ADP deliverables once this is agreed across the Committee Chairs.

It was noted that there would be a fuller report for the December meeting which will be a first iteration and will continue to develop with the Committee member’s views.

A point was raised, and discussed, that it was important to be explicit on how this helps to tackle inequalities and how to achieve strategic intent on wellness. It was suggested general reflective comments may be helpful. There is a risk of only focusing on the areas that the

	<p>organisation is held accountable to however it is important to position the level of conversation at Board level in public as to how the organisation is progressing towards strategic intent. The PAFIC performance report will focus on the deliverables in the ADP as the agreed steps for the organisation this year to progress to achieve the strategic intentions set out in the Plan for the Future by 2032. However, it was raised the role of the new Population Health Committee will also need to be considered with regards inequalities and progress towards balancing the focus of the NHS on wellness.</p> <p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the assurance sought and confirmed in relation to NHS Grampian performance at the Board meeting on 6 October 2022.</b></li> <li>• <b>Considered data and assurance information presented in the meeting and commented on content to guide report format for 21 December 2022 meeting.</b></li> <li>• <b>Noted the draft Performance and Assurance Framework will be available for comment and discussion at meeting of 21 December 2022.</b></li> <li>• <b>Noted a report on Psychological therapies will come to the December meeting</b></li> <li>• <b>Considered and agreed as part of developing the work plan of the Committee that a full performance and assurance report is presented on a quarterly basis with specific performance and assurance items considered at any meeting as is required.</b></li> </ul>	
<p><b>9</b></p>	<p><b>Unscheduled Care</b></p> <p>The Committee acknowledged the high pressures across the system and noted discussion on this topic at the Board on 6 October 2022. The situational context and defined actions underway in relation to improving performance and mitigating both clinical and system risks across the wider Health &amp; Social Care system in Grampian was set out in the circulated paper and slide set.</p> <p>Terminology was discussed including ambulatory emergency care capacity (hot clinics) which Ms MacLeod advised was rapid assessment and ambulatory clinic which patients were able to access independently. It was noted that a title such as rapid access clinic would be clearer for the public and this would be looked into further. Cath Lab full name is cardiac catheterisation lab.</p> <p>Ms Macleod advised that Hospital at Home model has been commenced by the three Health and Social Care Partnerships</p>	

(HSCPs), overseen by Integrated Joint Boards (IJBs). Whole system discussions have been held on the scaling up of Hospital at Home to expand the capacity, both in terms of number of beds available and the specialties/pathways which will have access. This would provide additional bed capacity at times of significant bed pressure. When appropriate, care in a homely environment is often preferable for patients for a number of reasons. The model had traditionally only focused on care of the elderly. Interface work between secondary and primary care is ongoing to develop an integrated model. Tests of change involving Scottish Ambulance Service (SAS) and Advanced Practitioner role with Hospital at Home are underway.

Workforce is a key consideration across the North East. The Unscheduled Care Programme Board has a broad range of membership and they have discussed how to recruit and work differently together, with H&SCPs, to shape workforce in a localities based model, closer to home within in the community with roles across the system. There are good links with the third sector and the independent sector who are critical to support flow. It was recognised the need to work and engage with all teams. Additionally, cross system work requires consideration of how to collectively have assurance between NHS Grampian and IJBs.

There was discussion on the trajectories included in the slide set which were based on Scottish Government assumptions. Wider context was fed back to Scottish Government to highlight the hospital sites of Aberdeen Royal Infirmary (ARI) and Dr Gray`s Hospital (DGH) cannot be looked at in isolation and need to be considered as part of the whole system. Reworked targets were submitted to Scottish Government on 7 October 2022. 4 hour Emergency Department (ED) performance overall for NHS Grampian trajectory is 80% at end of October, which is still below pre-pandemic performance levels. The explanation for this was given - there has been a change in the way this is reported and the increased numbers of complex cases attending ED. Through appropriate redirection, fewer minor cases are attending hospital EDs. As minor cases more easily meet the 4 hour target the increase in complex major cases attending ED, means performance for the 4 hour target is significantly more challenging to meet. Performance continues to challenge but confidence was expressed that improvement and redesign work will impact positively. This involves working across the system and reengineering the workforce models and will take time. The Committee expressed assurance that modelling and the initiatives being enacted by the service are designed to meet targets.

It was recognised that the trajectory and the key performance indicator for unscheduled care included in the Annually Delivery Plan as one

	<p>measurement: “no 12 hour breaches in ED by March 2023”. In relation to system pressures and political interest on the performance of unscheduled care, the range of trajectories negotiated with Scottish Government need to be formally endorsed at a future meeting of this committee. It was noted that the approach being taken and worked tirelessly on by teams were new improvement actions rather than repeating historical actions to improve performance which did not work sustainably. For example; opening extra unfunded wards that can’t be appropriately staffed and which only provide very short term improvement. Professor Hiscox asked for assurance that the Committee is satisfied that how it has been set out that ED performance is being addressed; that this is the right tact to be taken rather than resorting to historical, unsustainable, short lived actions. Support from the Committee was expressed for Executives to be identifying the sustainable system for the future as had been set out in the papers and discussed.</p> <p><b>The committee noted the report, accompanying data slides and discussion and were assured that, although not meeting Scottish Government Emergency Department objectives, all that can be done is being done to improve the performance within the context of the constraints as shared with the Committee.</b></p>	
<p><b>10</b></p>	<p><b>Matters to escalate to Board/other Committee chairs</b></p> <p>The chronic and enduring crisis of the on-going system pressures were highlighted and there was concern that this was now considered normal. From a civil contingency perspective there is an ability for a response for a short major incident emergency. However, the challenge for every Board in Scotland is the systems pressures across the country. Most parts of the system today are at G-OPES level 4. Work is ongoing nationally with the civil contingency directorate of Scottish Government and locally as ability to deal with an enduring crisis is challenging in the public sector in Scotland. The need is to continue to create a sustainable future system in tandem with responding to the system pressures.</p> <p>There was consideration that the message should be shared with the Board for the need to balance the system pressures and actions in tandem with moving towards the strategic intent of sustainability and well-being.</p>	
	<p><b>Date of Next Meeting</b></p> <p>Wednesday 21st December 2022 – 1400 to 1600</p>	