

APPROVED

Board Meeting
Open Session
03.08.23
Item 13.3

NHS Grampian (NHSG)
Minute of the Performance Assurance, Finance, and Infrastructure Committee
Wednesday 26 April 2023
Microsoft Teams Meeting

Present

Sandy Riddell (Chair)	Non-Executive Board Member, NHS Grampian
Tracy Colyer	Non-Executive Board Member, NHS Grampian
Joyce Duncan	Non-Executive Board Member, NHS Grampian
Luan Grugeon	Non-Executive Board Member, NHS Grampian
Derick Murray	Non-Executive Board Member, NHS Grampian
Dennis Robertson	Non-Executive Board Member, NHS Grampian

In Attendance

Alison Evison	Board Chair, NHS Grampian
June Brown	Executive Nurse Director
Adam Coldwells	Director of Strategy/Deputy Chief Executive
Geraldine Fraser	Executive Lead Integrated Family Portfolio
Alan Sharp	Deputy Director of Finance
Alex Stephen	Director of Finance
Sarah Duncan	Board Secretary

Paper authors

Jackie Bremner	Project Director (B&A) Item 3
Liz Cheung	Interim Associate Chief Midwife Item 5
Caroline Clark	Chief Nurse Combined Child Health Item 5
Sarah Irvine	Senior Finance Manager Item 4
Garry Kidd	Assistant Director of Infrastructure & Sustainability Item 3
Derek Morgan	Deputy Project Director (B&A) Item 3
Pamela Lowbridge	Senior Specialist Analyst Item 5

Minute taker

David Creighton	Senior Administrator/PA (DC)
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Item	Notes	Action
1.	<p>1) Welcome and Apologies The Chair welcomed everyone to the meeting. Apologies noted as above</p> <p>2) Minutes of previous meeting (22 February 2023) Minutes approved</p> <p>Matters Arising Matters to escalate to Board/Committee Chairs No matters arising. No matters to escalate.</p>	
2.	<p>Committee Matters Update on Board Performance Assurance Framework and committee assurance processes The Chair raised an issue about gaps in reporting due to system pressures and staff absence and emphasised that the governance structure needs to mature</p>	

	<p>in order to provide full assurance to the Committee. The Chair, Chief Executive, Director of Finance and Board Secretary will meet to agree a timeline for improvements.</p> <p>A draft performance management and assurance framework will be tabled at the June committee meeting, taking into account the learning from the first year of using milestones to report progress on the Annual Delivery Plan. The committee was assured that it receives the performance report for the Annual Delivery Plan that is submitted quarterly to Scottish Government.</p> <p>ACTION AGREED: Meeting to be arranged between the Chair, Chief Executive, Director of Finance and Board Secretary to discuss assurance planning for the committee</p> <p>Draft Performance Management and Assurance Framework to be tabled at the June meeting</p>	<p>SR/CH/ AS/SD</p> <p>AS</p>
<p>3.</p>	<p>INFRASTRUCTURE ISSUES (Executive lead Paul Allen, June Brown/Garry Kidd deputising)</p>	
<p>3.1.1</p>	<p>Baird & ANCHOR – Interim Executive Lead June Brown</p> <p>NHS Scotland ASSURE Key Stage Assurance Reviews (KSAR) – Commissioning and Handover</p> <p>The report includes a recent DL (2023)03 confirming that no major projects can come into operation without a supported KSAR process to ensure compliance.</p> <p>The KSAR process will ensure that infection prevention and control (IPC) and other key issues such as water and drainage, ventilation, electrical, medical gases and fire are reviewed to provide assurance about quality, compliance with standards and safety.</p> <p>The Integrated Mortuary, MRI Scanner at Dr Gray’s Hospital, National Treatment Centre and the Baird & Anchor project (discussed in agenda item 3.1.2) will all be subject to the KSAR process. The Asset Management Group will approve internal guidance about KSAR processes, updating this as necessary to incorporate learning from previous KSAR reviews as they occur.</p> <p>Committee member points raised in discussion</p> <ul style="list-style-type: none"> • learning across the system from other projects for controls and standards expected - project teams are connected through forums for national learning and NHS Assure are running learning events to help ensure this is built into processes. • Clarification of the process of reviewing design after construction by NHS Assure through the KSAR process - the KSAR process is a Scottish Government directed process introduced in 2021 following learning from other projects and which requires sign off by all stakeholders. • Governance arrangements - commercially and financially the Baird Family Hospital and the ANCHOR Centre are two separate construction 	

cases and each building will have to go under separate KSAR processes and separate governance and assurance process but are being delivered as a single commercial entity.

- Impact of the KSAR process being introduced mid-construction – the Director of Finance acknowledged that there had been disruption to the project and resource costs as a result of changes to the national assurance processes and that this would be fed back to NHS Assure, who are improving the KSAR process through such engagement with Boards

The Committee noted the requirements of the DL regarding commissioning and handover on capital projects

3.1.2 B&A Project Update on KSAR report

The report presented gave details of the ANCHOR KSAR Construction Report received in March 2023 and provided details of the Action Plans to remedy issues highlighted in the report. Table 1 of the committee report provides details of the review of electrical and plumbing design strategies in conjunction with IPC Team and Table 2 describes the actions on ventilation and water design. Action plans are in place on relevant actions to have these validated and confirmed by all parties.

There are weekly meetings with IPC Team and individual work streams set up to look at specific areas such as water and ventilation design within Baird & Anchor. This has been beneficial for enhanced IPC provision and working closely with NHS Assure for more challenging issues. An action tracker provides visibility and an audit trail and is shared with NHS Assure colleagues. Approximately 85% of actions are validated and the remaining 15% are in progress. There is a particular focus on ventilation for Anchor and the Baird Neonatal unit following concerns raised by IPC in relation to air changes, noting that there is no specific guidance in SHTM about air changes and water temperature. A meeting is being arranged with NHS Assure to explore nuances in relation to different perspectives on compliance for ventilation and water.

Committee member points raised in discussion:

- Number of sinks in rooms - directives state that two sinks or basins should be in rooms but working closely with IPC for any deviations to take account of concerns about low-use sinks, because Covid has led to more dependency on gel in certain settings.
- Clarity of NHS Assure's role - NHS Assure do have expertise available from technical and IPC colleagues but their role is not to help with decision making but to assure that the right conversations take place to give assurance that the buildings are safe and high quality. For challenging issues NHS Grampian may need to consult external experts to get advice to make decisions. It is believed that the designs are compliant with the SHTM standards but IPC colleagues must be assured too. Committee members expressed concern that there is less support available to the Board than under previous advice and assurance arrangements from Health Improvement Scotland, and noted

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that this change in approach reaffirms that ownership of all decisions about design and allocation of resources sits with NHS Grampian

- Leadership and oversight – the Deputy Chief Executive provided assurance that the 2 Senior Responsible Officers for the project are actively involved and noted that the Project Team can draw on experience from colleagues to provide additional oversight. Additional IPC resource has been identified. Each major project has formal governance in place with a Senior Responsible Officer and Project Board who report monthly to the Asset Management Group.
- Revised timescales – no changes to timescales at present as issues are still being worked through. If significant changes need to be made in relation to water and ventilation this will impact the completion date and increased costs. Noted that there is now a three level resolution process with final decision being taken by an NHS Grampian executive panel if no agreement reached in earlier stages.
- Impact of any delays on Aberdeen Maternity Hospital – maintenance and replacing equipment continues to ensure service delivery.

The Committee noted

- **the progress of the Baird & ANCHOR project, the processes in place to resolve outstanding design issues and the revised programme for delivery with potential for further slippage and increased costs.**
- **that the paper would be shared in response to an FOI request**

3.2 Climate Emergency and Sustainability Strategy: Assurance Arrangements and Reporting

The report provides assurance from the Sustainability Governance group about the planning and delivery of the Board’s Climate Emergency and Sustainability Strategy and updates the Committee on the agreed structure, content and process for future performance reporting arrangements. The draft NHS Grampian strategy will be shared at the Board seminar on 6 July 2023 (NB the report incorrectly stated June).

Committee member points raised in discussion

- complete listing of projects to deliver the strategy - this is in progress with fortnightly meetings in place with support of Public Health colleagues
- National Sustainable Strategy requirements - all of targets are under the heading “Key Actions” in the report, and future reporting will reference the national requirements clearly.
- prioritisation of resources to achieve the targets - for NHSG to be a net carbon zero organisation by 2040 heat and power generation are a priority because they account for 85% of the organisation’s emissions

The Committee

- **noted the agreed arrangements to support planning and delivery of the Board’s Climate Emergency and Sustainability Strategy and the agreed structure, content and process for future performance reporting arrangements and**

	<ul style="list-style-type: none"> • agreed to receive 6 monthly updates on the Delivery Model. 	
4.	<p>FINANCE – Executive Lead Alex Stephen (Alan Sharp deputising) A verbal update and slide presentation was given on the 2022/23 end of year financial position, due to finalising end of year accounts</p> <p>Key Points:</p> <ul style="list-style-type: none"> • a small revenue surplus of £0.3M achieved, subject to audit, which is an improvement on the 2022/2023 projection of a deficit of £20M. The improvement largely due to non-recurring funding from SG. The infrastructure programme of £109M has been achieved in full. • Reasons for improvement: additional funding from SG to meet costs of expensive drugs, funding for local service pressures such as staffing costs and vaccination drugs and reduction in annual leave accruals. • It is positive that financial balance has been achieved without the need to seek brokerage. However, it must be noted that short term non-recurring funding SG helped the overall financial position and the underlying financial position is still challenged with an overspend in March 2023 of £4.7M. The Medium Term Financial Framework agreed by the Board in April 2023 projects a deficit of £60M for 2023/2024 financial year. <p>The Director of Finance confirmed the £4.7M overspend will be reviewed by the Chief Executive Team.</p> <p>Committee member points raised in discussion</p> <ul style="list-style-type: none"> • Not requiring brokerage is good news. • Noted dependence on non-recurring funding to keep services going and this emphasises the need for transformation. <p>The Committee noted the financial position.</p>	
5.	<p>PERFORMANCE – Executive Lead Caroline Hiscox (Adam Coldwells deputising)</p>	
5.1	<p>Annual Delivery Plan Q3 – full PAFIC Assurance Report Executive Lead: Adam Coldwells The Committee noted that a three year delivery plan will be tabled in a Closed Session of the Board in June 2023.</p> <p>Committee member points raised in discussion</p> <ul style="list-style-type: none"> • 62 day cancer performance – the breach analysis and more detail on the reasons for the performance will be tabled at the June committee meeting. NHS Grampian’s performance is similar to that of other Boards • Reporting on national targets not included in this report – these will be included in future reports • Dental services in communities – work to maintain services is ongoing and the service has re-started Child Smile • Improvement work – noted that more detailed information about improvement work for areas rated red would improve the report and that the performance reported emphasised the need for transformational change to improve performance, notably in 62 day cancer performance. 	

	<p>Further noted that to achieve a sustainable system and improved performance improvement it is necessary to balance financial and workforce resource with demand.</p> <p>The Committee noted the report</p>	
5.2	<p>Integrated Family Portfolio Performance Report Executive Lead: Geraldine Fraser <i>Item taken before Item 4 and Item 5.1</i></p> <p>The Report provides an update on priority services delivered by the Portfolio, and future reports will include information on other relevant services provided by HSCPs, Moray maternity services and CAMHS. Committee attention was drawn to good performance reducing waiting times for women’s services, including pathway redesign from inpatient to outpatient provision which is a better patient experience and community-based initiatives including GP clinics. Noted that there is a lot of data about maternity services locally, but awaiting national maternity data for benchmarking. The portfolio is focussing on access and public health indicators and is mindful of the impact of the cost of living crisis.</p> <p>Committee members thanked Mrs Fraser for the excellent, informative report.</p> <p>Committee member points raised in discussion</p> <ul style="list-style-type: none"> • Women’s services TTG – noted that this has increased since 2021, important to ensure that there is equity of access with other services, with theatre allocation at ARI done by clinical prioritisation but that allocation of capacity for women’s services would be discussed with the Divisional Clinical Director. Committee informed that there is pro-active work to communicate with patients on the waiting list • Children’s surgery – report on RACH Theatres will be at Clinical Governance Committee in May 2023. Noted the increase in paediatric emergency surgery of 35% over the last 5 years, assurance given that there is appropriate clinical oversight at RACH and an Advanced Nurse Practitioner is present overnight and at weekends to assist with prioritisation, with RACH clinicians only attending ARI under exceptional circumstances ie major trauma • GP clinics – welcomed the developments • C-sections – noted the high rate, and that a national group is taking this issue forward, following a 2021 Scottish Government report about women’s choice <p>Comment made about accessibility of the report, with the use of different colours in graphs not helpful for people who are colour blind. This will be reviewed for future reports.</p> <p>The Committee noted the report</p>	
6.	<p>CLOSE Date of Next Meeting: Wednesday 28 June 2023, 1400 to 1600</p>	

Chair: Mr Sandy Riddell, 20 April 2023

Key: * Paper attached # Verbal

Notification of apologies/deputies to:
Mr David Creighton (gram.grampianchiefexecutive.scot.nhs)