

APPROVED

NHS Grampian

Performance Assurance, Finance & Infrastructure Committee

28 June 2023, 1400 to 1600

(Microsoft Teams Meeting)

Minute

Present

Sandy Riddell (Chair)	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

June Brown	Nurse Director Item 3
Paul Bachoo	Medical Director Acute & Portfolio Executive Lead Integrated Specialist Care Item 5.3
Sarah Duncan	Board Secretary
Alison Evison	Board Chair/Non-Executive Board Member, NHS Grampian
Alan Sharp	Deputy Director of Finance Item 4
Alex Stephen	Director of Finance Item 4

Guests

James Brodie	Performance Assurance Programme Manager
Preston Gan	System Transformation Programme Manager Item 5.1
Garry Kidd	Assistant Director of Infrastructure & Sustainability Item 3

Apologies

Paul Allen	Director of Infrastructure & Sustainability
Tracy Colyer	Non-Executive Board Member, NHS Grampian
Kate Danskin	Chief of Staff

Minute taker

David Creighton	Senior Administrator/PA
-----------------	-------------------------

Item		Note	Action
1.	<p>1) Welcome and Apologies</p> <p>2) Minutes of previous meeting (26 April 2023)</p> <p>Matters Arising:</p>	<p>The Chair welcomed everyone to the meeting. Apologies noted as above</p> <p>Minutes approved. Content and layout approved as the correct format for future minutes</p> <p>Asked if updates from portfolios are expected annually? The Chief Executive and Board Secretary confirmed scheduling will be based on the Forward Planner and Integrated Performance Assurance and Reporting Framework –both in</p>	

		development, to rationalise and reflect reporting of priorities in the Annual Delivery Plan (ADP). Board conversation to be had in regards to reporting portfolio priorities not in the ADP. This will help support capacity for reporting and provide clarity on expectations across committees and boards.	
2.	Committee Matters	<p>The Chair advised in relation to concerns previously raised at PAFIC on the wider Performance Assurance Framework. Noting lots of work in place in an already pressurised system. As referred to in the minute from 26th April a meeting of the Chair, Chief Executive, Director of Finance and Board Secretary as well as a Chairs' meeting helped to frame useful discussions for timing of reporting.</p> <p>The Committee agreed to defer the October 2023 meeting to November 14th 2023 and cancel the December 2023 meeting in sequence with SG reporting.</p>	
3.	<p>Infrastructure – Exec Lead Paul Allen, June Brown (SRO) Topics and paper author: 1) Baird & Anchor Update</p>	<p>The Assistant Director of Infrastructure & Sustainability provided an update on:</p> <ul style="list-style-type: none"> • The contractually accepted programme timetable slipping • Potential design issues being discussed to provide certainty • Contractor issue with replacement of the Air Handling Unit (AHU) <p>Committee member points raised in discussion</p> <ul style="list-style-type: none"> • Meaning of “when available” for Infection Prevention Control (IPC) as mentioned in the paper. The Assistant Director of Infrastructure & Sustainability provided assurance IPC colleagues are an integral part of the project team and apologised that the paper did not fully reflect the position. • The Scottish Government (SG) role in developing and enforcing standards and guidance that apply to the project, from building standards to IPC standards and best practice. Noted some inconsistencies between various standards as learning about issues has progressed through the pandemic, and some confusion about the SG/NHSS Assure role because responsibility sits with NHS Grampian (NHSG) to progress the build as safely as possible. Noted some contentious issues with the Scottish Health Technical Memorandum (SHTM) guidance and guidance specific to Healthcare Acquired Infection (HAI). The Executive Nurse Director confirmed that she and the Assistant Director of Infrastructure & Sustainability have regular meetings with SG to highlight these challenges. • Clarity sought on NHS Scotland (NHSS) Assure’s role in level two of the three level NHSG collaborative escalation process. The Executive Nurse Director and the Assistant Director of Infrastructure & Sustainability meet regularly with NHSS Assure and notes are taken to provide an 	

		<p>audit trail of risks and decisions prioritising issues holding up progress such as AHU, ventilation and water issues. Confirmed that responsibility at level three for decisions to resolve issues rests with NHSG CET.</p> <ul style="list-style-type: none"> • Reputational risk and recent media articles, and the need to provide the public with assurance that NHSG are adhering to the highest standards at all times. Noted that the Cabinet Secretary has publicly acknowledged that on identified issues such as ventilation and water issues NHSG are adapting as the project progresses to incorporate learning, with full transparency to ensure the facilities will be safe to open and provide high quality facilities for the public. <p>The Committee agreed the recommendations in the report:</p> <ul style="list-style-type: none"> • Note progress on delivery of this Project and the emergent design issues • Note the process described to resolve outstanding design issues • Note the revised programme for delivery of both projects, including the potential for further slippage. • Note the risks to project cost and programme. 	
--	--	---	--

<p>4.</p>	<p>Finance – Exec Lead Alex Stephen Topics and paper author: 1) Update on Value & Sustainability Plan</p>	<p>Committee member points raised in discussion</p> <ul style="list-style-type: none"> • Additional SG funding for the increase of drug costs and if this reduces the expected deficit of £60M. The Deputy Director of Finance confirmed that the £18M provided reduces NHSG’s deficit to £42M • Value and sustainability plan 3% savings across non-delegated services and Integrated Joint Boards (IJBs) - is this an additional 3% for IJB’s totalling 6% savings to achieve? The Deputy Director of Finance confirmed that SG require the 3% savings across total funding inclusive of IJBs which equates to £31M as a whole, £17M for NHSG and £14M for IJBs • Long term sustainability in the longer term and work being done with partners to look at alternatives for models of care. The Director of Finance confirmed that as part of the budget setting process there are links with finance colleagues across the system to discuss implications of costs in different parts of the system and any impacts. The Chief Executive confirmed that work is being done on shared objectives with the Health and Social Care Partnerships (HSCP) Chief Officers (CO’s) for frailty, mental health and long term conditions for efficiencies and improvements to realise better outcomes for the population • How are NHSG communicating to and involving the public on solutions to the financial challenges? The Director of Finance confirmed that NHSG is transparent with financial information and recognises the public should be involved in sustainable design and delivery of pathways. The Chair highlighted ongoing engagement work with the public in Moray as a positive step to help redesign services and articulate savings. The Chief Executive highlighted that ongoing engagement as part of the three year ADP is key to allow progress and avoid duplication of ongoing work already in place • Is there evidence that the savings are being realised to the budget? The Director of Finance confirmed that assurance will be provided with the Q1 finance report due in July. Noted significant pressures with nursing staff costs and confirmed a Short Life Working Group (SLWG) has been set up to look at pressures and mitigate risks. Highlighted good work within the nursing sector to move procurement of agency nurses from off framework agencies to on framework agencies. Recruitment to posts in the Value & Sustainability project is in progress to help move forward with savings targets • Funding for both secondary and primary care drugs; the Deputy Director of Finance confirmed funding received from SG was specifically for Secondary Care. Primary Care drug costs pressures are a significant financial pressure within IJBs and this has been raised with SG. 	
-----------	---	--	--

		<p>Not aware of additional funding for primary care drugs costs, noting cost increase due to price inflation.</p> <p>The committee noted the contents of the report</p>	
5.	<p>5. Performance – Exec lead Caroline Hiscox Topics and paper author: 1) Draft Integrated Performance Assurance and Reporting Framework</p>	<p>Committee member points raised in discussion</p> <ul style="list-style-type: none"> • The Chair welcomed the Draft Integrated Performance Assurance and Reporting Framework for clarity of reporting processes, timescales, referral and escalation with praise for messaging of culture and values to underpin the framework • The Board Secretary confirmed this is work in progress to ensure reporting to the right place at the right time • There is guidance in the Blueprint for Good Governance in relation to implementation of the framework and local guidance on the framework may be helpful for clear communication about the expectations of performance reporting and learning from the process to develop and implement the framework • The importance of performance reporting against targets set by SG and the need to acknowledge areas that have done well • The Committee and the Board’s roles and responsibilities for understanding reporting requests to help in developing smart objectives to support colleagues <p>The Committee agreed the recommendations in the report:</p> <ul style="list-style-type: none"> • It provided feedback on the content of the draft Integrated Performance Assurance and Reporting Framework as part of the process of development of this document. • Agreed that the cover paper and the draft Integrated Performance Assurance and Reporting Framework be provided to the other Board assurance committees (Population Health, Staff Governance, Clinical Governance and Audit and Risk) with a request that they consider it at their next meeting and provide comments back to the Executive Lead by 13 October 2023. to allow a final draft to be prepared for the following PAFIC meeting. 	
5	<p>2) Performance Reporting Review</p>	<p>Committee member points raised in discussion</p> <ul style="list-style-type: none"> • The Chair welcomed the Performance Reporting Review highlighting how reporting has evolved and lessons learned. It captures what should be reported and articulates the system demands which create risks for coherent reporting across a complex, pressured system 	

		<ul style="list-style-type: none"> • Assurance that performance reporting across the system is not evolving in different stages. The Performance Assurance Programme Manager confirmed that as part of the process for compiling a report there are discussions across the HSCPs where feedback is requested. Committee members recognised and supported a need for collective endorsement to avoid unintended consequences. Noted that a commission is required between the IJB's and NHSG to progress this with talks under way. • Potential gaps and how human learning systems will help develop metrics around prevention. Noted this needs careful consideration • Quarterly reporting and flexibility required for emergent issues. The Chief Executive and Board Secretary confirmed sequencing of reporting is in progress to align the Annual Delivery Plan quarterly reports to committees. The Performance Reporting Review sets out assurance on performance reporting and does not cover the totality of committee items. For additional items committee chairs agree these at the agenda setting stage of the committee business cycle. Proposed to set out clearly the role of executive leads supporting committees; they should brief chairs on emergent issues to allow informed decisions on agenda items. <p>The Committee agreed the recommendations in the report:</p> <ul style="list-style-type: none"> • It agreed that the report provides assurance on the lessons learned from the development of NHS Grampian's performance reporting cycle in 2022/23. • It provided further recommendations for improvement that it believes will help the development of the current reporting model. • It highlighted other risks associated with these proposals that may not have been identified so this can be addressed in future improvements. • It agreed that the frequency and sequencing of ADP 2023-2026 performance reporting to the Committee be aligned with the Scottish Government quarterly timetable for reporting in 2023/34, with committee meeting dates for 2024 set to allow for proper sequencing of those reports and that portfolio reporting on performance have the frequency set out in the draft PAFIC Forward planner 	
53	3) Planned Care Performance update	<p>Committee member points raised in discussion</p> <ul style="list-style-type: none"> • Clarity on the increasing number of services that are directing patients to opt in for out-patient appointments; the Medical Director Acute/ Portfolio Executive Lead for Integrated Specialist Care confirmed this is part of the realistic medicine approach, taking account of individual 	

	<p>including Cancer</p>	<p>circumstances where a patient does not need to be seen in the outpatient clinic.</p> <ul style="list-style-type: none"> • Explanation of the term ‘boarding’ in the context of planned care; the Medical Director Acute/Portfolio Executive Lead for Integrated Specialist Care confirmed the traditional use refers to patients being placed in a bed outwith the designated area for their speciality due to no available beds within the specialty footprint. Patients would ideally be placed in another ward under the same portfolio. • Gynaecology length of waits and number of urgent referrals increasing; the Medical Director Acute/Portfolio Executive Lead for Integrated Specialist Care assured that data is used to ensure the best use of available resources to tackle the backlog. More urgent referrals are seen in outpatient clinics and directed to the appropriate destination without the need for further clinical diagnostic pathways. Committee members suggested that patients waiting on the list could be referred to websites and support groups while they are on the waiting list • Meaning of ‘ASA levels’ in reference to the National Treatment Centre (NTC) information; the Medical Director Acute/Portfolio Executive Lead for Integrated Specialist Care confirmed ASA stands for American Association of Anaesthesiologists. The levels refer to the acuity of the patient, with 4 being an emergency. 1 & 2 are used to refer to patients suitable for day case treatment • Short stay theatres –one is funded but no identified funding for the other at present. The Medical Director Acute/Portfolio Executive Lead for Integrated Specialist Care confirmed for one short stay theatres the medical workforce is in place and the nursing workforce is transitioning from locum to permanent contracts. For the second theatre, a plan is being developed to use Operating Department Practitioners as the workforce. This will also be the model for NTC-G. • Backlog recovery for urology and dermatology– what are we doing in the community to signpost patients to support groups? The Medical Director Acute/Portfolio Executive Lead for Integrated Specialist Care confirmed there is a need to look at alternative models of care because some of the support groups that met before Covid have not resumed, with some facilities not suitable. There are discussions taking place to look at alternatives • Suggested adding good news stories to the report <p>The Committee agreed to note the report</p>	
<p>6.</p>	<p>Matters to escalate to Board/Committee Chairs</p>	<p>None noted</p>	

7.	Date of Next Meeting: Wednesday 30 August 2023, 1400 to 1600
----	---

Chair: Mr Sandy Riddell

Notification of apologies/deputies to:

Mr David Creighton (gram.grampianchiefexecutive.scot.nhs)