

APPROVED

**NHS Grampian (NHSG)
Minute of the Performance Assurance, Finance, and Infrastructure Committee
Wednesday 21 December 2022 14.00
Microsoft Teams Meeting**

Board Meeting
Open Session
06.04.23
Item 14.3

Present

Sandy Riddell	Non-Executive Board Member, NHS Grampian (SR) (Chair)
Luan Grugeon	Non-Executive Board Member, NHS Grampian (LG)
Derick Murray	Non-Executive Board Member, NHS Grampian (DM)
Joyce Duncan	Non-Executive Board Member, NHS Grampian (JD)

In Attendance

Paul Allen	Director of Infrastructure & Sustainability (PA) Item 6
Adam Coldwells	Deputy Chief Executive (AC) (on behalf of Caroline Hiscox)
June Brown	Executive Nurse Director (JBrw) Item 5
Kate Danskin	Chief of Staff (KD) Item 5
Pamela Lowbridge	Senior Specialist Analyst (PL) Item 5
Alex Stephen	Director of Finance (ASte) Item 4
Alan Sharp	Deputy Director of Finance (ASha) Item 4

Guests

James Brodie	Performance Assurance Project Manager, Planning (JBrd) Item 5
Jane Fletcher	Lead for MHLD Inpatient Services, Adult Mental Health (JF) Item 6
Teresa Green	Interim Integrated Mental Health Service Manager, Moray CHP (TG) Item 6
Graeme Legge	Strategic Asset Manager, Property and Asset Development (GL) Item 6
Gavin Payne	General Manager of Facilities & Estates (GP) Item 6
Kerry Ross	Business Manager, Royal Cornhill Hospital (KR) Item 6
Wayne Strong	Head of Maintenance & Technical Services (WS) Item 6
Maggie Whyte	Consultant Clinical Neuropsychologist (MW) Item 5

Minute taker

David Creighton	Senior Administrator/PA (DC)
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Item	Subject	Action										
1	<p>Welcome</p> <p>Mr Riddell welcomed everyone to the meeting and requested that leads introduce accompanying colleagues to support relevant agenda items.</p> <p>It was recommended that as it was a full agenda that leads are succinct to leave sufficient opportunity for any questions.</p> <p>Those present and in attendance had advance sight of the papers prior to the meeting.</p> <p>Interest declared for items 5.3 and 6.</p> <p>Apologies</p> <table border="0"> <tr> <td>Caroline Hiscox</td> <td>Chief Executive</td> </tr> <tr> <td>Tracy Colyer</td> <td>Non-Executive Board Member</td> </tr> <tr> <td>Sarah Duncan</td> <td>Board Secretary</td> </tr> <tr> <td>Preston Gan</td> <td>System Transformation Programme Manager</td> </tr> <tr> <td>Lorraine Scott</td> <td>Director for Planning, Innovation and Programmes</td> </tr> </table>	Caroline Hiscox	Chief Executive	Tracy Colyer	Non-Executive Board Member	Sarah Duncan	Board Secretary	Preston Gan	System Transformation Programme Manager	Lorraine Scott	Director for Planning, Innovation and Programmes	
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2	<p>Minute of Meeting Held on 19th October 2022</p> <p>The minute was approved as an accurate record.</p> <p>Matters arising</p> <ul style="list-style-type: none"> • Noted by Mr Riddell in relation to Item 4 of the minute 19.10.22 it was asked which of the key deliverables for the Annual Delivery Plan would be at which committee meeting. Ms Danskin confirmed it was intended to be presented to the February 2023 committee meeting. • Mr Murray asked in relation to Item 3 on page 5 if there was any progress on the backlog now that Dr Gray’s Hospital theatres are back in operation. Mr Coldwells confirmed activities are functional to help clear backlog which is a positive impact to the whole system. • Mr Murray asked in relation to item 9 on page 16, in regards to trajectories negotiated with Scottish Government to be formally endorsed by PAFIC, if there was an agreed timescale. 											

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	<p>Ms Danskin confirmed it was intended to bring this back to the February 2023 committee meeting.</p> <ul style="list-style-type: none"> • Mr Coldwells highlighted in relation to consideration about measurement against unscheduled care on the report for 12 hour breaches is running well. It was noted that against the target of measurement the 4 hour breaches is less progressive which is being addressed as part of a piece of work Ms Danskin is leading on. 	
3	<p>Committee Meeting Dates 2023</p> <ul style="list-style-type: none"> • Mr Riddell advised the meeting dates for 2023 have been listed and calendar invites issued. • Ms J Duncan advised in advance that she may need to submit her apologies for February 2023 due to a meeting clash and will try to identify a substitute. Ms Danskin advised that there is a calendar that incorporates main meeting structure dates. It was suggested this could be populated further to help avoid clashes with other key meetings. 	KD
4	<p>Finance</p>	
	<p>Finance Position Update Mr Sharp advised:</p> <ul style="list-style-type: none"> • This report was the position up to end of October 2022 and that NHSG submitted a financial plan for 2022/2023 which projected a £20 Million overspend. If NHSG were in line with this it was expected to be at a £11.7 Million deficit up to end of October 2022. As of the end of October 2022 NHSG were at a £21.5 Million overspend. This reflected system pressures throughout 2022, increased supplementary staffing costs, increased drug costs and inability to make planned savings. • Covid expenditure was £14 Million for the year to date noting the biggest spend on the vaccination programme but the expectation is that this will operate within the Covid funding allocated by the Scottish Government. • Forecast for 2022/2023, at the time the October 2022 report was produced, was a £30 million overspend. Subsequent to that report being drafted NHSG now have the November 2022 position including savings from the local value and sustainability plan. This allows a reduction in the projected overspend to £25 Million. There was still a challenge to reduce this further to align with the projected £20 million overspend before end of March 2023. Noted significant risks to manage over that time period which had not had notification of funding from the Scottish Government: <ul style="list-style-type: none"> ○ Earmarked funding for significant funded streams, with the exception of notification of the Mental Health funded streams , such as psychological therapy (discussed further as part of item 5.3). ○ The 2022/2023 pay award 	

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	<ul style="list-style-type: none"> • Mr Murray asked for clarity that the Scottish Government were intending to cover the pay award. Mr Sharp advised this was correct based on the original offer of 7.5% but noted this may need revisited based on final outcomes. • Ms Grugeon asked, as discussed at the Board Meeting held on 1st December 2022, that the decision making approach to savings would align with the Plan for the Future. Did this have a clear decision making process in place, with discussions with Scottish Government given that some plans will not see short term savings however more sustainable plans will produce long term savings. Mr Sharp advised that Mr Stephen had taken two papers to the NHSG Chief Executive Team that outlined a two-prong approach to savings: <ul style="list-style-type: none"> ○ Efficiencies to achieve short term savings ○ Transformative work that will be longer term and in line with the Plan for Future • Noted that Scottish Government will ask for a 3 year plan but noted that no discussions had taken place as yet. Noted that the Board will receive the medium term financial framework. • Mr Coldwells advised that the budget setting process for 2023-2024 funding was well underway and has used prioritisation in line with the three P's (People, Place and Pathways). The principles for financial decisions are part of the planned seminar/workshop for January 2023. • Mr Coldwells commented that Mr Sharp had compared previous budgets and noted that the NHSG budget had almost doubled in the last 12-14 years which shows the huge increase in the cost of care. Ms Grugeon commented that this may be worth sharing with board members. Mr Riddell commented on known issues such as rising fuel costs, inflation and costs of drugs outwith board's control. Mr Stephen commented NHSG are engaging nationally to try and reduce costs. Mr Coldwells commented that known rising costs have been included into 2023/2024 budget. <p>PAFIC were assured of the content of the report, noting finance updates will remain a standing item on future PAFIC agendas.</p>	
5	Performance	
	<p>5.1 Draft Performance Assurance Framework update: Pages 21-39</p> <p>Ms Danskin welcomed Ms Lowbridge and Mr Brodie to the meeting and wished to acknowledge thanks for all of the work put into providing these reports (noted Mr Gan who is part of the team submitted his apologies due to annual leave). Ms Danskin advised that a follow up meeting had been arranged for 22.12.22 with Ms Lowbridge, Mr Brodie and her to discuss any feedback from the PAFIC meeting.</p>	

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	<p>Ms Danskin commented that the format is the same as the How Are We Doing report for the Board but noted this was specifically for PAFIC with their assurance role in mind and contained some additional detail, and she was keen to receive any feedback. A scorecard is provided showing deliverables as part of the Annual Delivery Plan 2022/2023 priorities and the RAG status on progression. Reporting is up to the end of Q2 (end of September 2022) as reported to the Scottish Government. Any narrative beyond this date is specified.</p> <p>Questions/comments from those present and in attendance</p> <ul style="list-style-type: none"> • Mr Riddell commented on the helpful style which was clear on overall performance and what the risks and challenges were. The report had moved on significantly in relation to assurance and governance arrangements. • Mr Murray complimented the method of reporting and link back to delivery plan. Suggested numbering both the objectives and delivery plan to make it easier to see the correlation between the two. • Ms J Duncan suggested an overall RAG status to show a complete picture. • Ms Grugeon commented the report looked at current targets and asked if there was an opportunity to look at future targets to help the shift to tackle inequalities. • Mr Riddell commented on challenges in regards to waiting times and differences in reporting from Health and Social Care Partnerships appreciating that what is reported may have moved on since papers were produced. Ms Danskin agreed that as papers are produced ahead of time there may have been changes and suggested that any questions raised can be responded to outwith PAFIC meetings to provide further clarity. Mr Riddell suggested that any changes or improvements are advised upon introduction of papers. • Ms Grugeon asked if Annual Delivery Plan was an agreed acronym of ADP as similarity with Alcohol Drug Partnership. Mr Riddell noted that PAFIC do not often discuss Alcohol Drug Partnerships but suggested Ms Danskin have a conversation with Professor Hiscox about consistency of terminology to avoid confusion. • Ms Grugeon commented in regards to the detail of 104 week waits on page 28. NHSG indicated the highest portion of people waiting per head of population and asked if any analysis had been done on this. Mr Coldwells commented that the issue is a bigger backlog has accumulated over a longer time than other boards. • Ms J Duncan asked in relation to capacity. Have we done any calculations to show if money was available that capacity would be available? Mr Coldwells commented that NHSG do not have the budget to achieve what is desired. In terms of staff supply it is noted that developing doctors there 	<p></p> <p>KD</p> <p>KD</p>

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	<p>is an expanded number of medical students. As a country the UK has no unemployed Doctors and with no need to compete for jobs NE Scotland may be less attractive than other areas of the UK.</p> <p>PAFIC were assured with the style and content of the report noting suggestions above for further development.</p>	
	<p>5.2 Quarterly PAFIC ADP Performance Report (Version 1)</p> <p>Ms Danskin provided a verbal update. It is intended to have a fuller developed draft tabled at the CET performance meeting on 17.01.23, prior to the PAFIC meeting on 22.02.23 for discussion and PAFIC meeting 26.04.23 for final sign off.</p>	KD
	<p>5.3 Psychological Therapies performance</p> <p>Ms Brown introduced Ms Whyte who had been helping to support this work.</p> <p>Ms Brown advised NHSG had been unable to recruit to the post of Director of Psychology for the last two years. In the meantime there have been challenges with psychological therapies waiting times and delivery against those. Following a meeting with Minister Kevin Stewart support is being given from the Scottish Government in relation to improving waiting times. Ms Brown's team have developed a Psychological Improvement Board that sits within IJBs as opposed to NHSG to establish where the money goes to and need to negotiate and understand where money is best spent. It is an extensive piece of work to understand the data because there is no suitable software to record psychological therapies data. Development is in process on a new TRAK system to understand data. The Improvement Board has psychology and finance representation from each of the Health and Social Care Partnerships. Scottish Government received an Improvement Plan in November 2022 and there has been feedback on that and a budget for psychological therapies. Some further work will need to be done on the budget as it is not sufficient to deliver all the priorities. Ms Brown was happy to receive feedback from PAFIC.</p> <p>Questions/comments from those present and in attendance</p> <ul style="list-style-type: none"> • Mr Riddell commented he was reassured by the comprehensive and considered detail. He noted the scope, range and risk associated in many areas as a cause for concern and asked if this was similar to other board areas. Ms Brown confirmed this was the same for many other boards. • Mr Riddell confirmed it was presented to committee for awareness and asked Mr Coldwells about assurance processes to CET and Board. Ms Brown confirmed the Improvement Board reports to 	

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	<p>the portfolio which reports to the CET Performance Board. Mr Riddell thanked Ms Brown for the clarity on governance and suggested that if the Board was not sighted that it is given an opportunity to agree or question before sign off by Scottish Government. Progress update to be added to the next PAFIC meeting agenda 22.02.23 under matters arising.</p> <ul style="list-style-type: none"> • Mr Murray complimented the comprehensive report and asked if the interviews for the Director of Psychology post in December 2022 had taken place. Ms Brown confirmed the post had been at interview stage three times but was unsuccessful. She advised that looking at an interim model to be put in place and there had been agreement to delay advertising to February 2023 to avoid reputational risk about unsuccessful recruitment. Noted other boards in similar positions with not enough qualified people and no succession planning routes for psychologists. • Mr Murray asked in relation to page 56/57 that “committed spending exceeds anticipated funding” but noted missing leadership posts. On page 93 a forecasted spend for 2022/2023 of £997k is advised. Forecasted spend for 2023/2024 is £1.767 Million which is an increase of 77% and asked where this came from. Ms Brown advised that she operationally manages the leadership post. Ms Brown advised this was the cumulative spend across the three Health and Social Care Partnerships, a small portion for Acute and CAHMS. Noted funding not in the budget as yet. • Mr Murray commented on the new TRAK system noting that it seems time intensive to transfer the data and asked what IESO was an acronym for as unfamiliar. Ms Whyte advised that the new TRAK system is a huge undertaking, gathering information from a database that did not meet requirements.. eHealth colleagues are involved and have seen improvements in use in recent months. BOXI report builds from Health Intelligence colleagues give meaning to the data and help show anomalies. Tableau was set up to give a better understanding of the data. Confirmed IESO is an online therapy programme used to signpost people from GPs and for therapists to do virtual online programmes to assist therapeutically with psychological problems. Mr Allen confirmed further how labour-intensive data migration is when moving from an old system to a new system. Mr Riddell commented he was reassured at the data cleansing and additional staffing to progress. Noted as a risk to manage that there will be issues in regards to data input such as over reporting and under reporting as colleagues learn the new system. Ms Brown commented on robust governance processes in place to ensure data is accurate at all levels. • Ms Grugeon commented on the governance and asked if this needed reviewed across Mental Health to do collaborative governance well, and queried job definitions and if there is flexibility to take into account workforce issues e.g could the third sector support and if the Director of Psychology needs to be a Clinical Psychologist. Ms Brown advised psychological therapy sits within the national specification that defines what psychological therapy is. Ms Whyte commented 	<p>DC</p>

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	<p>some parts need done by qualified clinicians and other parts can be done by colleagues with other therapeutic qualifications.</p> <ul style="list-style-type: none"> • Mr Riddell asked if feedback had been received from Scottish Government about the draft plan. Ms Brown advised fortnightly meetings are in place and Ms Whyte advised feedback has been given about demand and capacity which gives assurance about the plan. Mr Riddell commented it is key to be clear what Scottish Government expects. <p>Ms Brown and Ms Whyte left the meeting</p>	
	<p>5.4 Unscheduled Care and Planned Care Performance update. Pages 40-64</p> <p>Ms Danskin advised that the report was submitted following Professor Hiscox previously stating the importance of this item and that updates will be given at PAFIC meetings until Spring 2023.</p> <p>Questions/comments from those present and in attendance</p> <ul style="list-style-type: none"> • Mr Riddell commented this is a good report to advise what still needs to be done and provide assurance. Clarity is needed on long waits and action to reduce them. • Ms J Duncan appreciated the clarity of the report to help be aware of what can be done in the short, medium, and long term and suggested that the acronyms are explained. • Ms Grugeon asked in relation to mutual aid and two elements of surgery rejected if it can be resubmitted with a different ask. Ms Danskin advised the rejections were for surgeries too complex to be supported by mutual aid, and there continues to be discussion with the other Board about these requests. Noted this report being produced every two weeks and is sued operationally to monitor progress. <p>Ms Lowbridge and Mr Brodie left the meeting</p>	
6	Infrastructure	
	<p>6.1 Mental Health Infrastructure/accommodation Issues</p> <p>Mr Allen introduced colleagues Ms Fletcher, Ms Green, and Ms Ross who co-authored the paper. This complex paper provides assurance on the arrangements in place to manage the physical issues and risks associated with the current infrastructure supporting the provision of inpatient mental health services by NHSG. The paper highlighted two critical physical issues:</p> <ul style="list-style-type: none"> ○ Ligature reduction specifically in Ward 4 at Gr Grays Hospital. 	

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	<ul style="list-style-type: none"> ○ The Barron Report recommendations concerning forensic services mainly focused on Royal Cornhill Hospital. <p>The physical environment has robust risk assessments incorporated into standard operating practices within wards. Where issues with the physical environment are considered high risk there is a process in place to ensure they can be escalated appropriately through the Facilities and Estates help desk and larger scale matters through the Asset Management Group. This is chaired by Mr Allen who has delegated authority to deal with issues raised on behalf of the Board. There are in-house building engineering managers and specialists in areas such as fire safety and asbestos to support the development of appropriate operating procedures and tailored risk assessments. Mr Allen highlighted a longer term investment plan to improve accommodation in Ward 4 Dr Gray's Hospital and Royal Cornhill Hospital.</p> <p>Questions/comments from those present and in attendance</p> <ul style="list-style-type: none"> • Mr Riddell complimented the governance process outlined and asked if the options appraisal relating to the Barron report was on track. Ms Ross advised that improvements are being considered with medium to long term effects to manage current risks, with deliverability a key factor to be considered. Options are considered in four work streams which go to the Ligature Programme Board for governance and then to the Asset Management Group for support. Priorities are single room occupancy, partitions, windows, security, and bathroom issues. • Mr Riddell asked about funding being agreed against the ligature work in Ward 4 at Dr Gray's Hospital and noted HSE concerns. Mr Allen commented that Ward 4 has been identified as an immediate investment priority and noted in NHSG's plan for 2023/2024. NHSG worked closely with HSE to rectify any issues raised – mainly pertaining to water related matters. Noted this this is a top priority. • Ms Grugeon commented on her recent visit to Royal Cornhill Hospital when she saw very good quality of care, noting the challenging building environment. Mr Allen advised of a recent visit to look at accommodation noting that no funds have yet been allocated to forensics and NHSG is considering what can be done in the immediate future, and may need to look at alternative accommodation. Ms Fletcher advised that various options had been considered to improve accommodation options. It was noting that it is difficult to decant patients, unable to close beds due to demand and high pressure areas, difficult to do work while ward open and footprint does not allow single rooms. • In relation to 30% of mental health patients in Scotland with forensic requirements being accommodated at Royal Cornhill Hospital and if discussions had taken place with other boards to 	

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	<p>support, Ms Fletcher commented it was correct that 30% of all admissions come through Royal Cornhill Hospital. In relation to support from other boards they are in a similar situation with no beds available to provide support</p> <ul style="list-style-type: none"> • Ms Grugeon asked how we involve residents at Royal Cornhill Hospital. Ms Ross advised no direct engagement with service users so far but this is planned to take place when plans are confirmed. • Ms Grugeon asked in relation to Ward 4 is there a collaborative approach with Scottish Government to address issues? Mr Allen advised there is ongoing dialogue about investment and priorities and there is a meeting with Scottish Government early January 2023 in relation to planning. Mr Allen is involved in discussions about national investment priorities. Ms Fletcher advised Ward 4 is a 30 year old ward and restricted by footprint. Noted significant political interest which helped to spotlight the issues and the Barron Report highlighted the accommodation for forensics as not fit for purpose. Good feedback had been received but acknowledged the physical environment affects patient experience. • Ms Grugeon asked about Ward 4 Dr Gray’s Hospital closure required to allow works, had community provision in the community been considered. Ms Green advised looking at developing community models and an enhanced treatment team to enable and facilitate the decant of patients. Noted Ward 4 is a very busy ward with a significant number coming in to hospital. <p>.</p> <p>PAFIC agreed to note ongoing work.</p> <p>Ms Fletcher, Ms Green and Ms Ross left the meeting.</p>	
	<p>6.2 Annual backlog maintenance status and progress report Mr Allen introduced Mr Legge, Mr Payne and Mr Strong</p> <p>Slide set pages 114-137 presented by Mr Legge and Mr Strong</p> <ul style="list-style-type: none"> • Mr Murray asked for clarity in regards to backlog vs project costs being 3x the amount of backlog costs. Mr Legge explained that backlog costs are numeric costs for reporting to the Scottish Government. Project costs include additional costs such as VAT and evacuation which, when factored in, are approximately 3x maintenance costs and explained VAT is charged to health boards unlike councils. Historically health boards were funded to include any VAT costs. The only items where VAT can be recovered are items that come under business activities such as retail 	

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	<p>and catering. Mr Riddell's understanding was that backlog costs were coming down, noting that NHSG backlog costs are 2nd highest in Scotland. Mr Allen commented that the work done to reduce backlog has been impacted by the pandemic, broken supply chains and inflation cost. NHSG can demonstrate year on year work done to produce savings. Noted that all boards are affected in the same way.</p> <ul style="list-style-type: none"> • Ms Grugeon understands that there are competing priorities and asked if there was a process in place to manage these and asked if the Ethics Group had been considered as a sounding board. Mr Allen commented he had been mindful of using the Ethics Group but confirmed that the approach being adopted is a service-led Portfolio approach. Noted requirements of maintaining buildings such as asbestos, fire code, ventilations and electrical. Planning for the future, investment opportunities will target works at the correct time. • Ms J Duncan asked if there had been any recent asset transfer requests. Mr Allen advised he was not aware of any but advised if any were identified they would be taken to the Board in due course. <p>PAFIC agreed to note the current governance, programmes and action plans set up.</p>	
7	<p>Matters to escalate to Board/other Committee chairs No matters to escalate were noted.</p>	
	<p>Date of Next Meeting Wednesday 22nd February 2023 – 1400 to 1600</p>	