

APPROVED 26.04.23

**NHS Grampian (NHSG)
Minute of the Performance Assurance, Finance, and Infrastructure Committee
Wednesday 22 February 2023
Microsoft Teams Meeting**

Present

Sandy Riddell	Non-Executive Board Member, NHS Grampian (SR) (Chair)
Tracy Colyer	Non-Executive Board Member, NHS Grampian (TC)
Joyce Duncan	Non-Executive Board Member, NHS Grampian (JD)
Luan Grugeon	Non-Executive Board Member, NHS Grampian (LG)
Derick Murray	Non-Executive Board Member, NHS Grampian (DM)
Alison Evison	Board Chair/Non-Executive Board Member, NHS Grampian (AE)

In Attendance

Paul Allen	Director of Infrastructure & Sustainability (PA) Item 3
Caroline Hiscox	Chief Executive (CH) Item 5
Pamela Lowbridge	Senior Specialist Analyst (PL) Item 5
Alan Sharp	Deputy Director of Finance (ASha) Item 4

Guests

Chantal Wood	Deputy General Manager, Facilities & Estates (CW) Item 3
Kathryn Kinnear	Service Manager, Royal Cornhill Hospital (Observing at Mr Allens request)

Minute taker

David Creighton	Senior Administrator/PA (DC)
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Item	Subject	Action
1	a) Welcome Mr Riddell welcomed everyone to the meeting and advised this was a shorter meeting due to system pressures.	

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	<p>Apologies</p> <table border="0"> <tr> <td>June Brown</td> <td>Executive Nurse Director (JBrw)</td> </tr> <tr> <td>Kate Danskin</td> <td>Chief of Staff (KD)</td> </tr> <tr> <td>Sarah Duncan</td> <td>Board Secretary (SD)</td> </tr> <tr> <td>Vanessa Sandison</td> <td>Divisional General Manager for CSS (invited as a guest for Item 3)</td> </tr> <tr> <td>Alex Stephen</td> <td>Director of Finance (ASte)</td> </tr> </table> <p>b) Minutes of previous meeting (21 December 2023) Minutes approved.</p> <p>Matters Arising: Psychological therapies clarity on executive oversight and governance reporting structure (J. Brown)</p> <p>Professor Hiscox provided an update following a meeting on Monday 21.02.23 with Ms Brown, Ms Rachael Smith Consultant Clinical Psychologist, Mr Kevin Stewart Minister for Mental Wellbeing and Social Care and the Government Support Team, who were content with progress to date.</p> <p>Professor Hiscox wished to note the leadership particularly of Ms Maggie Whyte, Consultant Clinical Neuropsychology, and Ms Smith who had reviewed and validated 14,000 individual patient cases.</p> <ul style="list-style-type: none"> • Psychological Therapies (18-week target): The introduction of additional staff and improvement strategies had not impacted this target yet. Numbers of new patients seen had increased by 15% (Sept–Nov 2022), however the majority of additional patients seen were waiting for longer than 18 weeks. This means that despite more patients being seen, compliance reduced from 74% (Sept 2022) to 65% (Nov 2022). Currently data identifies 74 predicted to be waiting over a year in March 2023, however most of those have appointments assigned and predicted actual number is 15. Work continues to allocate resource to those predicted to be waiting over one year. • Professor Hiscox confirmed that the Psychological Therapies services sit within the Integrated Joint Board (IJB) with a small amount in Acute within ARI hosted by Aberdeen City which holds the Portfolio Board for Mental Health & Learning Disabilities. Continual reports for Psychological Therapies should be presented through IJB Governance and shared with NHS Grampian to avoid duplication. • Professor Hiscox confirmed of the need to review how Psychological Therapies is distributed across NHSG. This will form part of the Mental Health and Learning Disabilities strategic transformation work. The action plan and programme are available to PAFIC by request. 	June Brown	Executive Nurse Director (JBrw)	Kate Danskin	Chief of Staff (KD)	Sarah Duncan	Board Secretary (SD)	Vanessa Sandison	Divisional General Manager for CSS (invited as a guest for Item 3)	Alex Stephen	Director of Finance (ASte)	
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	<ul style="list-style-type: none"> • Mr Riddell thanked Professor Hiscox for the reassuring update and for clarifying governance and oversight. c) Matters to escalate to Board/Committee Chairs • Mr Riddell commented that at the last PAFIC Meeting 17.12.22 there was a full discussion with questions raised and assurance given. • Once PAFIC is into a cycle of full reporting, the process for items to be escalated will be clearer. Professor Hiscox confirmed this may take time to get right and clarified the importance of executive leads and chairs maintaining dialogue. Noted that the highest strategic risks are going through the right committees. 	
2	<p>Committee Matters</p> <ul style="list-style-type: none"> • Mr Riddell confirmed all committee chairs and leads have had the proposed breakdown of assurance from the delivery plan priorities and have been asked to work with the relevant services and to schedule assurance reports. Noted that some priorities will need a joint report to go to multiple committees. Confirmed that Ms S Duncan to take a paper to the PAFIC Meeting on 26.04.2023 confirming the reporting schedule for the Annual Delivery Plan. Noting that PAFIC regularly receives reports on the milestones for the Annual Delivery Plan in coordination with reporting to the Scottish Government. 	
3	<p>Infrastructure – Executive Lead Paul Allen</p> <p>Topics and paper author:</p> <p>Equipment Replacement status and progress report</p> <ul style="list-style-type: none"> • (V Sandison – Apologies submitted and C Wood) <p>Mr Allen introduced Ms Wood, who co-chairs the Equipment and Medical Devices Group (EMDG) which is a subgroup from the Asset Management Group (AMG) chaired by Mr Allen that deals with all infrastructure, planning matters and investment, safety alerts and standards to be compliant.</p> <p>Ms Woods advised the Equipment and Medical Devices Group is a strategic functioning group to ensure that monies allocated in Grampian for equipment and medical devices are centrally governed and managed. It is also the conduit for discussion and sharing of key equipment and medical device safety-related communications, ensuring that information is cascaded and acted upon with the organisation. The Group has wide representation across the whole system including local operational groups and is well attended at the bi-monthly meetings ensuring effective collaboration. Noted that ARI</p>	

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	<p>is a teaching hospital and as such there is a need to maintain current and up to date equipment to enable the innovative approaches NHS Grampian wishes to be recognised for.</p> <p>Key Points:</p> <ul style="list-style-type: none"> • Mr Ross Davison holds a 5-year rolling equipment replacement list on an annual basis to ensure information remains current. This is RAG rated to ensure risks of not replacing equipment are understood. Services are asked to prioritise their risks and any recommendations made to the AMG who allocate funding. Noted a contingency fund of £500k is in place for issues that come up over the financial year that cannot be planned for. • In mid-2022 the equipment replacement requirements across services was £15 Million for 2023/24. These are being worked through for prioritisation, however with capital funding position being extremely tight for 2024 anticipated funding is likely to be £3-4 Million. The 5-year equipment list has also been requested from the Scottish Government in order to see if there is any opportunity to procure things on a national basis. Services are currently reviewing and the revised list will be available February 2023. • In 2021/22 £23.5 Million of equipment was replaced across the system. This figure included significant additional funding support from Scottish Government, which is unlikely to be available for 2023/24. Notably this included radiotherapy equipment at a cost of £4.7 Million which was well received. • Noted that ARI is a teaching hospital and as such there is a need to maintain current and up to date equipment. <p>Questions/comments from those present and in attendance.</p> <ul style="list-style-type: none"> • Ms Grugeon asked who makes the decision on what criteria is used to support self-management and preventative care in the decision-making process. Mr Allen confirmed the Formula Allocation from the Scottish Government is used across equipment, medical devices and backlog maintenance. It is known that some buildings need continued maintenance and it is key to try and get the balance right. • Ms Grugeon asked to confirm that NHSG's intent to be more preventative is factored into decision making. Mr Allen confirmed that forward planning is being done. • Mr Murray asked about reduction to £3-4 Million for 2023/2024. Mr Allen confirmed that the figure can vary each year depending on backlog maintenance. Any additional funds allocated to the EMDG. The allocation of £3-4 Million may go up depending on funding from the Scottish 	

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	<p>Government. Mr Sharp confirmed figures shown from 2021/2022 included Covid funding on a one-off basis to further explain the reduction.</p> <ul style="list-style-type: none"> • Ms J Duncan asked in relation to tipping points where risks become higher. Decisions will be harder and may need to look at service changes. Mr Allen confirmed there are processes in place to manage and mitigate risks noting that unplanned issues can occur. <p>Mr Riddell thanked Mr Allen and Ms Wood for the presentation.</p> <p>PAFIC were asked to note the recommendation of the activities and progress within EMDG and continues to support the investment requirements of EMDG.</p> <p>Ms Wood left the meeting</p>	
4	Finance	
	<p>Finance – Exec Lead Alex Stephen Topics and paper author: End of December 2022 financial position update Mr Sharp advised the financial position update is up to end of January 2023. Confirmed that 2022/2023 financial plan submitted to the Scottish Government indicated a £19.9 Million overspend target.</p> <p>Mr Sharp highlighted key points from the paper submitted and stated he was happy to take any questions.</p> <p>Key Points</p> <ul style="list-style-type: none"> • At the end of January 2023 is a reported overspend of £22.25 Million was largely attributed to service pressures, supplementary staffing, banding payments for junior doctors and impact of inflation on drug and medical supply costs. • Additional funding received from the Scottish Government for cost of hospital drugs and a reduction in NHSG’s contribution to the National Scheme which deals in clinical negligence gives a combined benefit of £6 Million. Due to this forecasting is now coming in below £19.9 Million • Risks to note over March and April 2023; <ul style="list-style-type: none"> ○ Agenda for Change Pay Award has now been paid which was planned on the basis the Scottish Government would fully fund. Confirmation due in coming weeks. 	

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	<ul style="list-style-type: none"> ○ Assumed benefit of untaken leave, an accrual has been made and encouraged managers and staff to use their annual leave by the end of the financial year 2023. Noting this may be challenging in some areas. ○ Waiting confirmation from the Scottish Government for formal communication on earmarked allocations, the biggest of which is Mental Health funding. ● Covid costs equate to £17.5 million, the majority of which on vaccinations, domestic staffing in line with infection prevention and control practices. Interesting to note that less than 100 staff were charged against Covid funding compared to the height of Covid which was over 11,000. <p>Questions/comments from those present and in attendance.</p> <ul style="list-style-type: none"> ● Mr Riddell thanked Mr Sharp noting that it was good news to hear that the target overspend of £19.9 Million was on track noting the welcome additional resource for hospital drug costs. Noted that there is still a degree of caution due to unknowns and uncertainty, to be further explored at the upcoming Board Development Session on 02.03.23. ● Ms Colyer asked if the payment reduction for the National Scheme affected cover. Mr Sharp confirmed cover will remain the same and further explained that the National risk is shared across Scotland with boards paying a portion of any claims. The payment reduction is representative of reduced estimate across Scotland. ● Ms Grugeon asked if there was any expectations for the 2023/2024 budget, Mr Sharp confirmed that recurring funding has been reduced significantly due to pressures on the national financial position. Mr Riddell commented on the committees focus to look at governance across all areas and the importance of coherence throughout the system for assurance in line with the improvement and sustainability plan. ● Ms Grugeon asked about the reality of working within our means for long-term planning. Do NHSG need to think of non-recurring money in a different way for inequalities? Ms Hiscox confirmed this would be best discussed at the Development Session on 02.03.23 but confirmed NHSG have been in dialogue with the Caroline Lamb and John Burns. ● Ms J Duncan asked how are NHSG doing against other boards for percentage of turnover to get a sense of what other Boards might ask the Scottish Government for. Professor Hiscox confirmed that planning and projections for 2023/2024 have been done, all boards have submitted deficits. Professor Hiscox confirmed that DOFs and BCE have reviewed. To be discussed further at the upcoming Development Session on 02.03.23. 	

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	Mr Riddell thanked Mr Sharp and colleagues. PAFIC agreed to accept the recommendation to note the report and that updated reports continue to come to PAFIC	
5	Performance	
	<p>5. Performance – Exec lead Caroline Hiscox Topics and paper author: Performance report focusing on key risks relating to system pressures for assurance</p> <ul style="list-style-type: none"> • Professor Hiscox apologised the report submitted was not the continued development as anticipated • Shared with PAFIC the overarching report which set out two recommendations: • Two sets of slides are included: <ul style="list-style-type: none"> ○ The Weekly System Pressures report included is routinely use to understand how the system is coping. This contains operational detail and an oversight of w/c 15.02.23. Noted that similar data are looked at by teams regularly and that the overall position to date has not changed from the data in the report. One of the key underlying contributing factors to operating headroom is the bed base and number of empty beds in the system. Evidence for bed base/occupancy of more than 85% shows it impacts the system and compromises staff and patient experience. Noted NHSG operating headroom most days is 100%. The report is produced based on 12 midnight numbers which shows the “best position”. ○ 2nd set of slides focused on Unscheduled Care work. This is important due to challenges in services which includes Psychological Therapies, Cancer and planned care. One of the contributing factors of limitation is how NHSG are managing unscheduled pathways of care. NHSG have learned a lot during Covid and data shows significant changes. This affects NHSG’s ability to meet the demands being made. For example 4hrs access performance which was drawing attention from the Scottish Government and public. • Mentioned previously meeting with Minister Kevin Stewart 21.02.23 and spent the day with John Burns Chief Operating Officer for Scotland on 17.02.23 to discuss the data set in detail as the Minister and COO are trying to understand nationally why unscheduled care is challenged. • Noted demand is changing with an increase in the older population and increase in complexity and comorbidity while the number coming through the front door is stable. • Noted a number of improvement works undertaken to redistribute and redirect away from ED. • Highlighted the slide on deprivation which looks at exploring the data relating to increased population sickness which puts a focus on effective chronic disease management. Noted Primary 	

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	<p>Care data as a blind spot which has been discussed with the Scottish Government due to an increase in chest, heart and stroke presentations.</p> <ul style="list-style-type: none"> • This data will help with clarity on any changes to make as part of the 2023/2024 Annual Delivery Plan. • Noted overall the data on performance in regards to head of population, attendance converted into Acute admissions is favourable at National level. For delayed discharges NHSG do well against Scotland benchmarks. • Noted the short term actions to reduce demand actions put in place to date, such as derogations. The next stage is to look at capacity and the ARI bed base. <p>Mr Riddell thanked Professor Hiscox and Ms Lowbridge for the information presented. The data showed some interesting issues. Suggested that this data could be taken to the Population Health Committees to get a sense of the nature of ill health in Grampian to look at recalibrating services.</p> <p>Questions/comments from those present and in attendance.</p> <ul style="list-style-type: none"> • Ms Grugeon commented that the data raises questions and asked if it was known how NHSG's bed base compares to the rest of Scotland. Do we need more permanent beds in hospital? Professor Hiscox advised NHSG do not have enough beds which is a focus to look at quickly along with strategic intent to deliver cost effective care close to home. Noting lost community beds across Moray and Aberdeenshire. Intent to increase hospital bed base initially with an expectation to transition to community focused care. Mr Riddell confirmed that having a spotlight on key issues and specific actions will help to track progress and identify if any differences made. • Ms Grugeon asked if discussions were in place with general practice to work as whole system. Professor Hiscox confirmed the importance in working with general practice to create sustainable pathways, in particular with chronic disease management. Infrastructures are also being looked at given the number of independent businesses across Grampian. Noted an interesting pilot in Moray supporting hours for unscheduled care in general practice to free up teams to deal with chronic disease management. • Mr Murray commented on the turnaround times, aware of initiatives to improve but not seeing any impact in the data. Professor Hiscox confirmed she continues to meet with Pauline Howie Chief Executive, SAS to work collaboratively. • Ms Colyer asked for clarity what the red reporting of ward status was. Ms Lowbridge confirmed red reporting is when staffing levels are either: not adequate for current patient dependency, all clinical 	

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	<p>staff have a case load, all education cancelled or there may be omissions of care and the delivery of safe care at risk.</p> <p>Mr Riddell thanked Professor Hiscox and Ms Lowbridge. PAFIC agreed to accept the recommendations noting in particular the draft performance and assurance report to come to PAFIC meeting 26.04.2023</p>	
	<p>Date of Next Meeting Wednesday 26th April 2023 – 1400 to 1600</p>	