

NHS Grampian (NHSG)
Minute of the Performance Governance Committee
Tuesday 14th May 2019, 14.00-16.30
Conference Room, Summerfield House

Present

Mrs Rhona Atkinson, Non-Executive Board Member, NHS Grampian (Chair)
 Ms Joyce Duncan, Non-Executive Board Member, NHS Grampian
 Ms Luan Grugeon, Non-Executive Board Member, NHS Grampian
 Ms Rachael Little, Employee Director, NHS Grampian
 Dr Lynda Lynch, Chair, NHS Grampian
 Councillor Shona Morrison, Non-Executive Board Member, NHS Grampian

In Attendance

Mr Paul Allen, Director of Facilities and eHealth, NHS Grampian
 Mr Paul Bachoo, Acute Medical Director, NHS Grampian
 Professor Amanda Croft, Chief Executive, NHS Grampian
 Ms Jillian Evans, Head of Health Intelligence, NHS Grampian
 Professor Nick Fluck, Medical Director, NHS Grampian
 Ms Fiona Francey, Chief Officer, Acute Services, NHS Grampian
 Mrs Pam Gowans, Chief Officer, Moray Health and Social Care Partnership
 Mr Alan Gray, Director of Finance, NHS Grampian
 Mrs Laura Gray, Director of Corporate Communications, NHS Grampian
 Mr Iain Ramsay, Partnership Manager, Aberdeenshire Health and Social Care Partnership
 Ms Else Smaaskjaer, Minuting Secretary

Item	Subject	Action
1	<p>Welcome</p> <p>Mrs Atkinson welcomed everyone to the meeting and thanked Mr Ramsay and Mrs Gowans for attending to update the Committee on items relating to delayed discharge.</p> <p>Apologies</p> <p>Ms Caroline Hiscox, Acting Director of Nursing, Midwifery and AHPs, NHS Grampian Mrs Susan Webb, Director of Public Health, NHS Grampian Ms Sandra Ross, Chief Officer, Aberdeen City Health and Social Care Partnership</p>	

Item	Subject	Action
2	<p>Minute of Meeting Held on 12th March 2019</p> <p>Following an amendment at Item 3.1 the minute of the previous meeting was approved as an accurate record.</p>	
3	<p>Matters Arising</p> <p>3.1 <u>Action Log</u></p> <p>The Committee agreed that an action log would be developed to inform future meetings.</p>	
4	<p>Performance Reports</p>	
	<p>4.1 <u>NHSG Performance Report</u></p> <p>Alan Gray introduced a 'Performance Matters' report for May 2019 which summarised key areas of performance. Ms Evans explained that the full performance report which includes all 78 nationally set indicators had also been distributed but this report sought to highlight eight key areas for the Committees attention:</p> <ul style="list-style-type: none"> • Improving Health: Smoking Cessation – NHS Grampian had been successful in achieving the targets set, including for HMP Grampian. • Dementia Post Diagnostic Support Services – data indicated that the number of referrals are less than expected and although this could be due to availability of staffing it was agreed that the data should be explored to understand if there are issues with the quality of data available or if it indicates that there is a high level of unmet need. Mrs Gowans reported that Moray had moved towards a locality based service for Older Adult Psychiatry and this had improved the number of referrals recorded and the services provided through community based dementia workers. • Access to Specialist Stroke Care – figures indicate an improvement in access to stroke care. • Daycase Surgery Rates – there had been an increase in the number of patients treated as 'day case'. Members agreed that there should be data to back up the assumption that this had also increased the level of patient satisfaction. 	

Item	Subject	Action
	<ul style="list-style-type: none"> • Vaccination Rates – these fall beneath the recommended 95% level. Mrs Atkinson noted that this represents an area of reporting which highlights the need for collaborative working and sharing of information with IJB colleagues. She suggested that a report is prepared for the Committee detailing the areas of service which are managed within IJBs but where NHS Grampian has overall responsibility for performance reporting and how relationships and accountability are handled. • Access: Waiting Times – Ms Evans highlighted the improvement achieved in cataract surgery and noted how changes to the physical environment and workforce capacity can result in sustainable improvement. • Access to Drug and Alcohol Services – although performance in Moray was good Ms Evans noted how physical capacity and workforce constraints had impacted on response times for treatment in Aberdeen City and Aberdeenshire. • Healthcare Associated Infection – figures demonstrated a reduction in healthcare associated CDI. It was noted that this will be reported to Clinical Governance Committee. <p>Mrs Atkinson suggested that the report would benefit from some context regarding both Scottish Government and NHS Grampian targets. Dr Lynch also advised that it should reflect current national priorities, such as CAHMS, as it is important that the Committee is provided with an awareness of how NHS Grampian is performing locally in those areas of service.</p> <p>Members welcomed the format of the report and the inclusion of cross system areas but it was agreed that it should be developed to include clear actions where performance can be improved and an overall ‘performance’ summary.</p>	JE
4.2	<p><u>Acute Sector Performance Report</u></p> <p>An information pack giving an overview of acute sector performance had been circulated prior to the meeting and the following key issues were discussed:</p> <ul style="list-style-type: none"> • Diagnostics – significant increase in the number of patients waiting more than six weeks for MRI. Ms Francey reported that there had been some delays in recovery time following 	

Item	Subject	Action
	<p>specific incidents such as flooding. There had also been an increase in the number of referrals. Radiology had reported a 20% increase over 3 years. This will be included in the plans for the Elective Care Project but issues relating to the number of qualified radiologists and the number of hours they are allowed to work had also been recognised. Doctor Lynch suggested that some narrative of what lies beneath the figures would be helpful.</p> <ul style="list-style-type: none"> • Current % Performance Outpatients and TTG – Dr Lynch asked if the right plans are in place to mitigate any risks associated with specialty areas showing a low %. Ms Francey confirmed that plans are detailed in the Waiting Times Improvement Plan and the Annual Operational Plan but the trajectories had still to be signed off. She also noted that the Scottish Government had indicated more resources would be made available for OMFS. • 4 Hour Standard – a peak in activity was noted across the Easter holiday weekend. Ms Francey reported that there had been no specific event/circumstances that would account for this but noted it had highlighted the difficulty in managing an unexpected peak in activity on an already pressured department. • TTG Day Case and Inpatient – Mrs Atkinson asked if more information could be provided regarding the number of urgent patients recorded at 104+ weeks. • Planned AOP Outcome – Mrs Francey confirmed there is confidence that the trajectories and milestones set by the Scottish Government are achievable. <p>Mrs Atkinson advised that it would be important to consider whether the targets are achievable without adding additional pressure to staff who are already working beyond full capacity. Mr Bachoo agreed that there is a need to build some sustainability and resilience into the system. Ms Grugeon asked if staff across specialty areas are aware of longer term plans and trajectories. Mr Bachoo confirmed that development of the Waiting Times Improvement Plan has been based on a 'bottom up' approach across divisions.</p> <p>Members welcomed the general format of the information pack. It was agreed that the addition of some narrative would</p>	

Item	Subject	Action
	<p>be useful to allow consideration of what lies behind the numbers and provide better understanding of whether the targets are achievable.</p>	<p>Acute</p>
<p>5</p>	<p>Other Performance Topics</p>	
	<p>5.1 <u>Digital Strategy Group – Current Position and Future Plans</u></p> <p>Mr Allen attended to provide an update on the work of the Digital Strategy Group. He reported that a recent initial meeting had been well attended by a wide range of stakeholders. The group had agreed that initial work will focus on identifying priorities which link into the Grampian Clinical Strategy. The group will continue to consult with all relevant stakeholders and aim to have a report ready for the Board’s consideration in December.</p> <p>Mrs Atkinson noted that a key part of the integration agenda is to ensure data sharing for health visitors and community based colleagues and asked if the strategy will reference phones and apps. Mr Allen confirmed that use of mobile devices and various platforms will be included in the Strategy. Ms Grugeon welcomed consultation across staff groups and asked if this had been extended to include patient and community engagement. Mr Allen reported that the public involvement team will be involved in the development of the Strategy and will advise on appropriate consultation. Professor Croft reported that she had linked Mr Allen with relevant colleagues at Aberdeen City Council.</p> <p>The Committee thanked Mr Allen for his update and asked him to return and report on progress to the meeting scheduled in November 2019.</p>	<p>PA</p>
	<p>5.2 <u>Delayed Discharge</u></p> <p>Mrs Gowan and Mr Ramsay attended to provide the Committee with some context behind the figures regarding delayed discharge. Mr Ramsay explained that one of the drivers behind integration had been to promote a unified approach to use of resources and planning of services. A lot of positive progress had been made in the approach to delayed discharge but there are occasional problems. The 6 Essential Action Programme had encouraged a collaborative whole system approach in developing older peoples pathway and now colleagues work closely together to deal with surges in demand. There are also challenges in terms of managing demographic changes in the context of a</p>	

Item	Subject	Action
	<p>reducing bed base. Twice daily huddles include all relevant staff and had been helpful in planning for expected tensions in the system. Mrs Gowan agreed that local actions had resulted in an improved culture and had acknowledged the importance of having the right colleagues around the table who can all contribute and ensure focus remains sighted on the best outcome for each patient.</p> <p>Mrs Duncan welcomed the measures taken and the good working relationships between statutory bodies but suggested the conversation could be widened to include all those concerned in the care of the elderly and consider what additional changes can be made.</p> <p>Mrs Atkinson thanked Mrs Gowan and Mr Ramsay for their attendance and update.</p>	
5.3	<p><u>Media Monitoring and Social Media</u></p> <p>Mrs Gray reported that a difficult news story in March had highlighted the benefits of having a good relationship with local media outlets. Her report also noted a number of good news stories which had been circulated to the press and the communications team had posted information and updates on social media. Mrs Gray noted that as the use of social media increases consideration is given to which platform best suits each story.</p> <p>Press interest in obstetric and paediatric services at Dr Gray's had re-emerged and a communications officer, based in Elgin, had been appointed to provide direct support to the team at Dr Gray's in responding to requests for information. This will also help to highlight events around the 200th anniversary of the hospital.</p> <p>The annual review in April had attracted a lot of media interest with the hot topics proving to be Board finances and Dr Gray's Hospital.</p> <p>Mrs Atkinson thanked Mrs Gray and the communication team for another successful report.</p>	
5.4	<p><u>Finance Report</u></p> <p>Mr Gray presented the financial update for the twelve months</p>	

Item	Subject	Action
	<p>ended 31st March 2019. He reported that the Board had achieved its three financial targets for the 2018/19 financial year. The Committee were advised of a 12% overspend at Dr Gray's Hospital and in June the Board will be asked to consider a fully-costed proposed model of delivery.</p> <p>Mrs Atkinson noted an overspend in Mental Health and Learning Disabilities which had been partly due to the withdrawal of Changing Children's Services funding for CAHMS service by local authorities. Members were disappointed that this funding had not been reinvested in Children's Services with no evidence that Level 1 and 2 services had received any additional support to help reduce pressure on CAHMS.</p> <p>Mr Gray advised that staff continue to work closely with colleagues in IJBs to implement good financial management and ensure financial planning going forwards.</p> <p>The Committee thanked Mr Gray for his update and the regular monthly financial reports which keep them informed during the financial year.</p>	
5.5	<p><u>Annual Operational Plan</u></p> <p>Mr Gray presented a draft of the Annual Operational Plan which detailed the eight priority areas for NHS Grampian Board for 2019/20. Following some further consultation and approval by the Board on 6th June this will be submitted to the Scottish Government.</p> <p>The Committee noted the report and agreed that progress against the plan will be reported at future meetings.</p>	AG
5.6	<p><u>Infrastructure</u></p> <p>Mr Gray presented a paper which provided an overview of the five year infrastructure investment plan for 2019/2024 which will be considered for approval by the Board on 6th June. The plan is based on an assessment of current priorities and Mr Gray advised it will be kept under review during the five year period.</p> <p>The Committee noted the report.</p>	

Item	Subject	Action
6	Assurance Framework: Reports from Governance Committees and Community Planning Partnerships	
	<p>Members discussed assurance reporting to the Committee. Mrs Atkinson noted that during the Audit Committee Development Session on 19th March it had been suggested that the format of assurance reporting should be reviewed to ensure that it remains relevant. Mr Gray advised that Members should consider whether the current reporting format provides sufficient assurance to the Board and whether all other Governance Committees and Community Planning Partnerships need to report through the Performance Governance Committee. However, it was also acknowledged that there should be some mechanism to provide assurance to NHS Grampian that Community Planning Partnerships are delivering what has been asked of them and is supported by the Board.</p> <p>The Committee agreed concerns regarding whether the reports submitted at each meeting are providing the assurance required by the Board. It was agreed that this should be reviewed within the context of developing an assurance framework and progress reported back to future meetings of the Committee.</p>	
7	Feedback from Integration Joint Boards	
7.1	<p>Members discussed whether this should be more formalised and meaningful.</p> <p>It was agreed that it would be helpful to incorporate whole system reporting into the performance report. Mr Gray and Professor Croft will review how items which are reported to the System Leadership Team can inform the performance report.</p>	AG/ ALC
8	Risk	
8.1	<p><u>Strategic Risk Register</u></p> <p>Professor Fluck introduced the Strategic Risk Register which had been updated with all risks re-categorised, and assigned to an Executive Lead, a System Leadership Team Sub-Group and a Governance Committee. Professor Fluck noted that this represented a significant step forward in how risks are reviewed and managed and informed the Committee that guidance and</p>	

Item	Subject	Action
	<p>process would be clarified as part of the ongoing work.</p> <p>The Committee noted the update and progress made to date.</p>	
9	AOCB	
	<p>9.1 Mrs Atkinson recorded thanks to Mrs Gray for her attendance at the Performance Governance Committee over a number of years. The Committee had appreciated the positive presentation of good news and the sensitive handling of some more difficult items. Members agreed that Mrs Gray's professional touch will be missed by NHS Grampian and wished her well for the future.</p>	
10	<p>Report to NHSG Board</p> <p>The Committee agreed that the following items would be of interest to all Board members:</p> <ul style="list-style-type: none"> • Financial Report; • Performance Update; • Media Monitoring, including Social Media; and • Progress in Developing New Performance Reporting Format <p>Mr Gray to draft the report to the Board for Mrs Atkinson's review.</p>	SI
11	<p>Date of Next Meeting</p> <p>Tuesday 17th September 2019</p> <p>14.00-16.30</p> <p>Conference Room, Summerfield House</p>	