

APPROVED**NHS GRAMPIAN**

Minute of Meeting of Performance Governance Committee held
at 2pm on Tuesday 12th March 2019 in the
Conference Room, Summerfield House, Aberdeen

Present	Mrs Rhona Atkinson	Chair
	Ms Luan Grugeon	Non-Executive Board Member
	Ms Rachael Little	Non-Executive Board Member
	Mr John Tomlinson	Non-Executive Board Member
Attending	Mr Paul Bachoo	Acute Medical Director
	Ms Jillian Evans	Head of Health Intelligence
	Professor Nick Fluck	Medical Director
	Mrs Fiona Francey	General Manager of Acute Services
	Mr Alan Gray	Director of Finance
	Mrs Jenny McNicol	Acute Director of Nursing and Midwifery
	Ms Emma Pettis	Senior Communications Officer
	Ms Anne Ross	Head of Performance and Quality Improvement
	Ms Else Smaaskjaer	PA/Minute Taker

Welcome and Apologies

Mrs Atkinson welcomed Mr Tomlinson to the Committee as an observer.

Apologies were noted from Councillor Shona Morrison, Ms Joyce Duncan and Dr Lynda Lynch.

1 Minute of Meeting held on 18th January 2019

Following clarification that the Chief Officers would be invited to the Committee meeting scheduled in May 2019 the minute was approved as an accurate record.

2 Matters Arising

All matters arising were included on the agenda.

3 Performance Report**3.1 Performance Report**

Mr Gray introduced the summary report and explained that the report focused on performance against the Local Delivery Plan Standards which are published on the Scottish Government's Scotland Performs website. The data from that source will be included in the ministerial briefing pack produced for the Annual Review on 29th April. Professor Fluck noted that although these are the recognised standards it is also helpful to look behind the figures. He highlighted that for different cancers there are often different outcomes and although it can be useful to have established indicators there can be problems in looking at items in isolation.

Members were asked to note that although NHS Grampian shows a poor performance against the LDP Standard relating to dementia there is a lot of work ongoing with Health and Social Care Partnerships which will be reported back to the Committee later in the year. There are also improvement plans in place for CAMHS and ongoing work with Health Improvement Scotland to improve referral times for Psychological Therapies.

The Committee discussed issues relating to reporting and how to be assured that improvements are being made. Mr Gray confirmed that improvements to data collections and reporting had been prioritised for attention during the next six months.

3.2 Acute Sector

An information pack giving an overview of acute sector performance had been circulated prior to the meeting and the following key issues were highlighted:

- Treatment time guarantee and outpatient breach positions continue to be reported but performance is improving, particularly in urology where new consultant appointments had resulted in additional capacity.
- The safety of patients on in-patient waiting lists continues to be monitored and no significant concerns were raised.
- The number of elective theatre cancellations remains stable.
- There is confidence that additional consultant appointments and maximising available theatre time at Stracathro will result in improvements to cancer pathways and reducing the backlog of patients on waiting lists. Scottish Government colleagues had indicated they are content with actions taken to date.
- The average performance relating to the 4 hour standard at ARI peaked at over 90% but had now improved to a level where daily reporting to the Scottish Government was no longer required. Supporting increased collaborative working and cross-communication between medical leads and ED staff had been effective in achieving this improvement.
- The financial position is an improvement on the same period for last year and, although there is still a significant number of vacancies, there is more control over locum spend.

Mrs Atkinson observed that although the patient safety data relating to category three patients showed no adverse effects it would be useful to have more information relating to the impact on quality of life during a lengthy waiting time. Ms Grugeon asked if information is available relating to the benefits of non-medical interventions and whether alternative options are explored to improve the overall wellbeing of patients during prolonged waiting periods. Mr Bachoo confirmed that there is some work being carried out with colleagues in Public Health and this is one of the topics which will be considered in the context of Realising Realistic Medicine. Ms Evans added that it would be useful to look at the information gathered through the Atlas of Variation, introduced by ISD Scotland, which explores geographical variations in the health care system across Scotland to tackle inconsistencies and support Realistic Medicine in practice. This will introduce different ways of collecting and recording data and will help to enhance reporting. Members agreed it would be useful to have reports which were less number oriented and provide a wider perspective. Mr Tomlinson asked if that would result in data not being available and Mrs Francey confirmed that data would still have to be produced to comply with Scottish Government reporting requirements.

Ms Grugeon asked if staff in the Acute sector are comfortable that they can achieve the targets set by the Government. Mrs Francey and Mr Bachoo both confirmed that it would be very difficult to address the current backlog and build in sustainability without additional capacity. Mr Bachoo also advised that the Board will be asked to consider some variation to principles to allow the sourcing of additional capacity.

The Committee noted the improvement in unscheduled care performance, and that the requirement to submit multiple reports each day to the Scottish Government had been discontinued. Members asked that the efforts of all the staff involved should be acknowledged and recognised the complexities in making improvements and meeting targets whilst ensuring that the health and wellbeing needs of staff continue to be met.

Mrs Atkinson thanked Mrs Francey for the update.

4 Other Performance Topics

4.1 Media Monitoring and Social Media report

Emma Pettis attended to provide an update on recent media activity. She reported that January had been a relatively quiet month and less media pressures than in previous years had been noted. This had allowed staff to focus attention on highlighting positive news around Dr Gray's Hospital and also to prepare for events to celebrate the 200th anniversary since its opening. Social media activity had focused on mental health nursing and there had been some very positive feedback and online comments.

An inspection report on Older People in Acute Services had not been particularly critical but did highlight a few issues relating to documentation and paperwork. Some balanced reporting had been expected but unfortunately the publication of the report coincided with a quiet news day and one of the local papers made a headline story of it. Ms Pettis noted that this had provided an opportunity for communication staff to reflect on how media coverage can sometimes be influenced by factors beyond the actual news story itself.

Mr Tomlinson asked how the media access information relating to performance data. Ms Pettis reported that the statistics published by ISD Scotland is available on a public platform and the media will pick out particular items for coverage. Members also considered the utilisation of NHS stories by politicians both locally and nationally.

The Committee thanked Ms Pettis and the corporate communications team for the positive energy provided by the generation of good news stories.

4.2 Financial Report

The Director of Finance provided an update on the financial position for the financial year to date and reported that NHS Grampian is expected to meet its financial targets for 2018/19. However, he noted that the financial position is underpinned by a high level of underlying vacancies and it would be better to have more staff appointed to funded posts.

Ms Grugeon asked where the responsibility lies in covering shortfalls in IJB budgets. Mr Gray explained that IJBs cannot show an overspend and it is the responsibility of the NHS and the respective Local Authority to cover any gaps. Mrs Atkinson noted the complex financial relationship between the NHS and IJBs and suggested that it would be useful to look at how the healthcare system is

designed to optimise the available budgets to best effect and not have finance at the centre of every discussion.

Professor Fluck asked if it would be helpful to look at how outcomes are measured and whether the right things are being measured. He explained that with regard to changes in the provision of care to the elderly no financial savings had been achieved but there had been improvements made in supporting people at home.

The Committee discussed the need to be clear about the values of the organisation as at times there can be a disconnect between NHS and IJBs and it would be beneficial to work collaboratively in bringing the values of the organisations closer together. Mr Tomlinson noted that he was encouraged by the conversation regarding improvements to the system but there should be clarity about how it would work in practice. Mr Gray added that there also needs to be a clear direction of travel regardless of any future changes to management structures. Ms Evans highlighted the ongoing work of the Performance Intelligence Network.

4.3 Annual Operational Plan

Mr Gray reported that this will be in draft format by the end of March for discussion at the Board Seminar on 4th April.

5 Assurance Framework: Reports from Governance Committees and Community Planning Partnerships

5.1 Staff Governance Committee

Ms Little reported that the Staff Governance Committee had discussed staffing expenditure across a number of areas. The Committee had agreed to review its constitution to refocus attention on the Staff Governance Standard and ensure that the risk information available will deliver assurance on the achievement of the Standard. There had also been an agreement to increase engagement with schools through play based learning to highlight healthcare as a career choice. Ms Little also noted that the Committee had welcomed the changes in pre-placement health screening by the Occupational Health Service to speed up the recruitment process.

5.2 Engagement and Participation Committee

The Committee noted items discussed at the meeting on 27th February 2019.

5.3 Aberdeen City Community Planning Partnership

The Committee noted items discussed at the meeting on 26th February 2019.

There was a general discussion regarding effectiveness of the assurance reports and whether they fully provide the assurances required by the Committee. Mrs Atkinson suggested that the Audit Committee Development Session on 19th March may help to clarify what should be provided and Professor Fluck noted that each Board Committee is at a slightly different stage in the process of reviewing how risks are monitored. The intention is that all risks will be aligned to the appropriate SLT Sub-Group and Committees will take ownership of the risks relevant to its areas of responsibility.

6 Feedback from Integration Joint Boards

6.1 Aberdeen City

Ms Grugeon reported that the IJB had discussed its budget for 2019/20 and the Aberdeen City Health and Social Care Partnership Strategic Plan to be agreed at the end of March.

6.2 Aberdeenshire

Mrs Atkinson reported that having recently taken the position of Chair she is actively catching up on a range of relevant issues.

6.3 Moray

No update available at the meeting.

7 Review of Performance Governance Committee Constitution

The Constitution had been circulated prior to the meeting to allow time to consider any changes.

Ms Grugeon's request that the following be included at Section 2 Role and Remit of the Committee was agreed.

To assure the NHS Board that preventable inequalities in health outcomes due to deprivation are addressed across NHS Grampian.

It was agreed that Section 4 Membership be amended to clarify that the Chairperson is a Non-Executive Member.

8 Risk

8.1 Strategic Risk Register

Professor Fluck reported an ongoing process of housekeeping across the strategic risk register. Some of the categories currently in use will be relabelled and reviewed. Professor Fluck noted that, although there is still some work to complete, progress is being made in embedding risk in how the organisation works by raising awareness and encouraging good practice in recording risk.

9 Content for Report to Board

- Finance Update
- Performance Updates
- Media Monitoring and Social Media
- Review of Assurance Reporting
- Efforts of Acute Staff in Improvements to Unscheduled Care Performance

10 AOCB

Mrs Atkinson recorded thanks to Mrs Anne Ross, who had been in post as Head of Performance and Quality Improvement since the inception of the Committee and had always provided accurate and precise information which had been very much valued. Members wished Mrs Ross a happy and healthy retirement.

11 Date of Next Meeting

Tuesday 14th May, Conference Room, Summerfield House

13.30 – 16.00