

NHS GRAMPIAN

Minute of Meeting of Performance Governance Committee held  
at 10am on Friday 18<sup>th</sup> January 2019 in the  
Conference Room, Summerfield House, Aberdeen

<b>Present</b>	Mrs Rhona Atkinson	Chair
	Ms Luan Grugeon	Non-Executive Board Member
	Ms Rachael Little	Non-Executive Board Member
	Councillor Shona Morrison	Non-Executive Board Member
<b>Attending</b>	Professor Amanda Croft	Interim Chief Executive
	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

**Apologies**

The Committee welcomed Mrs Atkinson to her first meeting as Chair.

**1 Minute of Meeting held on 20<sup>th</sup> November 2018**

Following a change to Mrs McNicol's job title the minute was approved as an accurate record.

**2 Matters Arising**

**Delayed Discharge** – Mrs Francey confirmed that she continues to meet with the IJB Chief Officers each week to review. Ms Grugeon asked how any concerns identified would be reported to the Board. Professor Croft explained that there are formal bi-monthly performance reviews for each Health and Social Care Partnership and any issues from these may be reported through the Clinical Governance Committee.

Members asked that this be kept under review and that Chief Officers be invited to meet with the Performance Governance Committee in June to update members.

**Corporate Parenting Action Plan** – Professor Croft confirmed that the Corporate Parenting Action Plan will be reported to the next Transformation Group meeting in February and is then scheduled for summer 2019 in the Board's forward plan. It was agreed that a full session at the Board regarding Children's Services would be helpful and Ms Grugeon requested that Board Members are included in any training scheduled around Corporate Parenting.

## **3 Performance Report**

### **3.1 Performance Report**

Mr Gray introduced the summary report and updated the Committee on Child and Adolescent Mental Health Services (CAMHS). He reported the actions taken to achieve some improvement and the requirement to invest a further £770K to balance the withdrawal of local authority funding. £1M awarded by the Scottish Government will facilitate the co-location of the service for Aberdeen City and Aberdeenshire on a single site at the City Hospital. Performance in Moray had been highlighted and a detailed action plan developed to drive through change and service improvements. Ms Grugeon was pleased to note the improved progress and funding but queried why less referrals appeared to combine with longer waiting times. Professor Croft advised that improvements will start to show when staff have co-located and the redesign of the service becomes embedded. Professor Croft also noted that NHS Grampian is one of only three Boards in Scotland to use the Choice and Partnership Approach (CAPA) which provides an accurate reflection of the waiting times position. Mr Gray agreed that in reviewing figures provided using the CAPA model it is important to take a wider view and consider models of care and stages of treatment. Ms Evans cautioned making direct comparisons between different models of counting.

Mr Gray reported a slight dip in performance regarding access to specialist drugs and alcohol services which will be further analysed. Staff will continue to monitor the update rates for childhood immunisation. He also highlighted the demographic changes in relation to GP workforce and list sizes.

Ms Grugeon asked if the figures relating to BMI for Primary 1 pupils were as expected and Ms Evans explained that some positive initiatives had been implemented and this area of work had been highlighted in the Community Plan. A paper was requested for a future meeting.

### **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 were consistent with previous years and reflective of activity during the festive period. Both had improved since 7<sup>th</sup> January.
- Theatre activity is monitored twice weekly and additional nursing provision had helped to maintain a steady position.
- There is confidence that the increase in cancer waiting time performance will continue and this will contribute to the delivery of the waiting times improvement plan figures. The linkage between cancer data and theatre data demonstrates that, although there is limited theatre capacity, cancer patients are being prioritised.
- The National Waiting Times Improvement Plan presents significant challenges for NHS Grampian but recent projections indicate that some improvement will be reported.
- Assurance is in place through a weekly meeting to review acute sector performance attended by the Director of Finance, as executive lead for performance, and the Interim Chief Executive. Health Intelligence has also

been involved and clear data regarding theatre activity is made available which can be accessed by consultants.

- Additional activity, using private providers for cataract procedures, orthopaedics and to increase endoscopy capacity will result in an improved position at the end of March 2019. The deployment of an elective care resources manager to prioritise patients at highest risk will also be piloted during this period.
- Maximising available theatre time at Stracathro will have a significant impact on waiting times. This could have positive benefits in terms of both reducing the backlog of patients on waiting lists and ensuring sustainability, but more work is required in matching patients and identifying staffing resources and equipment availability.
- The A&E 4 hour standard figures for ARI had been poor and a variety of strategies are being employed to secure some improvement. The Scottish Government is monitoring these figures daily across Scotland. There had been no significant spike in activity and monitoring of flow and delayed discharges will continue.
- The financial position is an improvement on the same period for last year but this is underpinned by a significant number of vacancies.
- There had been an improvement in the movement of adverse event reviews through the system. The triumvirate management teams in each division take ownership of communication with Scottish Public Services Ombudsman (SPSO) and this is intended to improve outcomes across the sector. Professor Fluck noted that SPSO is reviewing responses and this will lead to improvements in how NHS Grampian responds to patients.

Ms Gurgeon asked if it will be necessary to continue contracting with the independent sector in the longer term. Mr Gray suggested that there should be a review of why trained staff are more attracted to the private sector and whether some changes to terms and conditions could tempt them back to NHS employment. It was agreed that more data and information would help to indicate why some areas are more challenged than others. It was also agreed that there needs to be consideration of how staff are prepared for new developments such as the Major Trauma Centre and the Baird Family Hospital to encourage a culture of opportunity in the organisation. Ms Evans observed that, although iMatter is helpful, it would be useful to have a more systemic approach to research on what keeps people engaged in NHS Grampian.

Mrs Atkinson noted that the report demonstrates a more proactive and controlled position and asked if the acute sector management triumvirate are more confident going forwards than it was six months ago. Mrs Francey reflected that the sector is now managed in a different way than it had been previously and advised that the triumvirate approach had been helpful in establishing a more collaborative approach and improving the quality of the decision making process. This will be applied to divisional teams and the intention is to eventually include nursing managers. It had also been helpful to involve clinicians in discussions regarding changes required and the allocation of resources.

Professor Fluck noted that from a Medical Directorate perspective improved data and analysis had helped to identify more relevant intervention work. The main area of work outstanding is to strengthen the relationship with realistic medicine to examine whether effort and resources are being utilised most effectively.

Mr Gray suggested that, although there is a requirement to report live performance information to the Scottish Government, there is also a need for some consideration regarding a strategy for sustainability and how to invest in the longer term development of NHS Grampian which takes a broader view and goes beyond responding to numbers.

**Mrs Atkinson thanked Mrs Francey for the update.**

### **3.3 Feedback from Festive Period**

Mrs Francey reported that plans had worked reasonably well and no significant spikes in activity had been recorded.

## **4 Other Performance Topics**

### **4.1 Media Monitoring and Social Media report**

Emma Pettis attended to provide an update on recent media activity. There had been some critical coverage in the local press including an incident relating to data management, the moving of the children's ward at Dr Gray's and the relocation of the Kessock Clinic. However, there had also been good news to report including the launch of the co-ordinated fundraising campaign for the Baird Family Hospital and the ANCHOR Centre which was well attended and generated positive feedback from local media.

There had been a number of stories scheduled over the festive period from local MPs and MSPs. One of these had ignored the information contained in a Freedom of Information response from NHS Grampian but the final copy had been amended and had criticised the misuse of data in presenting inaccurate conclusions.

Social media over the festive period had included posts from wards and a wide range of services across Grampian. A particular highlight had been positive public engagement with Facebook posts from a number of smaller community hospitals reporting on events over Christmas and Hogmanay.

The Committee thanked Ms Pettis and the corporate communications team for their hard work in ensuring balanced media coverage.

### **4.2 Financial Report**

The Director of Finance provided an update on the financial position for the financial year to December 2018 and reported a year to date overspend of £0.8M. There is confidence that this can be recovered before the end of the financial year. However, he advised that this position is underpinned by staffing vacancies which impacts on day to day activity and NHS Grampian should continue to try to achieve financial targets and operational targets. Although IJBs are reported

separately there are expected overspend relating to Moray and Aberdeenshire which will be discussed with Chief Officers and Chief Executives. The largest overspending operational areas had been Acute Women and Children's Division and Dr Gray's Hospital. He noted future challenges for NHS Grampian in staffing and resourcing the Baird Family Hospital, the ANCHOR Centre and the Elective Care Centre as they reach completion. Mr Gray also highlighted the underspend on hospital medicines as a result of efforts made by pharmacy colleagues and consultants in moving towards the use of biosimilars.

### **4.3 Budget Report**

Mr Gray had prepared a reported outlining the confirmed position of the budget settlement for 2019/20. Mrs Atkinson noted the allocation to IJBs and suggested that there should be some discussion regarding a more integrated approach to making financial decisions. Mr Gray agreed that this could be a future agenda item for the Committee. It was agreed that the following would be helpful:

- a system which provides information relating to patient activity across Grampian.
- a whole system overview, including the impact of IJB decisions relating to community hospitals and how these impact on the patient experience and GP pressures.
- a robust system to engage with IJBs on finance, including set-aside budgets.
- a whole system approach, including development of pathways, in delivering services across Grampian.

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

### **5.1 Clinical Governance Committee**

A review of Healthcare Scientists, and the risk identified in relation to the Perfusion Service, will be taken forward by Mr Paul Bachoo, Acute Sector Medical Director and Mr Chris Llewellyn the Healthcare Science Professional Lead. The Committee had discussed engagement with NHS Highland in addressing the challenges around the Cytopathology Lab at ARI. The first phase of re-establishing obstetric services at Dr Gray's had been noted.

### **5.2 Engagement and Participation Committee**

Ms Grugeon asked for clarification that the review of the NHS Grampian Youth Forum did not indicate an indication to stop this activity.

### **5.3 Improving Outcomes for Children Transformation Board**

The Transformation Board had discussed the Corporate Parenting Action Plan and this will be presented at a Board Seminar in early 2019. A Joint Inspection of Children's and Young People's Services in Aberdeen City has been scheduled for March 2019. Ms Hiscox is engaging with other agencies in the preparation process. A review of the Transformation Board will be undertaken to ensure it is focused on the right areas.

#### **5.4 Moray Community Planning Partnership**

The Committee noted items discussed at the meeting on 8<sup>th</sup> November 2018.

#### **5.5 Aberdeenshire Community Planning Partnership**

The Committee noted items discussed at the meeting on 2<sup>nd</sup> October 2018.

#### **5.6 Aberdeen City Community Planning Partnership**

The Local Outcome Improvement Plan had been discussed and it had been agreed that staff should be engaged with the community planning process. The need to work towards greater integration of data and health intelligence between NHS Grampian and the Local Authority was highlighted along with proposals regarding the Learning Health System.

### **6 Feedback from Integration Joint Boards**

#### **6.1 Aberdeen City**

Ms Grugeon reported that the Clinical Governance Committee had raised some concerns that it is not receiving data in a useful format. Ms Grugeon will take the role as Vice Chair of the IJB from April 2019.

#### **6.2 Aberdeenshire**

The IJB had discussed the outcome of the review of minor injuries units and had confirmed the relocation of the Substance Misuse Service from Kessock Clinic to Fraserburgh Hospital. It was confirmed that, following Dr Lynch's appointment to Chair of NHS Grampian, Mrs Atkinson will take the role as Chair.

#### **6.3 Moray**

The IJB had discussed the projected overspend for the current financial year and the lack of reserves going forward. Mr Jonathan Passmore will take the role as Chair of the IJB from April.

### **7 Review of Performance Governance Committee**

Mr Gray informed the Committee that there will be a change to the format of future performance reports. The remit for the Committee is due for review and the current remit will be circulated prior to the next meeting. Professor Fluck noted the link between the Performance Governance Committee and the risk management agenda and suggested connections between all Board Committees and assurance reporting routes should be considered as part of the review.

### **8 Risk**

#### **8.1 Strategic Risk Register**

Changes to the risk register and risk profile were noted. Professor Fluck reported that going forward strategic risks linked to Board Committees will be reviewed regularly at meetings.

## **8.2 Brexit**

Mr Gray reported that Brexit had been included on the risk agenda. Planning is ongoing, both nationally and locally, for a range of scenarios but there is no certainty at this stage regarding supply lines for drugs, fuel, food and other items. Colleagues will continue to monitor the situation.

## **9 Content for Report to Board**

- Finance Update
- Performance Updates
- CAHMS and CAPA

## **10 AOCB**

None

## **11 Date of Next Meeting**

Tuesday 12<sup>th</sup> March, Seminar Room, Summerfield House  
14.00 – 16.30