

**Performance Governance Committee – Minute of Meeting
Friday 17 May 2024
Via Microsoft Teams**

1.0 Attendance

Present: Non-Executive Members

Sheila Cowan (Chair)
Marc Mazzucco
Ewing Hope
Lee Lyons

Board Advisor/Ex-Officio

Claire Burden	Chief Executive
Kirstin Dickson	Director of Transformation and Sustainability
Derek Lindsay	Director of Finance

In Attendance:	Debbie Kirk	Head of Access
	Shirley Taylor	Committee Secretary (Minutes)

1.1 Apologies

The chair welcomed everyone to the committee. Apologies were received from Lesley Bowie, Linda Semple and Joyce White.

2. Declarations of interest

Nothing declared.

3. Minutes of the previous meeting – 07 March 2024

The minute was approved as an accurate record of the meeting.

4. Matters Arising

4.1 Action Log

The committee discussed Risk 845 relating to Electro Medical Equipment which is still in progress with a deadline of June 2024 for conclusion. The Director of Transformation and Sustainability requested that item 4.1.1 be removed from the agenda as this risk is currently being reviewed and may be changed from strategic

to operational. Discussion took place on how it can be deescalated when it is currently sitting as red. The Chief Executive clarified that the risk will not be deescalated in terms of rating, the review will take place around ownership and oversight of the risk and how it is being mitigated. It was agreed that a brief paper explaining the process and outcome of this risk would be provided at the next meeting.

ACTION – Kirstin Dickson

Item 8.3 was discussed and it was agreed that the date of this will be moved to June 2024 for completion as a meeting is scheduled to take place with the Chief Executive attending the south IJB in relation to the delayed discharges.

ACTION – Shirley Taylor

The Director of Finance advised that the action in relation to the new medicines fund is still open due to the reduction in funding from last year where £250m was the assumption nationally in comparison to £180m this year. A meeting is taking place with the Director of Pharmacy to discuss this in more detail and decide if this should be within the operational or strategic risk register.

4.1.1 Risks in relation to Electromedical Equipment

As above it was agreed that this item would be removed from the agenda due to work currently ongoing. An update on this work will be provided at a future meeting and will be consolidated into a single update on the action log.

ACTION – Shirley Taylor

4.1.2 Unscheduled Care Performance Update

The Chief Executive provided an overview on progress with the unscheduled care action plan. Outcomes of this work will be presented to the Performance Governance Committee along with other groups to provide assurance and progress of the plan. This is an Integral part of the Annual Delivery Plan which has still to be signed off. Plans have been submitted to the Scottish Government and the focus is on the operational response regarding length of stay and the whole journey from attendance at the Emergency Department until discharge as it is thought this is what will achieve the greatest change. Evidence will be used to calculate trajectories within the unscheduled care plan.

Members attention was drawn to Appendix 2 showing the outcome metrics from ongoing pieces of work such as AHPs at the front door and ambulance pre-arrival work. It was noted that improvements have been demonstrated for both these areas. There is a focus on patients over the age of 65 as there is a huge benefit of a reduced length of stay for these patients as part of the CAU frailty pathway. Public Health are currently working on decision making for older people in wards.

An important piece of work is reducing the number of patients with an average length of stay of over 14 days as this is where the greatest gains will be made. There are currently 241 and work is taking place to get this down to 185.

In terms of the governance structure, there is a weekly performance check in and bi-weekly progress update taking place. As well as this there is a national monthly meeting with the National Performance Review Group.

A committee member asked if the difference can be calculated financially and it was reported that if the numbers can be reduced to the planned 185 this could save the Board approximately £10m and reduce the average length of stay to 6.5 days or less.

A Pentana portal will be set up to track progress and this will also form part of the performance report to the committee.

Thanks were given to the team for their work to date.

Outcome: *The committee received the update*

4.2 Committee Workplan

The committee agreed the committee workplan with changes noted in red for ease of reference.

It was noted that the Acute Management update on delayed discharge internal audit actions will be added to the agenda for September 2024 along with the update on the Viridian findings.

The Capital Procurement and Contracting of NSAIS has been deferred until September 2024 to allow for completion of recommendations.

The Director of Finance advised that three further completed internal audit reports were considered at the Audit and Risk Committee yesterday. These will also be added to the agenda for September 2024 and representatives will be invited to speak to the audits where required.

ACTION – Shirley Taylor

Outcome: *The committee received the update*

5. Internal Audit

5.1 Capital Procurement and Contracting of NSAIS Deferred to September.

Outcome: *The item was deferred until the next meeting*

5.2 Delayed Discharges Deferred to September.

Outcome: *The item was deferred until the next meeting*

5.3 Waiting Times

The Head of Access attended the meeting to provide an update on the waiting times audit. The audit contained four actions. Two of which are complete and two are still outstanding. One action was in relation to an annual training session on waiting times and booking in turn. The Scottish Government are in the process of releasing new guidance so once this has been released the training package can be developed. It is anticipated this will be rolled out by the end of August 2024. The last remaining outstanding action is around booking in turn. Questions had been raised around using the theatre system to manage this. A manual audit has been conducted using the theatre system and business intelligence are working to develop a new reporting mechanism within Pentana. It is thought it may take another month for this work to be completed. The committee felt assured by the working ongoing and requested an update at a future meeting to ensure closure of all actions.

Outcome: *The committee received the update*

6. Risk Register

6.1 Strategic Risk Register

The Director of Transformation and Sustainability presented the routine risk paper detailing all risks that align to the Performance Governance Committee. There are three risks noted which are undergoing review. Discussion took place on the access funding discussed above and whether this will impact risk 494. It was agreed this would be updated in line with the Electromedical Risk.

ACTION – Kirstin Dickson

Outcome: *The committee received the strategic risk register*

7. Financial and Service Management

7.1 Performance Report

The Director of Transformation and Sustainability provided an update on the Performance Report. Due to a great deal of the data being reported as part of the unscheduled care and planned care updates, members focussed on other aspects of the report.

Discussion took place on CAMHS and the process of Neurodevelopmental assessments following a CAMHS referral. In summary it was noted if there was not mental health requirement then children would be removed from the CAMHS list and would be signposted to other services to assist with Neurodevelopmental issues. It was agreed it would be helpful to invite the Head of Mental Health Services to the next PGC meeting in order to provide members with an update on the pathway for the neurodevelopmental service.

ACTION – Shirley Taylor

Concerns were raised regarding the MSK challenges and whether more improvements haven't yet been made given the lack of improvement seen to date.

Discussion took place on whether an improvement action status column could be added to show whether actions are on track for completion. It was felt it would also be helpful where possible to include the financial impact of concluding actions. It was agreed this would be looked at to see if it would be possible to include this data.

ACTION – Kirstin Dickson

Outcome: *The committee received the paper*

7.2 Planned Care Performance Update

The Head of Access provided members with an update on planned care performance. A continuing deterioration can be seen in new Outpatients waiting over one year and is due to increased referrals. More balance can be seen within trauma and orthopaedics. There are delays within Diabetes and Endocrinology with some patients waiting over two years. Some redesign work has taken place within the service with all cases being examined by the Multi-Disciplinary Team Triage in order to reduce the numbers waiting.

The Respiratory Sleep Pathway has experienced some delays in vetting referrals due to have no local expertise or formal SLA in place with Glasgow. This has resulted in a backlog of patients waiting. Some ad hoc sessions have taken place to allow more patients to be vetted and a proposal has been made for a more formal SLA with Glasgow for the future.

With regard to inpatients and day cases waiting, slow and steady progress has been made with the patient's longest waiting for surgery. The list is continuing to increase however the focus will be on the longest waiters. The delivery plan target was 75% of pre-covid activity levels which has been achieved. Theatre utilisation is at 94% for the fourth quarter of 2023.

A deterioration can be seen within Endoscopy in the last two months. This is mainly due to equipment failure at Crosshouse and estates work impacting on the recovery space. Completion of this has unfortunately been delayed until September/October 2024. A contingency arrangement will be considered in the meantime.

Within Medical Imaging, good performance is being sustained for CT scanning. It was confirmed that Scottish Government will fund two mobile MRI Scanners for a six month period.

With regards to cancer services performance is reasonably positive for the 31 day target at 95% however the 62 day referral to treatment target has fallen below 95%. This remains above the Scottish average with improvements being seen due to work taking place within both the breast and colorectal pathways. It was noted that counting methodology has been changed for urology services and robotic surgeries will be counted due to being classed as a standard treatment. A new Consultant has been recruited with a specialism in robotic procedures which will provide added capacity across the West of Scotland.

In terms of Access funding, £3.6 has been confirmed as NHS Ayrshire and Arran's NRAC share of £50m with a caveat that our share of the Golden Jubilee capacity will be confirmed and delivered as per 2023/24.

In addition, Scottish Government has allocated additional funding nationally for Waiting Times. £30m has been allocated for the first quarter with the expectation that a further £70m will be allocated at later date.

After discussion it was agreed it would be helpful for a summary to be produced in order to identify the impacts. Confirmation was provided that this would be updated and contained within the next iteration of the Performance Report.

Outcome: *The committee received the update*

- 7.3 – Financial Management Report – Month 12 / Medical Agency Spend in 2023/24 /
- 7.5 Non-medical Agency Spend in 2023/24

The committee took a look back on the last year and noted an overspend of £38m as at 31 March 2024. The projected overspend at month 11 had been £37.7m. £36.1m of this overspend can be attributed to Acute Services with unfunded beds costing £9.9m in year. This has also led to an overspend in pay and higher nursing agency spend. Acute services are also showing an overspend in supplies of £12.8m. £1.5m has been spent on taxis and private ambulances with £800,000 being spent on transport for renal dialysis patients. Alternative transport arrangements are being considered to reduce this spend.

Increased spend has also been identified in the revenue for insulin pumps. Scottish Government provided extra funding during the pandemic to increase the number of pumps however this did not cover a recurring spend for the consumables for these pumps. This is an essential cost which requires investment going forward.

There has been an increased overspend on surgical sundries due to a backlog in processing issues within Crosshouse theatres supplies system. This is currently being reviewed to ensure that spend is spread out throughout the year. £500k spent on robot consumables is being reviewed as this is the first year.

Health and Social Care Partnerships have reported a £5m underspend. As there are IJB Services within each HSCP any underspend should be attributed to the IJBs.

Members attention was drawn to medical Agency spend. A monthly meeting takes place to look at medical agency spend which has been flat at around £6m per annum over the past three years. There has however been an increase in Glasgow Bank use which was around £900k in 2021/22 and rose to over £2.2m in 2023/24. Controls around this are being tightened with a view to a £1m reduction in 2024/25.

There has been an increase in nursing agency spend since the pandemic. Spend on nursing agency was £10.6m in 2022/23 and £9.7m for 2023/24. This improvement is due to the reduction in use of non-framework agencies for nursing cover. In order to reduce this figure dramatically all unfunded beds would require to

be closed. There has been a £2.5m spend on agency nurses within ED and CAU due to covering vacancies. £1.5m has also been spent on agency nurses for Trauma Orthopaedics wards.

There has also been use of agency staff within Radiography to cover the extra CT Scanner at Ayrshire Central Hospital. This will reduce in the near future due to recruitment to this post. There will be some ongoing agency costs in Arran due to having one radiographer and the need to cover leave.

A spend of £1.4m on agency nurses can be attributed to 1-1 supervision for mental health patients over the last year. A further challenge in the coming year will be the reduction in the working week and ensuring wards are appropriately staffed.

Outcome: *The committee received the update*

8. 2024/25 Financial Plan

8.1 Financial Plan 2024/25 – 2026/27

The letters from Scottish Government were shared with members for information purposes. The updated financial plan submitted to the Scottish Government showed a deficit of £56m after savings. The Director of Finance shared some slides with the committee to show the comparison with other Boards financial plans. It was agreed the slides would be shared with the committee.

ACTION – Derek Lindsay

Outcome: *The committee received the updated financial plan*

8.2 Scottish Government Response Letters to Financial Plan

The Director of Finance shared the response letter to the financial plan which contained three requests. There should be an improvement on last years. It was noted this is in place as last year was £56.4m in comparison to this year which is £53.5m. There should be a 3% recurring savings target which is the plan. Finally a credible plan is in place to live within the brokerage cap. The final target will unfortunately not be met.

Outcome: *The committee received the response letter to the Financial Plan*

8.3 2024/25 Revenue Plan

The Director of Finance shared the 2024/25 revenue plan with the committee and noted that a summarised version of this will be shared with the Board at the next meeting. The summary will show cost pressures of £18.5m and CRES of £24m. Due to CRES being higher than costs pressure this shows an improvement on the bottom line.

Discussion took place on our legal requirement in terms of waiting times targets and living within the resources set. It was agreed that the Board should be aware of this requirement and as such a summary of the guidance would be notified verbally to the revenue plan when presenting to the Board.

ACTION – Derek Lindsay

The committee supported the submission of the revenue plan to the NHS Board.

Outcome: *The committee supported the submission of the revenue plan*

8.4 Viridian Consulting

The Chief Executive advised the committee that due to recent level 3 support provided by the Scottish Government a suggestion has been made by the named Government Lead to commission a review of the HR and Financial Information by an independent firm, Viridian. This analysis will take around 9-10 weeks to complete and has already been completed in Orkney. This process is being fully funded and will be reported back to the committee once completed.

It was noted that the Director of Transformation and Sustainability is the single point of Contact for Viridian and a paper will be shared with the committee on the findings at the next meeting in September 2024.

ACTION – Claire Burden / Kirstin Dickson

Outcome: *The committee received the update*

9. **Key issues to report to the NHS Board**

The Chair requested that the items to be reported to the Board are as follows:

- Waiting Times Internal Audit Update
- Strategic Risk Register
- Month 12 Financial and Performance Reports
- Planned Care Performance Update
- Revenue plan

Outcome: *A summary of the papers received would be prepared for presentation to the Board.*

10. **Risk issues to report to the Risk and Resilience Scrutiny and Assurance Group**

Nothing to add.

11. **Any other competent business**

It was reported that the PGC 'Light' meeting will take place on the morning of 5th August. This meeting will be to scrutinise the Financial Management Report before submission to the Board. It was noted that the FMR will be presented in the new format as agreed at the recent short life working group.

11. **Date of next meeting**

Tuesday 3rd September at 9.30am via Microsoft Teams

SignatureDate