

Performance Governance Committee – Minute of Meeting
Tuesday 3rd September 2024
Via Microsoft Teams

1.0 Attendance

Present: Non-Executive Members

Sheila Cowan (Chair)
Joyce White
Marc Mazzucco
Ewing Hope
Lee Lyons

Board Advisor/Ex-Officio

Claire Burden	Chief Executive
Linda Semple	Board Chair
Derek Lindsay	Director of Finance

In Attendance:	Vicki Campbell	Acute Services Director
	Fraser Bell	Assistant Director (Programmes)
	Thelma Bowers	Head of Service, Mental Health
	Amanda Ramsay-Dunn	Recovery Director - Viridian
	Alistair Reid	Director of AHPs
	Lianne McInally	AHP Senior Manager
	Shirley Taylor	Committee Secretary (Minutes)

1.1 Apologies

The chair welcomed everyone to the committee. Apologies were received from Kirstin Dickson.

2. Declarations of interest

Linda Semple declared an interest in the item which relates to a potential savings area from a reduction in activity with Golden Jubilee.

3. Minutes of the previous meeting – 17 May and PGC Light on 05 August

The minutes were approved as an accurate record of the meeting.

4. Matters Arising

4.1 Action Log

The Chief Executive advised that the dispute resolution with regard to delayed discharges remains open and an invite is awaited to a future meeting of South Ayrshire IJB to discuss this further. South Ayrshire expected to fund additional capacity in their care at home service; however, recruitment timelines resulted in a £660k underspend as they were unable to purchase the resource required. South Ayrshire patients have remained in hospital presenting a cost pressure for the Health Board and the dispute resolution aims to reduce the existing cross pressure to the Board for South Ayrshire patients who remain in the acute care setting because care at home resource is limited. It is anticipated that the position will be the same for the year ahead as South Ayrshire continue to pursue their recruit strategy. A request has been made that the money unspent on care at home, from South Ayrshire, is contributed back to the Health Board to make a contribution to the cost pressures held by the Health Board. It was agreed it would be helpful for a breakdown of the additional costs of delayed discharges in Ayr Hospital and the specific elements that contribute to this. The members of the committee were advised that there are delayed discharge costs captured in the FMR; however, it was agreed that the trajectories could be made clearer.

ACTION – Derek Lindsay

Discussion took place on item 7.3 which will be deferred as the planned actions to address the supplies overspend information is not quite complete. This has been added to the workplan and agenda for the November meeting.

ACTION – Vicki Campbell

4.1.1 MSK Performance Update

The Director of AHPs advised that the MSK performance is not showing as much improvement as anticipated; but from the performance data modest improvements can be seen. This work relates closely to the recent internal audit which was undertaken and an update on both areas is noted at 5.1 below.

Outcome: *The committee received the update*

4.2 Committee Workplan

The committee agreed the workplan with changes noted in red for ease of reference. A Viridian update has been added to the workplan for each meeting.

Outcome: *The committee received the workplan*

5. Internal Audit

5.1 Performance Monitoring – Allied Health Professionals

A recent internal audit was conducted by Azets with a focus on MSK; however performance management recommendations were made for both MSK and the wider AHP service in general. Areas of good practice have been recognised

including a collaborative approach being taken to initiatives to improve performance in addition to reporting to PGC. There was a focus on ensuring reviews were undertaken of measures and targets as well as identifying indicators to allow others to see how the service is doing in terms of performance. There are currently three senior managers reviewing the information available to fulfil this request. Work has commenced within South Ayrshire, will be progressed across Ayrshire & Arran and monitored via the AHP Governance group and SPOG. As well as this there are specific MSK actions regarding initiatives to increase workforce availability.

The third action aligns to reviewing availability of performance data. This will be making best use of the data already available and not creating an additional burden. This work will be incorporated as part of action one.

The fourth action is to ensure that information shared is a collective version as data is pulled through from various system and this will ensure consistency across the service. Data can be pulled live however it was identified that there could always be a variation to this so dates will be agreed for data to be extracted which will then be shared with Public Health Scotland.

The final recommendation is for a formal governance route to be identified however this cannot happen until the framework is in place.

Each service will have a service improvement plan in place to manage sickness absence and workforce as well as waiting times. Work is ongoing to produce a dashboard on Pentana to support this. Work is also ongoing with the Orthotics service to produce a similar plan. A recent community appointment day took place in Kilmarnock for residents pan Ayrshire. This involved inviting patients from the waiting list for an initial clinical assessment. Advice and information was provided, some patients were invited for a further appointment and some were discharged. 400 patients were invited in total from the waiting list with around 130 attending on the day. It was agreed this type of model could be used again in the future in an attempt to transform the waiting list. A request was made for an impact assessment to be completed to show how the community appointment days affect the waiting list.

ACTION – Lianne McInally

A DCAQ analysis is conducted on a weekly basis in order to understand the waiting list with a focus on four week waiting time compliance. There are still vacancies within the service and compliance rates are being impacted by workforce pressures. Demand is also being reduced via website assistance, advice only referrals and community drop-in sessions. Consideration is also being given to the roll out of eConsult to allow patients to self-refer.

Performance is good in terms of urgent referrals with the challenge being more aligned to routine appointments. This is due to capacity being targeted at urgent referrals.

It was noted that assurance was required on the targeted work taking place to reduce waiting times as the initial target for this had been April 2024. It was agreed

this would be considered and reported back at a future meeting along with the progress against the recommendations. It was agreed that if necessary this could be brought forward if there was a risk of the MSK waiting times not improving.

ACTION – Shirley Taylor

Outcome: *The committee received the Internal Audit report*

5.2 Delayed Discharges Update

The Acute Services Director provided an update on the recommendations from the Delayed Discharges audit which was produced in June 2023. The IJB parts of the audit have since been completed and the Acute recommendations have been implemented. Twice weekly reviews are taking place, there is no duplication of data due to the Trakcare upgrade taking place and usage of eWhiteboard now ceasing. The wider team is involved in daily reviews and training is being embedded by every staff member.

A question was raised with regard to reporting to the national CRAG as there is no data available from Ayrshire. It was agreed this would be checked in more detail.

ACTION – Vicki Campbell

The Director of Acute Services reported that the recommendations have now been closed as the improvements have been implemented however further work on length of stay will be ongoing and reviewed regularly by the committee.

Outcome: *The committee received the update*

5.3 Capital Procurement and Contracting of NSAIS

The Assistant Director (Programmes) attended the meeting to update on the internal audit which was carried out for the Foxgrove site due to a governance issue which was identified early in the project. Four minor improvement actions were identified which the Assistant Director said have all since been closed.

Most actions were around governance processes and ensuring that information is reviewed on a regular basis to ensure that procedures are being followed correctly. A committee member raised a question with regard to progress against capital projects being reported to Board members and it was agreed that the update report produced for the Scottish Government could be shared for information at the private Board meetings. It was also noted that the capital plan and update to this are reported to PGC members twice per year.

Outcome: *The committee received the Internal Audit Report*

5.4 Performance Monitoring

The Chief Executive provided an update on the internal audit on performance monitoring, mainly relating to the Annual Delivery Plan (ADP), which was positive in terms of internal governance and areas of good practice. Two areas of improvement were identified, one was around the action tracker and the other was around mitigations in slippage within the plan. In discussion it was noted that the ADP is a nationally prescribed documentation by Scottish Government, the

mitigations in service improvement and CRES will be reviewed as part of the support work being undertaken by Viridian with further scrutiny of how this is managed. It is anticipated that all actions will be completed within the given timescales.

Outcome: *The committee received the Internal Audit Report*

6. Risk Register

6.1 Strategic Risk Register

The Director of Finance presented the Strategic Risk Register and advised that risk 845 regarding Electromedical equipment has been proposed for termination as the lifecycle reviews have now been incorporated into the capital plan. Risk 668 and 742 are still under review and the completion date for these has been extended. It is hopeful these will be completed for the next committee. It was agreed that due to the importance of item 668 it would be helpful if the actions in place to address the risk were shared with members prior to the next meeting.

ACTION – Kirstin Dickson

It was also agreed it would be helpful for the future ambition to be noted on the risks and whether it is part of the one year or five year plan. This was discussed at a risk workshop and it was agreed that the charts needed to be updated to reflect this. Narrative should also be added as to why a risk is not being progressed quickly enough. This will be added to future risk reviews at committee level.

ACTION – Claire Burden

Outcome: *The committee received the strategic risk register*

7. Financial and Service Management

7.1 Financial Management Report – Month 4

The Director of Finance presented the financial management report for the four months to the end of July 2024. There is an overspend of £22.3 million identified with £11.2m of this being within Acute Services. The overspend within pay is £7.16m and supplies is £3.9m. The overspend in pay is mainly in nursing and partly the use of registered agency nurses increased from 51wte in June to 94wte in July. This was due to a spike in covid cases and greater staff sickness rates. The greatest areas of agency use early in the year was in ITU due to the transfer of three beds from Ayr to Crosshouse and not a lot of staffing being transferred to support this. Recruitment is underway and the agency spend has reduced as substantive posts are filled.

There are also many vacancies within CAU and ED and it is hoped that the newly qualified staff will fill some of the vacancies within these areas. This is being considered in great detail by the Nursing Supplementary Staffing Group in order to minimise agency spend.

The overspend within supplies can mainly be attributed to surgical sundries which has an overspend of £416k. As well as this the outsourcing of radiology reporting is a contributing factor due to being unable to recruit to the full establishment of Consultant Radiologists and the lack of staff who want to undertake out of hours on call due to the number of reporting requests in the evening. Some lab work also required to be outsourced due to Consultant Pathologist vacancies leading to unacceptable waiting times. A DCAQ exercise on the Pathology lab has been carried out with support from the Scottish Government and the output from this will be going to Acute Divisional Management Team to discuss. This will be escalated to CMT if required.

Taxis and private ambulances currently have an overspend of £286k. An option appraisal exercise is underway to consider the options for community transport and maximising the patient transport ambulance service where we can.

With regard to unfunded additional beds, some progress had been made to close beds in April and May however these were reopened in June due to capacity issues and the Covid spike in July. This is being looked at in more detail as part of the Viridian support work.

The Recovery Director (Viridian) commented that CRES reporting is being considered as part of the Viridian work and there may be some changes to the report. With regard to unfunded beds, work has commenced to look at this along with length of stay. Initial recommendations have been made and a bed plan has been developed for across Ayrshire. There is a focus on length of stay and implementation of a programme called Safer, which looks to reduce beds in a clinically safe way where patients will not be readmitted. Winter planning will also be undertaken and workforce will be considered for decant wards for patients awaiting discharge as qualified staff will not be required in these areas.

It was requested that a regular updated unscheduled care programme be provided to the committee with a primary focus on non-delayed length of stay. Further discussion is required as to whether this will be within the performance report or as part of the Viridian update.

ACTION – Kirstin Dickson / Amanda Ramsay-Dunn

In response to a question from a Non-Executive Director, it was clarified that the forecast of £53.5 million deficit still remains. It was also felt that an update on the unscheduled care programme should be shared with the committee as part of the Viridian update at each meeting.

Discussion took place on non-pay reform and whether this will be fully funded. £14.6m has been allocated to the Board from the Scottish Government with no more funding available. Different aspects are being modelled at present and it is anticipated this will be enough to cover the 2024/25 cost but there is still a risk around this and the funding is currently non-recurring.

Primary Care prescribing was also discussed and it was agreed it was difficult to monitor spend when reporting is two months in arrears. There is also a risk around this.

Detail of the waiting times monies will be added to the action tracker to ensure the committee is receiving all the detail required.

ACTION – Shirley Taylor

Outcome: *The committee received the Financial Management Report*

7.2 CRES Plan 2024/25 – Month 4 Update

The Chief Executive presented the CRES Plan Month 4 update to the committee and noted that this is a quarterly update from information being received by the Financial Improvement Scrutiny Group. CRES progress made in April and May due to the reduction in beds was lost when these had to be reopened. Work is ongoing with acute to mitigate this shortfall along with Viridian support.

A review has taken place on medical workforce linking with Viridian with regard to internal governance structures to map vacancies. There is only one member of staff to support the medical team within HR, a paper is being prepared to request additional resources to assist with this.

Table 5 identifies the risks which are RAG rated. Work is required to mitigate the risk related to the delay in bed closures, this is a priority as it relates to length of stay which is driving the requirement for additional beds and the workforce to support additional inpatients

The Viridian work in place has the commitment in year of an additional £4m of CRES to offset slippage on bed closures. It was agreed that subtotal section should be included in Table 6.

ACTION – Claire Burden

The Director of Finance advised that there is ongoing discussions at National Director of Finance with regard to the level of uplift of SLAs. This remains a risk as the uplift may be higher than the budget.

It was agreed that the FMR would be presented at each private board meeting to ensure that the information is visible to members on an ongoing basis and allows for open discussion and scrutiny on the financial position, prior to the public board meeting.

It was agreed that the CRES report would be reconsidered to simplify and correlate the tables and streamline the information in a more understandable way. Further discussion will take place regarding this.

ACTION – Linda Semple / Claire Burden

Outcome: *The committee received the CRES Plan*

7.3 Supplies Acute Expenditure

As noted above this item has been deferred and will be added to the workplan and agenda for the next meeting.

Outcome: *The item was deferred*

- 7.4 NHS Ayrshire & Arran – Q1 Review Letter to Chief Executive
The Director of Finance shared the letter and noted this is a review of the finance performance report which is submitted to the Scottish Government on a monthly basis. A meeting took place with Scottish Government on 13th August and all actions from this are noted within the paper.

Outcome: *The committee received the letter*

- 7.5 Viridian Update
The Recovery Director presented the foundations in place for the improvement programme. It was agreed this would be shared with members following the meeting.

ACTION – Shirley Taylor

A new governance structure will be put in place as part of the improvement programme with various workstreams within this. A Director, SRO and Viridian Support person will be aligned to each workstream. There are three workstreams in place for Acute Services, one for planned care, one for emergency care and one for Women and Children's Services. There will also be workstreams for Infrastructure, Medical, Corporate, Workforce, Pharmacy and IJBs. Steering groups will be set up and projects put into place. From this workbooks will be produced for each workstream which will contain the risk register, project and financial analysis.

An Improvement Board will be developed which shows scrutiny from the operational board. CMT will receive a report from this. There will also be an assurance board which will update board committees of progress and mitigation plans.

The Corporate PMO will carry out all strategic and local planning and reporting and will be involved in all workstreams. The Acute workstream will be very operational and will develop an improvement programme and operational delivery PMO which will be overseen by the Acute Services Director. There will also be virtual teams in place to support all workstreams i.e. Digital, Finance and HR.

A Quality Impact Assessment workbook will be in place for each workstream with stage one being completed as a minimum. This process will provide assurance that no clinical harm will be caused. Once completed this will be signed off by the Medical and Nursing Director. Everything will be kept in the workbook for audit and assurance purposes.

The next steps will be to establish a Terms of Reference, commence the workstreams and develop the workbooks for each stream. Work will commence on the unfunded beds and will be reported back to the committee. Monthly dashboard reporting will be enhanced with KPI and trend information visible in each report. A robust pathway will be developed and held within the Corporate PMO. Mitigation plans will also be developed for each workbook. Confirmation will also be provided of short term (in year) CRES versus Long Term Transformational CRES.

ACTION – Amanda Ramsay-Dunn

It was agreed it would be useful to see timings of work contained within the updates at each meeting along with plans for in year versus longer term.

It was also agreed that it would be helpful for the Recovery Director to attend an Area Partnership Forum in order to meet with staff side representatives and provide a regular update on plans.

ACTION – Ewing Hope

Outcome: *The committee received the update*

7.6 Performance Report

The Chief Executive presented the Performance report to the committee. With regards to new outpatient performance, whilst in general more patients are being seen new demand continues to exceed the productivity achieved. As a result the waiting list is growing and patients are at risk of waiting longer for their routine appointments.

There has been a modest improvement in compliance for inpatients and day cases. Again this is in line with the rest of Scotland. There are seven specialties with no waits beyond TTG at present and the biggest waits are seen in Trauma, Orthopaedics and ENT. A recovery plan has been put in place to support input and referrals to these areas. A surgical summit was held for planned care with a commitment to implement triage. Theatre utilisation and scheduling is also being considered however there is currently vacancies within anaesthetics.

With regard to imaging there is additional mobile capacity which is helping to stabilise the position however the workforce shortage in Radiology remains a pressure.

Endoscopy has seen a reduction in capacity between February and July due to the three critical care beds being moved from Ayr to Crosshouse, a move that reduced the day case recovery areas. This reduction currently equates to circa 100 fewer cases per month.

There has been some improvement in terms of the 62 day cancer target which is currently above the national average but not quite at 95% as yet. The 31 day compliance also remains positive.

Mental Health Services are performing well across the board and the service are responding well to spikes in demand. More information is in 7.7

Primary and urgent care services saw a slight dip in July in terms of call before convey. There is an escalation in place to pull this back which will be used if the service becomes really congested. Calls from care homes has proved to be a success. 660 calls were received with only a small number of patients being

transferred on. Another success is the mental health line which has seen 172 patients navigated.

In terms of unscheduled care there has been a slight improvement in ED four hour compliance from 61% to 66%. Although this is still slightly lower than the national average it is still within trajectory. There is also a challenge with the ambulance service transportations. The aim is for a turnaround time of less than 60 minutes which is currently 55%. The average length of stay is also too long within ED. Within wards length of stay is still at 9 days and should be 7.5 days on average. Support from Viridian should assist with this as it is currently above the national average.

With regard to delayed discharges this is currently in a plateau position but there has been a steady reduction over the course of the past year. Nationally, delayed discharges need to be less than 2000 for Scotland.

Sickness absence is currently sitting at 5.79% which is high. It is hoped this will start to reduce from this month and is part of the CRES programme.

It was agreed there would be a deep dive into new patient waiting list reviews at the next meeting.

ACTION – Claire Burden / Shirley Taylor

Outcome: *The committee received the report*

7.7 Mental Health Performance Update

The Head of Mental Health Services attended the meeting to provide an update on Mental Health Performance. It was noted that the CAMHS referral to treatment time is currently the best in Scotland with initial assessments being undertaken in 3-4 weeks. There was a dip in December 2022 when the IJBs made the decision to only accept neurological referrals where there was a mental health need. There is still a lack of Psychiatry provision to the CAMHS service and this lack of routine service is causing delays in prescribing.

Psychology performance is reported separately to CAMHS and is currently sitting at about 90% however there remains a continued demand for the service and the longest waits are being taken off the list. Recruitment has been very successful to this area however Neuropsychology has been more of a challenge. There is currently no funding to address the shortfall which is a risk.

There has been an improvement in drug and alcohol treatment which is meeting targets nationally.

Neurodevelopmental referrals was discussed as this had been raised previously by the committee and it was highlighted that these referrals no longer go to CAMHS as each HSCP have been asked to address this locally and signpost to other support services. Referrals are still coming in but these are being held whilst a diagnostic pathway and business case are developed. This is a need for both adults and children but there is no national investment available to support it. A

business case will be developed to be presented to the Scottish Government in the spring. Work is also ongoing to consider digital diagnosis which will save time and money.

The committee asked for a summary to be noted containing the risks being faced.

ACTION – Thelma Bowers

Outcome: *The committee received the update and requested a paper noting the risks.*

7.8 Annual Delivery Plan – Quarters 3&4

The Chief Executive shared the final update for last year containing the year end position which has been submitted to the Scottish Government.

Outcome: *The committee received the update which has been submitted to the Scottish Government*

7.9 Emergency Care and Trauma Department Decongestion Progress

The Chief Executive received a performance paper which had been escalated from ED noting that they reported safety concerns for staff and patients. The Medical Director, Nurse Director, CEO and Board Chair met with the team and remedial supports plans and resource was put in place. There is a commitment and recovery plan in place, led by the Acute Care Leadership team. Continued oversight of patient flow throughout in the rest of the hospital will support the recovery of acute care services, including ED. This work will be supported by Viridian also.

It was requested that it would be helpful for a briefing note to be provided for non-executive directors on walk rounds of the areas who may be asked questions. It was also felt it would be helpful for a senior staff member to be involved on walk rounds of these areas. The quality walk around briefing would be reshared with non-executives.

ACTION – Claire Burden / Vicki Campbell

Outcome: *The committee receive the progress update*

8. Key issues to report to the NHS Board

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

- Internal audit
- Strategic Risk Register
- FMR and Performance Report
- Viridian Update
- ED Decongestion

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

9. Risk issues to report to the Risk and Resilience Scrutiny and Assurance Group

Nothing to add.

10. Any other competent business

No other items were discussed.

11. Date of next meeting

Wednesday 6th November 2024 at 9.30am in Eglinton Room 2

SignatureDate