

Performance Governance Committee – Minute of Meeting
Thursday 06 March 2025 at 9.30am
Via Microsoft Teams

1.0 Attendance

Present: Non-Executive Members

Sheila Cowan (Chair)
Marc Mazzucco
Ewing Hope
Lee Lyons
Linda Semple

Board Advisor/Ex-Officio

Claire Burden	Chief Executive
Lesley Bowie	Board Chair
Derek Lindsay	Director of Finance
Kirsti Dickson	Director of Transformation and Sustainability

In Attendance:	Amanda Ramsay-Dunn	Recovery Director - Viridian
	Jenny Wilson	Executive Director of Nursing
	Roisin Kavanagh	Executive Director of Pharmacy
	Shirley Taylor	Committee Secretary (Minutes)

1.1 Apologies

The chair welcomed everyone to the committee. Apologies were received from Joyce White, Crawford McGuffie and Vicki Campbell.

2. Declarations of interest

None Noted.

3. Minutes of the previous meeting – 16 January and PGC Light 30 January

Both sets of minutes were approved as an accurate record of the meetings.

4. Matters Arising

4.1 Action Log

Good progress has been made on closing actions. There are only two actions outstanding, one of which is the dispute with South Ayrshire IJB. The Chief Executive advised there is no further update with regard to this, the ask has been tabled twice, the first time the meeting was not quorate and the second time more information was requested with regard to the £660k underspend from 2023/24 as a contribution of this has been requested. It is anticipated a resolution will be reached at the next meeting on 12 March 2025.

A request was made for an update on the Mental Health action at the next meeting. An invite will be extended.

ACTION – Shirley Taylor

An additional paper was added to the agenda to cover item 7.4 on laundry expenses. The Director of Finance requested information on national benchmarking for which a lot has been undertaken. Ayrshire form part of the Lanarkshire Laundry which is the second biggest laundry in Scotland. The cost per item of 41p is in line with the Scottish average. Discussion took place on the utilisation as it notes the laundry is only operating at 50% utilisation. It was agreed more information would be provided to members on the high annual energy costs.

ACTION – Derek Lindsay

Outcome: *The committee received the updated action log*

4.2 Committee Workplan

The committee agreed the workplan with changes noted in red for ease of reference. The revised CRES approach has been added along with the 2025-26 planning assumptions paper.

Outcome: *The committee received the workplan*

5. Risk Register

5.1 Strategic Risk Register

The Director of Transformation and Sustainability provided the regular risk update paper highlighting the risks relevant to the PGC. Three risks were due to be reviewed, it was confirmed these have all have been reviewed and updated with no movement in the scoring. A significant review will take place on risk 668 to reflect the work in this area.

The target risk rating detailed on appendix two were queried and it was noted this is being investigated by the Chair of the Audit and Risk Committee as there needs to be an understanding of when the target date refers (e.g. in one year or five years).

The Recovery Director advised that there had been discussion during the AHP reviews regarding H&SCP risks and how they become part of the risk register. It was presumed this particular risk would be managed by the Staff Governance Committee and discussion has also taken place at the IJB Chairs meeting however no solution has been identified as yet. It was agreed a process is required locally across all the partnerships and the Executive Nurse Director agree to take this forward with the Director of Acute Services and the Chief Officers using AHPs as a test of change.

ACTION – Jennifer Wilson

Outcome: *The committee received the risk register*

6. Financial and Service Management

6.1 Financial Management Report – Month 10

The Director of Finance presented the Financial Management Report and noted a £47.4m overspend with the projected outturn for year reducing from £53.5m to £51m. The reduction is related to the reduction in contributions toward CNORIS. In the current year we had been asked to assume to fund £100m nationally, however new information has been received that we will only require £55m which has allowed for an improvement to the forecasted outturn. A briefing note was prepared following the last PGC light meeting which gives the position on the agenda for change funding.

Acute services is £29m overspent, with £16.6m attributed to pay and £9.5m is supplies. £7.3m of the pay overspend is related to unfunded beds in order to support unscheduled care. There has been an improvement in CRES as at month 10 with a forecast delivery of £21.4m for the Board. This does not include IJB CRES which adds a further £3.46 million.

Within month 10 there has been an increase in medical savings which now projects £445k and Procurement projects £370k. A £1m reduction in nursing agency is forecast and £2.85 million of workforce efficiencies due to the reduced working week. For the first 8 months of the year staff were reimbursed for overtime however the last four months have been more proactive in terms of the backfill required. Discussions have taken place with Scottish Government regarding recognising this funding towards the savings target if it was not utilised for backfill.

The risks noted within the paper were highlighted. Primary Care Prescribing is currently overspent by £1.5m after eight months with a projection of £2.5m by year end however this position is quite volatile. North Ayrshire IJB have requested £1.3m in financial support and there is also an ongoing issue regard invoices raised against councils for out of area patients who are in Woodland View. These have not been paid and it was agreed that this would be progressed with Scottish Government to find a solution.

ACTION – Lesley Bowie/Claire Burden/Derek Lindsay

The Recovery Director advised that the forecast delivery of CRES for the entire programme at year end is £24.9 million. Everyone agreed this is the biggest amount of CRES ever delivered.

The Chief Executive advised that the Scottish Government would still like the deficit to be below £50m. Although every effort is being made to fulfil this request it is thought to be unlikely to reach this target by year end.

Outcome: *The committee received the Financial Management Report*

6.2 CNORIS

The Director of Finance shared the 2022/23 CNORIS Annual Report and note that the 2023/24 is not yet available. For 2025/26 the Scottish Government have asked us to budget for our share of the £80m national settlement. The settlements over the past few years have been quite volatile and Ayrshire has previously had a high-cost settlement which dated back a long time. High-cost payments tend to be paid as an annual amount in order to provide the person with support throughout their lives.

NHS Ayrshire & Arran percentage share is 5.5% with the NRAC share being 7.3% so the provision is not based on NRAC. The biggest cases tend to be Obstetrics, and the number of claims will affect the share of the settlement value. It was confirmed that £4.4m will be the 2025/26 budget for the Ayrshire and Arran share of the £80m.

The committee asked to receive the 2023/24 annual report when it is available.

ACTION – Shirley Taylor

Outcome: *The committee received the annual report*

6.3 CRES Plan 2024/25 – Month 10 Update

The Director of Transformation and Sustainability presented the routine report detailing the in-month performance for CRES deliver. The paper covers both the expected and delivered position for the month as well as any gains and slippage within the month.

The key area for highlighting is the challenge of bed closures with some beds having to be reopened. The medical workforce has also seen a challenge as has the Procurement model for delivery. The highlight reports for the improvement workstreams are contained within the appendices.

Outcome: *The committee received the CRES Plan*

6.4 Revised CRES Approach – Strategic Approach to CRES

The Chief Executive shared the decision paper noting the strategic approach to CRES in line with internal and external audit recommendations to ensure that processes are in place and being embedded. Service improvements and service redesign are being put into a programme of delivery in which different programmes of work will emerge as the approach progresses. The current CRES programme

will ensure recovery of existing services, and the Realistic Care Programme will start to drive service improvement and reform.

The challenge is for £30m recurrent CRES in 2025/26, the resources required to deliver this have been considered and Scottish Government have been advised that investment is required in capacity to be able to deliver this. As part of this work Acute Services will take ownership of their own budget and everyone will be clear of their in-year responsibilities. Assurance was given to members that processes are in place going forward.

The committee chair requested an additional chart noting the governance linkage to the various committees in order to provide scrutiny and assurance and to allow for a schedule of deep dives as part of this work.

ACTION – Claire Burden

The Recovery Director confirmed that the CRES strategy and approach will be the framework for improvement work and staff will be required to familiarise themselves with this. The Realistic Care and Improvement Programme will drive service redesign.

The Committee were content to approve the paper with the additional chart being added in relation to the governance processes.

Outcome: *The committee approved the paper*

6.5 2025-26 – 3 Year Finance Planning Assumptions

The Director of Finance provided an update on the three-year financial planning assumptions. The employer national insurance changes will be funded at 60% which creates a cost pressure.

It was highlighted that the further changes to the reduced working week have been deferred until 2026-27. We will continue to assume there will be no impact regarding this within 2025-26 and will focus on covering the first half hour reduction.

£250m is the funding allocated nationally for new medicines with NHS Ayrshire and Arran receiving £18m of this, however costs are likely to be in the region of £26m.

It was noted that there are still a number of variables to come together as part of this report for the financial plan to be submitted on 17 March 2025.

The Executive Nurse Director advised that she has been asked to Chair the CHAS funding stream for the Scottish Government and would welcome some more detail on what is being received as part of the funding.

Outcome: *The committee received the update*

6.6 Draft Revenue Plan 2025-26

Discussion took place on how the final submission will be shared with members and it was agreed that a further paper will be shared at the PGC Light meeting on 26 March 2025 however will still be subject to change. It is unlikely that all IJB budgets will be provided before the Board meeting.

Outcome: *The committee received the report*

6.7 Urgent and Unscheduled Care (LOS Focus)

The Chief Executive provided an update on behalf of the Director of Acute Services. It was noted that the SAFER bundle is a process by which patients are mapped through the inpatient journey and includes discharge planning at the earliest opportunity. It is clinically sponsored, medically led, and initially was rolled out across two wards as a pilot. From this we are seeing a reduction in length of stay and a shift in the way people work. It is a multidisciplinary team approach. The roll out of the programme will be across both hospitals and both CAUs and it is hoped improvements will be seen throughout spring and summer. The teams are focussing on discharge programmes within each week which is a live process.

As part of SAFER the discharge policies are being reviewed with partnership agreements to identify at which points teams should intervene with national guidance in place for when patients become a delay. The criteria to reside will be linked to realistic care and if the criteria are met then the patient is in the right place and if the criteria is not met then they should be elsewhere.

The Executive Nurse Director added that one of the most important factors is that the process is clinically led and the results on a small scale are showing a 1.5 to 2-day reduction in the length of stay. Once this is rolled out there will be a substantial impact

The Recovery Director advised that discussions are taking place as to how long is acceptable to wait for a clinical review. Through SAFER the length of stay is measured daily in order to reduce wasted days. A request was made for this to be detailed as a plan for SAFER rollout in 2025.

ACTION – Amanda Ramsay-Dunn

Outcome: *The committee received the update*

6.8 Performance Report

The Director of Transformation and Sustainability shared the Performance Report covering all national indicators and delivery plan targets.

In relation to the new outpatient performance against 12-week national target this is still on a reducing trend and not meeting the trajectory of 35% as at January 2025 only 32.1% of outpatients were seen within 12 weeks. The delivery plan trajectory was set acknowledging that the number of patients waiting for a new outpatient appointments may increase.

Compliance against the 12-week target for inpatients and day cases has decreased to 52.9% in January 2025. There has been a focus on the elimination of long waits with a current expectation that 12 months waits will have been eliminated. This has been done across a number of specialties however there are still significant challenges in trauma and orthopaedics and ENT.

With regard to Radiology and Imaging, 89.7% has been achieved within the six week target in December 2024 and this has been an improving trend from 54.1% in April 2024, with the overall waiting list beginning to decrease.

Endoscopy has shown a decrease to 43.2% for December against the 6-week national target. The delivery plan target has been set with the expectation of an increasing trend in the waiting list.

In relation to Cancer performance the 62-day target has been added to the agenda for further scrutiny. There are challenges with regard to this due to pathway delays and the trajectory is not being met with compliance at December 2024 being 62.1%. The 31-day target has dropped just below the 95% expected standard over the past three months.

MSK is seeing an improving trend due to the work which has been undertaken by the team to improve the pathways, however at January 2025 this is 38.9% compliance with the four week target.

Mental Health Services have maintained a good position with the CAMHS target continuing to achieve 100% and waiting lists decreasing. Psychological therapies have experienced a varying position and have generally sat below the target however this position has improved over the last few months and at December 2024 is 93.2%. Drug and alcohol treatment services has had consistent success against delivery plan trajectory.

In terms of Urgent care, call before conveyance and care homes have seen an improving position with regard to patients not coming into hospital unnecessarily. An alternative to ED has been developed for specialist mental health service patients and Rapid Respiratory Response service has a virtual capacity programme for COPD patients. This service has evolved and now includes 31 GP practices to alleviate unnecessary admissions.

Compliance against the unscheduled care 4-hour standard for ED waits was 63.6% in January 2025. A number of patients are still waiting over 12 hours which has been an area of challenge and is not meeting the delivery plan trajectory, nor are ambulance 60-minute turnaround times.

There has been challenges regarding delayed discharges with an increase in numbers in December 2024 to 197. The number of bed days occupied by delayed discharges in December 2024 has decreased to 2,563 for South Ayrshire but increased to 2,739 for North Ayrshire. The national target for non-complex delays is over two weeks.

There has been an increase in the trajectory for sickness absence which can be attributed to seasonal staff illnesses.

The committee were assured that an improving trend could be seen in some areas. Challenges are still being experienced in other areas which will be fed back to the Board. The work ongoing in Radiology has been commended. It was agreed that deep dives would be scheduled, as necessary.

It was agreed that a future deep dive should be a general overview of planned care due to changes in demand. There is also a significant programme of work in place by the Scottish Government with a national operational improvement plan expected. The focus of the update should be on variances and solutions as well as medical workforce constraints. Regional, national and local recovery plans have just been submitted so it was agreed a future update would be helpful.

ACTION – Claire Burden / Vicki Campbell

Due to unscheduled care plans being put in place it was agreed it would be helpful to also have an update on this as part of the deep dive schedule. An updated schedule for the year will be developed.

ACTION Shirley Taylor

The Recovery Director advised that there are workshops in place to look at all the issues mentioned above. Discussions are taking place to bring this work into the improvement programme with the appropriate leads.

The Employee Director raised a question regarding how sickness absence is being managed now that dedicated HR support has been removed. It was highlighted that this work has been transitioned back to line managers. Support and training will be rolled out to those who require it and there are requests for a further investment in HR to work alongside manager and support this process.

The Executive Nurse Director advised that there was discussion at the Board Workshop as to how to align this support as sickness absence is the most common reason for increased agency usage. Further plans will be developed regarding the cost avoidance of agency due to reduced sickness absence.

ACTION – Jenny Wilson

Outcome: *The committee received the report*

6.9 MSK Performance Update

Alistair Reid and Yvonne Quinn attended the meeting to provide a six-monthly update to the committee on the progress against the MSK audit, MSK performance in general and the introduction of Community Appointment Days.

It was highlighted that most recommendations have been closed. The AHP Performance Measurement Framework is still in progress and a workshop is taking place to produce a common core suite of reports across all AHP services.

With regard to the MSK waits, this is now on an upward trajectory and continued to rise across the month of February. Physiotherapy and Podiatry have managed to reduce the size of their waiting lists due to more stable staffing levels. Occupational Therapy Performance was still challenged due to vacancies in this area however this is now also starting to improve. Various improvement projects are being put into place over the next year or so to increase performance. It was noted there is a great deal of measurable data available however work is required to make this data reportable. Work is taking place to consider whether it would be a viable option to text patients to either invite them to book appointments or to provide self-management information. Digital services are being considered to see how these can help however some issues have been experienced in relation to the integration with Trakcare. Testing will take place on both the Community Appointment Days and the MSK website however support from digital colleagues has been limited so far. Job planning will also be in place within the next three months. There have been ongoing issues with recruitment and retention in Physiotherapy due to the on-call rota.

An update was provided on the Community Appointment Day within East Ayrshire in August 2024. 400 patients were invited and 130 attended. This was a public health approach managing patients with multiple needs and what matters to you being considered. Various agencies and partners were in attendance and the majority of feedback received was very positive and the ethos was embraced by staff. The first session focussed on the longest waiters on the list however a further session is being planned to focus on the shortest waiters as it is expected the sessions will have the greatest impact to these patients. The biggest issue being faced is the availability of admin staff on the day. Work is ongoing to try and solve this.

Discussion took place on the large numbers of staff who are off sick with ongoing MSK issues and how these staff are supported. It was confirmed that there is a Physiotherapist as part of the Occupational Health team and discussions are ongoing with HR for more targeted capacity of the MSK provision.

It was agreed a further update would be provided following the next Community Appointment Days feedback is received.

ACTION – Shirley Taylor

Outcome: *The committee received the update*

6.10 Cancer Target Performance Update

The Chief Executive provided a brief update on the Cancer Performance. Work is currently ongoing to look at Cancer services as a separate entity as in previous years it sat within a specific directorate when, in reality, it works across all directorates. Assurance was provided that an effective cancer management system is being developed by the Centre of Sustainable Delivery and will be embedded and allow for engagement with partners both regionally and nationally. A Cancer monitoring group is in place which provides a weekly update on cancer and progress against targets. Through the redefining of the Leadership team, work is ongoing with the West of Scotland Cancer network which supports the processes.

One medical summit took place in November with a further planned for June to look at producing a framework. Good practice from Lanarkshire is being considered in the development of the framework as they are currently one year ahead in the process. It was agreed that good work is taking place and discussion would take place with the Director of Acute Services regarding a detailed update being sent to members for information.

ACTION – Claire Burden

Outcome: *The committee received the update*

7. Key issues to report to the NHS Board

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

- Risk Register
- Financial Management Report and Performance Report
- CNORIS
- 2025-26 – 3-year Financial Planning Assumptions
- Revised CRES approach
- Draft Revenue Plan 2025-26
- Update on LOS and SAFER
- MSK Update

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

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

Nothing to add.

9. Any other competent business

No other items were discussed.

9.1 PGC Terms of Reference

The Chair advised that changes to the Terms of Reference are noted in red for consideration. The committee approve the proposed changes.

Outcome: *The ToR was approved for submission to the NHS Board*

9.2 PGC Annual Workplan for 2025-26

The draft workplan was approved with no changes made.

Outcome: *The committee received the draft workplan for 2025-26*

9.3 PGC Annual Report 2024-25

The committee approved the PGC Annual Report for 2024-25. This will now be submitted to the NHS Board.

Outcome: *The annual report was approved for submission to the NHS Board.*

11. Date of next meeting

Thursday 22nd May 2025 at 9.30am via Microsoft Teams

SignatureDate