

Performance Governance Committee – Minute of Meeting
Thursday 30 July at 2.00pm
Via Microsoft Teams

1.0 Attendance

Present: Non-Executive Members

Linda Semple
Joyce White
Ewing Hope

Board Advisor/Ex-Officio

Gordon James	Chief Executive
David Stonehouse	Interim Director of Finance
Kirstin Dickson	Director of Transformation and Sustainability

In Attendance:	Vicki Campbell	Director of Acute Services
	Phil Tydeman	Turnaround Director
	Roisin Kavanagh	Director of Pharmacy
	Jennifer Wilson	Director of Nursing
	Kimberley Montgomery	
	Shirley Taylor	Committee Secretary (Minutes)

1.1 Apologies

The chair welcomed everyone to the committee. Apologies were received from Sheila Cowan, Lesley Bowie, Marc Mazzucco and Crawford McGuffie.

2. Declarations of interest

None Noted.

3. Minutes of the previous meeting – 01 June and 02 July

The Minutes of the previous meeting were agreed as an accurate record of the discussion which took place.

4. Matters Arising

4.1 Action Log

It was agreed that the first action should remain open for completion at the next meeting.

In relation to Woodland view the action remains open as discussion have still to take place. This is not a risk but could be an opportunity.

The Strategic Risk Register action was noted as complete.

A revised format of the Performance report has been added to the agenda with an update to the operational priorities which will be pulled through within the report. It was agreed this action could be closed.

The actions related to the FMR were discussed and the Director of Finance advised that the level of detail is highlighted by workstream rather than service and is inclusive of the 4% savings target. The actions were noted to be partially complete and members were advised that the establishment is included within the workforce report which is still under development. Estimates have been applied for headcount reduction and the impact of the flow programme when acute beds number will be reduced have still to be added. Governance of this work will form part of Staff Governance and safe staffing numbers will need to be redefined based on new bed numbers. Members agreed this action could be noted as complete as updated will be reported as part of the savings work which is ongoing.

Best value update plan – It was agreed this action was a duplication of the previous action and therefore could be closed.

Outcome: *The committee received the update*

4.1.1 Deep Dive Schedule

The Director of Transformation and Sustainability shared the deep dive schedule which sets out the proposed approach to hear from director Sponsors on performance or the Best Value plan and shows the priorities throughout the year which will be more critical in development and delivery.

It was highlighted that financial savings can be added against the plan and the focus would be on red areas to begin with moving to green towards the end of the year however this can be reviewed and amended if required. It was also noted that anything that is prepared for the assurance board and of value would be shared as part of these updates.

Work is taking place to ensure that financial reporting aligns through governance and CMT and quarterly meetings will continue to take place with Scottish Government. Areas of underperformance will be escalated to the assurance board for mitigations to be put in place.

Members agreed the proposed schedule of updates.

Outcome: *The committee received the proposed schedule*

- 4.2 Committee Workplan
The workplan was received with changes noted in red for ease of reference.

Outcome: *The committee received the workplan*

5. Risk Register

5.1 Strategic Risk Register

The Director of Transformation and Sustainability shared with members the new revised process and format of the report from a recent review which has taken place on how risks are reported and the process aligned to this.

There are a total of 18 risks on the risk register with five of these risks being within the remit of PGC. There have been no changes to scoring since the previous reporting cycle however the paper sets out the new reporting approach and the dashboard format provide a clearer, high level review. For this quarter only, a detailed appendix has been included to describe the changes which have been made. This will not be included in future iterations of the paper which will focus on the dashboard. This will set out where we are in relation to the risk rating and the alignment to risk appetite status.

Members agreed that the new format was much clearer in terms of the description of the risk however there were no specific actions to mitigate the risk included within the report. Although it was recognised this is what was agreed at the Audit and Risk Committee, members requested some additional detail behind the dashboard to be made available if required.

The Chief Executive advised that similar discussions had taken place at CMT and it was agreed that the previous report contained too much data however there is more work to be done in terms of the report and discussion will take place with the Senior Management Team in terms of being able to provide the level of assurance required within the report.

ACTION – Gordon James

Outcome: *The committee received the risk register*

6. Financial and Service Management

6.1 Performance Report – Month 3

The Director of Transformation and Sustainability shared the revised performance report which aligns to the changes made to CMT reporting. This format of the report will also be shared with board members. The structure of the report has been developed to provide a more focussed position of where operational performance sits in relation to local and national priorities. The paper gives an “at a glance” summary through RAG tables at the front of the document and will clearly show the priority areas.

Members agreed that the new format was very good and easily shows where the challenges are at a specific point in time. The only concerns which were expressed

were on the burden of work for the team to produce the reports. It was confirmed that the majority of reports are produced from Pentana and once confirmation has been given from Scottish Government on the trajectories they can be added. It was confirmed that the same report will be produced and shared with CMT, PGC and the Board which will reduce the teams time and effort in producing reports. Opportunities to use Power BI are being explored with Digital. It was agreed that in terms of the committee and board reporting additional detail would not be required and just assurance that action plans are in place.

The summary of performance was examined and it was noted that there are some areas of improvement and others who are still facing significant challenges. The data contained within the report is up until June with some areas still showing data from May. It was also highlighted that formal trajectories have still to be agreed in some areas for 2026-27 so the previous trajectories have been rolled forward for the purposes of reporting.

An improvement has been seen in cancer performance, especially in relation to the 62 day target. CAMHS and drug and alcohol services are still showing as 100% compliance and urgent care is still reporting a strong position.

In terms of challenges these are still being experienced in unscheduled care, ED performance, ambulance turnaround times and occupancy rates. There are still flow issues being experienced in terms of delayed discharges.

The Chief Executive noted that there have been challenges at the front door especially in relation to SAS turnaround times and a joint improvement plan has been put into place to manage this. The Cabinet Secretary is visiting Crosshouse in relation to this as this being reported as an issues across Scotland. West of Scotland Board Chief Executive meetings have been put in place to look at planned care, unscheduled care, cancer and endoscopy as well as whole system performance on a weekly basis. There are also regular meetings with the board chair to offer challenge on the weekly performance.

The Director of Acute Services added that there has been a deterioration on SAS turnaround performance since the end of June with a dip in May due to the implementation of Trakcare which had an impact on the non-admitted pathway. Steps have been put in place to manage this and there has been an increase in performance since then. Daily and weekly meetings are taking place along with a submission of a joint improvement plan to Scottish Government each Monday. It was also noted that there are some cultural issues which are being worked on and the team are being supported accordingly.

Outcome: *The committee received the performance report*

6.2.1 Non-Delayed Length of Stay over 14 days Performance Update

The Director of Acute Services presented the deep dive on non-delayed length of stay over 14 days. It was highlighted that unscheduled care was the deep dive focus at the last meeting and it was agreed at that meeting to present on the non-delayed trajectories. Due to high occupancy and delay numbers increasing on

both sites, twice weekly joint acute and partnership reviews are now taking place to look at complex district planning. Patients classed as being delayed are generally due to coding issues or reasons outwith the departments control so the senior oversight is helping greatly with this. Over the last three weeks enhanced leadership has been required and it has been agreed to cancel an 9am meetings to allow for decongestion of the sites. There can be times where the beds have been incorrect right at the start of the patient's journey so this hour of focus helps to ensure people are in the right beds. Despite this there has been a reduction in length of stay across the sites. It was also highlighted that there is a shortage of geriatric cover across the sites so alternative models are being considered.

With regard to improvements, bed management processes and site huddles are being prioritised with a focus on frailty patients. MDT working also continues to be embedded with a focus on palliative patients. There is a constant focus on the top 25 long length of stay patients even if they are non-delayed with discharges being expedited where possible. Frequent deep dives are taking place into complex admissions with the help of Trakcare which can easily identify patients who have dementia, palliative care or safeguarding issues.

The data for the end of last week has seen a reduction in both Crosshouse and Ayr non-delayed length of stay and it anticipated this will reduce further and reach trajectory by 1st august as set out on transfer of care business case.

Average length of stay peaked at the start of the year and has started to dip at the end of July and a positive position can be seen in terms of the six month average for geriatric which is slightly lower than some other boards.

In terms of forward planning, the shift in the balance of care will become the main framework of all unscheduled care actions with commitment from partners to support a 20% reduction in geriatrics. A session is taking place within the next week to look at consolidation and wonder planning. The transfer of care business case will continue to be promoted and an internal audit has been agreed focussing on systems and process that focus discharge planning process.

The Chief Executive added that the transfer of care business case will be a multi partnership approach with the support of Chief Officers and assurance of system wide scrutiny. This will become a standing items and included in all director updates.

A question was raised with regard to the lack of occupational therapists to support flow issues. It was responded that the pathways for referral are being updated. A full review of the AHP resource was undertaken back in March 2025 where it was agreed this would come back to acute services including budgets and staffing. There have been a number of vacancies and all workforce is currently being reviewed. A new discharge hub is also scheduled to go live which will target the resource to wards required for discharge.

Outcome: *The committee received the update*

6.2.2 Bed Closures / IJB Readiness (Risk)

The Director of Acute Services advised that work has taken place with Chief officers and Finance to take account of Board feedback and track month on month to deliver trajectories with actions aligned to bed closures and CRES. There will be detailed KPIs which will be taken forward at management level and weekly calls to keep this moving. A list of patients have been identified for movement within East and South Ayrshire with actions and commitments in place. A phased approach will be taken to work with the bed management team to close beds in cohorted areas. It is important to note that East are off trajectory at the moment however there is confidence this will be pulled back. Recruitment and commissioning discussions have taken place and taken forward in all teams to reach the first deadline. The Director of Finance added that closures will commence at the end of September.

Outcome: *The committee received the update*

6.3 Financial Management Report - Month 3

The Director of Finance presented the Financial Management report for month three which is showing a deficit of £11.5m and is slightly off track in comparison to the plan. HSCPs are showing a surplus of £31.5m and the overarching assumption is that they will deliver their savings target.

The Value Based Efficiency Programme has delivered savings of £10.8m thus far. This is £3.3m off track through under delivery of the savings target. It was noted that this is offset with slippage from ISS which is £1m underspent and Corporate which is also underspent. Uncommitted reserves set aside have contributed to some of the savings and will play into the month 3 position.

There is a £48.1m risk rated forecast against a £57.1m target. Forecasting will achieve £45m and is factored into some of the estimations for Acute. Run-rated projections give savings of £33m within acute.

Key risks highlighted deliver improvement on the acute best value savings programme risk and improving flow work however if bed closures are not delivered there will be an additional £3m of risk.

In terms of key messages it was highlighted that there cannot be a reliance on slippages as they are non-recurrent and savings need to be driven forward to secure the underlying position.

Members recognised the work which has taken place to get to this point and note the reasonable assurance around grip and control. It was highlighted that this is also a focus of the Assurance Board.

The Turnaround Director added that there is a focus on new opportunities to close the gap and as a number of these have been signed off a much improved position will follow this.

Discussion took place around the criteria change of care packages and the risk around this which will align to the new integrated discharge hub. Vigilant

management will take place with regard to the impact on services of patients remaining within acute services when there is no longer a need for medical care. This will be up and running by September and will provide clearer oversight for patients.

Outcome: *The committee received the report*

6.4 Best Value Savings Plan Latest Position

The Director of Transformation and Sustainability shared the best Value Plan Latest Position which provides a RAG to show where we are in terms of key programmes. The plan is currently sitting at £37.7m of the required £57.1m with some programmes still in the red or amber categories. Confidence is required around getting the programmes to a green status. Work is taking place with Director Sponsors and the PMO to get all POAPs fully delivered. It was also highlighted in terms of the full year impact that some proposals will commence later in the year and will assist in planning for future years delivery.

A question was raised with regard to what is being done to close the gap. It was responded that a list of 14 areas of opportunity is being reviewed within this year and next and discussions are taking place with regard to potential value and deliverability to close the gap to target.

The slides were presented and it was confirmed that nursing stretch is an opportunity within the nursing workforce programme and covers the use of agency and supplementary nursing support, it was confirmed that work is ongoing to see what other opportunities can be identified in this area.

A question was raised with regard to the redeployment pool and whether this was just linked to admin and clerical. It was confirmed this should be under a general workforce banner and is focussed on getting people back into jobs. This will always be explored before any posts are advertised. It is important to ensure this is being utilised appropriately and whether there is an opportunity for savings. Overtime usage will also be looked at as part of this work and is about getting grip around this to the benefit of employees, the organisation as a whole and the finances and is looking to get staff into the risk roles whilst reducing the need for bank and agency.

The next steps for this year are to focus on the plans on a page for red and amber which will allow gaps to be bridged. QIA/EQIAs will also be concluded for these plans. It is intended going forward to develop the 2027-28 plan over a 20 week period with the full plan approval in February/March 2027 to optimise savings in 2027-28. It was also highlighted that a number of Invest to Save bids have been submitted to Scottish Government and just over £1m has been received to undertake these projects.

Outcome: *The committee supported the approach being taken*

6.5 Best Value Programme Deep Dive – Nursing Workforce

The Nurse Director provided members with a deep dive in to the best value work taking place in relation to the nursing workforce. The context of the work is to

create a sustainable workforce with legislation and health and safety at the core. Opportunities are being considered are reducing the footprint in acute services and examining how to deliver care differently to those who require enhanced observations in the hospital setting.

A programme overview was provided which is looking at various workstreams such as agency reduction, bank optimisation, workforce recruitment for newly qualified nurses (NQNs) and enhanced therapeutic observation teams through improved workforce governance.

In terms of financial performance there are some areas over delivery and some which require more focus, this is mainly in relation to enhanced observations as a lead has been identified for the programme however the remainder of the team needs to be added. With regard to agency reduction there has been a 71% reduction over the last four years which is a sustained improvement. In August a further step will be taken whereby no non-framework agency requests will be supported. Bank optimisation is rated as amber, we have a well-functioning bank but some services are utilising the bank extensively, namely medical and surgical services. Due to this there is a high level of oversight and scrutiny in these areas. Recruitment for enhanced observation is rated as amber and has been challenging however the impact of having a new lead has been beneficial. A workforce sustainability programme is in place to recruit NQNs as well as additional healthcare Support Workers. There will be a movement to block recruitment three times per year due to the volume of applications received. Work will also take place with schools and colleges to get people into these roles early. This will be a three year plan.

It is important to maintain focussed, quality, safe staffing and to be clear of the risks to the programme in terms of closing beds as well as the frailty and complexity within the system. Additional mitigations will be scrutiny, oversight and grip at every stage. It was highlighted that the programme is behind at present however there is confidence that this will be brought back on track.

Outcome: *The committee received the update*

6.6 15 Box Grid

The Director of Transformation and Sustainability shared the 15 box grid and advised that this is overseen by the Financial Delivery unit with submissions on a quarterly basis by every board. The report being presented is for the last quarter on 2025-26 and a return has just been submitted for quarter one of 2026/27. It was noted that the benchmarking areas are different to those from last year. As the report is generated via Power BI it can be difficult to extract and summarise key points however the benchmarking report can be accessed by members if desired.

In looking at the benchmarking data there has been improvement in polypharmacy reviews with work completed latterly in 2025/26. Discussions have taken place regarding the value of completing more reviews and although the benchmarking has not been favourable, resources have been balanced and the key staffing capacity is being utilised. It was noted that the ACRT work was in implementation phase through 2025/26 and there is further work required to optimise this. Finally in

terms of agency utilisation work will take place to tackle where we are an outlier in terms of utilisation of agency and supplementary staffing.

The data shows that we perform favourably across the vast majority of other areas, sickness absence is still above target but against other boards we benchmark well.

It was agreed that the grid is helpful in terms of seeing how areas are doing better and being able to benchmark against this.

Outcome: *The committee received the update*

6.7 Scottish Government Assurance Board Feedback

The Interim Director of Finance advised that discussions have taken place with the new Finance Director on the Assurance Board and assurance was given that data will be examined and assurance was made that governance was in place. There will also be a change to the labelling of the finance report before going to board.

The Chief Executive added that challenged support has been given to get additional funding and support has been given to the transfer of care case.

Outcome: *The committee received the feedback*

7. Key issues to report to the NHS Board

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

- Performance Management and Financial Management Reports
- Best Value and Performance Deep Dives
- 15 Box Grid
- Strategic Risk Register
- Best Value Savings Plan Latest Position

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

The committee thanked Ewing Hope for his contribution to the committee over the years and wished him well in his retirement.

10. Date of next meeting

PGC Light - Thursday 03 September at 9.30am via Microsoft Teams
Committee – Thursday 01 October at 9.30am venue to be confirmed