

**NHS Grampian (NHSG)**  
**Minute of the Performance Governance Committee**  
**Thursday 16<sup>th</sup> December 14.00-16.00**  
**Microsoft Teams Meeting**

**Present**

Mrs Rhona Atkinson, Non-Executive Board Member, NHS Grampian (Chair)  
Ms Joyce Duncan, Non-Executive Board Member, NHS Grampian  
Ms Luan Grugeon, Non-Executive Board Member, NHS Grampian  
Ms Rachael Little, Employee Director, NHS Grampian  
Professor Lynda Lynch, Chair, NHS Grampian  
Cllr Shona Morrison, Non-Executive Board Member, NHS Grampian

**In Attendance**

Dr Adam Coldwells, Deputy Chief Executive  
Mr Alan Gray, Director of Finance  
Mr Alan Sharp, Depute Director of Finance (Item 3.3)  
Mr Cameron Matthew, Interim Chief Officer Acute (Item 3.1)  
Mr Matthew Toms, Head of Performance, Acute (Item 3.1)  
Ms Else Smaaskjaer, Minutes

Item	Subject	Action
1	<p><b>Welcome</b></p> <p>Mrs Atkinson welcomed everyone to the meeting.</p> <p><b>Apologies</b></p> <p>There were no apologies from Committee members.</p>	
2	<p><b>Minute of Meeting Held on 21<sup>st</sup> October 2020</b></p> <p>The minute of the previous meeting was approved as an accurate record.</p> <p><b>Matters Arising</b></p> <p>Ms Grugeon asked if there was an update regarding communication to patients on waiting lists. It was confirmed that this is being followed up by the Medical Director, Acute.</p> <p>It was also confirmed that although some progress had been made the financial position at Dr Gray's Hospital remains challenging.</p>	

Item	Subject	Action
3	Items Discussed	
	<p data-bbox="280 310 354 342">3.1</p> <p data-bbox="370 310 1076 342"><u>Performance Summary – COVID and Non-COVID</u></p> <p data-bbox="370 384 1268 520">Mr Matthew and Mr Toms attended for this item. Mr Gray provided a summary of the current Covid position and performance across services against key targets. The following items were discussed.</p> <ul data-bbox="370 573 1292 1879" style="list-style-type: none"> <li data-bbox="370 573 1292 709">• Covid Position – Mr Gray informed the committee that Grampian compares favourably with other areas across Scotland but there had been a sharp increase in a relatively short period of time.</li> <li data-bbox="370 751 1292 1035">• Hospital Admissions – there had been no significant increase in hospital admissions from that during the 1<sup>st</sup> wave of Covid but reduced bed capacity has resulted in significant pressures across the system and challenging decisions may be necessary to effectively manage surge and flow during the winter period. Mr Matthew informed members that the threshold for admission is higher than that applied during the 1<sup>st</sup> wave.</li> <li data-bbox="370 1077 1292 1371">• Service Changes - Ms Grugeon asked how decisions relating to changes in service will be made. Dr Coldwells reported that the Chief Executive Team as Gold Command will make informed, data led decisions which will be recorded and the rationale included in a decision log. Professor Lynch highlighted the importance of engagement with Board Members and noted it may be necessary to schedule some additional meetings during the coming months.</li> <li data-bbox="370 1413 1292 1623">• TTG and Outpatients – excluding Oral and Maxillofacial Service and General Surgery TTG performance is ahead of the trajectories detailed in the remobilisation plan. Outpatient performance is 71% of the trajectories in the remobilisation plan. There had been fewer outpatient appointments than planned.</li> <li data-bbox="370 1665 1292 1879">• Waiting Times Communications – acknowledged that waiting times had increased. Work is progressing to increase activity for category 2/3 patients at facilities outside ARI when possible. Ms Grugeon asked if communications to patients would include information on self-management and steps they could take to ease their condition. Mr Toms reported</li> </ul>	

Item	Subject	Action
	<p>that letters were in preparation for all category 3 patients advising them of delays. Letters would not provide exact revised timescales but would advise on what actions to take if their condition worsens. Given the number and range of patients in the category it would be difficult to include information specific to individual patients. Mr Matthew noted that the acute psychology team had advised on the wording of the letter and it had been agreed that there should be careful consideration of the wording used in communication to category 2 patients. Ms Grugeon asked that acute staff consider the best means of providing information regarding self-management and alternative therapies whilst waiting on appointments. Mrs Atkinson suggested that this could be included in patient interactions with consultants and GPs.</p> <ul style="list-style-type: none"> <li>• Increase in Delayed Discharge – Mrs Atkinson asked if data indicated any particular blockage in the system. Dr Coldwells reported that no single issue had been identified but it is kept under continuous review.</li> <li>• Review of Unscheduled Care – the launch of 111 had taken place at the beginning of December 2020 but it will take some time to embed behavioural change and move across to planned activity. Current ED performance impacted by pressures in community hospitals and care homes which influence patient transfer and bed flow.</li> </ul> <p>Mrs Atkinson thanked members for the useful discussion.</p> <p><b>Members noted the report and asked that an update on Oral and Maxillofacial Service is included in the report to the next meeting in February 2021.</b></p>	<p><b>AG</b></p>
3.2	<p><u>Remobilisation Plan - Milestone</u></p> <p>Mr Gray presented a report to provide an overview of progress and highlight any key risks in relation to the delivery of the milestones set out in the agreed NHS Grampian Remobilisation Plan for 2020/21. The report outlined milestones completed, milestones on track, milestones with minor delays and milestones at risk. Mr Gray reported significant progress against actions and timeframes at the end of October. He explained that the next remobilisation plan will be due for submission to the Scottish Government in February and that will also comprise the Annual Operational Plan for NHS Grampian.</p>	

Item	Subject	Action
	<p>Ms Little noted the progress but asked if a lull in activity during the festive period and the expected Covid spike in January will impact on remobilisation targets. Mr Gray advised that the plan had focused on deliverability but the plan prepared for February will reflect additional expectations in relation to the Covid vaccination programme, which will require 350 staff to ensure it is delivered in the timescales specified by the Scottish Government.</p> <p>Ms Grugeon asked if there were strategies in place to manage delays such as the limited availability of AHP services. Mr Gray explained this was a resource issue and will be monitored closely but it would be important to recognise that staff are committed to the plan and their contribution to the collective effort to achieve delivery is evident.</p> <p>Mrs Duncan asked if the review of the plan will take into account changes since July 2020 and lessons learned during the implementation period. Mr Gray reported that although it is acknowledged it will take some time for services to recover, the intention is to develop a patient centred plan, including how services will be delivered and how patients will be supported. It will also take account of partnership working and digital solutions. Mr Coldwells noted that the wider SLT cohort will be included in discussions and invited to contribute feedback and input to the plan as it is developed.</p> <p>Members acknowledged the progress made towards putting remobilisation in place within the context of a constantly changing environment. Professor Lynch highlighted the need for Board members to support the Chief Executive Team in meeting the demands placed on it.</p> <p><b>The Committee noted the update.</b></p>	
3.3	<p><u>Financial Resources</u></p> <p>Mr Sharp provided an overview of financial performance to end of October 2020 and asked the Committee to note the following:</p> <ul style="list-style-type: none"> <li>• A small underspend during October had reduced the overspend for the year to date to £0.4M. The main pressures remain pay budgets but the position regarding this had improved on that during 2019/20. The overall forecast still indicates that financial targets will be achieved.</li> </ul>	

Item	Subject	Action
	<ul style="list-style-type: none"> <li data-bbox="370 268 1273 520">• Expenditure on staffing showed an overspend of £1.67M but this compares with £5M+ during 2019/20. Locum spend remains above substantive budget costs and although this is rigorously monitored there are still recruitment challenges, particularly in Dr Gray’s and Mental Health which necessitates engagement of locums. Pay overspends had been offset by underspends on hospital drugs.</li> <li data-bbox="370 562 1292 856">• Covid costs were not included at this stage as the Scottish Government had confirmed these will be fully funded. The main Covid expenditure in NHS Grampian had been incurred on staffing and bed capacity. The projected Covid spend for 2020/21 is estimated at £95M with costs still to be finalised for the substantial recruitment in progress relating to the Covid Vaccination Programme and Test and Protect. Covid costs and funding continue to be carefully managed and monitored.</li> <li data-bbox="370 898 1243 1003">• The main risks for the current financial year remain uncertainties relating to Brexit, winter surge and the end of year IJB financial position.</li> <li data-bbox="370 1045 1276 1150">• The budget setting process for 2021/22 has commenced and a budget announcement by the Scottish Government is expected on 28<sup>th</sup> January 2021.</li> </ul> <p data-bbox="370 1192 1292 1371">Ms Little asked if modelling of Brexit implications still indicate an increase in medicine costs. Mr Gray confirmed that uncertainties remain across a range of supply chains and current advice is that Health Boards should prepare to manage availability without stock-piling.</p> <p data-bbox="370 1413 1268 1665">Mrs Atkinson asked if the reduced spend on locum and agency staff at Dr Gray’s reflected good management or was a result of changing trends due to Covid. Mr Sharp noted there were a number of contributing factors. Some long-term vacancies had been filled, some recently qualified junior doctors had remained in local employment and there had also been a reduction in activity.</p> <p data-bbox="370 1707 1268 1885">Mrs Duncan asked if there will be a similar reduction in services during 2021/22 and if Brexit is expected to impact on availability of staff. Mr Gray advised that no material change had been anticipated with regard to staff availability and arrangements were in place to support staff applying to meet the requirements</p>	

Item	Subject	Action
	<p>for staying in the UK. A broader Brexit briefing will be prepared for Non-Executive Board Members. Mr Sharp reported that discussions are ongoing with Scottish Government colleagues regarding budget setting for 2021/22.</p> <p>Ms Grugeon asked if any progress had been made on developing a five-year financial plan. Mr Gray informed the Committee that forward planning is under consideration but due to the requirement to respond to Covid and to remobilisation plans there will be a need to review clinical strategies and reset priorities. In NHS Grampian finance staff are working closely with lead managers to factor in the financial impact of Operation Snowdrop. One of the main items will be recruiting the numbers of staff required to deliver the Covid vaccination programme and test and protect. The recently established recruitment hub had made a positive start in attracting applications for lower graded posts. Recruitment to registered nurse and allied health professional posts had been more challenging and redeployment of current staff may have to be considered. This will be in the context of minimising risks elsewhere in the system.</p> <p>Mrs Atkinson thanked Mr Sharp for his clear and comprehensive report.</p> <p><b>The Committee noted the report.</b></p>	
3.4	<p><u>Bair and Anchor Project Assurance</u></p> <p>Mr Gray explained that as construction on the Baird Family Hospital and ANCHOR Centre is due to commence early in 2021 he wanted to provide assurance to the Committee on the proposed reporting structure for the project. He outlined the project management structure and sources of independent assurance provided by NHS NSS (ASSURE Division) and Independent Gateway reviews. Mr Gray advised the Committee that this reporting structure will provide assurance on safety, quality, progress against programme and IPC measures. The intention is to ensure that the building will be fit for purpose when it is opened and commissioned. There will be regular updates to the Committee and Mr Gray asked members to feedback on which items they would wish included in future reports.</p> <p><b>The Committee noted the report.</b></p>	
3.5	<p><u>PAIR Infrastructure Report</u></p>	

Item	Subject	Action
	<p>Mr Gray presented the SLT Infrastructure Sub-Group flash report to provide an update on infrastructure planning. He reported that significant progress had been made during 2020 and although some timeframes had slipped momentum across the infrastructure programme had not been lost. The next large projects include theatre surveys, a review of ARI Phase 1, and a review of critical services including ventilation and electrics.</p> <p>Ms Little asked if there had been any consideration nationally to future proofing infrastructure to ensure effective response to future events, including pandemics. Mr Gray confirmed there is a workstream looking at infrastructure issues. It is acknowledged that across Scotland there is an aging estate and many buildings are not best suited to meet modern healthcare standards. The National Infrastructure Board is engaged with the Scottish Government in the development of an infrastructure plan for Scotland.</p> <p>Ms Grugeon asked if environmental and sustainability issues are taken into account. Mr Gray responded that there is an awareness of sustainability issues, and in relation to new buildings an aspiration to be carbon neutral, but across the estate this has to be weighed against the need to keep the lights on, buildings heated and ventilated and budgets balanced.</p> <p><b>The Committee noted the update.</b></p>	
3.6	<p><u>Active Governance</u></p> <p>Mr Gray provided an update on details of NHS Scotland Active Governance Programme and informed the Committee that NHS Grampian will be one of two pathfinder Boards. He explained that one of the key aims of the Active Governance is to improve effective corporate and public reporting, including a review of how information is presented using data visualisation principles.</p> <p>Mr Gray advised that this would be further discussed at the Board Seminar on 14<sup>th</sup> January 2021.</p> <p><b>The Committee noted the report and welcomed the role of NHS Grampian as a pathfinder Board.</b></p>	
3.7	<p><u>Non-Executive Action Plan</u></p>	

Item	Subject	Action
	<p>Mr Gray provided summary of actions outstanding from meetings of Non-Executive Board Members during the 1<sup>st</sup> Wave of Covid.</p> <p>Mr Gray advised that a committee structure will be shared when the CE Team have confirmed the contributing committees which should be included.</p> <p><b>The Committee noted the report.</b></p>	
4	<p><b>Items to Highlight to NMSG Board</b></p> <p>The Committee agreed that the following items would be of interest to all Board members:</p> <ul style="list-style-type: none"> <li>• Financial Position.</li> <li>• Update on Performance</li> <li>• Progress against Milestones in Remobilisation Plan</li> <li>• Baird and ANCHOR Project Assurance</li> <li>• Communication to Patients</li> </ul> <p>Mr Gray will draft a report for Mrs Atkinson's review.</p>	AG/RA
5	<p><b>AOCB</b></p> <p>None.</p>	
7	<p><b>Date of Next Meeting</b></p> <p>Thursday Wednesday 17<sup>th</sup> February 2021 14.00-16.00 Microsoft Teams</p>	