

NHS Grampian (NHSG)
Minute of the Performance Governance Committee
Thursday 18th August 2021 14.00-16.00
Microsoft Teams Meeting

APPROVED

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
Cllr Shona Morrison, Non-Executive Board Member, NHS Grampian
Mr Derick Murray, Non-Executive Board Member, NHS Grampian

In Attendance

Mr Paul Allen, Director of eHealth and Facilities (Item 3.5)
Ms Sarah Duncan, Board Secretary
Mr Alan Gray, Director of Finance
Mr Alan Sharp, Depute Director of Finance (Item 3.2)
Mr Scott Sim, General Manager eHealth (Item 3.5)
Ms Else Smaaskjaer, Minutes

Item	Subject	Action
1	<p>Welcome</p> <p>Mrs Atkinson thanked everyone for attending. It was confirmed the meeting was quorate. (At least three Non-Executive Board Members in attendance)</p> <p>Apologies from Committee Members</p> <p>Professor Lynda Lynch, Chair, NHS Grampian</p>	
2	<p>Minute of Meeting Held on 16th June 2021</p> <p>The minute of the previous meeting was approved as an accurate record.</p> <p>Matters Arising</p> <p>All items on main agenda.</p>	
3	<p>Items Discussed</p>	
	<p>3.1 <u>Performance Summary</u></p> <p>Mr Gray presented slides showing the position in NHS Grampian relative to national standards. The following items were discussed:</p>	

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	<p data-bbox="370 268 899 300"><u>CAMHS and Psychological Therapies</u></p> <ul data-bbox="370 310 1268 600" style="list-style-type: none"> <li data-bbox="370 310 1268 373">• CAMHS recording positive performance with access to Psychological Therapies slightly below national standards. <li data-bbox="370 384 1268 489">• The number of calls to the Psychological Hub indicate that this service will remain in place to provide support and respond to staff demand. <li data-bbox="370 499 1268 600">• There is no data to evidence that CAMHS positive performance is due to less referrals or a higher threshold for access in Grampian. <p data-bbox="370 642 412 674"><u>ED</u></p> <ul data-bbox="370 684 1292 1598" style="list-style-type: none"> <li data-bbox="370 684 1292 747">• 4 hour performance is below national standard but corresponds to national average. <li data-bbox="370 758 1292 789">• Attendance at ED almost back to pre-Covid levels. <li data-bbox="370 800 1292 863">• An increase in patient admissions due to respiratory problems had been recorded. <li data-bbox="370 873 1292 1010">• Actions taken to improve waits at the front door noted and acknowledged that initial plan had not been as successful as forecast so had been reviewed to reach a more positive impact. <li data-bbox="370 1020 1292 1188">• Concerns raised regarding how patients are cared for during long waits and whether steps are taken to capture information on the impact to patient health. The Medical Director will report this through the NHSG Clinical Governance Committee. <li data-bbox="370 1199 1292 1346">• The discharge process had been improved but ARI is operating at full capacity and transfer of patients can be delayed. Important to ensure safe flow of patients through the system. <li data-bbox="370 1356 1292 1598">• Bed capacity at ARI is unlikely to revert to pre-Covid levels as there will be limitations due to minimum standard bed spacing requirements. Staffing capacity will also impact on the number of beds available. Noted that the situation is challenging across Scotland and in Grampian all steps are taken to optimise recruitment of graduates and Junior Doctors. <p data-bbox="370 1640 708 1671"><u>Outpatient Performance</u></p> <ul data-bbox="370 1682 1292 1896" style="list-style-type: none"> <li data-bbox="370 1682 1292 1745">• Increase in waiting lists which reflects a return to higher levels of referrals against a background of reduced capacity. <li data-bbox="370 1755 1292 1860">• To minimise the growth of waiting lists as the system recovers, it would remain important to balance non-elective and elective care. <li data-bbox="370 1871 1292 1896">• Managing surge and flow across the winter period remains a 	

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	<p>priority.</p> <ul style="list-style-type: none"> • Suggested that it may be helpful to look beyond the health sector for advice. Board Chief Executive's across Scotland had indicated they would be open to consideration of innovative approaches to improve performance. <p><u>TTG</u></p> <ul style="list-style-type: none"> • Capacity pressures also reflected in performance against Treatment Time Guarantees. • There has been some stabilisation for Category 0 and 1 patients but an increase in Category 3 patients recorded at 26 – 72 weeks. • Services continue to interface with patients regarding impact and support. There are ongoing discussions regarding looking beyond clinical interventions to support patients whilst waiting. • Boards across Scotland looking at options to increase capacity whilst recognising that the most prevailing factor is limited availability of staff. • Modelling to review how planned actions will impact on meeting targets to be included in the next iteration of the Remobilisation Plan but it is difficult to carry out reliable forecasting in a challenging and uncertain environment. • The private sector is also working against significant backlogs so its capacity for engagement with Health Boards is limited. • Concerns raised that performance is unlikely to improve in the near future and there is lack of clarity regarding what the priorities are going forward. • Recognised that the existing backlog pre-pandemic had been worsened. • It would be important to demonstrate strong leadership whilst remaining realistic around what can be delivered. • Acknowledged that the public will look for certainty soon but also important to manage expectations. • The Board needs clarity regarding what plans they are working to and certainty around its longer term focus. <p><u>Cancer Position</u></p> <ul style="list-style-type: none"> • This was regarded as a critical and protected service during the pandemic. • Performance is reasonably positive, although referrals are now increasing. • Clinicians have reviewed deaths of patients delayed whilst on cancer pathway and have concluded these deaths were not potentially preventable. 	

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	<ul style="list-style-type: none"> • Patient experience continues to be a concern and interaction with patients will be kept under review. <p><u>Diagnostics</u></p> <ul style="list-style-type: none"> • Waiting times had improved across many areas, with ongoing pressures relating to Ultrasound and CT. <p><u>Drugs and Alcohol Services</u></p> <ul style="list-style-type: none"> • Most Boards had met the LDP target for delivering alcohol and drug treatments during January to March 2021. • Varying roles of different agencies acknowledged and a report will be prepared for NHS Grampian Board in December which will help clarify shared governance across the pathway. <p>Members noted the report and agreed the following action:</p> <ul style="list-style-type: none"> • Agenda for next meeting of the Committee on 20th October to include item regarding CAHMS activity, including how the additional Scottish Government funding will be used to make a difference. This should also consider whether it would be possible to allocate some of the funding at community level. 	
3.2	<p><u>Financial Report and Budget 2021/22</u></p> <p>Mr Sharp provided an overview of financial performance to end of July and although there was an improvement on the position at the end of June an overspend of £1.92 million was recorded for the year to date. He noted the following key items:</p> <ul style="list-style-type: none"> • Ongoing pressures relating to medical supplies, maintenance and energy costs, and non-achievement in meeting saving targets were reported. • The cost of supplementary staffing continues to be a risk during the 2021/22 financial year. • Forecast is still to break-even but this will require careful monitoring and financial management throughout the rest of the financial year. • Covid spend, in relation to the vaccination programme, contract tracing and testing, has remained stable and continues to be fully funded by the Scottish Government during the current financial year. • The ongoing impact of Covid is uncertain. There are currently over 1,000 WTE staff employed by NHS Grampian on Covid workstreams who are funded by Scottish Government and 	

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	<p>discussion will take place to establish longer-term implications.</p> <p>Mr Sharp outlined some of the main financial issues on the horizon:</p> <ul style="list-style-type: none"> ~ the audit for 2020/21 is nearing completion and will be reported to the Board on 24th August ~ dialogue with Scottish Government regarding the development of a Medium Term Financial Strategy (MTFS) continues ~ work is ongoing to realign budgets with portfolio structure ~ covid funding exit ~ financial implications for Health Boards arising from the proposal to establish a National Care Service <p>Main points discussed with the Committee:</p> <ul style="list-style-type: none"> • The Scottish Government covered overspends for 2020/21 but it is unlikely to do so again this year. Some shortfall is anticipated and savings targets will be amongst the items monitored to minimise impact on the overall budget. • Alignment of staff between ARI and Dr Gray's is arranged as much as possible but there are some specialty services where this is not viable. • There is ongoing work to resolve issues around the energy plant. Some of the problems are outwith the control of NHS Grampian and staff are reviewing the contract to establish a clear view regarding planned downtime. Estates and Finance colleagues are working with the contractor to get this back on track as quickly as possible. • It is expected that NHS Grampian will spend its capital allocation by the end of the financial year. Any slippage relating to physical infrastructure projects will be used to fund replacement of essential medical equipment and this will be reflected in financial updates later in the financial year. Any adjustments to the capital budget will be considered by the Asset Management Group. Also noted that the largest proportion of the capital budget is allocated to the Baird and ANCHOR project where cash flow is carefully monitored by the project team. <p>The Committee thanked Mr Sharp for the briefing. Mrs Atkinson noted that although the update reports a positive outlook it would be important to maintain focus and identify</p>	

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	<p>any adverse trends at an early stage.</p>	
3.3	<p><u>Baird and ANCHOR – Director’s Report</u></p> <p>Mr Gray presented reports on construction and project activities relating to the Baird and ANCHOR Project.</p> <p>Construction – progress remains on schedule. Main challenge had related to the supply of materials. Continued monitoring is in place and there are ongoing discussions with colleagues regarding the longer term view of the market. Whilst this is being resolved work continues in other areas of the project.</p> <p>Design Review – increased resources in place to ensure this is completed on schedule. Progress will be monitored by NHS Grampian and colleagues from Scottish Government Health Infrastructure Directorate. Internal clinical redesign activities are on schedule.</p> <p>Project Activities – the report outlined fund raising and other activities around the project. It was confirmed that there will be discussion with Graham Construction regarding apprenticeship opportunities. Fundraising to date had been successful and the charities involved are positive that targets will be reached. Members were reminded that funds raised would be used to finance additionality to enhance the healthcare surroundings and improve the patient experience.</p> <p>The Committee noted the reports.</p>	
3.4	<p><u>Remobilisation Plan - Milestones Progress Report</u></p> <p>Mr Gray had circulated a report providing an overview of progress to day. He advised the Committee the majority of milestones had either completed or were on target to complete by the end of October. Mr Gray also reported that staff had contributed input and feedback to the next iteration of the plan which will be presented to the Board in October.</p> <p>The Committee noted the update and asked for a further update at its next meeting on 20th October 2021.</p>	AG
3.6	<p><u>Digital Strategy</u></p> <p>Mr Allen and Mr Scott attended to provide an update on progress</p>	

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	<p>against the Digital Strategy agreed by NHS Grampian Board in October 2020. The presentation detailed:</p> <ul style="list-style-type: none"> • The progress made across each strategic domain in meeting the ambitions in the Strategy. • The framework agreed and the range of activities supported, including capacity for staff to work remotely during the Covid pandemic. • Status update relating to the range of initiatives in the programme. • The governance framework and reporting structure for all programme groups. • The risks of cyber security and the challenges in mitigating against targeted campaigns. • The investment required to support digital services and ensure the workforce is enabled to support patient care and safety. • The investment required to secure the implementation of digital services, including HEPMA, the Digital Ward and Microsoft 365. • The importance of workforce development to ensure digital confidence and effective use of the digital solutions available. <p>Main points discussed with the Committee:</p> <ul style="list-style-type: none"> • There had been consultation with HSCPs and Primary Care from the early stages of developing the Strategy. There had also been participation from other sectors in key programmes of work and representatives from partner organisations are invited to attend the Digital Strategy Delivery Group. • Future reporting will aim to capture information regarding the benefits digital transformation can bring to meeting carbon reduction targets and to capture actions on how health inequalities are being considered/addressed. • There is awareness of the part digital solutions can play in addressing health inequalities. Digital poverty is also recognised as a barrier for those who do not have access and positive measures to ensure access to services for all will continue to be explored. • eConsult and virtual clinics have been very successful in Grampian but the benefits of a consistent approach and a standardised platform had been recognised. • The intent to have all public sector bodies in Scotland on one national platform remains an ambition and there are ongoing national discussions to resolve issues around GDPR and 	

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	<p>Information Governance.</p> <ul style="list-style-type: none"> • National groups had agreed the benefits of moving away from paper led processes and systems to increase access to information across public services. <p>The Committee thanked Mr Allen and Mr Scott for the update and noted the diversity and complexity of the work undertaken in achieving the progress made to date.</p>	
4	<p>Items to Highlight to NHSG Board</p> <p>The Committee agreed that Mr Gray would draft a report for Mrs Atkinson's review.</p>	AG/RA
5	<p>AOCB</p> <p>None.</p>	
	<p>Date of Next Meeting</p> <p>Wednesday 20th October 2021 14.00-16.00 Microsoft Teams</p>	
	<p>Performance Governance Committee – Development Session 16.00 – 17.00 Thursday 18th August</p> <p>NHSG Infrastructure Projects</p> <p>Mr Gray provided a presentation which outlined the governance, strategic planning and decision making framework in relation to the NHS Grampian Capital Programme. The presentation included the following information:</p> <ul style="list-style-type: none"> • Planning around infrastructure projects does not sit in isolation but fits into other plans, service developments, Board priorities and policy commitments. • The range of elements in the infrastructure plan are considered in relation to replacement and backlog, statutory compliance, risk assessment and resource coordination and prioritisation. • Consideration of place and hospitals includes understanding the needs of communities and how NHSG can work with partners to provide services at community level. • Supporting Infrastructure includes facilities such as labs and laundries which are central to business continuity planning. • The Asset Management Group takes an overview of assurance that 	

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	<p>existing infrastructure is safe, the planning of individual elements of the capital programme and prioritisation of projects.</p> <ul style="list-style-type: none"> • Planned expenditure in the 2021/22 Programme amounts to £82m, which includes national programme funding of £66m for Baird and ACHOR, NTC-G and the national radiotherapy programme. There are a number of key risk associated with a programme of this size. • Future investment planning is carried out over a five year period but there are many uncertainties in planning ahead and funding gaps are assumed. • Core capital funding will provide backlog maintenance, expenditure related to statutory compliance and essential equipment replacement. There will be ongoing dialogue with the Scottish Government to secure additional funding. • It would be helpful to have a longer term view across five to twenty years to allow working towards an integrated and prioritised investment plan with some certainty. • All major projects, including the Baird and ANCHOR, are progressed through the requirements set out in the Scottish Capital Investment Manual (SCIM) which ensures a high level of scrutiny, project management and governance. <p>Main points of discussion following the presentation:</p> <ul style="list-style-type: none"> • The project to remove ligature points at Royal Cornhill Hospital, which had been a very complex and comprehensive programme of works, was nearing completion. • The NHSG Audit Committee get an annual update regarding the backlog maintenance programme but it would be helpful to provide an update on the overall infrastructure programme to all Board members. • When assets become vacant there is always discussion regarding whether it can be used for other purposes. Recently the movement of services out of the City Hospital had allowed scope to repurpose the building and provide high quality accommodation for a fully integrated and comprehensive CAMHS service. • When there are local campaigns around individual buildings, such as the Inch War Memorial Hospital, which leads to political pressures there will be discussion with Scottish Government to seek additional funding. • Through developing a detailed Asset Management Plan, and working in cooperation with Primary Care colleagues on the Primary Care Premises Plan, NHS Grampian had been successful in recent years in accessing additional funding. It had been able to demonstrate forward planning and preparedness to take forward projects without excessive delays. 	

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	<ul style="list-style-type: none"> <li data-bbox="272 239 1247 489">• The plan that all GP practice owned premises should be in public sector ownership by 2035 represents a significant investment for NHS Grampian. Handover of property will be achieved through transfer of current leases or purchase of premises. The aim is to break the link between general practice and responsibility for premises, which is understood to be a barrier to potential younger partners taking up post. <p data-bbox="272 527 1281 594">The Committee thanked Mr Gray for the presentation and agreed it had been an informative session.</p>	