

NHS Grampian (NHSG)
Minute of the Performance Governance Committee
Thursday 17th February 2021 14.00-16.00
Microsoft Teams Meeting

Board Meeting 03.06.21 Open Session Item 11.4
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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
 Cllr Shona Morrison, Non-Executive Board Member, NHS Grampian

In Attendance

Dr Caroline Hiscox, Chief Executive
 Mr Alan Gray, Director of Finance
 Mr Alan Sharp, Depute Director of Finance (Item 3.3)
 Mr Matthew Toms, Head of Performance, Acute (Item 3.1)
 Ms Else Smaaskjaer, Minutes

Item	Subject	Action
1	<p>Welcome</p> <p>Mrs Atkinson welcomed everyone to the meeting.</p> <p>Apologies from Committee Members</p> <p>Professor Lynda Lynch, Chair, NHS Grampian</p>	
2	<p>Minute of Meeting Held on 16th December 2020</p> <p>The minute of the previous meeting was approved as an accurate record.</p> <p>Matters Arising</p> <p>Ms Grugeon asked if there was an update regarding Dr Gray's Hospital in Elgin. Mrs Atkinson reported that this will be considered at a meeting of the Clinical Governance Committee and further discussion at Performance Governance Committee should be deferred until that discussion is reported to NHS Grampian Board.</p>	

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3	Items Discussed	
	<p data-bbox="280 310 354 342">3.1</p> <p data-bbox="370 310 1024 342"><u>Performance Summary – Operation Snowdrop</u></p> <p data-bbox="370 380 1276 485">Mr Toms attended for this item. Mr Gray provided a summary of the current Covid position and service performance against key targets. The following items were discussed.</p> <ul data-bbox="370 527 1284 1879" style="list-style-type: none"> <li data-bbox="370 527 1284 926">• Covid Position – the Committee was informed that Grampian compares favourably with other areas across Scotland. The number of Covid patients in hospital, including in critical care beds, had reduced. Mr Gray reported that the number of deaths during the second wave of Covid had been higher which had particularly impacted on ICU staff. Ms Little asked if the higher death rate reflected changes to the admission criteria applied. Mr Gray advised this was the position across Scottish boards and could be as a result of various factors including the emergence of new variants of the virus. He confirmed that support was in place for ICU staff. <li data-bbox="370 968 1276 1367">• Unscheduled Care – since the beginning of January the position at the front door had been challenging and performance against the 4 hour target reflects the pressures on the system. There had been fewer minor presentations but the higher number of major and acute patients had resulted in some delay in the discharge and transfer of patients. Mr Gray informed the Committee of the whole system response which had contributed to improvements in patient flow. Mr Toms advised that the recent redesign of unscheduled care had been a factor in the reduction of minor presentations. <li data-bbox="370 1409 1284 1766">• Planned Care – in early January the Acute Leadership Team had highlighted challenges relating to bed capacity and the impact on scheduling planned care. GOLD Command had agreed to create and protect bed capacity for ESCatS 0/1 patients. This had been achieved through redesign of the frailty pathway and provision of additional NHS capacity at Rosewell House. Virtual clinics had been helpful in managing outpatient waiting lists and Mr Toms noted that who need diagnostic tests continue to be seen at community hubs or GP practices when required. <li data-bbox="370 1808 1276 1879">• Cancer – performance had recovered since the end of 2020. Mrs Atkinson asked if there was assurance that provision is in 	

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	<p>place for the highest priority patients. Mr Gray noted that NHS Grampian could take confidence from ESCatS as this ensures that, following diagnosis, patient details are recorded within the prioritisation system. Dr Hiscox added that ESCatS provides an understanding of the number of patients in each category and an awareness of the scale of the challenge. Ms Grugeon asked if support is made available to patients who are on waiting lists. Mr Toms confirmed that letters to patients include information and signposting to sources of support and advice.</p> <ul style="list-style-type: none"> • Test and Protect – performance in NHS Grampian relating to contact tracing remains positive and it was acknowledged that testing will feature in the longer term as part of ‘living with Covid’. Mr Gray highlighted the establishment of the regional lab in Aberdeen as a very good example of bringing together the required skills and expertise to ensure successful delivery of a facility in a short timeframe. • Vaccination – initial uptake had been encouraging and updated figures (at 17th February) indicate that more than 140,000 vaccinations had been delivered in Grampian. Mr Gray reported that vaccinator capacity is in place and there is confidence that the NHS Grampian programme will deliver vaccines in line with Scottish Government guidance and the agreed JCVI categories. Some risks relating to vaccine supply had been recorded and Dr Hiscox noted that this reflects the national position and there will be flexibility in the plan to match scheduling of appointments with stock. Second dose vaccinations, with emphasis on care home residents and staff, will be prioritised in coming weeks, Mrs Duncan asked about uptake in deprived areas and Dr Hiscox confirmed that this will be monitored. <p>Mr Gray asked members to feedback on the format and content of the report to ensure it has the information and detail required to provide an overview across the wider system.</p> <p>Members noted the report.</p>	
3.2	<p><u>Financial Report and Budget Brief 2021/22</u></p> <p>Mr Sharp provided an overview of financial performance to end of January 2021 and reported a small overspend of £0.3M. He highlighted that there had been some overspend on medical</p>	

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	<p>staffing mainly related to locums and agency nursing staff. This had been less than in 2019/20 but would be kept under review. Locum spend continues to be high at Dr Gray's Hospital and in Mental Health Services.</p> <p>Councillor Morrison asked if the overspend at Dr Gray's continues to be monitored. Mr Sharp advised that there had been some successful recruitments which contributed to reducing expenditure on locums and he also highlighted the more proactive approach by senior staff in managing expenditure on locum staff. Dr Hiscox noted that although there had been some improvements there will still be some difficult transformation conversations ahead as, in the longer term, NHS Grampian cannot sustain models of service delivery at Dr Gray's Hospital based on the availability of locums.</p> <p>Mr Sharp noted the financial impact of Covid including expenditure on items such as temporary staffing, additional cleaning requirements and bed capacity. This will be funded by the Scottish Government. Mr Sharp concluded that the overall forecast still indicates financial targets will be achieved at the end of the current year.</p> <p>Members noted the financial position at the end of January 2021.</p> <p>Mr Sharp had also prepared a short briefing on the draft budget statement for 2021/22 announced by the Scottish Government on 28th January. He noted that it may be subject to change following the UK's budget statement on 3rd March. The briefing outlined the key issues which would impact on NHS Grampian including:</p> <ul style="list-style-type: none"> • The impact on the baseline uplift following the transfer of funding to IJBs for delegated services. • The uncertainty surrounding the outcome of a pay settlement relating to AfC staff which was still subject to negotiation. • There will be direct transfer of some funds to IJBs and additional funding for Primary Care and targeted reduction of drug deaths. • Additional funding for Covid response will continue in 2021/22 and allocations will be confirmed when remobilisation plans 	

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	<p>are submitted at the end of February.</p> <ul style="list-style-type: none"> • The Scottish Government had been clear that there should be continuance of key programmes including Test and Protect, the Vaccination Programme and Critical Care Capacity. • Additional funding will be made available for Mental Health Services (including CAMHS), Trauma Networks and earmarked priorities including Public Health. <p>Ms Grugeon asked if staff are prepared for any financial impact on services. Mr Gray responded that there is a consistent and open approach in NHS Grampian and considerable efforts had been made to create a sense of working together in relation to the financial implications relating to service planning. Dr Hiscox noted that system leaders are included in budget planning and discussion regarding budget setting for 2021/22 had commenced. Mr Sharp advised that financial management in NHS Grampian is not restricted to Finance Managers working in isolation but is carried out by managers across the system. The reduction in locum and agency staff is a reflection of how managers had recognised the need for change. He added that system leaders had indicated interest in contributing to discussions around transformational change.</p> <p>Mrs Atkinson noted that Covid had provided an opportunity to broaden thinking around service transformation beyond financial drivers and it would be interesting to see how that is taken forward.</p> <p>The Committee thanked Mr Sharp for the briefing.</p>	
3.3	<p><u>Bair 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 – the design programme had been signed off and groundworks had commenced on site. Some commodity prices had increased and Mr Gray confirmed that although this is a matter for Graham Construction, NHS Grampian colleagues will work with the company to ensure stability. The project remains on target. Dr Hiscox recorded the efforts of the team in Grampian to ensure delivery of this project. Mrs Atkinson also noted the inclusion and involvement of clinical leads.</p>	

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	<p>Project Activities – the report outlined fund raising and other activities around the project. Ms Grugeon asked if community benefits are targeted at young people, in particular those who are care experienced. Mr Gray agreed to find out more and report back. Mrs Duncan noted that it would be important to target work around community benefits and avoid activities which could be viewed as tokenistic. Ms Grugeon also highlighted the important role of NHS Grampian Endowment Charities in relation to fund raising.</p> <p>The Committee noted the report.</p>	
3.4	<p><u>Remobilisation Plan</u></p> <p>Mr Gray reported that the next iteration of the remobilisation plan was on target for submission to the Scottish Government at the end of February. He informed the committee that a briefing will be provided at the Board Seminar on 4th March. Mr Gray confirmed that one of the key foundations of the remobilisation plan will be staff health and wellbeing and how staff will be supported as they transition out of the response to Covid. He also noted the importance of focussing on what is required across the whole system to ensure public confidence in the proposals for remobilisation.</p> <p>Mrs Atkinson suggested it would be useful to bring together the Board, Local Authorities and IJBs to consider what has been learned during the past year and how that can be applied to whole system recovery. Dr Hiscox agreed and informed the Committee that the North East System Wide Transformation Group had a similar discussion earlier regarding how to take forward a whole system approach to future delivery of health and social care. The three Chief Officers had been asked to review lessons learned from the work of the Care Home Oversight Group and how that can inform plans. Dr Hiscox confirmed she would take forward strategic learning across key public partners in the North East.</p> <p>The Committee noted the update.</p>	
4	<p>Items to Highlight to NHSG Board</p> <p>The Committee agreed that the following items would be of interest to all Board members:</p>	

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	<ul style="list-style-type: none"> • Financial Position. • Update on Performance • Progress against Milestones in Remobilisation Plan • Baird and ANCHOR Project Assurance <p>Mr Gray will draft a report for Mrs Atkinson's review.</p>	AG/RA
5	<p>AOCB</p> <p>Mrs Atkinson noted the role developed for Public Health during the response to Covid and suggested there should be some consideration of where an assurance oversight of Public Health work is provided to the Board. Dr Hiscox advised that the Chief Executive Team are discussing how the organisation can move forward with Public Health at the centre of the healthcare system.</p>	
7	<p>Date of Next Meeting</p> <p>Thursday Wednesday 21st April 2021 14.00-16.00 Microsoft Teams</p>	