

**NHS Grampian (NHSG)**  
**Minute of the Performance Governance Committee**  
**Thursday 21<sup>st</sup> October 2020 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**

Professor Amanda Croft, Chief Executive, NHS Grampian  
 Ms Jillian Evans, Head of Health Intelligence, NHS Grampian (Item 3.1)  
 Mr Alan Gray, Director of Finance, NHS Grampian  
 Dr Caroline Hiscox, Executive Nurse Director, NHS Grampian  
 Ms Else Smaaskjaer, Minutes

<b>Item</b>	<b>Subject</b>	<b>Action</b>
<b>1</b>	<p><b>Welcome</b></p> <p>Mrs Atkinson welcomed everyone to the meeting.</p> <p>Mrs Atkinson recorded thanks to Professor Croft for her regular and helpful attendance at Performance Governance Committee during here time as Chief Executive of NHS Grampian. Members wished Professor Croft well in her retirement.</p> <p><b>Apologies</b></p> <p>There were no apologies from Committee members.</p>	
<b>2</b>	<p><b>Minute of Meeting Held on 27<sup>th</sup> August 2020</b></p> <p>The minute of the previous meeting was approved as an accurate record.</p>	
<b>3</b>	<p><b>Items Discussed</b></p>	

Item	Subject	Action
	<p data-bbox="272 237 1076 268">3.1 <u>Performance Summary – COVID and Non-COVID</u></p> <p data-bbox="370 306 1239 373">Ms Evans presented an update on Public Health performance during recent weeks.</p> <ul data-bbox="370 422 1287 1182" style="list-style-type: none"> <li data-bbox="370 422 1287 594">• Testing – Ms Evan highlighted the volume of testing undertaken each day and informed members of the changes in testing strategy including the shift in emphasis from ensuring staff were safe to be at work to reducing transmission of the virus.</li> <li data-bbox="370 642 1287 814">• The current situation remains fragile as although positivity rate in Grampian is relatively low it is increasing with a steady rise in recent weeks. Correlations were indicated between age and positivity rates/hospital admissions. Data shows a downward trend in student cases.</li> <li data-bbox="370 863 1287 1182">• Although there had been an increase in the number of close contacts recorded Grampian had averaged contact with 80% within three days. Ms Little asked if Grampian would be moving toward contact tracing by text messaging as other Boards had done. Ms Evans and Professor Croft both highlighted that telephone contact had proven to be efficient and can often prompt useful information relating to backward tracing, which could be missed in text contact, and they would be keen to maintain that.</li> </ul> <p data-bbox="370 1230 1206 1262">Mrs Atkinson thanked Ms Evans for the informative update.</p> <p data-bbox="370 1310 1174 1377">Mr Gray provided a brief summary of performance across services. The following items were discussed:</p> <ul data-bbox="370 1425 1287 1879" style="list-style-type: none"> <li data-bbox="370 1425 1287 1703">• COVID Reporting – a daily Sit Rep regarding the situation in hospitals is prepared for the CE Team. The report illustrates comparisons between the current situation and hospitalisation data from the 1<sup>st</sup> Wave, and also comparisons with other Scottish Boards. Data shows that although numbers are increasing the level of hospitalisation is behind that reached in April/May. Grampian is also behind other large Boards, including Glasgow, Lanarkshire and Lothian.</li> <li data-bbox="370 1751 1287 1879">• Mental Health – Mr Gray reported that the figures reflect current social circumstances for many. As the furlough scheme comes to an end there is an increase in the numbers unemployed and resultant economic pressures. In addition,</li> </ul>	

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	<p>the usual social outlets which could alleviate pressures are unavailable. Councillor Morrison noted that, as social pressures continue to impact, it would be important to monitor mental health data and the capacity of the psychological resilience hub. Mr Gray informed the Committee that the hub will continue to the end of March and although there will continue to be uncertainties all options will be considered to ensure that resources are deployed in the right place. Professor Croft also highlighted the national transformation work relating to mental health which will consider a range of issues.</p> <ul style="list-style-type: none"> <li>• Remobilisation – Ms Little asked what the impact on current pressures/surge would be if the Scottish Government advised Boards to pause remobilisation. Dr Hiscox confirmed that the Scottish Government had outlined seven priority areas highlighting Test and Protect, Flu Vaccination, Winter Planning and COVID. NHS Grampian had also included Staff Health and Wellbeing as a priority and the Chief Executive Team and SLT are committed to the priorities identified, and to deliver services to patients who need them most and protect staff. Mrs Duncan asked if there would be a point when other services would be halted to deal with COVID. Dr Hiscox responded that a Target Operating Model will be implemented to cover the next six month period and, using lessons learned earlier in 2020, will focus resources through the challenging winter period. If a need does arise to halt other services this will be done in agreement with Scottish Government colleagues and input from ethical groups will be important during those discussions.</li> <li>• Maximising Capacity – Professor Lynch highlighted the use by other Boards of the Golden Jubilee and Louisa Jordan hospitals and asked if anything similar had been considered in the North. Mr Gray responded that there had been some discussion regarding use of the Golden Jubilee Hospital but there would be significant challenges in staffing, distance and logistics including the ability of patients to travel by public transport. Mr Gray confirmed that NHS Grampian continues to focus on increasing capacity at Stracathro Hospital.</li> <li>• TTG and Outpatient Waiting Times – Mr Gray reported that NHS Grampian benefits from having a mature categorisation system and continues to prioritise category 1 and 2 patients. Ms Gurgeon asked if patients on waiting lists had been</li> </ul>	

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	<p>communicated with effectively. Dr Hiscox noted that she will confirm with the Medical Director Acute to confirm the process in place for communication with patients.</p> <ul style="list-style-type: none"> <li>• Nosocomial Infection – Ms Grugeon asked if there were processes in place to deal with hospital outbreaks. Dr Hiscox advised that the protocols implemented in other areas are also applied in healthcare environments. Each IMT makes recommendations which are then taken forward. It was agreed that it is important to continue emphasising the benefits of safe behaviours by staff, patients and visitors in clinical environments.</li> <li>• Pathways – it was agreed that pathways tend to focus on the Acute sector and it would be helpful to see information regarding other parts of the system which could help to provide assurance that patients are accessing the right support at the right time. Professor Lynch highlighted the Chronic Pain pathway and the importance of being aware of what support is available in Primary Care, including sign-posting to other resources. Mr Gray advised he would follow this up with the Medical Director.</li> </ul> <p>Mrs Atkinson thanked everyone for the useful discussion and noted the ongoing and mounting pressure on the system. She asked that everyone remain aware of the number of patients who may be waiting on letters regarding appointments or treatment and ensure they are kept informed. Mrs Atkinson also advised that responsibilities and accountability across the whole system should be considered and assurance provided that appropriate staff are reporting to relevant meetings.</p> <p><b>Members agreed that reporting is progressing in a positive way resulting in productive conversations at the Committee.</b></p>	<p><b>CH</b></p> <p><b>AG</b></p>
3.2	<p><u>Response to Scottish Government in Relation to Remobilisation Plan</u></p> <p>The letter from the Scottish Government had been circulated. Mr Gray reported that good progress had been made and an update on progress against milestones in the remobilisation plan will be reported at the Board Seminar on 5<sup>th</sup> November and he will bring a full report to the next meeting of the Committee in December.</p> <p>Ms Grugeon asked if health inequalities will be addressed through</p>	<p><b>AG</b></p>

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	<p>targeted work in challenging areas. Ms Evans responded that Phase 2 remobilisation efforts will be aligned with the work of community partnerships.</p> <p><b>The Committee noted the letter and the update.</b></p>	
3.3	<p><u>Financial Resources</u></p> <p>Mr Gray provided an overview of financial performance to end of September 2020 and asked the Committee to note the following:</p> <ul style="list-style-type: none"> <li>• September had been an encouraging month with an overall underspend helping to reduce the year to date overspend. Dependency on medical locums and agency nursing staff had reduced. Medical locums are now mainly engaged in mental health services and Dr Gray’s Hospital and agency nurses in theatres, neurosurgery an ICU. Substantive appointments to some consultant posts had been made but the overall ability to recruit staff remains challenging.</li> <li>• Some funding to cover the additional costs associated with COVID will be available and staff are working on developing realistic plans relating to what can be committed by the end of March. There is still some uncertainty regarding how much the Scottish Government will make available to fund remobilisation plans. Staff are meantime developing plans to optimise the drawdown of capital funding which had been confirmed for COVID related projects.</li> <li>• Challenges at Dr Gray’s Hospital were noted and Mrs Atkinson asked if the work commenced by Dr Hiscox would continue. Dr Hiscox confirmed this would be taken forward by the leadership team at Dr Gray’s. She highlighted that Dr Gray’s had been viewed as a division of the acute sector but is more complex in that it represents a whole range of hospital services. Dr Hiscox informed the Committee that, whilst ensuring safe staffing levels, more robust processes regarding the engagement of locum and agency staff had been implemented and this situation is now improving. She also reported ongoing discussion with NHS Highland to improve the quality of recruitment packages.</li> </ul> <p>Mrs Atkinson thanked Mr Gray for the reassuring report but highlighted operational areas within acute, particularly unfunded acute sector management posts, which should be examined. It</p>	

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	<p>was acknowledged that there had been some challenges this year but the Committee must continue to monitor the overall budget and address any areas of overspend.</p> <p><b>The Committee thanked Mr Gray for the update, noted the report and asked for a more detailed report on Dr Gray's Hospital and the Acute Sector at the next meeting in December.</b></p>	<b>CH/AG</b>
<b>4</b>	<p><b>Items to Highlight to NHSG 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> </ul> <p>Mr Gray will draft a report for Mrs Atkinson's review.</p>	<b>AG/RA</b>
<b>5</b>	<p><b>AOCB</b></p> <p>None.</p>	
<b>7</b>	<p><b>Date of Next Meeting</b></p> <p>Thursday Wednesday 16<sup>th</sup> December 14.00-16.00 Microsoft Teams</p>	