

NHS Grampian (NHSG)
Minute of the Performance Governance Committee
Thursday 20th October 2021 14.00-16.00
Microsoft Teams Meeting

Present

Mrs Rhona Atkinson, Non-Executive Board Member, NHS Grampian (Chair)
Mrs Joyce Duncan, Non-Executive Board Member, NHS Grampian
Ms Luan Grugeon, Non-Executive Board Member, NHS Grampian
Mr Derick Murray, Non-Executive Board Member, NHS Grampian

In Attendance

Mr Alan Gray, Director of Finance
Ms Jillian Evans, Head of Health Intelligence
Dr Robert Hobkirk, Head of Sustainability, Compliance and Risk (Item 3.5)
Cllr Dennis Robertson, Non-Executive Board Member, NHS Grampian (observer)
Mr Alan Sharp, Depute Director of Finance (Item 3.2)
Ms Else Smaaskjaer, Minutes

Item	Subject	Action
1	<p>Welcome</p> <p>Mrs Atkinson thanked everyone for attending and confirmed the meeting was quorate with three Non-Executive Board Members in attendance. Mrs Atkinson welcomed Councillor Robertson who was attending as an observer.</p> <p>Apologies from Committee Members</p> <p>Professor Lynda Lynch, Chair, NHS Grampian Cllr Shona Morrison, Non-Executive Board Member, NHS Grampian</p> <p>Mrs Atkinson informed members that she had initiated discussions regarding the role of committees in providing the assurance required by the Board during a period of enduring pressures on the system.</p>	
2	<p>Minute of Meeting Held on 18th August 2021</p> <p>Ms Grugeon asked that a discussion point at Item 3.6 should be amended to:</p> <ul style="list-style-type: none"> • 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. <p>The minute of the previous meeting was then approved as an accurate record.</p>	

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	<p data-bbox="272 233 509 264">Matters Arising</p> <p data-bbox="272 306 1284 520">Mrs Duncan asked if there had been discussion with the third sector to find common ground in how additional CAMHS funding could be utilised at community level. Ms Grugeon also asked that future reporting regarding the use of additional funding to increase capacity and access should reflect numbers of people rather than percentages. Mr Gray agreed to look at both those issues and report back.</p> <p data-bbox="272 562 1268 667">Mr Murray asked for an update on front door waiting times at ARI. Mr Gray confirmed this would be included in the performance summary at Item 3.1.</p> <p data-bbox="272 709 1276 961">Mr Murray also noted the annual reporting of progress on backlog maintenance to the Audit Committee and asked if that and other infrastructure and facilities reporting should be presented to this committee. Mr Gray explained that backlog maintenance was reported to the Audit Committee to reflect its role in providing risk assurance to the Board. He agreed that he would review reporting of infrastructure matters to the Performance Governance Committee.</p>	
3	Items Discussed	
	<p data-bbox="272 1073 699 1104">3.1 <u>An Overview of Activity</u></p> <p data-bbox="370 1146 1260 1251">Ms Evans presented slides which looked at activity on an average day in NHS Grampian in 2019 and how that compared with a day in 2021.</p> <ul data-bbox="370 1293 1284 1879" style="list-style-type: none"> <li data-bbox="370 1293 1276 1440">• The main areas of difference were a decrease in the number of patients having elective surgery, an increase in NHS24 calls relating to respiratory illness and a decrease in the number of staffed beds. <li data-bbox="370 1444 1284 1801">• The data reflected a slight decrease in the ED attendances and patients admitted in an emergency. It was noted that this did not match the pressures reported by staff and Mr Gray suggested staff experience could be influenced by the complexity of conditions presented and the ongoing challenges relating to workforce and bed capacity across the Acute sector. Mrs Duncan advised that the increased complexity of presentations had also been noted in the 3rd Sector and would indicate the need for more preventative work at community level. <li data-bbox="370 1806 1276 1879">• Ms Evans reported that NHS Grampian had a good performance in terms of delayed discharge with less than 2% 	

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	<p>of discharges from hospital categorised as delayed, which also highlighted the disconnect between data and perception.</p> <ul style="list-style-type: none"> • There had been a significant decrease in miles travelled for specialist consultations during this period and Mr Murray asked if it would be possible to report on any particular specialty areas which are using digital consultations. Ms Evans responded that this would be possible and added that there had been good uptake on using digital solutions in NHS Grampian but it was unlikely that it would increase from the current level. • Ms Grugeon asked whether it would be possible to supplement the information with Primary Care data. Ms Evans explained that this was an ongoing piece of work and staff will continue to seek a way forward in closing that gap. <p>Mrs Atkinson thanked Ms Evans for providing an alternative way of looking at the numbers and noted it would be important for the Board to reach an understanding of this mixed picture and the challenges in balancing demand and capacity across the system.</p> <p><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> <p><u>ED</u> - 4 hour performance is below national standard and there are significant and ongoing challenge in relation to ambulance waiting times at ARI. Actions continue to be taken to improve waits at the front door and to improve flow across the hospital.</p> <p><u>Outpatient Performance and TTG</u> - NHS Grampian is now challenged in meeting the requirements for Category 0 and 1 patients. Cancer performance against the 62 day target is now at 74% which is the lowest in Scotland. Waiting lists for Category 0 and 1 patients are not increasing but other lists are. Cancer patients waiting in excess of 26 weeks had become an item of concern.</p> <p><u>CAMHS</u> – This service is holding up reasonably well and psychological services had recorded that 81.6% of patients had been seen within 18 weeks.</p> <p>Mr Murray asked if it would be possible to make information more meaningful in terms of patient experience. Mrs Atkinson agreed</p>	

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	<p>it would be helpful to have some follow up from the Medical Director, Acute regarding contact with patients on waiting lists.</p> <p>Ms Grugeon asked if there was any scope for national or regional support. Mr Gray advised that sourcing mutual aid remains difficult as all boards are experiencing pressures. Mr Murray asked if there was scope to transfer more patients to the national hospital at Clydebank. Mrs Atkinson noted that this option is limited to patients who are in a position to cope with the travel requirement to access the hospital. In addition it would be unlikely that frail and vulnerable patients would be in a position to undergo invasive or debilitating procedures and then undertake the journey back to Grampian, this would include many Category 0/1 patients.</p> <p>Ms Grugeon asked if there had been any national conversations regarding reduction in activity and the balance of risks in increasing bed capacity and how that would impact on infection control measures. Mr Gray confirmed that this would be discussed at national meetings of professional groups and advised that the Board may find it necessary to consider some difficult decisions and discuss what options would be available and the associated risks. Mrs Atkinson agreed it would be useful to have an overview of the impact of opening up more beds and stretching staffing ratios.</p> <p>Ms Grugeon queried whether the four hour target relating to waiting time at ED remains relevant. Mr Gray noted that it can be a useful tool in indicating how busy the hospital is and highlighting pressures in the system.</p> <p>Mrs Duncan suggested that there will be a point when the Board will be asked to demonstrate that it had taken all the mitigating actions required to improve access and performance and asked if there was assurance in the system to provide that. Mr Gray agreed that performance reporting currently indicates a low point and it would be important to look at a longer term horizon and how the position can be improved.</p> <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 16th December to include an update from the Medical Director Acute regarding the experience of patients on long-term waiting lists. 	<p>AG</p>

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3.2	<p data-bbox="367 264 899 296"><u>Financial Report and Budget 2021/22</u></p> <p data-bbox="367 342 1284 485">The August finance report had been circulated and Mr Sharp provided an overview of financial performance to end of September. He reported an overspend of £4.18 million in the six month period. He noted the following key items:</p> <ul data-bbox="367 527 1292 1335" style="list-style-type: none"> • It is now forecast that there will be an end of year overspend in the region of £5.5 million indicating limited assurance that NHS Grampian will reach financial break even. This is a challenge across all Scottish Boards and if the Scottish Government intervenes NHS Grampian will need to be very clear regarding what is required. • There are continuing overspends in relation to medical pay and medical supplies. Main service areas of overspend continue to be Dr Gray’s Hospital, Women and Children’s Services and Unscheduled Care. In addition, it is anticipated there will be an increase in energy costs in 2022. • The cost of supplementary staffing continues to be a risk during the 2021/22 financial year. • The Scottish Government had confirmed it will fully fund Covid spend, currently in the region of £4-5 million each month, for the 2021/22 financial year. The position beyond this year remains unclear and there could be residual risk to some service areas. • There are over 1,000 WTE staff employed by NHS Grampian on Covid workstreams and Scottish Government had approved established contracts for 75% of those employed on the vaccination programme. <p data-bbox="367 1377 1198 1444">Mr Sharp outlined some of the main financial issues on the horizon:</p> <ul data-bbox="415 1486 1284 1812" style="list-style-type: none"> ~ the budget setting process for 2022/23 had commenced ~ monitoring of the financial position indicates that pressures experienced in previous years will continue with some additional pressures included ~ detail around funding of Health Care Support Worker, Multi-Disciplinary Teams, Care at Home and Care Homes is still to be confirmed ~ detail around funding for items included in the Programme for Government also to be confirmed <p data-bbox="367 1854 976 1879">Main points discussed with the Committee:</p>	

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	<ul style="list-style-type: none"> • In previous years an overspend of £5 million would result in suspending future spending plans but in the current context the Scottish Government continue to encourage spend to secure capacity. • The Board is not allowed to carry over any surplus. • It is not unusual to report limited spend against the capital budget at this point in the financial year. This is monitored by the finance team and reviewed each month at the Asset Management Group. Where slippage is anticipated funding will be re-allocated to agreed projects which are deliverable in the current financial year. • There is still some uncertainty around the Covid health debt and how that will be addressed and the implications regarding long-Covid. • The consequences of moving funding for Health Care Support Workers to IJBs had been discussed in national forums and concerns raised with the Scottish Government. <p>The Committee noted the briefing and Mrs Atkinson thanked Mr Sharp for clearly articulating the current position.</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 – there are ongoing supply chain issues which could result in some delays on both projects. These are not anticipated to be prolonged delays and the project team continue to monitor progress. A detailed process is underway to understand the impact of market conditions, including availability of sub-contractors, on the overall costs and this will be reported as soon as the information is available. Mr Murray asked if client changes had been kept to a minimum and Mr Gray confirmed that any client changes must relate to clinical need such as changes to guidance around ventilation requirements. Ms Gurgeon asked if any delays would have consequential impact on the older buildings currently in use. Mr Gray confirmed that there should be no material impact as keeping the programme within the agreed timeframe is a high priority and any delays should only be short term.</p> <p>Design Review – Mrs Atkinson asked for information regarding the reference in the Executive Summary to ‘difficulty in delivering</p>	

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	<p>the design programme'. Mr Gray explained that this referred to the capacity of architects to produce designs for final sign off.</p> <p>Project Activities – in response to Ms Grugeon’s query at the August meeting Mr Gray reported that the main contractor had noted difficulties in targeting care experienced young people as a specific group but they are working with local education providers to review options.</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 date. He advised the Committee the majority of milestones had either completed or were on target to complete by the end of October. Mrs Atkinson noted that it had been helpful to see all the information together and gain an understanding of progress made.</p> <p>The Committee noted the update and asked for a further update at its next meeting on 16th December 2021.</p>	AG
3.5	<p><u>Sustainability Strategy</u></p> <p>Dr Hobkirk attended to provide an update on sustainability actions in NHS Grampian. The presentation detailed:</p> <ul style="list-style-type: none"> • Items in development by the Scottish Government including revised target dates promoted by the Scottish Green Party to be confirmed after COP26 in November. • The eight sustainability strategy aims agreed for NHS Scotland including reducing greenhouse gas emissions from activities and contributing to the achievement of the UN sustainability development goals. • A review of NHS Grampian’s performance against the National Sustainability Assessment Tool (NSAT) indicates that overall performance had improved on previous years but there is room for improvement in some areas. • NHS Grampian had not incurred any penalties from 2013-2019 in relation to the Emissions Trading Scheme but revised targets are harder to achieve and in 2020 there was a penalty which is likely to increase in future years. • Additional funding had been secured through the Greenspace Public Sector Estates Decarbonisation Scheme and E.V 	

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	<p>Funding and Active Travel.</p> <ul style="list-style-type: none"> • Through a sustainability poll NHS Grampian staff had indicated five priority areas and work is now ongoing to achieve sustainable procurement. <p>Main points discussed with the Committee:</p> <ul style="list-style-type: none"> • There is ongoing engagement with public sector partners including local authorities and universities and this could be extended to include other agencies. • It would be useful to promote green options across the organisation and support positive actions. Visibility had improved in recent years but more work is required to encourage and embed sustainable practice in day to day activity and this is difficult within the constraints of a very small team. • Suggested that the Endowment Fund could support a staff competition. • The Committee agreed that sustainability should not be considered in isolation but should be included in all decision making by inclusion into the revised template for Board reports. <p>The Committee thanked Dr Hobkirk for the informative presentation and requested an update in 12 months.</p>	<p>AG</p>
<p>4</p>	<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>	<p>AG/RA</p>
<p>5</p>	<p>AOCB</p> <p>Mrs Atkinson hoped that the Committee had found the discussion approach to the meeting useful and thanked everyone for their contributions.</p>	
	<p>Date of Next Meeting Thursday 16th December 2021 10.00 - 12.00 Microsoft Teams</p>	