

Board Meeting 05.08.21 Open Session Item 13.4
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**NHS Grampian (NHSG)**  
**Minute of the Performance Governance Committee**  
**Thursday 21<sup>st</sup> April 2021 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

**In Attendance**

Dr Caroline Hiscox, Chief Executive  
 Ms Jillian Evans, Head of Health Intelligence (Item 3.1)  
 Mr Alan Gray, Director of Finance  
 Mr Alan Sharp, Depute Director of Finance (Item 3.3)  
 Dr John Tomlinson, Non-Executive Board Member, NHS Grampian  
 Ms Else Smaaskjaer, Minutes

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1	<p><b>Welcome</b> Mrs Atkinson welcomed everyone to the meeting.</p> <p><b>Apologies from Committee Members</b> Cllr Shona Morrison, Non-Executive Board Member, NHS Grampian</p>	
2	<p><b>Minute of Meeting Held on 17<sup>th</sup> February 2021</b></p> <p>The minute of the previous meeting was approved as an accurate record.</p> <p><b>Matters Arising</b></p> <p>None</p>	
3	<b>Items Discussed</b>	
	<p>3.1 <u>Performance Summary</u></p> <p>Mr Gray and Ms Evans presented the System Wide Situation</p>	

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	<p>Report. Mr Gray explained that the report provided information regarding the health system across Grampian and had generated useful discussion and feedback when presented at the Senior Leadership Team. Ms Evans highlighted some of the key messages in the report.</p> <ul style="list-style-type: none"> <li data-bbox="370 453 1284 926">• <u>Covid Position</u> – the report detailed the measures which are used to evaluate how the pandemic is being managed. These included infection rates, test positivity rates, death rates, hospitalisation rates and vaccination rates all viewed at local authority level. Aberdeen City and Aberdeenshire are in a settled position with some outbreaks related to schools opening which had highlighted that case consequences are as important as case numbers. The situation in Moray is less stable, as although case numbers remained low during 2020, there had been recent evidence of rising community spread and individual outbreaks. Care homes are reasonably stable but due to the fragile and vulnerable nature of this setting close monitoring continues.</li> <li data-bbox="370 968 1279 1360">• <u>Vaccinations</u> – the emphasis of the programme had moved on to appointing for second dose vaccinations. Feedback indicated that one of the main barriers to uptake relates to safety concerns. Ms Little asked if safety concerns were related to having the vaccine or to travel to/from vaccination centres. Ms Evans confirmed that intelligence indicates the concerns are mainly related to the vaccine itself and Corporate Communications are working on public messaging to provide reassurance. Ms Evans also advised that data is monitored to establish whether positive cases had been vaccinated or not.</li> <li data-bbox="370 1402 1268 1877">• <u>Hospital Admissions</u>– rates continue to fluctuate. There had been front door pressures at ARI but data indicates this is mainly due to flow challenges within the hospital rather than rising demand. Pressures on the availability of admission beds at Royal Cornhill Hospital had resulted in additional strains on community mental health teams and Dr Hiscox reported that MHLDS management are being supported by the Chief Executive Team to explore options which would increase the bed base at RCH. There will also be ongoing discussions regarding how to move to a more community based model. Ms Grugeon asked if admissions are as a result of illness or lack of community support. Dr Hiscox advised that all in-patients had required admission and that</li> </ul>	

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	<p>the growing demand for MH support in all Board areas had been highlighted at national level. Mrs Atkinson asked if the staffing resources were in place to support an increased bed base. Dr Hiscox confirmed that the staffing level would remain within current resources and comply with safe-staffing requirements.</p> <ul style="list-style-type: none"> <li>• <u>Third Covid Wave</u> – Mrs Duncan raised concern that given the timing and the demands of remobilisation, recovery and redesign of services, staff would need support to cope with the expected third covid wave. Ms Evans confirmed that Tom Power, Director of People and Culture, will continue engagement with staff and ensure they are informed of the resources available to provide support. Ms Evans also advised of the three main reason for increases in occurrence of covid. <ul style="list-style-type: none"> <li>~ Some people remain vulnerable despite vaccination.</li> <li>~ Some cohorts had not been vaccinated and they are the most likely to move about, socialise and travel as restrictions are eased.</li> <li>~ Areas which had not been impacted in previous waves will not have the same level of immunity as other areas.</li> </ul> </li> </ul> <p>Ms Evans reported that the third wave is expected to impact at the end of the summer which leaves a short modelling horizon driven by vaccination data. Modelling would be unlikely to include any waning of immunity and impact of new variants. However, high vaccination uptake and continuance of preventative measures will be encouraged along with positive messaging that impact can be minimised by staff and communities following the right behaviours.</p> <ul style="list-style-type: none"> <li>• <u>Staff Health and Wellbeing</u> - Mrs Atkinson highlighted the staff wellbeing self-assessments in the report which, although mainly amber and green, could indicate some level of anxiety in the system. Dr Hiscox reported that staff health and wellbeing remains a priority. Messaging remains positive and highlights the support in place and also the measures that staff can take as individuals to influence the impact of covid. There are ongoing discussions with service teams involving all staff groups within the team, including clinicians, nurses, domestic and other staff groups. This is intended to ensure</li> </ul>	

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	<p>all staff are involved in discussions and decisions regarding what support is required to respond to changes in working arrangements. Ms Little reported that there is a significant amount of staff wellbeing work across the system and highlighted the 'We Care' model which will contribute to support for staff. Staff feedback had indicated a readiness to take forward remobilisation and tackle the backlog which had built up during 2020. Mrs Atkinson highlighted the management overview assessments relating to provision of critical services and noted that staff would be asked to remobilise within a challenging context. Ms Evans advised that the self-assessments sometimes reflect varying reactions to challenges across the system. Mr Gray noted that they are included in the report to ensure that the CE Team has sight of concerns raised and can consider where support is required. Mrs Atkinson welcomed the inclusion of staff feedback in the report.</p> <p>Mr Gray provided a snapshot of the current performance position and comparisons with national standards.</p> <ul style="list-style-type: none"> <li>• TTG – below national standard which reflected use of clinical prioritisation system in NHS Grampian.</li> <li>• Access to drug and alcohol treatments – NHS Grampian challenged in access to treatments in the prison service and an action plan in place. Mrs Atkinson noted this will be picked up by the newly appointed Chief Officer for Aberdeenshire IJB.</li> <li>• Diagnostic Testing – main area of concern is increased numbers waiting for ultrasound.</li> <li>• Waiting Times – closely monitored to assess the impact of Albyn Hospital not renewing contract and lack of access to facilities at Stracathro.</li> <li>• ED – pressures associated with flow rather than demand on the system.</li> <li>• CAMHS – significant demand on service noted. Confirmed that whole system model in place with partners in education, social care and other services. CAMHS are part of multi-agency response in relation to protection and prevention across all three local authority area Chief Officer Groups (COGs). A national report is in preparation regarding the effect of lock-down on young people, including increased incidence of eating disorders.</li> </ul> <p>Ms Evans confirmed that TTG and outpatient waiting times are based on all consultant referrals. Mr Gray noted that it is difficult</p>	

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	<p>to provide Board by Board comparisons as some areas were not in a position to provide data regarding national averages.</p> <p>Mrs Ducan asked if funding will be continued for the Psychological Hub. Mr Gray confirmed this had currently been continued to the end of July 2021 but, following review of the service, continuance for some time is expected.</p> <p>Mrs Atkinson asked if there were any early indications of the impact of not having access to services at Albyn Hospital and Stracathro. Mr Gray noted it would be difficult to give a detailed response at this stage but there is acknowledgement that although the service at Albyn had been expensive it had made a significant contribution to waiting times performance. He advised that NHS Grampian will have to consider how to increase capacity within a sustainable model. Dr Hiscox reported that this is a national concern and NHS Grampian will continue to consider how to develop a realistic trajectory. She also highlighted additional constraints of Infection and Protection Control measures, bed spacing and the need to develop a model which is not reliant on supplementary staffing.</p> <p><b>Members noted the report.</b></p>	
3.2	<p><u>Financial Report and Budget 2021/22</u></p> <p>Mr Sharp provided an overview of financial performance to end of March 2021 and reported a small underspend of £0.4 million. He noted that against an overall budget of £1.3billion this represented a positive and well-balanced year end position. Mr Sharp reported that NHS Grampian had operated successfully within all three financial targets. This had included full investment of the Capital Resource Limit of £62.7 million representing the largest investment in any financial year. All three Health and Social Care Partnerships (HSCPs) were expected to achieve underspends and be in a position to carry forward reserves into 2021/22. The main areas of overspend during the year related to Dr Gray's Hospital in Elgin, Acute Women and Children's Division and Acute Clinical Support Services. This had been offset by additional Covid Support Funding and underspends in Acute Surgical Division and some non-clinical areas including Pharmacy. Covid costs had been fully funded by the Scottish Government, with £87 million spent across the Grampian health and social care system. Mr Sharp advised the committee that Audit Scotland would now commence</p>	

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	<p>the annual external audit of the accounts.</p> <p><b>Members noted the financial position at the end of March 2021.</b></p> <p>Mr Sharp also outlined the key issues relating to the budget for 2021/22:</p> <ul style="list-style-type: none"> <li>• Budget had been agreed with the Senior Leadership Team and financial plan submitted to the Scottish Government at the end of March.</li> <li>• Expected that the funding uplift will be revised following the 4% Agenda for Change pay offer.</li> <li>• Allocation will include £4.4 million for cost pressures, £3.7 million for service development and transformation and £1.3 million for transformational projects.</li> <li>• New funding will be allocated for Primary Care, Mental Health, Drug Deaths Prevention and Trauma Centres.</li> <li>• Additional funding for Covid response will continue in 2021/22 for current workstreams including Test and Protect, the Vaccination Programme and Critical Care Capacity.</li> <li>• There will be a savings requirement of 0.5% across all areas.</li> <li>• The main financial risks will be drug costs, Office 365 and Access improvements.</li> </ul> <p>Mrs Duncan asked if the additional funding for Primary Care and Drug Death prevention will be allocated directly to IJBs. Mr Gray confirmed that is the intention and some elements of Mental Health funding may also be allocated directly to IJBs.</p> <p>Mrs Atkinson noted that although the situation appears fairly positive there will be a range of increasing demands on the system and Board Members should remain cautious.</p> <p><b>The Committee thanked Mr Sharp for the briefing.</b></p>	
3.3	<p><u>Bair and Anchor Director's Report</u></p> <p>Mr Gray presented reports on construction and project activities</p>	

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	<p>relating to the Baird and ANCHOR Project.</p> <p>Construction – work had commenced on site and is on target to finish within the expected timescale. There will be a virtual launch at the Board Seminar on 6<sup>th</sup> May. This will include a ‘fly through’ narrated by NHS Grampian staff.</p> <p>Project Activities – the report outlined fund raising and other activities around the project. Mrs Atkinson asked if fund raising targets will be impacted by Covid. Mr Gray noted that this could be likely but fundraising is intended to provide additionality and through time it is hoped that many of the aspirations will be achieved.</p> <p><b>The Committee noted the report.</b></p>	
3.4	<p><u>Remobilisation Plan</u></p> <p>Mr Gray reported that the recent letter from John Connaghan, Chief Operating Officer, NHSScotland, in response to the Remobilisation Plan submitted by NHS Grampian, had provided positive feedback. No further action had been requested and the plan will be submitted to the Board for formal approval on 3<sup>rd</sup> June. Further reporting will focus on progress against the plan.</p> <p>Mrs Atkinson observed that although feedback to NHS Grampian had been positive, nationally there were a number of demanding and contradictory asks. Mr Gray advised that NHS Grampian should hold a firm line and not be drawn into making undeliverable proposals. Dr Hiscox noted that the new Chief Operating Officer may have a different approach and it would be important for national professional groups to consider how to influence the future agenda. She also advised that the national Chief Executive’s group would examine expectations and how to build relationships with the new Cabinet Secretary when appointed.</p> <p><b>The Committee noted the update.</b></p>	
4	<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> </ul>	

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	<ul style="list-style-type: none"> <li>• Update on Performance</li> <li>• Progress against Milestones in Remobilisation Plan</li> <li>• Baird and ANCHOR Project Assurance</li> </ul> <p>Mr Gray will draft a report for Mrs Atkinson's review.</p>	<b>AG/RA</b>
5	<p><b>AOCB</b></p> <p><b><u>Shared Intelligence</u></b> - Mrs Atkinson asked for an update regarding Shared Intelligence. Dr Hiscox explained that the composition of HIS had changed and it is now an aggregation of separate bodies. Although HIS will still have an inspection function a new approach will be developed to improve sharing of intelligence across Health Boards. Dr Hiscox noted this is still at an early stage and Simon Watkins, Medical Director of HIS had been invited to attend the Chief Executive Team Business Meeting on 27<sup>th</sup> April and it will be useful to hear his views and gain a better understanding of the approach and reporting requirements going forward.</p> <p><b><u>Reporting Format</u></b> – Mr Gray asked the Committee to provide some feedback on the format of the Performance Report and whether the items reported are of interest to the Committee and if there were any additional/other items they would wish to have included.</p> <ul style="list-style-type: none"> <li>• Ms Little noted that performance reporting had evolved during Covid and she would like to keep sight of the system overview.</li> <li>• Ms Grugeon suggested that there should be some reporting of topics which, at this time, do not have a place in the committee structure, including Prevention, Realistic Medicine and Health Inequalities. She also noted it would useful to have a whole system pathway report rather than a report focused on Acute at the tip of the triangle. Activity is measured and statistics reported but there could be benefits to being sighted on qualitative elements and how the health system impacts on human experience.</li> <li>• Dr Hiscox suggested there could be consideration of how performance governance can be assured in the context of recovery, remobilisation and transformation.</li> <li>• Mrs Atkinson highlighted that the evolutionary approach had been useful and, although the report still provides the assurance needed, the reduction of narrative had contributed to generating a better understanding of the data included and improved</li> </ul>	

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	<p>discussions by the Committee.</p> <p>Mr Gray thanked members for their feedback and agreed to look at the suggestions made within the constraints of what data and information is available. He also noted the intention to progress from simple presentation of data to creating conversations.</p> <p><b>The Committee agreed that Mr Gray will provide a brief at the next meeting on 16<sup>th</sup> June.</b></p>	<p><b>AG</b></p>
	<p><b>Date of Next Meeting</b></p> <p>Thursday Wednesday 16<sup>th</sup> June 2021 14.00-16.00 Microsoft Teams</p>	