

**NHS Grampian (NHSG)**  
**Minute of the Performance Governance Committee**  
**Thursday 27<sup>th</sup> August 2020 10.00-11.30**  
**Microsoft Teams Meeting**

Board Meeting 3 12 20 Open Session Item 12.4
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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**

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  
 Mr Alan Sharp, Depute Director of Finance, NHS Grampian (Item 3.2)  
 Ms Else Smaaskjaer, Minutes

Item	Subject	Action
1	<p><b>Welcome</b></p> <p>Mrs Atkinson welcomed everyone to the meeting.</p> <p><b>Apologies</b></p> <p>Professor Lynda Lynch, Chair, NHS Grampian</p>	
2	<p><b>Minute of Meeting Held on 28<sup>th</sup> May 2020</b></p> <p>The minute of the previous meeting was approved as an accurate record.</p>	
3	<p><b>Items Discussed</b></p>	
	<p>3.1 <u>Performance Summary – COVID and Non-COVID</u></p> <p>Mr Gray had uploaded the performance video presentation for members to access in advance of the meeting. Members had the opportunity to view the video prior to the meeting and Mr Gray invited them to ask any questions arising.</p> <ul style="list-style-type: none"> <li>• Testing - concerns had been reported regarding testing in</li> </ul>	

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	<p>some locations. Professor Croft confirmed that sufficient local capacity was in place and problems with the national booking system were being investigated and would hopefully be resolved quickly. With regard to messaging, members were informed that communication is in place to ensure that people know how and where to access testing. Ms Evans was asked if there were other measures in place to reduce transmission and she outlined some of the work taking place with local authorities to address mitigation measures in schools and other settings. Professor Croft informed members that the local Incident Management Team are aware of the roles and responsibilities of NHS and Local Authority staff in responding to local outbreaks and the public messaging required. Ms Evans also confirmed that public health strategy is to support those who report non-compliance.</p> <ul style="list-style-type: none"> <li data-bbox="370 821 1279 1178">• COVID Hubs – it was noted that many of the calls to COVID Hubs were from those resident in deprived areas. Ms Evans advised that work continues to broaden understanding of the health impact in poorer areas and how to emphasise the public health messaging around prevention and self-management. Mrs Duncan asked if there is confidence that communications are getting through and members were informed that the communications team are looking at ways of communicating with those who are not news watchers/listeners or social media users.</li> <li data-bbox="370 1224 1279 1398">• Care Homes – the RAG status in Aberdeen City was noted. Professor Croft advised that this was not exclusively related to COVID and relates to a situation closely monitored by the Chief Officer and her team, with regular reporting to the Scottish Government.</li> <li data-bbox="370 1444 1279 1619">• Delayed Discharge – an increase since last reported in July. Professor Croft highlighted work commissioned by the North East System Wide Transformation Group to review. Ms Evans also noted issues with guardianship reflected in the data for July.</li> <li data-bbox="370 1665 1279 1879">• Cancer Waiting Times – Ms Grugeon asked if social distancing had impacted on access to theatres and if adjustments to shift patterns would help to improve this. Mr Gray confirmed that work is ongoing to build up capacity and Professor Croft highlighted that changing shift patterns would not provide an easy solution as this would be a challenging</li> </ul>	

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	<p>and complex exercise. Ms Little agreed and noted the requirement to follow agreed processes around consultation and engagement with staff.</p> <p>The increase in waiting times and the impact of increasing elective care activity were noted but members agreed that given the circumstances in recent months the Committee welcomed the positive outcomes reported.</p> <p>In general members were content with the video presentation but would prefer if a copy of the slides could be included with the papers. Professor Croft also noted that as the Performance Governance Committee is a formal assurance committee of the Board it required to ensure that an audit trail of discussions and information considered was maintained.</p> <p><b>The Committee agreed that for the next meeting in October Mr Gray and Ms Evans will adopt a blended approach combining the video presentation with performance report slides.</b></p> <p><u>Remobilisation Plan Milestones</u></p> <p>Mrs Atkinson advised members that there should be some discussion regarding the role of PGC in monitoring progress against the NHS Grampian remobilisation plan submitted to the Scottish Government covering the period to the end March 2022. She wished to clarify the frequency of reporting to PGC and whether members agreed that this should include all milestones, missed timescales and what had not been achieved.</p> <p>Mr Gray outlined the role of the PGC in measuring progress and securing assurance around the objectives in the plan. He also proposed monitoring arrangements to bring the information together and report to PGC, Senior Leadership Team and the Board. Mr Gray suggested the PGC should be the single point of coordination and could provide the feedback required to NHS Grampian Board. For items relevant to individual committees members agreed that there should be a coordinated approach across Board committees to monitoring progress against the remobilisation plan.</p> <p>Mrs Atkinson asked that monitoring reports should include clear tracking of what actions had been agreed and what had been achieved, as when reviewing reports to date she had not been</p>	<p>AG/JE</p>

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	<p>assured that a transparent audit trail was in place. Mrs Duncan also requested more clarity regarding the reasons why milestones were not achieved. Ms Little asked if there could be more slides to avoid important information becoming lost in the detail when summarising data on one slide.</p> <p>Professor Croft reported that the remobilisation plan contained a significant amount of data and information regarding future objectives. A meeting with Scottish Government colleagues was scheduled for 1<sup>st</sup> September which may provide some clarity on what support and funding will be made available and that will help to define what elements of activity should be prioritised. This will be reported back to the PGC.</p> <p><b>The Committee agreed its role in monitoring progress against the remobilisation plan and approving the quarterly report to the Scottish Government.</b></p>	
3.2	<p><u>Financial Resources</u></p> <p>Mr Sharp provided an overview of financial performance to end of July 2020 and asked the Committee to note the following:</p> <ul style="list-style-type: none"> <li>• An overspend was reported for the year to date but the position for July had been break even. Forecast for the end of year would indicate that achievement of financial targets will be tight but achievable, if the Scottish Governments fund the additional costs of responding to COVID-19 and remobilisation.</li> <li>• Staffing costs continues to be a key pressure point. There had been a planned assumption to reduce locum and agency costs and at this stage this had been partially achieved. Spend on locum staff remained higher than planned with nurse agency spend in line with planned reductions. Overspends on pay had been matched by an underspend in the hospital drugs budget linked to reduced activity. Dr Gray's Hospital and Acute Women and Children's Services were reported as the operational areas with the highest overspend.</li> <li>• It had been indicated that COVID-19 costs, including IT and Community Hubs, would be fully funded but there is some uncertainty regarding how much the Scottish Government will have available. This would be clarified at the remobilisation</li> </ul>	

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	<p>plan meeting on 1 September.</p> <ul style="list-style-type: none"> <li>Other risks relate to waiting times funding, IJB expenditure, Brexit and the cost of any winter surge. Looking forward there will also be a need to build in costs relating to additional COVID-19 expenditure, including PPE and enhanced cleaning schedules, and that financial planning for 2021/22 will begin at an early stage.</li> </ul> <p>Ms Little asked if any contingency plans had been considered if the Scottish Government do not fully fund COVID-19 expenditure. Mr Sharp confirmed that the first quarterly report for 2020/21 had been submitted and NHS Grampian will be advised in September.</p> <p>Mr Gray confirmed that the NHS Grampian Brexit Sub-Group had been stepped up again to review and monitor decisions taken during the next few months. A report will be prepared for the meeting of NHS Grampian Board in October.</p> <p>Mrs Duncan asked if the assumptions made regarding IJBs, Dr Gray's Hospital and expenditure on locums and agency staff were realistic. Mr Sharp confirmed that projected spend across the system was based on the best information available. Professor Croft noted that the Supplementary Staffing Short Life Working Group were scheduled to meet later in the afternoon and there will be a presentation regarding proposals to reduce locum spend at DGH. She also advised of ongoing discussion with NHS Highland to explore options for a collaborative approach across both Boards in seeking solutions for DGH. Ms Grugeon asked if there was assurance that reduction in locum spend in the year to date was due to sustainable service redesign rather than to temporary circumstances relating to reduction in services. Mr Sharp highlighted a number of substantive appointments to consultant posts made recently.</p> <p>Mrs Atkinson welcomed the positive messages in the report but shared concerns regarding Dr Gray's Hospital and noted that careful planning for future year would be necessary, especially if funding for additional activities is withdrawn.</p> <p><b>The Committee thanked Mr Sharp for the update and noted the report.</b></p>	

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	<p data-bbox="272 237 354 268">3.3</p> <p data-bbox="362 237 630 268"><u>Infrastructure Risk</u></p> <p data-bbox="362 310 1263 562">Mr Gray presented a paper outlining the work being undertaken to work through the five year infrastructure plan agreed by NHS Grampian Board and the progress made regarding the backlog maintenance programme. He highlighted the approach to prioritising works based on surveys and risk assessments to provide an overview of the condition of buildings and inform the focus of immediate and long term plans.</p> <p data-bbox="362 604 1263 930">Mr Gray noted the condition of the ageing infrastructure across Grampian and the work required to ensure buildings are maintained to an acceptable standard and meet statutory compliance requirements. He also highlighted the risk associated with the increasing frequency of requests for the replacement of medical equipment. Councillor Morrison asked how income from asset disposals is treated and Mr Gray confirmed that in NHS Grampian this is reinvested in the capital programme.</p> <p data-bbox="362 972 1295 1224">The committee welcomed the information but asked that future reports provide information relating to sources of expenditure and the implications of infrastructure works on revenue budgets. Members also asked if there are communications in place to ensure that patients understand the risks and Mr Gray agreed that this could be improved and will be discussed as part of the development of the next asset management plan.</p> <p data-bbox="362 1266 1263 1402"><b>The Committee noted the report and agreed to review the revised infrastructure risk assessment prior to requested approval of the Asset Management Plan by NHS Grampian Board.</b></p>	
4	<p data-bbox="272 1444 1190 1476"><b>Board SLWG – Role of Performance Governance Committee</b></p> <p data-bbox="272 1518 1206 1623">Due to time constraints it was agreed that this would be discussed separately by Non-Executive Board Members of the Performance Governance Committee.</p>	
5	<p data-bbox="272 1665 784 1696"><b>Items to Highlight to NHSG Board</b></p> <p data-bbox="272 1738 1295 1801">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"> <li>• New role of PGC in monitoring progress against the remobilisation plan.</li> <li>• Financial Position.</li> <li>• Update on Performance</li> </ul>	
6	<p><b>AOCB</b></p> <p>None.</p>	
7	<p><b>Date of Next Meeting</b></p> <p>Thursday Wednesday 21<sup>st</sup> October 14.00-16.00 Microsoft Teams</p>	