

FPPC(M) 22/03
Minutes 36 - 51

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Finance Planning and Performance Committee held on Tuesday 14 June 2022 at 09.30 am via Microsoft Teams

PRESENT

Mr Simon Carr (in the Chair)

Ms Susan Brimelow OBE	Ms Margaret Kerr
Prof John Brown CBE	Rev John Matthews OBE
Ms Ann Cameron-Burns	Ms Anne-Marie Monaghan
Mr Alan Cowan	Mr Ian Ritchie
Ms Jacqueline Forbes	Ms Rona Sweeney
Mrs Jane Grant	

IN ATTENDANCE

Ms Sandra Bustillo	..	Director of Communications and Public Engagement
Ms Kim Donald	..	Corporate Services Manager (Governance)/NHSGGC Board Secretary
Ms Gillian Duncan	..	Secretariat (Minutes)
Mr William Edwards	..	Chief Operating Officer
Mr Andrew Gibson	..	Chief Risk Officer
Ms Ray Howard	..	Secretariat Officer
Mrs Anne MacPherson	..	Director of Human Resources and Organisational Development
Ms Fiona McEwan	..	Interim Director of Finance
Mr Colin Neil	..	Director of Finance Designate
Prof Angela Wallace	..	Executive Board Nurse Director
Mr Arwel Williams	..	Director of Diagnostics and Regional Services
Ms Elaine Vanhegan	..	Director of Corporate Services and Governance

		ACTION BY
36.	WELCOME AND APOLOGIES	
	Mr Carr welcomed those present to the June meeting of the Finance, Planning and Performance Committee.	
	Apologies were noted on behalf of Dr Emilia Crighton, Professor Iain McInnes and Mr Tom Steele.	

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37.	Introductory Remarks	
	Mr Carr noted that Ms McEwan would be providing presentations on the Capital Plan and the Financial Plan.	
38.	Declaration(s) of Interest(s)	
	Mr Carr invited members to declare any interests in any of the matters being discussed. There were no declarations of interest made. <u>NOTED</u>	
39.	Minutes of Previous Meeting	
	<p>a) <u>Minutes of Meeting held on 5 April 2022</u></p> <p>The Committee considered the minute of the previous meeting held on Tuesday 5 April 2022 [Paper No. FPPC(M)22/02] and were content to approve the minute as a complete and accurate record, subject to the following amendment:</p> <p><u>Minute 24 – Transformation of Specialist Neurosciences, OMFS and Spinal Injuries Services in the West of Scotland – Initial Agreement</u></p> <p>A sentence would be added to reflect that that the Committee had heard that there was a clear and compelling clinical case for change.</p> <p><u>APPROVED</u></p>	Secretariat
40.	Matters Arising	
	<p>a) <u>Rolling Action List</u></p> <p>The Committee considered the Rolling Action List [Paper No. 22/21] and were content to accept the recommendation that 6 actions were closed.</p> <p>In response to a query about the arrangements for GP Out of Hours (OOH) services which had previously been considered by the Committee in December 2021, Mrs Grant advised that discussions around the new management arrangements for GP OOH services were ongoing. She also advised that the demand profile had changed since the redesign process had</p>	

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	<p>commenced and work was underway to ensure the proposed model was fit for purpose. Mrs Grant said that the intention was to bring a fully costed and complete proposal back to the next meeting of the Committee and thus would be added to the RAL.</p> <p>Ms Vanhegan advised that this had been discussed at the pre-agenda meeting and it had been agreed that any changes to the Annual Cycle of Business would be annotated clearly. This was a governance point for all Committees.</p> <p>In response to a query about Minute No 21 – COVID-19 Prescribing of Oral Anti-Viral Medicine, Mrs Grant advised that this had not been an issue of concern but she would request an update on this for assurance.</p> <p>In response to a query about Minute No 28 – Finance Update, Ms McEwan said that IJB general and earmarked resources would form part of the finance discussion at Item 10 on the agenda.</p> <p><u>APPROVED</u></p>	<p>Secretariat</p> <p>Mrs Grant</p>
41.	Urgent Items of Business	
	<p>Mr Carr asked members if there were any urgent items of business.</p> <p>Mrs Grant said that she was pleased to report that NHSGGC had been de-escalated from Level 4 to Level 2 on the Scottish Government’s performance management framework.</p> <p>Mr Carr asked that the Committee’s thanks be recorded to Professor Brown, Mrs Grant and all staff at the Queen Elizabeth University Hospital for the hard work that had been undertaken to achieve this.</p> <p><u>NOTED</u></p>	
42.	COVID-19 Update	
	<p>Mr William Edwards, Chief Operating Officer, provided an overview of the current position in respect of COVID-19 in acute services. Mr Edwards reported that although the number of COVID-19 positive inpatients had been decreasing, unfortunately, this had started to increase steadily over the last week with 210 current inpatients positive under 28 days and 6 patients currently in ICU.</p>	

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	<p>He advised that this was slightly above the projections for this week which was concerning but provided assurance that the situation was being monitored.</p> <p>Mrs MacPherson advised that the number of staff absences had also increased in the last week and was currently at 520.</p> <p>Mrs Grant reported that the Care Homes were in a much more reasonable position but cautioned that the rise in cases in hospitals and the community may impact on this.</p> <p>In response to a query about whether these cases were Omicron or a new variant, Mrs Grant advised that she would ask Dr Emilia Crighton, Interim Director of Public Health, to provide advice on this at her next update.</p> <p>Mr Carr thanked members for the update and the Committee were content to note the current COVID-19 position.</p> <p><u>NOTED</u></p>	<p>Dr Crighton</p>
43.	QEUH/RHC Update	
	<p>The Committee considered the paper QEUH/RHC Update [Paper No. 22/22] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance. The paper provided an overview of:</p> <ul style="list-style-type: none"> • The Oversight Board and Case Note Review Report; • The Public Inquiry; • The Police Scotland Investigation; • The Legal Claim; • The Rectification Programme; <p>Mrs Vanhegan reported that the hearings for both NHS Lothian and NHSGGC had been postponed by Lord Brodie and she expected further clarity on this to be provided at the meeting with the Inquiry Team which was scheduled for later in the week.</p> <p>Ms Vanhegan advised that there continued to be a significant amount of detailed and complex requests for information and the Working Group was meeting regularly to review this. She reported that the Executive Oversight Group also continued to meet weekly.</p> <p>In terms of the Police Scotland inquiry, Ms Vanhegan advised that there was a single point of contact for the police to contact to seek information and request interviews with staff. There were also</p>	

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	<p>monthly meetings with liaison officers. Ms Vanhegan advised that there were still 28 civil cases and these were all sisted.</p> <p>Ms Vanhegan advised that the legal claim cases were also sisted and adjudication was awaited. She advised that an additional summons was likely to be lodged.</p> <p>In terms of the rectification works, the atrium wall cladding work was expected to commence on site in July, and communication with staff was being prepared. Other rectification workstreams were also being progressed.</p> <p>Mr Carr asked about the support being provided to staff. Ms Vanhegan advised that staff who were possible witnesses were being supported full time from the Project Management Office (PMO) by an experienced staff member who had been providing witness support for a significant amount of time. Ms Vanhegan said that there was a wide range of witnesses involved and each individual was different in the type and level of input they required and the support offered took cognisance of this. Ms Vanhegan emphasised that staff welfare was paramount.</p> <p>Mrs MacPherson said that a set of FAQs had been produced which covered the public inquiry and police investigation to ensure staff were aware of their rights and the support available.</p> <p>In response to a query about the rectification works commencing before Multiplex had formally withdrawn from the process, Ms Vanhegan advised that McRoberts had confirmed that they were content with this work being undertaken in parallel with this. Mrs Grant added that the work commencing in July was in specific areas and not the overall programme.</p> <p>In response to a query about whether the resourcing of the PMO was sufficient, Ms Vanhegan said that there had been considerable work undertaken to adequately resource the PMO which had included investment in document search software. She advised that this was kept under review by the EOG and was assured that the PMO was in a good position at the moment but acknowledged that could change if a number of complex information requests were received.</p> <p>Mr Carr asked if there had been any instances where a request for information had not been responded to. Ms Vanhegan said that if a response was not provided as required then a section 21 notice would be issued and she confirmed that NHSGGC had not been in that position. She was aware that there were sometimes</p>	

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	<p>challenging deadlines or requests for information that was not easily available but there was ongoing dialogue between the CLO and the Inquiry Team to mitigate this.</p> <p>Mr Carr thanked Ms Vanhegan for the comprehensive update and the Committee were content to note this.</p> <p>NOTED</p>	
44.	Radionuclide Dispensary Outline Business Case	
	<p>The Committee considered the Radionuclide Dispensary Outline Business Case [Paper 22/23] presented by Mr Arwel Williams, Director of Diagnostics and Regional Services.</p> <p>Mr Williams presented the main points outlined in the covering paper. He advised that this was the largest radiopharmacy in the NHS in the UK providing radiopharmaceuticals to both NHSGGC and West of Scotland Boards. He advised that currently this was a standalone facility on the former Western Infirmary site and the building was nearing the end of its life and could not be reprovided on its current site which now was part of the University of Glasgow's estate. Mr Williams said that the preferred option was to build the new facility on the Gartnavel site. Mr Williams advised that there was also work in place to ensure continued compliance with the appropriate licencing and maintenance of the existing facility over the next few years.</p> <p>Mr Williams advised that the additional revenue costs in the OBC were mainly estates costs incurred in dealing with a larger building but it was intended that these would be split pro rata between the various parties.</p> <p>In response to a query about sustainable building requirements, Mr Williams said that there would be further work undertaken at the next stage when preparing the full business case around net zero costs and the impact of the facility.</p> <p>In response to a query from Ms Forbes regarding the difference between the options in terms of the capital costs around statutory consents and professional fees, Mr Williams advised that he would seek clarity on this and provide this information to Ms Forbes separately.</p> <p>Mr Williams confirmed that he was satisfied with the preferred site option and was assured that an appropriate process had been undertaken to arrive at this. Mr Williams said that the main benefit</p>	<p>Mr Williams</p>

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	<p>of the other two sites had been their proximity to the motorway as the delivery of product was time critical but using the Gartnavel site would not make a material difference in the transport time. He also said that as the PET CT unit was already based on the Gartnavel site and there were similarities between the work, the colocation might prove helpful in future.</p> <p>In response to a query about whether there were any concerns about the replacement facility not being funded, Mr Edwards said that although this had to go through the process for approval, there had been ongoing dialogue with the Scottish Government on this project and the Capital Investment Group were expecting the OBC as the next step in the process.</p> <p>In a response to a query about governance, Ms Vanhegan confirmed that the OBC did not need to go to the NHS Board but the Board would be made aware of this through the Committee Chair's update.</p> <p>Mr Carr thanked Mr Williams and his team for the considerable work undertaken to produce this. The Committee were content with the case for change outlined in the paper and approved the OBC for submission to the Scottish Government's Capital Investment Group in August 2022.</p> <p><u>APPROVED</u></p>	
45.	Finance Report:	
	<p>- Month 12 Report</p> <p>The Committee considered the Finance Report [Paper 22/24] presented by Ms Fiona McEwan, Interim Director of Finance.</p> <p>Ms McEwan advised that, subject to audit, the Board had achieved a small surplus as at 31 March 2022. She reported that the FIP had secured savings of £34 million which was 76% of the target. The capital resource limit of £84.4 million had been met.</p> <p>For 2022/23, she advised that the financial plan had a deficit of £172.7 million, which could potentially be revised to £51.5 million when offset by recurring and non-recurring savings as well as reducing costs and ensuring financial controls were adhered to. Mr Carr asked if the COVID-19 offset against the deficit financial position for 2022/23 was likely to change. Ms</p>	

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	<p>McEwan confirmed this was under the assumption the COVID-19 costs would be fully funded.</p> <p>Ms McEwan also presented a slide which outlined IJB reserves and explained that this was a draft position subject to audit and a significant amount of the reserves were earmarked. Ms McEwan said that it would be November before all the IJB accounts were signed off by Audit Scotland and Professor Brown queried the position in terms of signing off the NHS Board annual accounts when monies delegated to IJBs had not been formally audited. Ms Kerr responded as Chair of the Board’s Audit and Risk Committee to clarify that accounts could be signed off if subsidiary accounts had not been signed off as long as the auditors had satisfied themselves that this was appropriate. She advised that assurance on this would be provided at the Audit and Risk Committee on 21 June 2022. Ms Kerr further advised that this position was not because of any delay with the IJB accounts it was standard for the Board to approve its audited accounts while the IJB accounts were unaudited. Ms McEwan also confirmed that the auditors had carried out a substantial amount of extra testing on the reserves balance and had reported that they were comfortable with the transfer. Professor Brown thanked Ms Kerr for the information and said he would have an offline discussion with Mrs Grant and Ms Kerr to seek further assurance on this.</p> <p>Professor Brown asked if the figures could be shared with the Board at its meeting on 28 June 2022. Ms McEwan advised this would not be possible until August as these had to go to IJBs first but she would discuss this further with Professor Brown offline.</p> <p>Professor Brown said that the Renfrewshire figures seemed out of step with the other IJBs but Ms McEwan advised that this was due to the timing of the report and Mr Matthews confirmed that these figures had been updated since the table had been prepared and were in alignment with the others. The Committee asked for further clarity around where there was flexibility in reserves and asked if the categories could be further broken down into ringfenced, earmarked (including contingency) and general reserves as this was a significant sum of money and it was important to get the balance right. Ms McEwan would find out if the split requested was available for all IJB’s.</p> <p>In response to a query about the impact of COVID-19 funding within the reserves, Ms McEwan said that the Scottish</p>	<p>Prof Brown/Ms Kerr/Mrs Grant</p> <p>Ms McEwan</p>

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	<p>Government had identified a funding envelope for COVID-19 non-delegated costs and this was being reviewed at the moment with IJBs. She said that there needed to be a system-wide discussion around allocating delegated and non-delegated funding.</p> <p>It was agreed that Ms McEwan would provide more detailed information on reserves analysis for the next meeting of the Committee and Mr Carr asked IJB leads to discuss this in their own areas meantime.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>	Ms McEwan
	<p>- Capital Plan Update (presentation)</p> <p>Ms McEwan provided a presentation on the capital plan which included:</p> <ul style="list-style-type: none"> - Forecast capital resources 2022/23; - Primary allocation of capital expenditure budgets 2022/23-2024-25; - Site based projects 2022/23-2024/25; - Health centres capital projects 202/23-2024/25; <p>Ms McEwan advised that there was a £15 million unallocated capital budget for 2022/23 and the focus would be on allocating this outstanding amount. She advised that a paper on the Capital Plan would come to the next meeting of the Committee.</p> <p>Mr Carr thanked Ms McEwan for the update and the Committee was content to note the paper.</p> <p><u>NOTED</u></p>	Ms McEwan
46.	Financial Plan Update	
	<p>Ms McEwan provided a presentation on the Financial Plan which included:</p> <ul style="list-style-type: none"> - The resource spending review; - The overall health and social care financial challenge; - The current position; - The risks; - The mitigating actions. 	

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	<p>Ms McEwan said that the next steps would be a full review of the 2022/23 financial plan before submission to the Scottish Government at the end of July. The three year financial plan also required to be completed in July and assumptions were awaited from the Scottish Government to finalise this. There would also be a quarter 1 return with a full forecast of COVID-19 costs due at the end of July.</p> <p>Professor Brown asked about the financial risk particularly in terms of COVID-19 and asked if Public Health Scotland scenario planning was being combined with financial scenarios. Mrs Grant said that there was national dialogue underway with Board Chief Executives and the Scottish Government to identify areas that must be resourced, for example, vaccinations and PPE, look at scenarios and make national assumption. Mr Grant added that there was different scenario planning in different areas and it would be important to connect these and synchronise the response.</p> <p>Mr Carr thanked Ms McEwan for the helpful update. The Committee noted the financial challenge that lay ahead and the work that was underway on this.</p> <p><u>NOTED</u></p>	
47.	Performance Report	
	<p>The Committee considered the Performance Report [Paper 22/25] presented by Ms Fiona McEwan, Interim Director of Finance.</p> <p>Ms McEwan advised that the report provided an update on performance against the key indicators outlined in the Performance Assurance Framework to the end of April 2022 and noted that during that time there had been a significant number of COVID-19 positive inpatients and a number of Care Homes had been closed. Ms McEwan said that there was still work ongoing on agreeing some targets but the current performance status showed 2 green, one amber, 5 red and 6 gray. She reported that actions were underway in key areas to improve performance.</p> <p>There was concern about the upper and lower variation levels in relation to both acute and mental health delayed discharges leaving no scope for special cause variation. Mrs Grant agreed that some of the variations needed to be further refined and work would be undertaken on this.</p> <p>Mr Carr said that the Internal Audit report which would be considered at Item 14 had suggested that discharge times were not</p>	<p>Ms McEwan</p>

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	<p>being timeously recorded and asked if that had an impact on performance against delayed discharges. Mr Edwards explained that this was about ensuring that patient discharge times were recorded close to the actual time of discharge to ensure the system was as real time as possible but this did not have an impact on the delayed discharge figures. Mrs Grant agreed and said that there were occasional differences for one or two patients depending on the time of day they were discharged but this did not change the overall figures.</p> <p>The Committee noted the current performance and the actions in place to improve performance in key areas.</p> <p><u>NOTED</u></p>	
48.	Extract from Corporate Risk Register	
	<p>The Committee considered the paper Extract from the Corporate Risk Register [Paper 22/26] presented by Ms Fiona McEwan, Interim Director of Finance.</p> <p>Ms McEwan advised that there were seven risks that were aligned to the Committee and said that the target date for risk actions, the controls and mitigating actions had been reviewed by the risk owners. Ms McEwan advised that the risk scores had not changed.</p> <p>Mr Carr asked if a completion date could be added for the mitigating actions. Mr Andrew Gibson, Chief Risk Officer, advised that he was working with all risk owners to ensure each risk had an owner and a timescale and this would also enable tracking to be performed.</p> <p>Professor Brown asked if the scoring in relation to the capital funding sustainability and regulatory body compliance risks were adequate given the mitigation and Mr Gibson would review these.</p> <p>It was also agreed Ms McEwan and Mr Gibson would review in more detail the risks associated with the Remobilisation Plan- Co-ordination, capacity and our resource as it included a number of strands and it was felt that it was too high level.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>	<p>Mr Gibson</p> <p>Mr Gibson</p> <p>Ms McEwan/Mr Gibson</p>
49.	Internal Audit	

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	<p>Ms McEwan presented the Internal Audit Report [Paper 22/27], this included two reports – the Internal Audit 2022/22 report and the Internal Audit Plan 2022/23.</p> <p>Ms McEwan advised that there were 13 audits scheduled to take place on 2022/23 and these were being planned while taking account of winter and service pressures.</p> <p>Ms Vanhegan acknowledged that these reports had been considered by the Audit and Risk Committee on 7 June 2022 and clarified that it had been agreed previously that all Standing Committees would have sight of the Audit Report and Internal Audit Plan. It was agreed that Ms Vanhegan and Professor Brown would discuss offline whether this was a necessary governance step.</p> <p>In relation to a query about whether it was appropriate to close the delayed discharges risk as set out in Appendix 1, Ms McEwan clarified that the ARC had agreed that there should be further discussion on this so it had not been removed yet. Mrs Grant further advised that Glasgow City HSCP were also in the process of finalising an internal audit on delayed discharges and she had spoken to Ms Susanne Millar, Chief Officer of Glasgow City HSCP, about pulling both plans together to identify improvements. Mrs Grant also said it was important to note that three of the HSCPs were doing well in relation to delayed discharges and to highlight that there was a significant amount of work ongoing in this area with all six HSCPs. Professor Brown asked for assurance that the recommendations from the HSCP delayed discharge audit would be shared with the Board. Mrs Grant said that it had been agreed at ARC that the Board would have sight of this.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>	<p>Ms Vanhegan/ Prof Brown</p>
50.	Closing Remarks and Key Messages for the Board	
	<p>Mr Carr thanked those present for attending the meeting and advised that the key messages for the Board would be prepared from the minute.</p> <p><u>NOTED</u></p>	
51.	Date and Time of Next Scheduled Meeting	

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		ACTION BY
	The next meeting would be held on Tuesday 9 August 2022 at 9.30 am by MS Teams.	