NHSGG&C(M) 19/06
Minutes: 94 - 107

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the
Finance, Planning and Performance Committee
held in the Boardroom, JB Russell House, Gartnavel Royal Hospital
on Tuesday 3rd December 2019

PRESENT

Prof J Brown (in the Chair)

Dr Jennifer Armstrong	Ms Susan Brimelow OBE
Mr Simon Carr	Mr Alan Cowan
Prof Dame Anna Dominiczak	Mr Ross Finnie
Ms Jacqueline Forbes	Ms Jane Grant
Dr Donald Lyons	Mr Allan MacLeod
Mr John Matthews	Cllr Sheila Mechan
Dr Margaret McGuire	Ms Dorothy McErlean
Mr Ian Ritchie	Mr Mark White

IN ATTENDANCE

Mr J Best	..	Chief Operating Officer
Ms S Bustillo	..	Interim Director of Communications
Ms G Caldwell	..	Director of Pharmacy
Ms J Carrigan	..	Interim Assistant Director of Finance, Acute
Dr S Davidson	..	Deputy Medical Director, Acute
Mr W Edwards	..	Director of eHealth
Mr G B Forrester	..	Deputy Head of Corporate Governance and Administration
Ms L Long	..	Chief Officer, Inverclyde HSCP
Ms L MacConachie	..	Audit Manager, Audit Scotland
Mrs A MacPherson	..	Director of Human Resources and Organisational Development
Ms G Mathew	..	Secretariat Manager
Mr T Steele	..	Director of Estates and Facilities
Ms E Vanhegan	..	Head of Corporate Governance and Administration
Ms L Yule	..	Senior Auditor, Audit Scotland

			ACTION BY
94.	**WELCOME AND APOLOGIES**		
	Apologies for absence were intimated on behalf of Prof Linda de Caestecker. Prof Brown welcomed those present to the meeting and provided an overview of the topics included for discussion. He noted the routine Finance Report by the Director of Finance, and presentation of a paper by Ms Rhoda MacLeod, Head of Sexual Health Services in relation to the transformation of Sexual Health Services. Prof Brown added that an update on the Queen Elizabeth University Hospital (QEUH) and Royal Hospital for Children (RHC) would be given. He spoke of recent communications with the Director General of Health and Social Care, Mr Malcolm Wright, and advised Board members of the Cabinet Secretary's intention to meet with NHSGGC Board on Tuesday 10th		

	December 2019. Prof Brown emphasised that the care of patients remained the top priority. Furthermore, Board members noted the importance of ensuring that all staff including the senior management team were supported throughout this challenging time. Prof Brown went on to note that he had recently visited Glasgow City Health and Social Care Partnership (HSCP), where he described discussions which took place with staff and senior leaders about additional activities that could be undertaken by HSCPs to accelerate the integration of health and social care and shift the balance of care. Prof Brown commended the frontline staff with whom he spoke to about innovations and activities being undertaken. Following a meeting of the NHS Scotland Chairs Group, Prof Brown discussed with Ms Elinor Mitchell, Scottish Government, the need for further clarity of the roles of non-executive Board member, specifically in relation to Integrated Joint Boards (IJBs) and governance committees. He noted that this was being considered by the Standards Commission. Prof Brown also noted that Ms Christina Naismith of the Scottish Government had commissioned work to further strengthen the Community Planning Partnership process. Mrs Grant and Prof Brown had recently discussed issues with the Cabinet Secretary with regards to challenges associated with the demands on Acute resource due to difficulties in shifting the balance of care. Prof Brown advised that he intended to discuss this issue with Ms Elaine Vanhegan, Head of Corporate Governance and Administration and would ask Ms Vanhegan to develop a paper to detail cross system issues and what more could be done to shift the balance of care and support the pace of integration for presentation to a future meeting. **NOTED**		**Ms Vanhegan**
95.	**DECLARATIONS OF INTEREST**		
	Prof Brown invited members to declare any interests in any of the agenda items being discussed. There were no declarations made. **NOTED**		
96.	**MINUTES OF THE MEETING HELD 1ST OCTOBER 2019**		
	The Committee considered the minute of the meeting held on Tuesday 1st October 2019 [Paper No. FPPC(M)19/05]. On the motion of Mr Matthews, seconded by Mr Ritchie, the Committee approved the minute as an accurate record. **APPROVED**		
97.	**MATTERS ARISING**		
a)	**ROLLING ACTION LIST**		
	The Committee considered the Rolling Action List [Paper No. 19/52] and were content to accept the recommendation that 6 actions were closed.		

	APPROVED		
98.	**URGENT ITEMS OF BUSINESS**		
	There were no urgent items of business noted. **NOTED**		
99.	**QUEEN ELIZABETH UNIVERSITY HOSPITAL (QEUH) AND ROYAL HOSPITAL FOR CHILDREN (RHC) INTERNAL REVIEW UPDATE**		
	Mrs Grant introduced the presentation on the Queen Elizabeth University Hospital (QEUH) Campus Internal Review Update. The purpose of the presentation was to provide members with the opportunity to receive information on the Review and to answer questions that members may have. The presentation provided an overview of the Estates and Facilities Work stream of the Review and focused on the outcome of the AECOM report. Mrs Grant advised members that legal advice was being sought in respect of the outcomes of the report, therefore the information contained within the presentation remained strictly confidential. In addition to the outcomes of the AECOM report, the presentation also provided an overview of the Infection Prevention and Control processes; Communications and Engagement with patients and families; Whistleblowing procedures and processes; and conclusion and next steps. Estates and Facilities Review Mr Tom Steele, Director of Estates and Facilities, provided an update on progress of the review. He noted that the review formed a critical element of the Internal Review. AECOM Consulting were commissioned in November 2018. The review considered a number of technical issues identified by NHSGGC including glazing failures; fire doors; energy centre; the atrium roof; RHC external cladding; water hygiene; and ventilation. Mr Steele went on to provide an update on each of the areas. In summary, Mr Steele described the robust management processes in place in respect of water management and was reassured by external Authorising Engineer support as well as recent high level review, from the Health and Safety Executive. Mr Steele was confident that there was a diligent approach to the management of the estate and confirmed that NHSGGC would continue to seek external advice and support to obtain independent assurance on the matters described. Communications in respect of these matters continued to be complex, due to the legal position. Mr Steele paused for questions. In response to questions from members in relation to the timeframes associated with the Water Risk Report of 2015, and the learning from this, Mr Steele clarified that a pre occupation report was undertaken in April 2015. Following this, a post occupation report was undertaken in September 2017. A review of estates control procedures was then undertaken in August 2018 and full completion of the 2015 and 2017 risk assessment action plans was concluded by December 2018. Mr Steele assured members that all of the technical actions from each of the reports had now been undertaken. In addition, Mr Steele had undertaken a review of the governance processes within the Estates and Facilities Directorate. As a result, mechanisms and		

processes had been refreshed.

Members discussed the 2015 report, and acknowledged that, whilst the relevant actions had been addressed in 2018, consideration of any potential risk in the interim period, was required. Mr Steele assured members that this was being considered with support from external assessors. He emphasised that there was data which evidenced that regular, high numbers of water samples were taken during this period.

In response to questions from members about additional pressures that this work had created for the management team and staff, Mr Steele highlighted that there had been a recent restructuring exercise undertaken within the Estates and Facilities Directorate. In addition, Mr Gerry Cox, had recently taken up the post of Assistant Director of Estates and Facilities, and external support had also been obtained in the form of expert advisors.

Mr Steele went on to provide an overview of the work carried out in respect of Cryptococcus neoformans. He described 6 hypotheses considered and the outcomes of investigations of each of these. Mr Steele advised that all of the hypotheses considered were ruled out due to a number of factors and it was concluded that the likely source was that the spores were brought into the building from the incoming outside air.

Prof Brown thanked Mr Steele and acknowledged the significant amount of work undertaken to consider a number of hypotheses. He commended Mr Steele and his team for their efforts to investigate these issues and address the issues identified.

Infection Prevention and Control

Dr Armstrong provided an update on Infection Prevention and Control. She noted that between March 2018 and April 2019, there were 39,000 patient referrals to the Infection Prevention and Control Team (IPCT). There were 11,000 triggers (two or more cases), and there were 18,000 records reviewed to carry out mandatory surgical site infection (SSI) surveillance. In October 2018, there were 480 positive blood cultures. Between 2016 and 2018, there were 24,000 referrals to IPCT from RHC, with a total of 2,500 positive blood cultures. The referral process to IPCT is fully automated by the electronic system IC Net.

Dr Armstrong went on to provide a summary of the identified cases of infection.

Prof Brown thanked Dr Armstrong for the update.

Whistleblowing

Mr Edwards, Director of eHealth, described the three step process for handling concerns as detailed within the Whistleblowing Policy. These included informal review for non-serious matters which could be resolved by the line manager; internal inquiry for more serious matters which required more detailed consideration and review to gather the facts, investigated by a named Director; and formal investigation for matters of serious concern which required detailed investigation by a named Non-Executive Director. He provided a non-identifiable overview of 2 cases of concerns raised and the actions taken.

	Prof Brown thanked Mr Edwards for the update. <u>Communications and Engagement</u> Ms Bustillo, Interim Director of Communications, provided an overview of communications with patients' families and the media. An update was provided on the actions taken in respect of patient engagement and communication. It was noted that relationships were established between clinicians and patients throughout the clinical care pathway. In addition, bereavement meetings between clinicians and bereaved families were routinely offered one month later and were organised locally. In February 2019, the Chief Nursing Officer of the Scottish Government, issued additional guidance for IPCTs in a letter to Boards, advising that IMTs should communicate with those affected and with all other patients who may be affected or concerned. Ms Bustillo confirmed that this was being followed within NHSGCC. On the specific communication to have taken place in the Ward 6A incident, Ms Bustillo advised: 400 families were contacted directly; a closed Facebook page had been established; the Chairman and Chief Executive had met with all nine families who wished a meeting; the local senior team regularly visited families on wards; families have had tailored and bespoke communication; and 71 questions raised by families with the Cabinet Secretary for Health and Sport had been answered by NHSGGC. This remained ongoing and was being supported by Professor Craig White who had been appointed by the Cabinet Secretary as a point of liaison with the families. Ms Bustillo also advised that the Communications Team continued to respond to various enquiries from the media, noting that some of this was limited by the need to maintain patient confidentiality. <u>Summary</u> Mrs Grant summarised the points made. Consideration was being given to a strategy for moving forward. She commended the senior teams for their ongoing efforts throughout this challenging time. She highlighted that she had attended the Acute Partnership Forum recently with Mr Best and was keen to work with Ms McErlean to ensure any emerging issues were addressed. Mrs Grant thanked the Communications Team who had been outstanding over this period and noted that additional support was being provided to assist the team. Prof Brown thanked Mrs Grant and all of the senior management team for their continued efforts over this difficult period. He was grateful for their efforts to ensure that Board members remained fully informed of the situation as this developed. Prof Brown enquired about the legal position. Ms Vanhegan advised that work was underway to identify a legal firm to represent the Board. The Committee were content to note the presentation. **<u>NOTED</u>**		
100.	**JUNIOR DOCTOR GRADE MEDICAL STAFFING AND CLINICAL ACADEMIC PLACEMENT**		

	The Committee considered a paper 'Junior Doctor Grade Medical Staffing and Clinical Academic Placement' [Paper No. 19/56] presented by the Medical Director, Dr Jennifer Armstrong. The paper asked members to note the current position, and the nature of the pressures. Dr Armstrong advised that NHSGGC was one of the largest training Board in the UK. She explained changes over the last 10 years in respect of the number of trainee doctors returning to academia. She noted the establishment of the medical locum bank which began in 2017 and that there had been a number of actions taken to address the challenges. She highlighted that there was a disproportionate allocation of posts across the East and the West of Scotland. Dr Armstrong noted that one area considered to assist with addressing this problem was endowment funding. Prof Dominiczak noted that there was significant potential for the organisation to be one of the best training Board's in Scotland, however this would require additional support and resources. Prof Brown thanked Dr Armstrong and Prof Dominiczak for the update and invited questions from members. Prof Brown agreed that this may be within the remit of endowments funding and suggested that this be presented to the Endowments Management Committee for initial consideration. Mr Ritchie, Chair of the Endowments Committee, was in agreement that this could be considered by the Endowments Committee. He was keen to understand what other measures had been taken and what support had been given by consultants in relation to this issue. Dr Armstrong noted that there were 41 posts removed from NHSGGC as a consequence of the changes to GP training. She highlighted that work had been undertaken to redesign the model, however this had proved challenging, particularly in relation to Out of Hours Services. Consideration was being given to the longer term strategy and solutions, and Dr Armstrong advised that there was a Moving Forward Together group established to consider this matter. Following questions from Committee members, Dr Davidson, Deputy Medical Director, Acute, provided an overview of the challenges and the different approaches. He highlighted the establishment of Rota Monitoring Groups; electronic rota software; a non-training grades group; and an Advanced Nurse Practitioner (ANP) group. Consideration was being given to out of hours services, along with hospital at the weekend, as a whole concept. He noted that the continuity obtained from ANP staff was second to none and it was crucial that these roles were valued. Prof Brown was pleased to note that all of the information provided suggested that all actions were aimed at increasing the clinical resource available. He highlighted that it would be useful to describe this in the paper. Prof Brown enquired as to what the expected outcome of this would be and what, if any, the financial implications would be. Prof Brown suggested that all of these areas were brought together from a Board perspective. Prof Dominiczak noted that national discussions were ongoing in relation to increasing the number of doctors being trained. She advised that a meeting would take place on 18th December 2019 and Prof Dominiczak would report back to the Committee following these discussions, in due course.		

	The Committee were content to note the report. **NOTED**		
101.	**HOSPITAL ELECTRONIC PRESCRIBING AND MEDICINES ADMINISTRATION (HEPMA) FULL BUSINESS CASE**		
	The Committee considered the paper 'NHSGGC Hospital Electronic Prescribing and Medicines Administration (HEPMA) Full Business Case' [Paper No. 19/53] presented by Mr William Edwards, Director of eHealth, and Dr Jennifer Armstrong, Medical Director. Ms Gail Caldwell, Director of Pharmacy, and Dr Scott Davidson, Deputy Medical Director Acute, were also in attendance to present the paper. The paper asked the Committee to review and support approval of the HEPMA Full Business Case noting Scottish Government funding. Mr Edwards noted that the proposal formed a key part of the NHSGGC Digital Strategy, previously presented to the Board. The proposal described the electronic process and prescribing system, which would enhance quality improvements. He noted that the paper had been considered by a number of fora, including the Corporate Management Team, who had given their support to the proposal on 14th November 2019. Ms Caldwell provided an overview of the business case. She highlighted that the system was a medicines prescribing and administration system, and formed part of a national programme, with most Board's taking steps to implement this. Over 5 million items were prescribed each year in hospitals, with over 24 million administration activities. The main focus of the project was to reduce risks and issues associated with traditional medicine prescribing and administration methods, and to improve quality. She noted that a number of benefits would be realised from implementation, including greater ability to retrieve useful data; provision of prescribing warnings and decision support; and a reduction in errors. Similar benefits had already been gained following implementation of electronic prescribing in primary care. The HEPMA programme was the key cornerstone of the safer medicines programme. In addition, the other functions of the medicines management process within Acute, had been switched to electronic prescribing, therefore implementation of HEPMA would complete this and the full process would become electronic. Mr Edwards described the scope of the programme which included all in-patient areas that administer drug charts. He assured the Committee that due diligence had been put in place and that a team of 32 staff would be established to include eHealth colleagues and prescribing team colleagues. There was clear evidence that implementation of the programme supported patient safety. In addition, there was opportunity to obtain savings by the reduction of drug costs due to powerful analytical capability around prescribing practice. Mr Edwards advised that a preferred supplier had been identified following a competitive bid process and extensive scrutiny. He went on to note the financial implications of implementation and that, as this formed part of a national programme, funding had been obtained from the Scottish Government. However, there remained an outstanding non-recurring cost of £600k per annum. Ms Caldwell added that efficiencies would be obtained from introduction of the programme and it was estimated that savings of approximately £420k would be achieved by reducing the course length of IV antibiotics, which was currently an issue. It was also expected that there would be a reduction in unnecessary supply of medicines at point of discharge from		

	hospital. This would not only improve the quality of discharge, but would also reduce costs. Other anticipated savings included a reduction in costs associated with low value medicines and non-formulary medicines. The use of comparisons would drive cost effectiveness. Ms Caldwell also noted that quality of care and safety would be improved. For example, high risk medicines such as Clozapine require monitoring of a patient for 14 days as an in-patient. Therefore, if a dose is missed, then the patient would require a longer stay in hospital. Dr Davidson highlighted the benefits to using the same system nationally, which would create consistency and support trainee doctors. He was confident that implementation of the system would produce many benefits and savings, particularly in relation to the prescribing of antibiotics and would minimise the risk of errors given that the process would become electronic from start to finish. Mr Best added that the introduction of the programme would reduce variation across the Acute system and would highlight any variations in prescribing. This would allow implementation of actions to address this. Prof Brown thanked Mr Edwards; Ms Caldwell and Dr Davidson for an informative presentation. He invited comments and questions from members. In response to questions raised regarding the financial elements of the programme, Mr White confirmed that further information to quantify the financial benefits would be included in more detail as the business case developed. He was clear that the programme required to be "self-funding" therefore there was an expectation that the £600k non-recurring funding would be met by the financial benefits realised by implementation of the programme. Discussion took place about the implementation of electronic prescribing in primary care. Members were concerned that there continued to be pressures in respect of primary care prescribing, despite introduction of an electronic system. Ms Caldwell acknowledged that there were many factors which influence prescribing costs. She was confident that the introduction of HEPMA would address issues in relation to high volume prescribing and high cost medicines. Dr Lyons was pleased to note the inclusion of Mental Health within this work. He was keen to understand what interface would exist between primary care and acute systems. In addition, he asked if there were processes in place to minimise the risk of cross system issues and if there were contingency plans to address a temporary failure in the system. Mr Edwards assured Dr Lyons that there were a number of cross system interfaces operating on a daily basis. He advised that key colleagues from the eHealth team would be involved in the architecture to build in system contingency. He explained that primary care systems interface with the medical records system, and this would, in turn, interface with the HEPMA system. As part of the tendering process, the preferred supplier had demonstrated that they could work with the existing medicines reconciliation systems and interface with these. In relation to a failure of the system, Mr Edwards noted that an operational plan would be developed to restore the system as soon as possible. The preferred supplier has included contingency, resilience and recovery plans as part of the tendering process also. Mrs Caldwell described the process in place to ensure that clinicians could continue to prescribe in the event of a system failure. In response to questions from members about tracking of allergies and		

	intolerances to certain drugs, Mr Edwards confirmed that the system already collects this data from all GP systems across NHSGGC. There were questions raised regarding the resilience of the network and the implications of implementation. Mr Edwards advised that diligence checks would be undertaken, along with a survey of the Wi-Fi capability and infrastructure. All of these actions would be included within the plan. A point was raised about the scoring of the other suppliers within the proposal. It was acknowledged that this was potentially commercially sensitive information, therefore it was agreed that the percentage score only of each of the tenders would be included within the proposal. In summary, the Committee were content to approve the Full Business Case, subject to the non-recurring costs of £600k being fulfilled by savings made from implementation. Members supported and welcomed the additional detail to be included within the business case. **APPROVED**		
102.	**SEXUAL HEALTH TRANSFORMATIONAL CHANGE PROGRAMME**		
	The Committee considered the paper 'Transformational Change Programme – Sexual Health Services Implementation Plan' [Paper No. 19/54] presented by Ms Rhoda MacLeod, Head of Sexual Health Services. The paper asked members to note the proposals contained within the attached report which were approved at Glasgow City Integration Joint Board on 20th November 2019, and note the proposed timescale for implementation of the new service model. Ms MacLeod provided an overview of the programme which aimed to improve the use of existing resources and release efficiencies through service redesign, with consideration of team structures, skills mix, localities and patient pathways. In addition, the plan would encourage those who could be self managing to be supported differently and ensure that Sandyford services were accessible and targeted the most vulnerable groups. Ms MacLeod described the tiered model of service delivery which would comprise of 3 tiers of service provision. She highlighted the development and expansion of the current workforce. A public engagement process was undertaken and concluded in September 2019. Ms MacLeod also noted the addition of an online service for testing of sexually transmitted infections which would be established initially as a demonstration project for 12 months; and the introduction of delivery of oral hormonal contraception through community pharmacies. Prof Brown thanked Ms MacLeod for the presentation and invited comments and questions from members. In response to questions from members in respect of the flexibility of accessibility, Ms MacLeod confirmed that patients could attend any of the locations. She highlighted that extensive work had been carried out including travel impact assessments.		

	Mrs MacPherson confirmed that Ms MacLeod and colleagues had recently attended the Area Partnership Forum to provide an update on the programme. She advised that members of the Forum welcomed the introduction of the nurse led model. The Committee were content to note the report. **NOTED**		
103.	**REVENUE AND CAPITAL REPORT**		
	The Committee considered a paper 'NHSGGC Month 7 Finance Report November 2019' [Paper No. 19/55] presented by the Director of Finance, Mr Mark White. The report provided the Month 7 financial position, and included progress and position of the Financial Improvement Programme. Mr White noted that as at 31st October 2019, the Board reported expenditure levels £22.6m over budget. The Financial Improvement Programme (FIP) Tracker recorded projects which totalled circa £19.7m on a FYE and £23.7m on a CYE. Mr White noted a number of areas being progressed to maximise efficiency savings through the FIP. As at 31st March 2020, the Board predicted an estimated over spend between £20m - £25m. Mr White described the financial position within the Acute Division which reported an expenditure over spend of £29.9m. This was largely attributable to unachieved savings of £26.7m with £3.2m associated with non-pay. However, Mr White was pleased to note that pay budgets were showing an overall break-even position. North and Women & Children's Directorates represented the greatest financial pressure. Medical salaries across the Directorates reported an over spend of £1.3m for Month 7 of the financial year. With regards to nursing salaries, Mr White highlighted that nursing pay spend reported an over spend of £1.5m, however this represented an improvement on the previous year. Improvements had been made in respect of nurse bank expenditure, however this had been impacted by an increase in the use of premium rate agency and pressures on Emergency Departments (ED). In respect of the Health and Social Care Partnership (HSCP) position, Mr White reported an under spend of £4.4m, however this had little bearing on the Board financial position as any under spends were retained within Integration Joint Board (IJB) reserves. As discussed at the previous Committee meeting, the report included the HSCP projected year end position. All 6 HSCPs predicted an under spend or break even position, with the exception of East Dunbartonshire HSCP, which predicted an over spend of between £2.5m to £2.8m. Mr White noted that he had met with the Chief Executive of NHSGGC, Chief Executive of East Dunbartonshire Council, Chief Officer and the Chief Finance Officer, to discuss the position. A recovery plan had been developed, however this was unlikely to achieve a balanced position. Mr White clarified that the forecast out-turn for the health element of the budget was an under spend of £1m, and the forecast out-turn for the social care element of the budget was an over spend of £3.8m, resulting in the overall out-turn position of £2.8m over spend.		

	Mr White went on to detail the position within Estates and Facilities Directorate, which reported an over spend position of £10.4m. This was largely due to repairs and maintenance identified by both internal and external reviews, a significant proportion on the QEUH Campus. Actions were being taken to develop an action plan to address this in the final quarter with the development of a full prioritised plan into 2020/21 to prevent another overspend position in the next financial year. There were a range of emerging financial pressures in-year which had an impact on the current deficit position and the forecast year end deficit. These included a reduction in the Outcomes Framework funding; the ongoing contingency measures to collect and dispose of clinical waste; the medical pay award; property maintenance; access funding; and the introduction of new arrangements for cystic fibrosis drugs. In respect of the Financial Improvement Programme (FIP), Mr White noted that schemes identified this year were smaller than those identified last year, however there was a greater number of schemes being crystallised. Mr White highlighted the Capital position. He noted that the current forecast core capital resources available to the Board for investment in 2019/20 amount to just over £46.9m. This comprised of a general allocation of £37.4m; ring-fenced specific funding of £6.2m; and an estimated amount of £2.6m in respect of Capital Receipts generated through property disposals. A small amount of unallocated capital funding remained and would be retained over the winter months. Mr White summarised the financial position, and noted the predicted year end deficit as at 31st March 2020, as between £20m and £25m. Actions had been identified to address this and Mr White noted that a meeting with colleagues from Scottish Government would take place on 5th December to discuss support, the remaining 25% of the Waiting Times Improvement Plan funding; and options available to address the current situation. Renewed focus on identifying and realising savings through the Financial Improvement Plan was required. Identification of large scale schemes was needed, and Mr White confirmed that external assistance would be considered to support this if required. Prof Brown thanked Mr White for the update and invited comments and questions from members. In response to questions from members in respect of the financial position being reported to the Board at the meeting in December, Mr White agreed to provide the most up to date financial information, with a more certain position being reported to the Finance Planning and Performance Committee in February 2020. Questions were raised in respect of the financial challenges within the Women and Children's Directorate and if there were sufficient checks and balances in place. Mr Best confirmed that there were robust procedures in place. He advised that the Directorate had experienced a substantial number of vacancies within midwifery. The service included over 20 national services. Discussions had taken place within colleagues within National Services Scotland regarding recompense. Although there were a number of issues compounding the large number of vacancies, Mr Best was pleased to note that		

	a significant number of newly qualified midwives had been recruited recently. Mr White agreed that there were robust controls in place, however noted that other factors were impacting on the current financial position. In response to questions from members in respect of the Scottish Government response to the current financial position, Mr White advised that further discussion would take place on Thursday to explore the support and options available. The challenges faced represented extraordinary pressures. Furthermore, Mr White highlighted the need to consider the options available in the context of planning for 2020/21 and the financial challenges ahead. Members highlighted that the next Finance Planning and Performance Committee meeting will take place in February 2020, therefore requested early sight of the financial plans for 2020. Mr White explained that it was unlikely that the Board would receive notification from Scottish Government in respect of the budget before February, however assured members that the Finance Team were working hard to develop the plan for 2020/21 based on the assumptions of the financial position. Further information on the 2020/21 Financial Plan and the proposed actions to address challenges would be communicated to members as soon as possible. Prof Brown welcomed the opportunity to closely examine specific issues and consider the end to end financial position. He noted that the HSCP update on the financial position was useful and commended Inverclyde HSCP for obtaining a break even position. Prof Brown felt that it was crucial that consideration be given to redesign of the whole system in order to achieve financial balance across all parts of the system. In respect of the over spend reported within the social care element of East Dunbartonshire HSCP budget, Prof Brown accepted the strategy to address this as the correct way forward, however he was interested to know if this had occurred previously, since the establishment of HSCPs, and if so, the sum of this. Mr White stated this had not happened before in NHSGGC, but had in other Boards and he clarified that the process in the event of an over spend is detailed within the Scheme of Integration and involved discussions with the Health Board and Local Authority to agree the way forward. Ms Forbes highlighted that the partnership Audit and Risk Committee recently called a meeting with voting members to discuss the strategy and how the IJB could support the Chief Officer and the Chief Finance Officer to resolve this issue. In summary, the Committee were content to note the report and would anticipate updated financial information presented to the NHSGGC Board meeting in December 2019. **NOTED**		
104.	**CORPORATE RISK REGISTER**		
	The Committee considered a paper 'Extract from Corporate Risk Register' [Paper No. 19/57] presented by the Director of Finance, Mr Mark White. The paper asked the Committee to note the attached Corporate Risk Register, consider the related risks which come under the remit of the Committee and satisfy itself that the risks and controls were captured appropriately and that management were taking appropriate action to mitigate these.		

	Mr White highlighted to members that, following review of the Corporate Risk Register at a recent meeting of the Risk Management Steering Group, the scoring of the financial risk and the reputational risk had been increased. Prof Brown thanked Mr White for the report. The Committee were content to note this. **NOTED**		
105.	**UPDATE FROM THE CAPITAL PLANNING GROUP**		
	Mr Tom Steele, Director of Estates and Facilities, noted that the Capital Planning Group continued to meet to focus on spend. Prof Brown thanked Mr Steele for the update. The Committee were content to note this. **NOTED**		
106.	**UPDATE FROM PROPERTY COMMITTEE**		
	Mr Tom Steele, Director of Estates and Facilities, noted that the Property Committee continued to meet to consider property matters. He noted that there had been no new property transactions since the last meeting. Prof Brown thanked Mr Steele for the update. The Committee were content to note this. **NOTED**		
107.	**CLOSING REMARKS AND KEY MESSAGES FOR THE BOARD**		
	Prof Brown summarised the key messages for the Board:- • The Committee received an update on the Internal Review of QEUH and RHC including the outcomes of the three work streams – Demand and Capacity; Estates and Facilities; and Clinical Outcomes. • The Committee received a proposal to implement the Hospital Electronic Prescribing and Medicines Administration (HEPMA) and were presented with the Full Business Case. The Committee were content to approve the proposal, subject to recurring costs of £600k, being settled by efficiency savings made by the project, and that percentage scoring of each tender was included in the paper. • The Committee received a paper on the transformational change programme of Sexual Health Services. Members welcomed the changes described within the paper and were content to note this. • The Committee considered a paper which described the current position and the nature of pressures in respect of Junior Doctor Grade Medical Staffing and Clinical Academic Placement. Members were content to note the areas of work ongoing and would anticipate a further paper regarding the outcome of national discussions, in due course. • The Committee considered the Revenue and Capital Report for Month 7. Members noted Board expenditure levels £22.6m over budget and the projected gap of £20m as at 31st March 2020. Members noted the		

	report, the current financial position and the predicted financial deficit.		
	DATE OF NEXT MEETING		
	Tuesday 11th February 2020, 9.30am, Boardroom, JB Russell House, Gartnavel Royal Hospital		