

FPPC(M) 22/02
Minutes 16 - 35

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
NHS Greater Glasgow and Clyde Finance Planning and Performance
Committee
held on Tuesday 5 April 2022 at 09.30 am
via Microsoft Teams**

PRESENT

Mr Simon Carr (in the Chair)

Dr Jennifer Armstrong	Mrs Jane Grant
Ms Susan Brimelow OBE	Rev John Matthews OBE
Prof John Brown CBE	Cllr Sheila Mechan
Ms Ann Cameron-Burns	Ms Rona Sweeney
Mr Alan Cowan	Mr Mark White
Ms Jacqueline Forbes	

IN ATTENDANCE

Ms Denise Brown	..	Interim Director of eHealth
Ms Sandra Bustillo	..	Director of Communications and Public Engagement
Dr Emilia Crighton	..	Director of Public Health
Mr William Edwards	..	Chief Operating Officer
Ms Frances Burns	..	Head of Strategic Planning and Health Improvement, Renfrewshire HSCP
Mr Andrew Gibson	..	Chief Risk Officer
Mrs Anne MacPherson	..	Director of Human Resources and Organisational Development
Mrs Geraldine Mathew	..	Secretariat Manager (Minute)
Ms Fiona McEwan	..	Assistant Director of Finance, Planning and Performance
Ms Rachael Weir	..	Senior Manager, Azets
Mr Steven Reid	..	Policy, Planning and Performance Manager, East Renfrewshire HSCP
Prof Tom Steele	..	Director of Estates and Facilities
Mr Arwel Williams	..	Director of Regional Services

			ACTION BY
16.	WELCOME AND APOLOGIES		
	The Chair welcomed those present to the April meeting of the Finance, Planning and Performance Committee.		

			ACTION BY
	Apologies were noted on behalf of Mr Ian Ritchie, Prof Iain McInnes, Ms Margaret Kerr, and Ms Anne-Marie Monaghan.		
	<u>NOTED</u>		
17.	INTRODUCTORY REMARKS		
	The Chair noted the key matters for discussion on the agenda. He proposed amendment to the running order of the agenda, and the Committee agreed that Item 10 – COVID-19 Update would be taken first, followed by Item 07 – QEUH/RHC Update, and then Item 12 – Transformation of Specialist Neurosciences, OMFS, and Spinal Injuries Service Initial Agreement.		
	<u>APPROVED</u>		
18.	DECLARATIONS OF INTEREST		
	The Chair invited members to declare any interests in any of the matters being discussed. There were no declarations of interest made.		
	<u>NOTED</u>		
19.	MINUTES OF PREVIOUS MEETING		
	The Committee considered the minute of the previous meeting of Tuesday 15 February 2022 [Paper No. FPPC(M)22/01] and were content to approve the minute as a complete and accurate record, subject to the following amendments:		
	<u>Item 8 – COVID-19 Update, Page 8, Paragraph 4</u> Amended to “The Chair thanked <i>Dr Crighton...</i> ”		
	<u>APPROVED</u>		
20.	MATTERS ARISING		
a)	<u>ROLLING ACTION LIST</u>		
	The Committee considered the Rolling Action List [Paper No. 22/10] and were content to accept the recommendation that 6 actions were closed.		
	The Chair noted that the matters related to the Azets IJB Strategic Planning and Performance Reporting; and the delayed		

		ACTION BY
	<p>discharge matter, would be considered under the relevant substantive items on the agenda.</p> <p>In addition, the following matters were discussed:</p> <p><u>GP Out of Hours</u> The Committee noted that work continued in respect of the GP Out of Hours Service and a further report would be presented to the Finance, Planning and Performance Committee at its meeting in June. Ms Vanhegan confirmed that this item was included on the Committee’s Annual Cycle of Business.</p> <p><u>Redirection Policy</u> Discussion took place regarding the Redirection Policy at the last meeting of the Committee, and it was suggested that this should have been included on the Rolling Action List as an action for an update paper to be presented to a future meeting of the Committee. Ms Vanhegan apologised for the omission, and agreed to include this matter as an action on the Rolling Action List and the Annual Cycle of Business, for a future meeting.</p> <p>There were no other matters arising raised.</p> <p><u>NOTED</u></p>	Secretary
21.	URGENT ITEMS OF BUSINESS	
	<p><u>COVID-19 – Prescribing of Oral Anti-Viral Medicine</u> Dr Armstrong provided an overview of emerging challenges in respect of the prescribing of oral anti-viral medicine, for high risk patients. Dr Armstrong explained the background of the programme, and noted that eligible patients were asked to contact the Flow Navigation Centre, and would be offered either IV therapy or oral medicine. The number of patients treated through the programme totalled approximately 2 to 3 patients per day. A test for change pilot was proposed within Primary Care, however Dr Armstrong noted that the LMC had recently written to the Scottish Government to express their objections to this. This has resulted in difficulty to maintain a rota of pharmacists to support this work, which was currently being supported by a small cohort of pharmacists. Dr Armstrong noted that a response from Scottish Government colleagues was awaited. The emerging issues were being highlighted to members today, should there be any media interest in this issue.</p> <p>Mrs Grant added that the HSCP Clinical Directors and the HSCP Chief Officers were supportive of the work. Furthermore, a</p>	

		ACTION BY
	<p>commitment had been made to ensure that the volume of patients and workload would continue to be under review.</p> <p>The Chair thanked Dr Armstrong for the update.</p> <p>Following discussion about the reasons for the objections to the programme, Dr Armstrong and Mrs Grant noted that work was underway to identify a solution to the issue. If this continued to be an issue of concern, a further update would be provided to the Committee as and when required.</p> <p><u>QEUH Unannounced Inspection</u> A question was raised regarding the recent unannounced inspection by Healthcare Improvement Scotland (HIS) which took place on 22 March 2022. Mrs Grant confirmed that a four day inspection took place and formal feedback was awaited.</p> <p><u>NOTED</u></p>	
22.	COVID-19 UPDATE	
	<p>Dr Emilia Crighton, Director of Public Health, provided an overview of the current position in respect of COVID-19. There were 1,239 cases of COVID-19 reported on 5 April 2022, and this demonstrated that infection rates remained elevated, however, Dr Crighton was pleased to note that the rate per 100,000 had begun to fall, with 850 cases being reported per 100,000 on 5 April 2022. There remained over 700 patients in hospital with COVID-19 infection.</p> <p>Dr Crighton provided an overview of the national changes to the way in which COVID-19 would be addressed moving forward, including the identification of cases, plans to deal with more virulent strains in the future, and migration of the workforce.</p> <p>Dr Crighton noted that a further booster programme had commenced to immunise people over 75 years old, Care Home residents, and those immune-compromised.</p> <p>Mr Edwards, Chief Operating Officer, added that challenges continued in respect of the ongoing response to COVID-19, staff absences, and the number of COVID-19-positive in-patients. Both the number of COVID-19 infections and the staff absence rate indicated a slow, downward trajectory.</p> <p>The Chair thanked Dr Crighton and Mr Edwards for the update and invited comments and questions from members.</p>	

		ACTION BY
	<p>There were no questions or comments raised.</p> <p>In summary, the Committee were content to note the current COVID-19 position, and noted that the current data reflected gradual improvement in the number of infections and staff absence rate.</p> <p><u>NOTED</u></p>	
23.	QEUH/RHC UPDATE	
	<p>The Committee considered the paper ‘QEUH/RHC Update’ [Paper No. 22/11] presented by Mr Tom Steele, Director of Estates and Facilities and Ms Elaine Vanhegan, Director of Corporate Governance and Administration. The paper provided an overview of the current position in respect 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; • Ward 2a/2b. <p>Ms Vanhegan noted the key matters in respect of the response to information requests in relation to the Public Inquiry. She noted that the next diet of oral hearings would commence in May 2022, and these hearings would predominately focus on the NHS Lothian, however the first week of hearings would likely be of interest to the Board as this would focus on Theory and Practice of Ventilation. In respect of the next phase of hearings for NHSGGC, these were scheduled to commence on 31 October 2022 to 9 December 2022, and would be undertaken in three Chapters, those being; evidence from patients; whistleblowing; and the impact of infection prevention and control. It was anticipated that there would be a further hearing in the autumn of 2023, which would focus on prebuild, lifecycle, and action taken to remedy defects. Ms Vanhegan noted that the Inquiry notified the CLO that the issue of cladding may be looked at by the Inquiry at some stage, most likely into 2023.</p> <p>Work continued to support the Police Scotland investigation and to support staff through this process.</p> <p>In respect of the civil claims, these remained sisted.</p>	

		ACTION BY
	<p>Prof Steele went on to provide an overview of the legal claim work and ongoing preparation for adjudication. It was likely that adjudication would commence shortly regarding glazing, and a further summons had been served in relation to the cladding system.</p> <p>Work with the principle chain supplier continued in respect of the remediation of the adult atrium cladding, and two building warrants had been progressed to commence works in summer 2022. This would take approximately 12 months to complete.</p> <p>Prof Steele noted that two-weekly meetings with colleagues from Scottish Fire and Rescue Service, Scottish Government, and Glasgow City Council Building Standards, continued to ensure understanding of ongoing remediation work and any risk management matters.</p> <p>Ward 2a/2b was re-occupied on Wednesday 9 March, following extensive refit and refurbishment work. The ward had been renamed the Schiehallion, and Prof Steele was pleased to note the positive feedback received from patients, families, and staff to the changes made to the ward. Furthermore, the MIBG facility within the ward was now ready for use. This new facility provided specialised radiotherapy, and would provide care to children who would previously have had to travel to London for the treatment. The unit would also treat children from the North of England.</p> <p>Prof Steele highlighted that all of the elements of the QEUH/RHC work continued to be overseen by the Executive Oversight Group which continued to meet weekly.</p> <p>The Chair thanked Prof Steele and Ms Vanhegan for the update and invited comments and questions from members.</p> <p>A comment was made about the significant level of assurance obtained from the update provided, and the Committee thanked Prof Steele for his ongoing commitment and efforts to rectify the matters discussed.</p> <p>In summary, the Committee were content to note the progress of the key elements in respect of the QEUH/RHC and were assured by the level of detail provided that clear focus continued to ensure effective response to the many demands, as well as ensuring patients, families and staff were supported.</p> <p><u>NOTED</u></p>	

		ACTION BY
<p>24.</p>	<p>TRANSFORMATION OF SPECIALIST NEUROSCIENCES, OMFS AND SPINAL INJURIES SERVICES IN THE WEST OF SCOTLAND – INITIAL AGREEMENT</p>	
	<p>The Committee considered the paper ‘Recovery and Renewal – Transformation of Specialist Neurosciences, OMFS, and Spinal Injuries Services in the West of Scotland – Initial Agreement’ [Paper No. 22/15] presented by Dr Jennifer Armstrong, Medical Director and Prof Tom Steele, Director of Estates and Facilities. The paper sought approval for submission of the Initial Agreement to NHSGGC Board and the Scottish Government Capital Investment Group, following virtual approval of the Initial Agreement by the Corporate Management Team</p> <p>Dr Armstrong provided an overview of the extensive range of services within the Institute of Neurology on the QEUH campus, including neurosurgery, neurology, oral and maxillofacial surgery, stroke services; head and neck cancer services; and a range of support services.</p> <p>Dr Armstrong noted the reasons for change, the proposed options, including the impact of no change, and highlighted that the highest ranked option was to co-locate the service at the QEUH.</p> <p>Prof Steele explained that these suite of buildings remained a high priority, from an Estates and Facilities asset condition data perspective. Furthermore, not taking any action, would result in significant financial investment required to maintain the buildings as they were.</p> <p>Prof Steele described the resources allocated to support this project, and that this had been increased to 6.4 WTE and this would likely be augmented as this project progressed. He highlighted the top line construction costs, including inflationary uplifts, and optimism bias, and noted the benchmarking activity with similar current NHSS developments.</p> <p>The Chair thanked Prof Steele and Dr Armstrong for the paper, and invited comments and questions from members.</p> <p>In response to a question about how this development would fit with the system wide infrastructure work recently commissioned, Prof Steele confirmed that current advice was to proceed with the development of this work, and, as such, would be developed in synergy with the system wide infrastructure work.</p>	

		ACTION BY
	<p>A question was raised about the various options within the Initial Agreement, how potential sites had been established, and how options would be eliminated. Prof Steele confirmed that a high level piece of work had been undertaken regarding this and a detailed master plan of the QEUH campus was available. Through appraisal of this master plan, it was clear that there was only one viable site on the QEUH campus, that being, the land situated behind the AMB Building. Other options had been explored, such as the relocation of the car park to the front of the site, however this option was not financially viable.</p> <p>Given that this was a substantially large investment, a question was raised about the position of this development in the context of the overall national picture, and why this development was considered the highest priority compared with other priorities across the NHSGGC estate. Prof Steele explained the new SG methodologies used to evaluate the priority developments at Board as well as national level. He noted the other priority areas across NHSGGC.</p> <p>In response to a question about the priority status of this development, Dr Armstrong stressed that this was the only service of this type in the West of Scotland, and therefore posed an operational risk. Prof Brown suggested that point was clearly stated in the revised version of the paper being presented to the Board.</p> <p>In summary, the Committee noted the contents of the Initial Agreement; the approval by NHS Assure; and agreed that there was a clear and compelling clinical case for change. The Committee were content to approve the Initial Agreement for submission to the NHSGGC Board and thereafter to the Scottish Government Capital Investment Group.</p> <p><u>APPROVED</u></p>	<p>Dr Armstrong/ Prof Steele</p>
<p>25.</p>	<p>IJB STRATEGIC PLANNING AND PERFORMANCE REPORTING – AZETS</p>	
	<p>The Committee considered the paper 'IJB Strategic Planning and Performance Reporting – Azets' [Paper No. 22/12] presented by Mr Mark White, Director of Finance, and Ms Rachael Weir, Senior Manager, Azets. The paper provided an overview of the progress in respect of the Active Governance Action Plan – action number 1.2.3. Ensure alignment between Health Board and IJB planning and reporting processes.</p>	

		ACTION BY
	<p>Mr White provided an overview of the summary including key observations and proposed action plan. Ms Weir noted that the report remained in draft and was presented for further discussion and comment.</p> <p>The Chair thanked Mr White and Ms Weir for the paper, and invited comments and questions from members.</p> <p>Comments were made about differing timetables for reporting, due to the fact that, for example, West Dunbartonshire had extended its plan by 1 year due to the pandemic. Additionally, there was concern that there would be duplication of effort, as there was regular discussions at IJB meetings about performance. The Chair concurred with this, however noted that performance reporting in this context should be focused on the delegated functions, rather than all IJB performance.</p> <p>It was suggested that there was potentially an opportunity to resolve this issue through the Integration Schemes, and that the National Review of Integration would allow consideration of variation and tolerances. Furthermore, it was felt that the Integration Schemes had been omitted from this report.</p> <p>Mrs Grant highlighted that there was a need to consider the way in which the NHSGGC Board obtained an overview of the wider picture. She noted that this was a complex matter, to consider the number of IJBs within the NHSGGC boundary, along with the number of IJBs out with the NHSGGC boundary which the organisation worked closely with. Therefore, a cross system approach was crucial. This would form the second phase of this report, and Mr White noted that there was a possibility to develop a third phase, dependant on progress.</p> <p>Prof Brown felt this report was a good start to addressing these issues. He stressed that the overall purpose was to ensure that the Board received assurance that the outcomes of the IJB Strategic Plans were being delivered. The flow of information was key to this, along with the consideration of the planning framework within the organisation and the alignment with IJBs, and he suggested that this was the focus of the second phase.</p> <p>Dr Armstrong explained that, as part of the Active Governance programme and the paper which was presented to the Board in 2021, work was underway to engage with Chief Officers. There was a significant amount of work required to develop a clear Primary Care Strategy, in collaboration with colleagues.</p>	

		ACTION BY
	<p>In response to a question regarding the capacity of the team to undertake this work, and if a similar approach to the Asset Investment Strategy would need to be taken, Dr Armstrong highlighted that this work was critical to the Moving Forward Together Strategy, along with all of the other strategies, to ensure that this was developed into a long term strategy, which considered the demand profile. Dr Armstrong assured the Committee that the planning function had been significantly augmented to ensure expert planners were involved in strategic planning. Following discussion, it was agreed that Dr Armstrong would develop a paper which described resource planning for this activity, and this would be presented to the Committee in October 2022. Additionally, Dr Armstrong would develop a plan for delivering the cross system planning framework, and this would be presented to the Committee in October 2022.</p> <p>In summary, the Committee noted the report and approved the proposed actions relating to the reports key observations.</p> <p><u>APPROVED</u></p>	<p>Dr Armstrong</p> <p>Dr Armstrong</p>
26.	IJB STRATEGIC PLANS UPDATE	
	<p>The Committee considered the paper 'East Dunbartonshire, East Renfrewshire and Renfrewshire IJBs' Final Strategic Plans 2022-2025' [Paper No. 22/13] presented by Ms Frances Burns, Head of Strategic Planning and Health Improvement, Renfrewshire HSCP. Ms Burns was in attendance to provide an overview of the position of all three of the IJB Strategic Plans. She noted that the respective IJBs had reviewed and approved the plans, and these were available for viewing via the links provided within the paper. Each of the plans had gone through a rigorous process and had engaged with a wide range of stakeholders throughout. Ms Burns highlighted the changes made following feedback received from various fora including the Finance, Planning and Performance Committee, the Corporate Management Team, and the Corporate Planning Team. Ms Burns explained that the next steps would involve the development of annual delivery plans. Furthermore, work was underway with the Corporate Planning Team to consider alignment and consistency of approach to performance reporting to the Board.</p> <p>The Chair thanked Ms Burns for the update and invited comments and questions from members.</p> <p>It was commented that the Inverclyde IJB Strategic Plan was currently a 5 year plan, scheduled for review in 2024. Mr Cowan</p>	

		ACTION BY
	<p>agreed to discuss this with the Chief Officer of Inverclyde HSCP, once this person had been appointed and had taken up the post. Consideration would be given to the alignment of the plan, and Mr Cowan would update the Committee in due course.</p> <p>In response to a question about the IJB Strategic Planning groups, and NHSGGC representation on these, Ms Burns noted that the Corporate Planning Team were routinely invited to attend the group, and a member of the Team was currently a member of the Renfrewshire IJB Strategic Planning group. There were also supplementary discussions with the Corporate Planning Team, in addition to this.</p> <p>There was concern raised that, without the right level of the organisation being involved in the IJB Strategic Planning Groups, there would be a significant amount of supplementary discussions required. It was suggested that a short paper on the composition, role and remit of each of the IJB Strategic Planning Groups, was developed to ensure consistency of approach, and it was agreed that this would be included in the cross system planning framework paper being presented to the Committee in due course.</p> <p>In summary, the Committee were content to note the report and the three Strategic Plans for East Dunbartonshire, East Renfrewshire and Renfrewshire, for 2022-2025.</p> <p><u>NOTED</u></p>	<p>Dr Armstrong</p>
<p>27.</p>	<p>LABORATORY INFORMATION MANAGEMENT SYSTEM (LIMS) PROCUREMENT – FULL BUSINESS CASE</p>	
	<p>The Committee considered the paper ‘Laboratory Information Management System (LIMS) Procurement – Full Business Case’ [Paper No. 22/14] presented by Ms Denise Brown, Interim Director of eHealth. The paper provided an update on the conclusion of the Laboratory Information Management System (LIMS) procurement and the Full Business Case, and sought final approval of the Full Business Case from the Finance, Planning and Performance Committee.</p> <p>Ms Brown explained that the work had been undertaken in conjunction with 10 other Health Boards following the formation of a Consortium in 2019 to progress the procurement of a new LIMS system. The Consortium had now extended to 12 Health Boards.</p>	

		ACTION BY
	<p>The current system was over 25 years old and no new developments were being undertaken by the supplier. The capabilities of the current system had been maximised as much as possible, however, due to the age of the system, it was difficult to adapt to required changes and could not support opportunities for standardisation and sharing of information across Scotland.</p> <p>Ms Brown noted that, following a competitive procurement process, a successful bidder has been identified. She described the key elements outlined in the paper including the benefits - both operational and strategic, the opportunities for standardisation, and improvement of efficiency and collaboration. The financial costs associated with the project had initially been estimated at £24m, however this had reduced to £14.5. The Scottish Government have committed to funding the licensing and implementation costs, therefore, the organisation would be responsible for the recurring costs associated with the new system. Ms Brown highlighted that Year 3 costs were estimated at £10,783, and there was a small gap in funding, however she was confident that this funding gap could be met.</p> <p>The Chair thanked Ms Brown for the update and invited comments and questions from members.</p> <p>In response to question about the financial costs, and that the summary indicated the overall cost was £14.45m, whereas the report indicated the overall cost was £15.21m and why there was a discrepancy, Ms Brown highlighted that the cost of £14.45m was excluding the genetics module of the system. She added that this module was excluded as it did not meet the current requirements, however this may be reconsidered in the future.</p> <p>It was noted that genetics had played a significant part in the response to the COVID-19 pandemic, and there was disappointment that the genetics module had not been included within the project. Ms Brown assured members that the genetic component would continue to be considered moving forward. Ms Brown agreed to provide an update on this matter in one year.</p> <p>A question was raised regarding the number of NHS Boards involved in the Consortium, and why this was not all Boards. Ms Brown explained that there were some Boards that were in the midst of their current contract lifecycle. A further Board had indicated their interest in becoming part of the Consortium as their current contract lifecycle was nearing completion.</p> <p>In summary, the Committee were content to note the outcome of the procurement and were content to approve the LIMS Full</p>	<p>Ms Brown</p>

			ACTION BY
	Business Case for NHSGGC to progress to call off from the framework contract.		
	<u>APPROVED</u>		
28.	FINANCE UPDATE		
	<p>The Committee considered the paper 'Finance Report' [Paper No. 22/16] presented by Mr Mark White, Director of Finance. The paper provided an overview of the Month 11 financial position, including the position of the Financial Improvement Programme (FIP) and the capital position.</p> <p>As at 28 February 2022, the Board's financial ledger highlighted an overspend of £2.9m. This was largely attributable to unachieved financial savings, offset by underspends in pay and non-pay.</p> <p>Direct expenditure on the remobilisation and delivery of services due to COVID-19 was £142.9m (£129.6m for the Board and £13.3m for the Health costs within the IJBs).</p> <p>Despite the significant challenges experienced due to the COVID-19 pandemic, the Financial Improvement Programme had achieved £33.17m at Month 11 against the £45.25m target. This represented 73.3% of the overall target achieved at Month 11.</p> <p>The financial plan submitted on 30 June 2021 outlined a deficit of £25.8m, however remobilisation of the FIP and maximisation of the level of recurring savings, coupled with non-recurring funds available, meant that the current projections indicated that financial break-even was achievable.</p> <p><u>Capital Position</u></p> <p>Mr White advised that the current forecast capital resources available to the Board for investment in 2021/22 was £98.8m. This was a slight increase on the £98m reported last month mainly due to an additional £0.8m of funding being received from Scottish Government and an increase in revenue to capital transfer relating to equipment purchases. The organisation was predicting the Capital Resource Limit would be achieved as at 31 March 2022.</p> <p>The Chair thanked Mr White for the report and invited comments and questions from members.</p>		

			ACTION BY
	<p>Comments were raised about the end of year position in respect of the IJBs, a lack of clarity about the overall position of underspends and if these had increased or decreased, and the need for greater transparency. Mr White advised that the year-end position in respect of this, would likely be available in early May. Mr White noted that all of the IJBs would either reach a break even or underspent position. Mr White would be happy to include the financial position in respect of IJB reserves in future iterations of the report however he noted that this information would be unlikely to change throughout the year, until the year-end accounting was finalised.</p> <p>It was suggested that a further discussion regarding reporting of general and ear marked reserves would be useful.</p> <p>In summary, the Committee noted the COVID-19 spend; noted the revenue position at Month 11; noted the Month 11 position with the FIP and progress for 2022/23; noted the capital position at Month 11; and; noted the projected revenue and capital position at 31 March 2022.</p> <p><u>APPROVED</u></p>		
29.	FINANCIAL PLAN 2022/23		
	<p>The Committee considered the paper 'Financial Plan 2022/23' [Paper No. 22/17] presented by Mr Mark White, Director of Finance. The paper provided an overview of the Financial Plan for 2022/23, including the forecast deficit for 2022/23 and the draft Financial Improvement Targets for 2022/23.</p> <p>The financial challenge for 2022/23 was forecast at £172.7m, this was based on a 2% uplift of baseline budget from Scottish Governance and an additional allocation to support the increase in employer National Insurance costs. This included the £120m for a recurring brought forward deficit from 2021/22. With recurring savings for £50m and non-recurring funding, the forecast deficit could be reduced to £81.5m.</p> <p>Mr White highlighted key areas of concern including COVID-19 vaccination and testing programmes and COVID-19 funding for 2022/23. He highlighted that the financial outlook across all NHS Scotland Boards was challenging.</p> <p>The Chair thanked Mr White for the report and invited comments and questions from members.</p>		

		ACTION BY
	<p>In response to a question about increased energy costs, inflation and the level of risk, Mr White assured members that the financial information presented in the report reflected the current position. He noted that this position would continue to be monitored throughout the year.</p> <p>In summary, the Committee were content to note the updated Financial Plan and the Financial Improvement Targets for 2022/23.</p> <p>NOTED</p>	
30.	PERFORMANCE REPORT	
	<p>The Committee considered the paper 'Performance Report' [Paper No. 22/18] presented by Mr Mark White, Director of Finance. The paper provided an update on performance against the key indicators as outlined in the Performance Assurance Framework.</p> <p>There were currently 5 indicators rated green; 2 indicators rated amber; and 5 indicators rated red. Work had been undertaken to estimate the performance position at the year end. Challenges remained in respect of the previously highlighted areas of Child and Adolescent Mental Health Service (CAMHS), Podiatry, and MSK Physiotherapy. A number of key actions were being progressed to address these challenges.</p> <p>The Chair thanked Mr White for the report and invited comments and questions from members.</p> <p>A question about the delayed discharge position, specifically, that the performance remained within the upper control limit, however this was inconsistent with the current narrative in respect of delayed discharge challenges. Mr White explained that, as there was no target for this indicator, presentation of the data was challenging. Mrs Grant suggested that further consideration of this matter was required.</p> <p>In response to a question raised about the GP Out of Hours Service, Mrs Grant provided an update on the current position. She noted that this continued to be monitored through the GP Out of Hours Programme Board. The demand profile had changed significantly, and had moved to much more utilisation of virtual appointments, therefore work was underway to consider amendments required to the model. A further update on the GP</p>	<p>Mr White</p>

		ACTION BY
	<p>Out of Hours Service was scheduled for the June meeting of the Finance, Planning and Performance Committee.</p> <p>A question was raised regarding the number of delayed discharges which were from other Health Board areas. Mrs Grant noted that there were currently approximately 50 delayed discharges from other Health Boards, however this number fluctuated on a daily basis. These delayed discharges were all from Acute, however she also noted that work was underway to address mental health delayed discharges, as this was another area which required focus.</p> <p>Comments were made in relation to the ongoing financial challenges, particularly in respect of delayed discharges, and a question was raised regarding the possibility of cross charging and if there were any plans to do this. Mrs Grant was not aware of any plans or ongoing discussions in relation to charging. She noted that whilst this issue had a direct impact on the financial position, she stressed the importance of ensuring that focus remained on service delivery in order to address this issue and ensure that patients were in the most appropriate place for the more appropriate care.</p> <p>A question was raised in respect of the costs of delayed discharges and it was noted that this was not referenced in the Unscheduled Care Commissioning Plan. Mr White advised that the costs of delayed discharges was in the region of approximately £37m per annum.</p> <p>Further discussion took place about the Unscheduled Care Commissioning Plan, and the governance arrangements. Mrs Grant explained that the Unscheduled Care Commissioning Plan had been presented to the Corporate Management Team, where it was recommended that further amendments were required to the financial information within the Plan. The Plan would be presented to the Finance, Planning and Performance Committee once the financial elements of the Plan had been included, therefore the Plan would be presented to the Committee in June 2022.</p> <p>In summary, the Committee were content to note the performance across NHSGGC in relation to the key performance indicators outlined in the Performance Assurance Framework.</p> <p><u>NOTED</u></p>	

			ACTION BY
31.	EXTRACT FROM CORPORATE RISK REGISTER		
	<p>The Committee considered the paper 'Corporate Risk Register – Extract' [Paper No. 22/19] presented by the Director of Finance, Mr Mark White. The paper detailed the risk aligned to the Finance, Planning and Performance Committee.</p> <p>There were 7 risks aligned to the Committee and changes were proposed to 2 risks, those being: financial sustainability – revenue – increased risk score from 20 to 25; and delayed discharge – risk title, description and causes have been updated to better articulate the broader risk.</p> <p>The Chair thanked Mr White for the report, and invited comments and questions from members. There were no questions or comments raised.</p> <p>In summary, the Committee noted and approved the current Corporate Risk Register extract, including the proposed changes summarised in Section 2 and associated appendices, and were assured by the information received.</p> <p><u>APPROVED</u></p>		
32.	REVIEW OF TERMS OF REFERENCE		
	<p>The Committee considered the paper 'Finance, Planning and Performance Committee Review of Terms of Reference' [Paper No. 22/20] presented by Ms Elaine Vanhegan, Director of Corporate Governance and Administration.</p> <p>Ms Vanhegan noted that the Committee Terms of Reference review had been delayed in 2021, due to COVID-19, and was reviewed in September 2021. The Terms of Reference presented included minor amendment to Appendix 1 – Scheme of Delegation, and inclusion under Key Duties of the Committee: Performance Management: "Oversee IJB performance against strategic plans and review IJB Annual Performance Reports".</p> <p>The Chair thanked Ms Vanhegan for the update and invited comments and questions from members.</p> <p>There was discussion about the financial oversight of IJB non-recurring funds and reserves, with some members of the opinion that this should be for awareness, and others considered this as oversight. It was agreed that Ms Vanhegan would consider this further and amendment would be made to the Terms of</p>		

			ACTION BY
	<p>Reference as required. Furthermore, it was agreed that the Committee would discuss the issues of IJB finance and reserves at the meeting of the Committee in October 2022, as part of the Strategic Planning paper.</p> <p>In summary, the Committee were content to approve the amendments noted, with further discussion on the IJB finance and reserves oversight at the Finance, Planning and Performance Committee in October 2022.</p> <p><u>APPROVED</u></p>		Ms Vanhegan
33.	CLOSING REMARKS AND KEY MESSAGES FOR THE BOARD		
	<p>The Chair noted the key messages for the Board including:</p> <ul style="list-style-type: none"> • Approval of the Laboratory Information Management System (LIMS) Procurement Full Business Case; • Approval of the Transformation of Specialist Neurosciences, OMFS, and Spinal Injuries Services in the West of Scotland Initial Agreement for submission to the NHS GGC Board and thereafter to the Scottish Government Capital Investment Group; • Approval of the key actions within the Azets Strategic Planning and Performance Reporting paper, and noted that a Strategic Planning Framework and resource plan would be presented to the Committee in October 2022; • Noted that the Unscheduled Care Commissioning Plan would be presented to the Committee in June 2022; • Noted the Financial Plan 2022/23 and the estimated financial deficit and overall financial challenge. <p><u>NOTED</u></p>		
34.	AOCB		
	<p><u>Valedictory</u></p> <p>The Chair noted that this was Mr White's last meeting as Director of Finance, following his resignation. The Chair thanked Mr White on behalf of the Committee for his support, dedication and commitment to the Committee and NHS GGC in his time as Director of Finance. He thanked Mr White for all of his hard work, and wished him well in his future endeavours.</p>		

			ACTION BY
	Mr White thanked the members of the Committee for their ongoing support and wished everyone well for the future.		
	<u>NOTED</u>		
35.	DATE AND TIME OF NEXT SCHEDULED MEETING		
	The next meeting would be held on Tuesday 14 June 2022, at 09.30 am, MS Teams.		