

FPPC(M) 20/01
Minutes: 01 - 17

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, G12 0XH
on Tuesday 11th February 2020 at 09:30am**

PRESENT

Prof John Brown CBE (in the Chair)

Ms Susan Brimelow OBE	Mr Simon Carr
Prof Linda de Caestecker	Mr Ross Finnie
Ms Jacqueline Forbes	Ms Jane Grant
Dr Donald Lyons	Mr Allan MacLeod
Cllr Sheila Mechan	Ms Dorothy McErlean
Dr Margaret McGuire	Mr Ian Ritchie
Mr Mark White	

IN ATTENDANCE

Mr Jonathan Best	..	Chief Operating Officer
Ms Frances Burns	..	Strategic Service Improvement Manager, Renfrewshire HSCP (on behalf of Mr Leese)
Ms Sandra Bustillo	..	Interim Director of Communications
Ms Jacqueline Carrigan	..	Interim Assistant Director of Finance
Mr Stephen Fitzpatrick	..	Assistant Chief Officer Older Peoples Services, Glasgow City HSCP (For item 08)
Ms Jackie Kerr	..	Assistant Chief Officer Adult Services, Glasgow City HSCP (For item 08)
Dr Trevor Lakey	..	Health Improvement and Inequalities Manager (From item 08 to item 11)
Ms Fiona MacKay	..	Associate Director of Planning (on behalf of Dr Armstrong)
Mrs Anne MacPherson	..	Director of Human Resources and Organisational Development
Mrs Geraldine Mathew	..	Secretariat Manager (Minutes)
Ms Elaine Vanhegan	..	Head of Corporate Governance and Administration
Mr Arwel Williams	..	Director of Diagnostics and Imaging
Ms Louisa Yule	..	Senior Auditor, Audit Scotland

		ACTION BY
01.	WELCOME AND APOLOGIES	
	Apologies for absence were intimated on behalf of Dr Jennifer Armstrong, Mr Alan Cowan, Mr David Leese, Mr John Matthews, Mr Tom Steele, and Ms Rona Sweeney.	
	Prof Brown welcomed those present to the meeting and provided an overview of the topics included for discussion. He noted that Item 14 – Paper 20/08 – Integration Schemes, and Item 15 – Paper 20/09 – Health and Social Care	

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	<p>Integration Statutory Guidance – Directions from Integration Authorities to Health Boards and Local Authorities, have been deferred due to time constraints and arrangements would be made to convene a further meeting of the Finance, Planning and Performance Committee to discuss these items.</p> <p><u>NOTED</u></p>	
02.	DECLARATIONS OF INTEREST	
	<p>The Chair invited members to declare any interests in any of the agenda items being discussed.</p> <p>Dr Lyons declared an interest in respect of Item 11 – Paper 20/05 – Adult and Older People Mental Health and Learning Disability Delayed Discharge, given Dr Lyons position as a Trustee of Cosgrove Care.</p> <p>Mr Carr declared an interest in respect of Item 11 – Paper 20/05 – Adult and Older People Mental Health and Learning Disability Delayed Discharge, given his position as Housing Advisor with the Scottish Federation of Housing Associations (SFHA). He noted that he had been asked by the SFHA to prepare a report in relation to housing related delayed discharges.</p> <p>Prof Dame Anna Dominiczak highlighted an interest in respect of Item 13 – Paper 20/07 – Radionuclide Dispensary Initial Agreement.</p> <p>The Committee agreed that there was no conflict in respect of these declarations.</p> <p>The Committee were content to note the declarations made.</p> <p><u>NOTED</u></p>	
03.	MINUTES OF THE MEETING HELD 3RD DECEMBER 2019	
	<p>The Committee considered the minute of the meeting held on Tuesday 3rd December 2019 [Paper No. FPPC (M) 19/06].</p> <p>On the motion of Ms Forbes, seconded by Mr MacLeod, the Committee approved the minute as an accurate record.</p> <p><u>APPROVED</u></p>	
04.	MATTERS ARISING	
a)	ROLLING ACTION LIST	
	<p>The Committee considered the Rolling Action List [Paper No. 19/01] and were content to accept the recommendation that one action was closed, that being “Integration and Cross System Issues”.</p> <p>Ms Brimelow raised a question in respect of the Water Report of 2015, and if an evaluation of any potential vulnerabilities had been undertaken. Ms Grant assured the Committee that all of the matters highlighted in the reports of 2015</p>	

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	<p>and 2018, had been addressed, however it may be useful to provide the Committee with a short paper which provides clarity on the pre and post occupation position reports undertaken, the governance structures in place, and an overview of the actions taken following the 2015 and 2018 reports. Whilst the Committee noted that they were assured by the actions taken, members would welcome a paper providing an overview. Ms Vanhegan noted that this formed part of the work being undertaken by the Oversight Board and it was agreed that Mr Steele would be asked to provide an update to the Committee.</p> <p><u>APPROVED</u></p>	<p style="text-align: center;">Mr Steele/Ms Vanhegan</p>
<p>05.</p>	<p>CORONAVIRUS UPDATE</p>	
	<p>Prof de Caestecker provided an update in respect of Coronavirus. She noted that the case definition had recently been amended and included suspected cases displaying signs of infection including respiratory symptoms, fever, cough, shortness of breath, and breathing difficulties. A dedicated testing centre had been established within the Brownlee Centre and Prof de Caestecker noted that there had been an increase in the number of inquiries received in respect of suspected cases. Collaborative work with a number of organisations including Health Protection Scotland, the Chief Medical Officer of Scotland, and the Chief Medical Officer of England, continued and regular teleconferencing calls were taking place. A local Incident Management Team (IMT) had been established and were in the process of considering options for testing models.</p> <p>Prof de Caestecker assured members that work continued to review Business Continuity Plans on a regular basis and as such, robust plans were in place to manage the situation as this developed. She confirmed that the situation was being approached in a similar way to management of pandemic influenza.</p> <p>Prof Brown thanked Prof de Caestecker for the update and invited comments and questions from members.</p> <p>In response to a question regarding communications to the public, Ms Sandra Bustillo, Interim Director of Communications, advised that public communications were being arranged on a national basis and led by the Scottish Government. Information had been published on the NHSGGC website and included links to the national website.</p> <p>Given this was a continually changing matter, Prof de Caestecker agreed to provide a verbal report to the Board at the next meeting on 25th February 2020 and would include information on the progress of testing and business continuity planning.</p> <p>Prof Brown asked about the business continuity plans and if the organisation were confident that the plans in place were robust. Mr Best advised that Business Continuity Plans were reviewed on a 6 monthly basis by the Acute Strategic Management Group, however, in light of the development of the Coronavirus, Mr Best agreed to bring this forward for review. He noted the excellent support provided to the Acute Division by Prof de Caestecker and the Public Health Team in respect of planning to minimise any impact of the Coronavirus, and that colleagues within the Acute Division have been working closely with colleagues from the Public Health Team to develop and implement appropriate patient pathways for treatment.</p>	

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	<p>Mr MacLeod, Chair of the Audit and Risk Committee, highlighted that the Audit and Risk Committee regularly undertake reviews of the Business Continuity Plans, and it was agreed that Prof de Caestecker would be invited to the next Audit and Risk Committee meeting in March to provide an overview of plans in place and testing facilities.</p> <p>Prof Dame Anna Dominiczak asked if there were any plans to repurpose existing anti-viral drugs. Prof de Caestecker was aware that there was research currently ongoing. In addition, there were stock-piled supplies of the anti-viral treatments.</p> <p>The Committee were assured by the information provided by Prof de Caestecker and directed the Audit and Risk Committee to undertake a review of Business Continuity Plans and testing facilities at the next meeting on 17th March 2020.</p> <p><u>NOTED</u></p>	<p>Prof de Caestecker</p>
<p>06.</p>	<p>REVIEW OF TERMS OF REFERENCE</p>	
	<p>The Committee received a paper ‘Review of Terms of Reference’ [Paper No. 2002]. Prof Brown proposed that, given the escalation to level 4 of the NHS Scotland Board Performance Framework, the development of proposals to further strengthen governance arrangements and the likelihood of amendments required to the Finance, Planning and Performance Committee Terms of Reference, this item be deferred. The Committee were in agreement with the proposal to defer this item to a future meeting.</p> <p><u>NOTED</u></p>	
<p>07.</p>	<p>ESCALATION UPDATE</p>	
	<p>Mrs Jane Grant, Chief Executive, provided an update to the Committee, on the position in relation to the escalation of NHSGGC to Level 4 of the NHS Board Performance Framework.</p> <p>Two Oversight Boards had been established. One to consider the Infection Prevention and Control, and Communications and Engagement issues, and the other to consider Performance, specifically in respect of scheduled and unscheduled care and GP Out of Hours. Six sub groups had been established including Infection Prevention and Control, Communications and Engagement, and a Technical Group. Terms of Reference for the groups had been developed and work plans were being drafted. Once complete these would be presented to the Oversight Board. Mrs Grant noted that a range of actions were required and it was anticipated that the work of the sub groups would be complete circa June 2020.</p> <p>In respect of the Performance Oversight Board, Mrs Grant advised that the Oversight Board had been established. A Terms of Reference had been agreed and amendments were being finalised to the Recovery Plan, which included a variety of elements such as GP Out of Hours, Treatment Time Guarantee, Unscheduled Care, and Leadership Culture. The Executive Team continued to work closely with the Turnaround Director, Mr Calum Campbell and the outputs</p>	

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<p>of the Recovery Plan, which would be agreed by March 2020, would be reported via the appropriate governance channels.</p> <p>In respect of Infection Prevention and Control, Mrs Grant noted enhancements being made to support the Infection Prevention and Control Team (IPCT). An Operational Director had been appointed on a part time basis, and an additional Operational Director was being considered in order to assist Prof Marion Bain. Additional support to the IPCT Management Team was also being progressed.</p> <p>Prof Brown thanked Mrs Grant for the update and invited comments and questions from members.</p> <p>Cllr Mechan asked if the remit of the Oversight Board would expand as ongoing live cases were reported. She noted one case specifically and if this would be considered by the Oversight Board. Mrs Grant highlighted that the Infection Prevention and Control Sub Group would consider all aspects of Infection Prevention and Control across the organisation. The case referenced by Cllr Mechan had been reviewed and did not encompass any infection prevention and control elements. Mrs Grant assured members that the case referenced had been discussed with Ms Bustillo, who had referred this to the Cabinet Secretary. Ms Bustillo provided an overview of the support being provided to the patient and their family.</p> <p>Mr Carr asked how the Terms of Reference for the Oversight Board had been developed, specifically in relation to the Infection Prevention and Control elements, and how problems had been defined. Mrs Grant agreed to circulate the Terms of Reference of the Infection Prevention and Control Sub Group, to members, once finalised. Furthermore, the Committee requested that all of the Terms of References for all sub groups and the work plans being developed, be made available to members, once finalised. Discussion also took place regarding the circulation of minutes of Oversight Board meetings, and Mrs Grant agreed to discuss this further with Ms McErlean.</p> <p>Prof Brown noted that it was important that Mr Campbell and Prof Bain have the opportunity to speak with Board members, and agreed to discuss this further with them.</p> <p>Mrs Grant noted that a meeting had been arranged with MSP's and would take place on Monday 17th February 2020. The meeting would provide an opportunity to brief MSP's on the processes associated with escalation.</p> <p>Mr Ritchie wished to note his thanks to Mrs Grant and the Executive team for their ongoing efforts. He asked if there was any indication of what the specific infection prevention and control concerns were. Mrs Grant noted that she attended regular meetings with Prof Fiona McQueen, Chair of the Oversight Board, however there has been no granular feedback to date. There have been concerns noted in respect of IPCT capacity and the relationship between IPCT and the Estates and Facilities Directorate. Mr Ritchie felt that it was important to ensure that the Clinical and Care Governance Committee were made aware of any specific issues which may have been missed, and Prof Brown suggested that it may be useful for Prof Marion Bain to attend the Clinical and Care Governance Committee to provide a verbal overview.</p> <p>Mr Finnie noted concern regarding the challenges that lay ahead. He indicated that both the Clinical and Care Governance Committee and the Acute Services</p>	<p>Mrs Grant</p> <p>Prof Brown</p>
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	<p>Committee, had not received any reports which indicated a problem. He accepted the duty to improve services as a whole, but remained concerned regarding the escalation to level 4 which indicated that the organisation posed a threat to patient safety.</p> <p>Prof Brown noted that the Scottish Government had begun work to review the NHS Board Performance framework and the language used to describe each level.</p> <p>The Committee were content to note the update provided.</p> <p><u>NOTED</u></p>	
<p>08.</p>	<p>ADULT AND OLDER PEOPLE MENTAL HEALTH AND LEARNING DISABILITY DELAYED DISCHARGE</p>	
	<p>The Committee considered the paper ‘Adult and Older People Mental Health and Learning Disability Delayed Discharge’ [Paper No. 20/05] presented by Ms Jackie Kerr, Assistant Chief Finance Officer, Glasgow City HSCP, and Mr Stephen Fitzpatrick, Head of Older People’s Services, Glasgow City HSCP. The report provided an update on the current position in respect of adult and older people mental health and learning disability delayed discharges and the actions being taken to improve performance and outcomes for patients.</p> <p>Ms Kerr provided an overview of performance and noted a number of challenges in respect of delayed discharge. She highlighted that a number of actions were being progressed to address performance including development of an enhanced Crisis Service, a review of Out of Hours Services, development of enhanced Liaison with Acute Mental Health Services, and the launch of the Bipolar Service. In addition, she noted that a tendering process was underway for the development of a Crisis Hub and work on a tendering process for the development of a 12-bed residential unit would begin in April 2020. Work continued with colleagues within East Renfrewshire HSCP to manage delays for those with learning disabilities.</p> <p>Ms Kerr paused for questions.</p> <p>Ms Forbes drew attention to the graph included in the report and suggested that the figures detailed were incorrect.</p> <p>Dr Lyons raised concerns regarding the language used to describe the 12 bed residential unit and the way in which the facility would be used. He recommended that this could be better described and suggested ‘supported living in the community’.</p> <p>Mr Carr was keen to discuss further the bed model being used, given that the occupancy rate was 100%. Ms Kerr explained the principles applied within the bed management model. She highlighted that the occupancy rate was 100% due to the utilisation of patients’ beds whilst on pass. Following discussion, it was agreed that Mr Carr would discuss this further with the Chief Officer of Glasgow City HSCP to examine this at the Integration Joint Board meeting (IJB), with further verbal feedback to the Committee. The Committee were keen to ensure that any risks associated with the operation of this bed model were mitigated and Mrs Grant agreed to discuss this further with the Chief Officer.</p>	<p>Mr Carr/ Ms Millar</p> <p>Mrs Grant</p>

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	<p>Ms Kerr went on to describe further actions being taken including the roll out of the unscheduled care work and recruitment of posts to support this. She anticipated that this would be in place in April 2020. A triage service was being launched within Glasgow Royal Infirmary and would be co-located with the Out of Hours Service, with an expected completion date of September 2020. Prof Brown asked that more precise dates were given in respect of the projects being undertaken and Ms Kerr agreed to confirm dates for roll out.</p> <p>Questions were raised in respect of the resources detailed within paragraph 5 of the report, and the prioritisation of acute delayed discharge, given the financial reserves. Mr Fitzpatrick provided assurance that there would not be delays within mental health due to budget constraints.</p> <p>Dr Lyons asked if work was being done with the independent and third sector to develop appropriate services for those with the most complex needs. Mr Fitzpatrick described the actions being taken and the complexities around this in respect of adults with incapacity (AWI), complex care needs and care homes. He noted the 5 year commissioning strategy and that work was being done to identify a timetable to create capacity. The Committee requested that Mr Fitzpatrick and Ms Kerr consider the timescales involved, when the Committee could expect to see proposals and increased pace around this.</p> <p>Prof Brown thanked Ms Kerr and Mr Fitzpatrick for the update and was pleased to note the good description of a range of good work and partnership working to address performance. The Committee were content to note the report.</p> <p>NOTED</p>	<p>Mr Fitzpatrick/Ms Kerr</p>
09.	REVENUE AND CAPITAL REPORT	
	<p>The Committee considered the paper ‘Month 9 Finance Report’ [Paper No. 20/03] presented by Mr Mark White, Director of Finance. The report provided the Month 9 financial position, and included progress and position of the Financial Improvement Programme.</p> <p>Mr White noted that as at 31st December 2019, the Board reported expenditure levels £25.3m over budget, which represented an increase from the Month 8 position of £22.7m over budget.</p> <p>The Acute Division reported an expenditure overspend at Month 9 of £38.9m, of which £34.0m was related to unachieved savings, with £4.9m associated with non-pay overspend. Challenge were noted in respect of medical and nursing pay spend, however Mr White noted that some success had been achieved in respect of senior medical pay spend. Efforts to improve performance in relation to junior medical pay spend, bank and nursing agency spend continued.</p> <p>Health and Social Care Partnerships (HSCPs) reported an underspend of £5.7m and were predicted to achieve a break even position at year end, with the exception of East Dunbartonshire HSCP, which was currently reporting an overspend of £4.3m within the social care element of the budget. This was being offset by a £1m underspend within the health element of the budget and was predicting a year end position of between £3.7m and £3.8m overspend.</p>	

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Discussions with the Chief Executive, Chief Officer, and Chief Executive of the Local Authority continued to identify solutions to mitigate this.

Mr White noted that Corporate Directorates reported an expenditure overspend at Month 9 of £12.7m. Expenditure was running close to budget for pay and non-pay across all Directorates. The Estates and Facilities Directorate reported an overspend of £13.0m and work to limit spend in the final quarter continued.

In respect of the Financial Improvement Programme (FIP), the Programme Tracker recorded projects totalling circa £24.9m on a FYE and £30.6m on a CYE.

Mr White paused for questions.

In respect of questions raised regarding the reported overspend within the social care element of East Dunbartonshire HSCP budget, the offset being used from the health budget, and what the potential impact of this was on health care services and the unscheduled care position, Mr White remarked that this was difficult to quantify. He noted that significant work was underway to explore this and that regular updates would be provided to the Finance, Planning and Performance Committee as this developed. He acknowledged that this was a concerning position, however assured members that plans were in place to address this. Mrs Grant noted that she had recently met with the Chief Executive of East Dunbartonshire Council to discuss the key issues. Development of a recovery plan was underway and additional management capacity had been identified to support this. The issues raised in respect of any impact on health care services, unscheduled care and any potential risks to Acute Services, would be considered as part of this work. In respect of reserves within East Dunbartonshire HSCP budget, it was clarified that there were no general reserves. All reserves held were earmarked under transformational change programmes. Prof Brown was keen to have visibility of these transformational plans and what impact these were expected to have. Dr Lyons added that it was crucial that all HSCPs ensure that any earmarked reserves for transformational programmes, have a clear purpose, plan and timescales associated with them. It was important that the Board retained an oversight of these to ensure that transformational objectives were aligned.

Prof Brown raised a question in relation to the underspend reported in senior medical pay. Mr White clarified that this position had been achieved by phasing out the use of high cost locum cover and transforming the way in which this was managed, and was not as a result of there being less senior medical posts. He added that, as in previous years, the Waiting Times Improvement funds were non-recurring, therefore there was a need to balance the financial risk associated with recruitment to posts. However, this was necessary in order to sustain performance and was a fundamental part of the Recovery Plan. Mrs Grant added that there were national issues reported in respect of recruitment to a number of specialties such as urology, orthopaedics, anaesthesiology and gastroenterology, which has resulted in additional pressures. She assured members that strenuous efforts were being made to recruit to these specialties.

Prof Dominiczak described work with NHSGGC and the Glasgow University to address this by creating and attracting a long term supply of the best possible clinicians for Glasgow. Prof Brown was pleased to note this and anticipated that this would facilitate a different approach to recruitment of junior doctor positions for next year.

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Mr White highlighted that, following a range of actions undertaken and work by the Finance Team, including close working with the Scottish Government Health Finance Team, the projected year-end financial deficit was £5m. This included a proposal to reallocate £10m from Capital to Revenue.

Prof Brown thanked Mr White for the update and invited comments and questions from members.

Ms Forbes raised questions in respect of the proposal to move £10m of capital resource to revenue. She noted concerns about the potential impact over time of moving capital resource to revenue and was keen that capital resource was used for capital purposes.

Prof Brown queried the £10m transfer of capital to revenue. He asked if an options appraisal had been carried out to determine the best use of this resource transfer and if consideration had been given to utilise this resource as part of a transformational change programme of Moving Forward Together.

Mr White agreed that transfer of the capital resource was not ideal. He noted that £2m of capital was routinely allocated from capital resource to revenue each year. In addition, there was approximately £5m - £7m of additional capital available from slippage of existing schemes such as the ventilation works at Queen Elizabeth University Hospital (QEUH) and ward refurbishment. However, Mr White assured members that this was not an inherent part of financial planning.

Ms Forbes asked for assurance that resource was being invested in the areas most needed. Mr White explained that, as reported, there was a £13m overspend within the Estates and Facilities Directorate in respect of works undertaken at the QEUH, therefore transfer of the capital resource to revenue would re-balance this. He assured members that there would be no detriment to the maintenance of the estate and there would be no adverse effect on existing schemes as a result of this transfer. Furthermore, Mr White clarified that there would be no scope to transfer the funds to a transformation programme, and if the funds were not transferred to revenue this year, they would come forward to next year to the slipped scheme. Therefore, there was scope within the Capital Plan for these funds for next year, but not for this year.

Mr MacLeod felt that transfer of the resource from capital to revenue represented a lost opportunity and he was keen that this was not used as a longer term tactic in future years. He was interested in considering the options to develop a 3 year financial plan, to ensure more sustainable solutions.

In response to questions from members in relation to external support for the Finance Improvement Programme, Mr White confirmed that external support to review the nursing budgets was being considered. In addition, consideration was being given to obtain external support to consider senior medical pay budgets, in order to improve performance in this area. This would be for a duration of approximately 8 weeks and would encompass up to 5 projects.

In summary, the Committee were content to note the revenue position and projection at Month 9; note the progress and current position with the FIP, approve the actions within the plan to achieve in-year financial break-even, endorse the proposal for approval by the Board, to transfer £10m of capital funds to revenue; and note the capital position at Month 9.

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10.	FINANCIAL PLANNING PROCESS 2020/21	
	<p>The Committee considered the paper 'NHSGGC 2020/21 Financial Plan (Initial Draft)' [Paper No. 20/04] presented by the Director of Finance, Mr Mark White.</p> <p>The paper provided the Committee with an update on the Board's 2020/21 projected revenue and capital positions, and outlined the planning process to deliver key financial targets.</p> <p>Mr White noted that the Finance Team had been working on a range of scenarios for 2020/21 and beyond, on the assumption of a 2%-3% uplift, as advised by the Scottish Government. This week, the Scottish Government advised all Boards to use 3% as a baseline, pending the final budget.</p> <p>Mr White provided an overview of the initial assessment of the 2020/21 costs, with the potential base uplift equating to £69m or 3% of the Boards baseline budget brought forward from 2019/20. Furthermore, by applying an agreed general inflationary uplift to the value of service level agreements with other Boards related to patient services provided by NHSGGC, the Board could reasonably expect to receive a further income of around £10.4m in 2020/21.</p> <p>Mr White outlined the financial challenge faced by NHSGGC in 2020/21, and noted the financial pressures including the expectation that the underlying financial deficit would increase by £5m. Areas of pressure included pay cost growth, prescribing costs, and increased costs of supplies and other inflation. This would create a likely financial pressure in the region of £28m.</p> <p>Prof Brown thanked Mr White for the update and invited comments and questions from members.</p> <p>Dr Lyons queried the reporting of the financial information in respect of add back IJB uplift and add back IJB expenditure within the report. Mr White agreed to amend this prior to submission of the report to the Board.</p> <p>In respect of the 3 year plan and the capital projections, Mr Carr requested further information on the status of the disposal of the Yorkhill site. Mr White advised that progress had been made to identify alternative locations for teams currently situated within the building, including clinical and administrative teams. Careful consideration was being given to the proposed relocations, given the increased demand within Acute Services and the potential need to increase elective capacity. Mr White, Dr Armstrong and Mr Steele would discuss the proposed solutions further with Mrs Grant, after which, consideration would be given to marketing of the site. Following questions regarding the likely market value of the site, Mr White advised that this was difficult to estimate and the potential capital receipts gained from the disposal of the site continued to be discussed.</p> <p>Mr Ritchie expressed concern regarding the financial challenge, given the increase in demand and suggested that further work was required to address this, including consideration of a more robust Redirection Policy and increasing the pace of change within IJBs.</p>	<p style="text-align: right;">Mr White/Dr Armstrong/Mr Steele</p>

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	<p>Mr Carr agreed and felt that a clearer understanding of the reasons for increased demand was required, along with greater consideration of the system as a whole and how this was governed.</p> <p>Mr White summarised the key elements being brought to the Board meeting in February, including:</p> <ol style="list-style-type: none"> 1. An overview of the budget for 2020/21, including the net figure, expected challenges, and mitigating actions. 2. An initial overview of the 3 year plan, noting further refinements required, as part of the Annual Operational Plan. 3. An overview of the Capital Plan and strategy, with details of the funds earmarked for investment. <p>In summary, the Committee were content to note the assessment of the estimated 2020/21 financial challenge and outline planning process; the estimated 2020/21 Capital Plan; and the proposed appointment of external expertise to support delivery of key targets.</p> <p>NOTED</p>	
11.	RADIONUCLIDE DISPENSARY INITIAL AGREEMENT	
	<p>The Committee considered the paper 'Radionuclide Dispensary (RND)' [Paper No. 20/07] presented by the Director of Diagnostics and Imaging, Mr Arwel Williams. The paper asked the Committee to approve the proposal, endorsed by the Capital Planning Group and the Corporate Management Team, to present the Initial Agreement to the Scottish Government Capital Investment Group for capital funding support, to relocate the Radionuclide Dispensary, currently situated on the grounds of the former Western Infirmary site.</p> <p>Mr Williams provided an overview of the Radionuclide Dispensary, which has been situated at the current site for 26 years. The Dispensary provided a daily service of manufacturing radiopharmaceutical medicines and distribution of them to Nuclear Medicine Departments throughout Health Boards in West Central Scotland and the West of Scotland. Mr Williams provided an overview of the drivers for the change including introduction of new regulations for production of radiopharmaceutical medicines.</p> <p>Prof Brown thanked Mr Williams and invited comments and questions from members.</p> <p>Ms Forbes enquired about the need to obtain support of the proposal from other Boards. Mr Best clarified that there was an intention to seek the support of other Boards.</p> <p>Dr Lyons highlighted that the paper did not describe the condition of the current building. Mr Best highlighted that the current building was situated on the site of the former Western Infirmary, which was currently undergoing redevelopment, therefore it was crucial that the building was vacated to other premises.</p>	

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<p>delivery of Alcohol Brief Interventions (ABI's) within NHSGGC, including taking stock of the current under-delivery for 2019/20 against national target.</p> <p>Prof de Caestecker noted that the Local Delivery Plan (LDP) Standard sets out a target of 13,085 ABIs delivered across both Priority Settings, those being Primary Care, A&E and Ante Natal; and wider settings. At least 80% of ABIs delivered was expected to be delivered within wider settings, ideally helping to reach the harder to reach communities.</p> <p>There was currently a downward trajectory in ABI recorded delivery in NHSGGC and a significant risk that NHSGGC would fail to reach the 13,085 ABI target set out by the ABI LDP Standard in 2019/20.</p> <p>Prof de Caestecker noted that data from the first 2 quarters of 2019/20 indicated a decline in delivery against the trajectory. She highlighted a number of key factors affecting performance including the change of recording system within Ante Natal care, and the impact of changes introduced by the new GP Contract, which had decoupled payment made to GPs for delivering ABIs from actual recorded delivery, in an effort reduce the administrative burden on GPs and their teams as well as expand more multidisciplinary working within Primary Care.</p> <p>Prof de Caestecker outlined a number of areas being progressed to address performance, including work with GP Cluster groups to explore potential additional initiatives that may increase recorded delivery of ABIs by GPs, and work with Alcohol and Drug Partnership (ADP) Chairs to explore opportunities to enhance both wider settings delivery and maximise Primary Care delivery and reporting.</p> <p>Prof Brown thanked Prof de Caestecker for an interesting and informative report. He noted apologies to Dr Trevor Lakey, who was unable to stay for this item due to another commitment. Prof Brown invited comments and questions from members.</p> <p>Prof Brown enquired about the target of 13,085 ABIs delivered and asked what the forecast deficit was. Prof de Caestecker did not expect that the quarter 3 target would be met. She noted that the number of ABIs delivered, versus the shortfall was contained within the regular quarterly performance report.</p> <p>Prof Brown asked to what extent IJBs review and discuss performance within HSCPs and if they receive the performance report. It was confirmed that IJBs were in receipt of the performance report. Prof Brown was keen to receive assurances that individual areas and IJBs were regularly reviewing performance and identifying ways to address this.</p> <p>The Committee were content to note the actions being taken to improve performance in the areas described, and following discussion, requested that Prof de Caestecker circulate information to members via email, which detailed the performance shortfall figures. In addition, the Committee recommended that Integration Joint Boards routinely review their respective performance in this key area and identify ways to improve this.</p> <p><u>NOTED</u></p>	<p style="text-align: right;">Prof de Caestecker</p>
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13.	MOVING FORWARD TOGETHER UPDATE	
	<p>The Committee considered the paper ‘Moving Forward Together: From Blueprint to Action (February 2020)’ [Paper No. 20/10] presented by the Associate Director of Planning, Ms Fiona MacKay. The paper provided an update on progress of implementation of the MFT vision over the past four months and the three key priority areas including unscheduled care; planned care; and other MFT priorities including development of Gartnavel, the future of the Beatson West of Scotland Cancer Care Centre and the Institute of Neurological Sciences. Ms MacKay provided an overview of each of the key areas and the pieces of work being taken forward within each.</p> <p>Prof Brown thanked Ms MacKay for the update. He asked about the pace of implementation of the programme and suggested that a clearer picture of the short, medium and long term plans would help Committee Members understand the roadmap for change. Prof Brown invited comments and questions from members.</p> <p>Mr Ritchie was in agreement that there was greater pace required in respect of the key areas within the MFT programme. He acknowledged there were large pieces of work which required more time to complete due to the complexities. However, there were several smaller areas of work within MFT which could be pursued with much greater speed.</p> <p>Mr Carr agreed that the pace of change was an issue.</p> <p>Prof Brown asked whether increasing the resources within the MFT team would help increase the pace of the programme.</p> <p>Mr Finnie thought that the scale and complexity of the programme had been underestimated. The size of the transformation had grown, however changes had not always been possible to the way in which this was being done.</p> <p>Prof Brown suggested that the programme had reached the point where it would be helpful to increase the support and oversight of the programme. This would ensure that the Board continues to have a clear overview of the identified risks associated with the programme and the plans in place. He suggested that by increasing the capacity of the MFT team, the programme would move more easily from the design phase to the implementation phase. He also asked that this stage of the programme include the work necessary to determine what level of the Board’s financial structural deficits would be addressed by the programme.</p> <p>Mr Finnie noted and supported the clinically led ethos of the programme, and suggested that at this point, the Finance Team should be more directly involved with the programme.</p> <p>Dr Lyons noted that the biggest challenge was the reduction in unscheduled care demand. Greater focus was required on support to those with existing conditions and prevention of ill-health.</p> <p>Mr Ritchie agreed it would be helpful to see more detail in respect of the financial aspects of the programme, specifically in relation to Major Trauma.</p>	

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	<p>Ms Forbes highlighted that the skills required to design a programme were different to the skills required to deliver the programme. She felt transformation from a design stage to a delivery stage was key to achieving progress.</p> <p>The Committee recommended that a greater focus on increasing the pace of the MFT Programme was required. In addition, the Committee recommended a review of all of the areas of work contained within the MFT Programme, to identify continuous service improvement areas, which would be addressed by operational management, to allow increased emphasis on progressing the larger transformation elements of the Programme. The Committee also recommended a review of the capacity of the MFT Programme support team and considered that additional skills may be required in order to progress the Programme from the current design phase to the implementation phase.</p> <p><u>NOTED</u></p>	<p>Mrs Grant</p>
<p>14.</p>	<p>ANNUAL OPERATIONAL PLAN 2020/21</p>	
	<p>The Committee considered the paper 'Draft 2020-21 Annual Operational Plan (AOP) [Paper No. 20/11] presented by the Director of Finance, Mr Mark White. The paper outlined how NHSGGC would deliver expected levels of operational performance to provide the foundations for delivering the Cabinet Secretary's priorities on waiting times improvement, investment in mental health and greater progress and pace in the integration of Health and Social Care.</p> <p>Mr White provided an overview of the key areas contained within the Plan including Elective Waiting Times, Cancer Waiting Times, Unscheduled Care, Mental Health, Integration of Primary Care; Healthcare Associated Infection, Population Health, Finance, Workforce, Digital Health and Operational Delivery. Work continued to develop the Plan and it was highlighted that the governance process of approving the Plan would be considered once the Recovery Plan had been developed, as any financial implications of the Recovery Plan would require to be incorporated into the Annual Operational Plan.</p> <p>The Committee acknowledged that consideration of the governance process for approval of the Plan was required, once further details of the Level 4 escalation Recovery Plan, were available. It was expected that the Recovery Plan would be available by March 2020, therefore a further iteration of the Annual Operational Plan would be considered by the Committee at the next meeting on 14th April 2020, for onward presentation to the Board on 28th April 2020. As in previous years, the Plan would be submitted to the Scottish Government by the specified deadlines, subject to Board approval. Mr White agreed to provide a brief verbal overview of the Annual Operational Plan and progress of submission of the drafts to the Scottish Government, alongside the Revenue and Capital Report to the Board Meeting on 25th February 2020.</p> <p>Mr White requested any comments from members by 14th February 2020, which would be incorporated into the Plan. The final Plan would be presented to the Board in April 2020 for approval.</p> <p>Prof Brown thanked Mr White for the update and invited comments and questions from members.</p>	<p>Mr White</p>

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	<p>Members raised comments in respect of the style of the Plan and suggested the incorporation of SMART objectives. In addition, members commented that the Plan did not fully reflect the Moving Forward Together programme. Mr Best commented that work continued to achieve a balanced approach to ensure operational delivery and transformational planning.</p> <p>Following comments made by Mr Finnie with regards to the governance process of the Plan, Mr White advised that quarterly reports would be presented to the Committee.</p> <p>Prof Brown recommended that, once finalised, the Plan be developed further to a document suitable for patients and staff, and asked that Ms Bustillo undertake this work.</p> <p>The Committee agreed that the next version of the Plan would be presented to the Committee in April, for onward presentation to the Board in April.</p> <p>In summary, the Committee were content to agree the submission of the 2nd draft Annual operational Plan to the Scottish Government.</p> <p><u>APPROVED</u></p>	<p>Mr White</p> <p>Ms Bustillo</p> <p>Mr White</p>
15.	EXTRACT FROM CORPORATE RISK REGISTER	
	<p>The Committee considered the paper ‘Extract from the Corporate Risk Register’ [Paper No. 20/12] presented by the Director of Finance, Mr Mark White. The Committee were asked to consider the extract from the Corporate Risk Register that related to risks that come under the remit of the Finance, Planning and Performance Committee.</p> <p>The Committee acknowledged that further discussions were ongoing in respect of governance committees, therefore it was agreed that further consideration of the Corporate Risks was required, once these discussions were concluded.</p> <p>Ms Brimelow commented on risk number 4 in respect of the legal challenge made by Equality and Human Rights Commission (EHRC).</p> <p>Mrs Grant provided an overview of the current position. She noted that admissions to Darnley and Quayside facilities had temporarily ceased and interim guardianship was being sought for two patients. The organisation continued to work in partnership with colleagues, the Central Legal Office and Legal Counsel, and with colleagues from EHRC, to resolve the matter and ensure that patients continued to receive the best possible care in the most appropriate setting.</p> <p>The Committee were content to note the risks, were satisfied that the risks and controls were captured appropriately, and that management were taking the appropriate action to mitigate the risks described.</p> <p><u>NOTED</u></p>	

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16.	CLOSING REMARKS AND KEY MESSAGES TO THE BOARD		
	<p>Prof Brown summarised the key messages for the Board:-</p> <ul style="list-style-type: none"> • The Committee received an update on the current position regarding Coronavirus and actions being taken to ensure robust plans were in place to manage the situation as this developed. • The Committee received an update from Mrs Grant, on the position in relation to escalation of NHSGGC to Level 4 of the NHS Performance Framework. • The Committee received a report on Adult and Older People Mental Health and Learning Disability Delayed Discharge and were content to note the report and the positive areas of work being taken forward. • The Committee were content to note the Revenue and Capital Report, and noted the financial position and range of actions underway to minimise the impact of significant, unforeseen, cost pressures which had emerged in-year. • The Committee approved the recommendation that the Radionuclide Dispensary Initial Agreement be presented to the Scottish Government Capital Investment Group for consideration. • The Committee received a paper which provided a Review of Alcohol Brief Intervention (ABI) Delivery within NHSGGC 2019/20. The Committee were content to note the actions being taken to improve performance in the areas described. • The Committee received an update on the Moving Forward Together Programme, which provided an overview of progress. The Committee recommended that greater focus was required to increase the pace of the Programme and to review the capacity of the MFT Programme Support Team. • The Committee considered the Draft Annual Operational Plan 2020/21 and were content to approve submission of the 2nd draft to the Scottish Government, subject to Board approval. • The Committee considered the Extract of the Corporate Risk Register and were content to note the risks, were satisfied that the risks and controls were captured appropriately, and that management were taking the appropriate action to mitigate the risks described. 		
17.	DATE OF NEXT MEETING		
	Tuesday 14 th April 2020, 09:30am		