

NHS Greater Glasgow & Clyde	Paper No. 20/12
Meeting:	Board Meeting
Date of Meeting:	25th February 2020
Purpose of Paper:	For Noting
Classification:	Board Official
Name of Reporting Committee	Finance, Planning and Performance Committee
Date of Reporting Committee	11th February 2020
Committee Chairperson	Prof John Brown CBE

Paper Title: Update on Key Items of Discussion at Governance Committee

Recommendation:

That the Board note the key items of discussion at the recent meeting of the Finance, Planning and Performance Committee on Tuesday 11th February 2020 as set out below.

It was noted that, due to time constraints, the following items were deferred:-

Item 14 – Paper 20/08 – Integration Schemes

Item 15 – Paper 20/09 – Health and Social Care Integration Statutory Guidance – Directions from Integration Authorities to Health Boards and Local Authorities

Key Items of Discussion:

1. Coronavirus Update

Prof Linda de Caestecker, Director of Public Health, provided the Committee with an update in respect of Coronavirus. 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. Ms Bustillo confirmed that public communications were being arranged on a national basis and led by the Scottish Government.

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 the same way as management of pandemic influenza.

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 at the next meeting on 17th March 2020.

2. Escalation Update

The Committee received an update from Mrs Jane Grant, Chief Executive, on the position in relation to the escalation of NHSGGC to Level 4 of the NHS Boards Performance Framework. An additional Oversight Board had been established in respect of performance and terms of reference for the group had been devised. The Oversight Board considering infection prevention and control; and communications and engagement, was progressing and the sub groups associated with this Oversight Board were in the process of developing work plans.

The Committee requested that the Terms of Reference for the two Oversight Boards and the four associated sub groups, along with the work plans being developed, were made available to Board members at the next Board Meeting on 25th February 2020.

3. Adult and Older People Mental Health and Learning Disability Delayed Discharge

The Committee considered a report presented by Ms Jackie Kerr, Assistant Chief Officer Adult Services, and Mr Stephen Fitzpatrick, Head of Older People 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.

The Committee were content to note the report and felt that it provided a clear description of the positive areas of work being taken forward. Further assurance was requested in respect of the management of the risks associated with the current bed capacity management practice and Ms Kerr agreed to discuss this further with Mrs Grant to provide additional assurance of the mitigation of associated risks. Ms Kerr also agreed to confirm the dates of roll out associated with the implementation of programmes detailed within the report.

4. Revenue and Capital Report

Mr Mark White, Director of Finance, presented the Month 9 financial position. He highlighted that, as at 31st December 2019, the organisation reported expenditure levels £25.3m over budget, which represented an increase on the Month 8 position of £22.7m over spend. The Financial Improvement Programme (FIP) Tracker recorded projects totalling circa £24.9m on a FYE and £30.6m on a CYE. The overall projected deficit at 31st March 2020, was £22m.

The Committee noted the financial position and a range of actions underway to minimise the impact of significant, unforeseen, cost pressures which had emerged in-year.

5. Radionuclide Dispensary (RND)

The Committee considered a paper presented by Mr Arwel Williams, Director of Diagnostics and Imaging, which 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.

The Committee were content to approve the recommendation that the Initial Agreement be presented to the Scottish Government Capital Investment Group for consideration. Given the current location, the Committee instructed Mr Williams to carry out a review of Business Continuity Plans to ensure continuity of service in the event of an adverse incident.

6. Review of Alcohol Brief Intervention (ABI) Delivery within NHSGGC 2019/20

The Committee considered a report presented by Prof Linda de Caestecker, Director of Public Health, which provided the Committee with a review of delivery of Alcohol Brief Interventions (ABIs) within NHSGGC, and detailed a range of actions being taken to improve performance.

The Committee were content to note the actions being taken to improve performance in the areas described, and following discussion, the Committee 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.

7. Moving Forward Together Update

The Committee received a report presented by Ms Fiona MacKay, Associate Director of Planning, which provided an overview of progress in respect of the Moving Forward Together (MFT) Programme.

Following discussion, 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 could 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.

8. Annual Operational Plan 2020/21

The Committee considered the Draft Annual Operational Plan 2020/21, presented by Mr Mark White, Director of Finance. The Plan 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 of integration of Health and Social Care. 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.

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.

9. Extract from the Corporate Risk Register

The Committee considered the Extract from the Corporate Risk Register, which provided members with an overview of the risks that come under the remit of the Finance, Planning and Performance Committee. Prof Brown highlighted to members that further review of the risks would be required following the Board members session on 12th February 2020, where consideration would be given to a number of recommendations to improve governance, which may have an impact on the Finance, Planning and Performance Committee and the risks which fall under the remit of the Committee. Following discussion about the risk associated with the Equality of Human Rights Commission (EHRC) legal challenge, Mrs Grant provided an overview of the current position. She noted that admissions to the Darnley and Quayside facilities had temporarily ceased and interim guardianship was being sought for two patients. The organisation continued to work in partnership with

BOARD OFFICIAL

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.

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.