

FPPC (M) 21/03
Minutes 21 - 41

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Finance, Planning and Performance Committee
held on Tuesday 10th August at 9.30 am
via Microsoft Teams**

PRESENT

Mr Simon Carr (in the Chair)

Dr Jennifer Armstrong	Rev John Matthews OBE
Prof John Brown CBE	Ms Anne Marie Monaghan
Mr Alan Cowan	Mr Ian Ritchie
Ms Jacqueline Forbes	Dr Paul Ryan
Mrs Jane Grant	Mr Mark White
Ms Margaret Kerr	

IN ATTENDANCE

Mr Jonathan Best	..	Chief Operating Officer
Mr Stephen Fitzpatrick	..	Assistant Chief Officer Older Peoples Services, Glasgow City HSCP
Mrs Anne MacPherson	..	Director of Human Resources and Organisational Development
Ms Fiona McEwan	..	Assistant Director of Finance – Finance Planning and Performance
Mr Paul McKenna	..	Head of Financial Improvement Programme
Ms Susanne Millar	..	Chief Officer, Glasgow City HSCP
Mr Tom Steele		Director of Estates and Facilities
Ms Elaine Vanhegan	..	Head of Corporate Governance and Administration
Mr Arwel Williams	..	Director Diagnostics and Regional Services
Mrs Geraldine Mathew	..	Secretariat (Minutes)

			ACTION BY
21.	WELCOME AND APOLOGIES		
	The Chair welcomed those present to the meeting. He welcomed Ms Susanne Millar, Mr Stephen Fitzpatrick, Mr Arwel Williams and Mr Paul McKenna, who were in attendance for relevant items.		

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			ACTION BY
	Apologies were noted on behalf of Prof Iain McInnes, Prof Linda de Caestecker, Dr Margaret McGuire, and Ms Susan Brimelow OBE. <u>NOTED</u>		
22.	DECLARATIONS OF INTEREST		
	The Chair invited members to declare any interests in any of the items to be discussed. There were no declarations made. <u>NOTED</u>		
23.	MINUTES OF PREVIOUS MEETING		
	The Committee considered the minute of the meeting held on 15 th June 2021 [Paper No. FPPC(M)21/02] and were content to approve the minute as a complete and accurate record, subject to the following amendments: <u>Page One – Present</u> Prof John Brown CBE, was present at the meeting. Mr Alan Cowan, was present at the meeting. <u>APPROVED</u>		Secretary
24.	MATTERS ARISING		
a)	<u>ROLLING ACTION LIST</u>		
	The Committee reviewed the items detailed on the Rolling Action List [Paper No. 21/10]. The following updates were provided: <u>Minute No. 10 – Performance Report – Action 3</u> Mr Carr noted the action to discuss refinement of the format of the report with Mrs Grant, Mr White and Ms Vanhegan. He highlighted that discussion on this took place at the recent Board Seminar Development Session which took place on 27 th July 2021, and that further discussion would take place at the next Standing Committee Chairs Meeting, which takes place later in the afternoon. The Committee were content to close the eight items on the Rolling Action List. There were no other matters arising raised.		Mr Carr/ Mrs Grant/ Mr White/ Ms Vanhegan

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	<u>NOTED</u>	
25.	URGENT ITEMS OF BUSINESS	
	The Chair invited members to raise any urgent items of business. There were no items raised. <u>NOTED</u>	
26.	FINANCE UPDATE MONTH 3	
	<p>The Committee considered the paper 'NHSGGC Month 3 Finance Report' [Paper No. 21/11] presented by the Director of Finance, Mr Mark White. The paper provided an overview of the Month 3 financial position, including the Financial Improvement Programme (FIP) and the forecast for COVID-19 expenditure for 2021/22.</p> <p>Mr White highlighted that, as at 30th June 2021, the Board's financial ledger recorded an overspend of £35.9m (which did not include any non-recurring support), which was largely attributable to unachieved savings. The Scottish Government submission had been returned at the end of June 2021 and detailed actual COVID-19 expenditure for the first quarter.</p> <p>Mr White provided an overview of key areas of the report including, the change in projected spend associated with tracing, testing and the vaccination programme given the change in focus to prevention rather than impact; the position in respect of pay and non-pay; consideration of the ongoing costs in respect of the legal claim and the Public Inquiry; reinvigoration of the Financial Improvement Programme; the current capital position; the projected deficit and challenges in respect of possible winter pressures.</p> <p>Mr Carr thanked Mr White for the update and invited comments and questions from members.</p> <p>In response to a question raised regarding the elevated overspend reported in the North Sector Pay spend, Mr White clarified that was attributable to a combination of issues in respect of junior doctor spend and nursing agency spend. He assured members that a range of improvement actions were in place with weekly meetings with the Finance Team to monitor this closely. He agreed to provide a further update about the improvement actions being taken at the October meeting.</p>	Mr White

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	<p>A question was raised regarding the number and value of schemes highlighted within the Financial Improvement Programme, the level of effort required versus the return, and whether these were achievable. Mr White responded that there were over 200 schemes in total, with varying levels of effort required for each. He noted the 2 pronged approach taken to consider top down and also bottom up schemes to ensure both small, medium and large financial savings could be achieved. Furthermore, larger schemes with a larger return would take more time to fully develop, therefore further discussion with the Committee and the Board would follow in due course in respect of the larger schemes.</p> <p>In response to a question regarding the issues in respect of financial spend for junior doctor cover and whether there was any indication these would be resolved, Mr Best confirmed that this remained a complex national issue. He assured members that work continued to identify other ways of resolving this issue such as greater use of Advanced Nurse Practitioners (ANPs). Dr Armstrong added that this issue was being discussed nationally via the Scottish Government Workforce Group.</p> <p>In response to a question raised regarding the changes in service delivery during COVID-19, i.e. providing virtual consultations, and if there was any indication that this had resulted in financial savings, Mr White advised that this remained a complex picture. Whilst there had been defined areas of costs, such as establishment of Mental Health Assessment Units (MHAUs), and SATAs, it was difficult to estimate the savings made from implementation of alternative service delivery methods during COVID-19. He assured the Committee that cross cutting schemes remained a key focus of the Financial Improvement Programme.</p> <p>A question was raised regarding unachieved savings from 2019/20 and if funding received from Scottish Government covered the full amount. Mr White confirmed that NHSGGC received most of the full amount in funding to cover unachieved savings for 2019/20, however he advised that it was currently not possible to confirm if this would be the case for 2020/21.</p> <p>In summary, the Committee noted the revenue position at Month 3; noted the Month 3 position with the Financial Improvement Programme; noted the capital position at Month 3; and noted that as at 30th June 2021, the Board's financial ledger highlighted an overspend of £35.9m, largely attributable to unachieved savings.</p> <p>NOTED</p>	

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27.	PERFORMANCE REPORT	
	<p>The Committee considered the paper ‘Performance Report’ [Paper No. 21/12] presented by the Director of Finance, Mr Mark White. The paper provided an overview of performance against the key indicators outlined in the Remobilisation Plan 3, covering 1 April 2021 to 30 June 2021.</p> <p>Mr White provided a summary of the RMP3 measures and key metrics, and noted that 7 measures were reported as green, with 3 measures reported as red. Those measures that remained red included the number of delayed discharges; cancer (31 days) – number of patients treated; and Child and Adolescent Mental Health Service (CAMHS) number of eligible patients treated.</p> <p>He noted that the new outpatient activity measure, had exceeded trajectory by 2.3%, and a continued focus on activity levels using a clinical priority approach.</p> <p>Mr White noted the position in respect of ED performance and highlighted that performance continued above trajectory in relation to the RMP3 April – June 2021 milestone position with 31% more attendances reported than planned. Of the total number of attendances reported during this period, 12% breached the A&E 4 hour standard.</p> <p>Mr White highlighted the current position in respect of access to psychological therapies and the Child and Adolescent Mental Health Service, and highlighted the ongoing actions to improve performance in these areas.</p> <p>Mr Best, Chief Operating Officer, emphasised the ongoing challenges to balance a number of priorities including, ongoing remobilisation; continued treatment of Priority 1 and Priority 2 patients; cancer services; diagnostics; and continued response to COVID-19.</p> <p>The Chair thanked Mr White and Mr Best for the update and invited comments and questions from members.</p> <p>In response to a question raised regarding the presentation of data, given the recent Board Seminar session, which considered variation tolerance and presentation of data in control charts, Mr White confirmed that work would be undertaken to review all of the measures, to identify which could be presented in that way, to enable debate. Consideration would also be given to the types of</p>	

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	<p>indicators reported and if these could be amended to improve understanding and aid discussion.</p> <p>A question was raised regarding duplication of information presented to Finance, Planning and Performance Committee, and to Acute Services Committee. It was highlighted that this would be included as part of the system review of indicators, however it was noted that Acute Services Committee have a different focus with emphasis on Acute performance.</p> <p>In response to a question raised regarding the addition of new outpatient activity to the waiting list for the quarter and if this was correct, Mr White confirmed that this was the case. He assured the Committee that consideration was being given to how waiting times would be addressed, with redesign of services being a key aspect of this.</p> <p>In summary, the Committee noted performance across NHSGGC in relation to the key performance indicators (KPIs) outlined in the Remobilisations Plan 3; noted that further consideration of the redesign of performance reports was required including review of measures and inclusion of control charts where possible, and would anticipate a further update on this in due course.</p> <p><u>NOTED</u></p>	
28.	DELAYED DISCHARGES	
	<p>The Committee received a presentation on 'Delayed Discharges' provided by Ms Susanne Millar, Chief Officer Glasgow City HSCP, Mr Jonathan Best, Chief Operating Officer, NHSGGC, and Mr Stephen Fitzpatrick, Assistant Chief Officer Older People's Services, Glasgow City HSCP.</p> <p>The presentation provided an overview of key areas including the current NHSGGC Acute performance; the main areas of challenge; trends and comparisons including total Adults with Incapacity (AWI) delays and AWI bed days lost; the impact of the D2A policy; and the improvement actions being taken to enhance performance.</p> <p>The Chair thanked Ms Millar, Mr Fitzpatrick and Mr Best for the informative presentation and invited comments and questions from members.</p> <p>In response to a comment about the impact that AWI delays have on patients, and their families, Ms Millar confirmed that a</p>	

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	<p>presentation on AWI and the Improvement Plan including the impact on patients would be given to the next Glasgow City Integration Joint Board (IJB) Meeting.</p> <p>A question was raised regarding the current levels of complexity of frailty and the causes of this. Ms Millar advised that there was currently no data to ascertain the cause, however anecdotal evidence from frontline services indicated that there was increased incidence and complexity of frailty and the level of care packages required. Furthermore, Mr Fitzpatrick advised that tackling frailty was a key feature of the unscheduled care plan, to ensure that a proactive approach to reduce the risk of frailty and active intervention.</p> <p>In response to a question raised regarding the current position in respect of AWI delays, and what elements of this could be influenced, Ms Millar assured the Committee that actions were being taken to proactively respond to this issue. She noted that it was clear that this required a whole system approach, with Health & Social Care Partnerships (HSCPs) and Acute Services fully engaged in this. She noted a range of improvement actions, and the range of performance measures including monitoring of case conferences; appointment of Mental Health Officers; appointment of legal counsel; awarding of legal aid; and court dates set. All HSCPs had invested in plans to increase the number of MHOs, however there remained national challenges in respect of recruitment. Furthermore, Ms Millar noted that recording of data was consistent across NHSGGC, including the nature of decisions and range of issues.</p> <p>A question was raised regarding quality of care within Care Homes, and quality of life for those currently residing in Care Homes. Ms Millar confirmed that the governance and quality assurance arrangements remained in place with clear oversight of quality of care. She noted that there was complexity in regards to the ‘open with care’ guidance and the ability of care homes to fully open to visitors which will impact quality of life with a range of views from residents and families, however highlighted that multi-agency structures were in place to hold weekly meetings to focus on recovery within Care Homes.</p> <p>In response to a further question regarding the cause of increased complexity of frailty and if any research had been commissioned to ascertain the causes and how this would likely impact services in the future, Ms Millar advised that work was being carried out through the frailty work stream within unscheduled care, with a range of additional activities including a study being conducted by Glasgow Centre for Population Health</p>	

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	<p>(GCPH) and work planned through the Kings Fund. Discussions had also taken place through the Corporate Management Team in respect of modelling the impact of increased frailty in relation to winter. Mr Fitzpatrick added that there was no research currently commissioned locally however the LIST Team were engaged in the work of the frailty work stream for unscheduled care. He noted that increased incidence and complexity of frailty was an emerging national pattern across Scotland. Ms Millar confirmed that there was research underway nationally regarding older people and frailty and that the Kings Fund was central to that. She agreed to discuss this further with Scottish Government colleagues to explore potential to undertake research across Scotland. Furthermore, if it was unclear from national research the likely impact would be on length of stay, then consideration would be given to locally commissioned research to ascertain this.</p> <p>Mrs Grant went on to note the importance of bed modelling in respect of this issue and also in relation to AWI, in the context of COVID-19. She highlighted that new modelling in preparation for winter for the South Sector including Queen Elizabeth University Hospital (QEUH) was underway and this work would be included within the Winter Plan, which would be presented to Finance, Planning and Performance Committee in due course.</p> <p>A question was raised regarding the expected outcome of all of the actions described. Ms Millar confirmed that the detail of this was set out in RMP3 which included the trajectory. It would be clear in the next 3 to 6 months if the actions had had a positive impact on performance, and this would be revisited if necessary.</p> <p>In summary, the Committee noted the presentation and were assured by the information provided that work was underway in respect of the improvement actions, and that trajectories were in place and detailed within RMP3. The Committee also noted that further research and bed modelling was required to ascertain the causes of increased incidence and complexity of frailty, and the likely impact of this on services in the future.</p> <p><u>NOTED</u></p>	Ms Millar

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29.	COVID-19 UPDATE		
	<p>The Committee received a verbal update on the current position in respect of the organisation response to COVID-19. Mrs Grant provided an overview and noted that there were currently 96 inpatients under 28 days, with 7 patients in ICU. There were some fluctuations in the daily number of positive cases, however the current position remained stable. There were 2 wards in the North Sector closed to admissions due to COVID-19 and 1 ward closed within Gartnavel General Hospital. She stressed the importance of the remodelling of the bed base in preparation for winter, in the context of the changing position with COVID-19.</p> <p>The Chair thanked Mrs Grant for the update and invited comments and questions from members. There were no comments or questions raised.</p> <p>The Committee were content to note the verbal update provided and were assured by the information provided.</p> <p><u>NOTED</u></p>		
30.	QUEEN ELIZABETH UNIVERSITY HOSPITAL AND ROYAL HOSPITAL FOR CHILDREN UPDATE		
	<p>The Committee considered the paper 'Queen Elizabeth University Hospital and Royal Hospital for Children Update' [Paper No. 21/13] presented by the Director of Estates and Facilities, Mr Tom Steele, and the Chief Operating Officer, Mr Jonathan Best. The paper provided an overview of the position regarding the Queen Elizabeth University Hospital and Royal Hospital for Children in respect of the Oversight Board and Case Note Review Report; the Public Inquiry; the Legal Claim; Ward 2a/2b; and the Health and the Safety Executive Appeal.</p> <p>Mr Best noted that work on the action plan continued. He noted that the first meeting of the Advice, Assurance and Review Group (AARG) had taken place, with the second meeting planned to take place on 11th August 2021.</p> <p>Mr Best noted that the first substantive hearings of the Public Inquiry would commence on 20th September 2021, initially set for three weeks, however this would likely run on into the additional time set aside by the Public Inquiry Team. He noted that there would be further opportunity to discuss the Public Inquiry Hearings at the next Board Seminar Session which would take place on Wednesday 15th September 2021.</p>		

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	<p>Mr Steele provided an overview of the ongoing legal claim, and noted that a challenge had been submitted by Brodie LLP, who were acting on behalf of Multiplex, as to whether there was a contractual requirement to adjudicate before court proceedings commenced. He noted that the timescale for consideration of this would likely be between 8 to 12 weeks, and noted that the full process and proceedings would take many months to conclude.</p> <p>Mr Steele provided an overview of the current position in respect of Ward 2a and 2b. He noted that the completion date for works was 30th September 2021, with the systems and commissioning date set for 6th October 2021. He highlighted resolution of the issues experienced due to the insolvency of the electrical sub-contractor and subsequent transfer of staff to the main sub-contractor.</p> <p>There were significant levels of activity in respect of the areas detailed and the Committee were assured that the relevant teams would be augmented to ensure appropriate support as these areas of work moved forward.</p> <p>The Chair thanked Mr Best and Mr Steele for the update and invited comments and questions from members.</p> <p>In response to a question regarding the insolvency matter and if the Executive Team were satisfied with the way this matter had been addressed, Mr Steele confirmed that he was satisfied with the way in which this matter had been handled, and noted that the situation had been unexpected, and therefore could not have been foreseen. He noted that the main mechanical and electrical sub-contractor had re-employed the workforce affected.</p> <p>In summary, the Committee noted the report and were assured by the information provided that significant work continued to address all of the matters detailed, and to progress actions detailed within the Action Plan.</p> <p><u>NOTED</u></p>		
31.	CALEDONIA HOUSE LEASE RENEWAL		
	<p>The Committee considered the paper 'Caledonia House Lease Renewal' [Paper No. 21/14] presented by Mr Tom Steele, Director of Estates and Facilities, and Mr Mark White, Director of Finance. The paper provided an update on the current lease arrangements and the proposed terms for an extension of this lease.</p> <p>Mr Steele noted that Caledonia House was part occupied by NHS24, Scottish Ambulance Service (SAS), along with NHSGGC</p>		

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<p>Finance Team, and Out of Hours Service. The current lease was due to expire in November 2022, and discussions had taken place with NHS24 about the options available, in the context of the organisations review of their office accommodation requirements to develop a Corporate Office Strategy.</p> <p>Mr Steele highlighted that the landlord had proposed a flexible extension over 10 years, with 2 break options in 2026 and 2028. In addition, the rent would remain at the current level, with a capital contribution of £530,000 (excluding VAT) as an additional incentive. Furthermore, the proposal was extremely competitive in the current market, and the external Property Advisor, Avison Young, have recommended that this proposal be approved. Additionally, NHS24 were also supportive of the proposal.</p> <p>The Chair thanked Mr Steele and Mr White for the report, and invited comments and questions from members.</p> <p>In response to a question regarding the £530,000 capital contribution and if this covered the remodelling works required, Mr Steele confirmed that the capital contribution would cover this.</p> <p>A question was raised regarding the organisations requirement for space, given the changes implemented during the response to COVID-19 and how this would impact on the plans in relation to the Yorkhill site. Mr Steele advised that significant amount of work had taken place in 2020, and this work would be reviewed in the current context. This would likely take approximately 3 months to complete. In addition, Mr Best and colleagues within Planning, continued to review the clinical footprint of Yorkhill and what the requirement at Gartnavel would be for relocation of these clinical services.</p> <p>Comments were raised in respect of the plans in place and estate requirements, given a range of matters such as the reform of urgent care; advancements in digital provision of services; and the bed model requirements. Given the analytic and modelling skills required, a question was raised about the resources and skills available within the organisation to carry out in-depth analysis and business modelling, and if additional support was required for this. In response, Mrs Grant highlighted that Item 17 of the agenda 'NHSGGC System Wide Infrastructure Investment Strategy' [Paper No. 21/19] provided detail regarding this and included a proposal to engage with external expertise for these purposes.</p> <p>Mrs MacPherson, Director of Human Resources and Organisational Development, added that extensive work was being undertaken in conjunction with Staff Side colleagues to develop a hybrid model, taking account of health and well-being</p>		
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	<p>of staff, given that a significant number of staff continued to work from home.</p> <p>In summary, the Committee noted the report, and approved the proposal to extend the lease at Caledonia House.</p> <p><u>APPROVED</u></p>		
32.	REMOBILISATION PLAN UPDATE		
	<p>The Committee considered the paper 'Remobilisation Plan 3 (RMP3) Quarterly Progress Report' [Paper No. 21/15] presented by the Medical Director, Dr Jennifer Armstrong. The paper provided an update on remobilisation planning and implementation, and provided assurance to the Committee that RMP3 was robustly implemented and monitored.</p> <p>Dr Armstrong noted that the report covered the quarter from April 2021 to June 2021, and contained an overview of 75 actions progressed. She highlighted the key achievements detailed within the report including COVID-19 pathways in the community and longer term sustainable plans for provision of Community Assessment Centres; Planned Care; Unscheduled Care; Mental Health; and Addressing Inequalities.</p> <p>Dr Armstrong confirmed that communication had been received from Scottish Government colleagues in respect of the development of Remobilisation Plan 4 (RMP4) and this would include winter plans. Further discussion with Scottish Government colleagues would take place regarding this.</p> <p>Implementation and monitoring of RMP3 continued, and a tracker process was in place to ensure actions progressed. The report detailed the delayed actions, and the activities taking place to address this. Additionally, work had begun to develop RMP4.</p> <p>The Chair thanked Dr Armstrong for the update and invited comments and questions from members.</p> <p>A comment was made in respect of the 8 delayed actions, and that the report only detailed 5 of these actions. Dr Armstrong apologised for this omission. She agreed to provide further detail on these.</p> <p>In summary, the Committee noted the report and were assured by the information provided that RMP3 was robustly implemented and monitored.</p> <p><u>NOTED</u></p>		<p>Dr Armstrong</p>

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33.	WEST OF SCOTLAND MAJOR TRAUMA NETWORK NHSGGC READINESS ASSESSMENT		
	<p>The Committee considered the paper ‘West of Scotland Major Trauma Network NHSGGC Readiness Assessment’ [Paper No. 21/16] presented by the Medical Director, Dr Jennifer Armstrong. The paper provided an update on the state of readiness of all aspects of the Major Trauma Network to officially launch on 30th August 2021, endorsed by each of the Board Chief Executives.</p> <p>Dr Armstrong highlighted the summary of readiness on page 4 of the report, which detailed NHS Boards status. She highlighted that the three areas rated amber were now green.</p> <p>In respect of the risks associated with implementation, Dr Armstrong confirmed that monitoring processes had been put in place with weekly meetings taking place. Planning assumptions were considered along with current matters to ensure that there was an early warning system.</p> <p>The Chair thanked Dr Armstrong for the update and invited comments and questions from members.</p> <p>In response to a question regarding the “go live” date, Dr Armstrong confirmed that this was scheduled for 30th August 2021. One final meeting of the Regional Group would take place prior to the go live date, and this would include colleagues from SAS.</p> <p>A question was raised regarding any anticipated problems associated with implementation of the Major Trauma Network, particularly given the earlier discussions regarding delayed discharges, and whether it was anticipated that there would be delays repatriating patients to their Board area. Dr Armstrong assured the Committee that a number of key colleagues had been involved in developing this including the Chief Operating Officer and the Director of Regional Planning. She assured members that learning from NHS England had been incorporated in the development and planning of the Network, and noted that data which indicated that approximately 40% of patients would return directly home from the Major Trauma Centre; with approximately 60% of patients requiring rehabilitation within their respective NHS Board area. She assured members that this would be monitored closely following implementation.</p> <p>In response to a question raised regarding publicity campaigns to members of the public, Dr Armstrong advised that this was being undertaken by Scottish Government on a national basis, with this</p>		

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	<p>being released by individual NHS Boards. In addition, there would also be a regional release, and these would both be augmented by a local campaign.</p> <p>A question was raised regarding publicity campaigns, if these would be tailored to individual areas within NHSGGC such as Inverclyde, and if there was likely to be unfavourable feedback received. Dr Armstrong advised that the approach taken to implement the Major Trauma Network was part of Scottish Government policy. She highlighted that Inverclyde Royal Hospital would become a Centre of Excellence for Planned Care, therefore it was anticipated that feedback would be favourable. Additionally, the Director of Communications and Public Engagement, was fully involved in the publicity campaigns.</p> <p>In response to a question regarding movement of services at QEUH to accommodate and if the same number of beds was retained at QEUH, Dr Armstrong confirmed that there had been a reconfiguration of beds with some moved to Gartnavel General Hospital.</p> <p>In summary, the Committee noted the report; the progress made in respect of planning and implementation of the Major Trauma Network with partner Boards; and noted the official go live date of 30th August 2021.</p> <p><u>NOTED</u></p>		
<p>34.</p>	<p>INSTITUTE OF NEUROLOGICAL SCIENCES OVERVIEW</p>		
	<p>The Committee considered the paper 'Institute of Neurological Sciences Overview' [Paper No. 21/17] presented by the Medical Director, Dr Jennifer Armstrong. Mr Arwel Williams, Director of Diagnostic and Regional Services, was welcomed to the Committee meeting. The paper provided an update on progress of the Institute of Neurological Sciences (INS) Capital Programme.</p> <p>Dr Armstrong highlighted that the INS building on the QEUH campus had significant ongoing programmes of work, which were complex due to the required clinical adjacencies and the need to continue provision of service. She highlighted that early work had begun to develop the case for re-provisioning part of or all of the INS service, and an Initial Agreement would be developed by October 2021, followed by an outline Business Case.</p>		

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	<p>The Chair thanked Dr Armstrong and Mr Williams for the report and invited comments and questions from members. There were no comments or questions raised.</p> <p>In summary, the Committee noted the report and the work being undertaken to develop an Initial Agreement for the re-provisioning part of all of the INS service.</p> <p><u>NOTED</u></p>		
35.	ESTABLISHING A WEST OF SCOTLAND THROMBECTOMY SERVICE UPDATE		
	<p>The Committee considered the paper 'Establishing a West of Scotland Thrombectomy Service' [Paper No. 21/ 18] presented by Dr Jennifer Armstrong, Medical Director. The paper provided an update on the establishment of a West of Scotland Thrombectomy Service.</p> <p>Dr Armstrong highlighted that establishment of a stroke thrombectomy service was a priority programme for Government, and was planned for implementation in all three Scottish Regions, with QEUH serving the West of Scotland. A significant capital programme underpinned the service and funding of £4.3m would be required by NHSGGC. Implementation would be phased over the next two to three years, with QEUH commencing activities in March 2022.</p> <p>The Chair thanked Dr Armstrong for the update and invited comments and questions from members.</p> <p>In response to a question which enquired about the current provision of thrombectomy in Scotland, Dr Armstrong confirmed that provision of urgent thrombectomy had begun with NHS Tayside currently in a pilot phase.</p> <p>In summary, the Committee were content to note the report, and were assured by the information provided.</p> <p><u>NOTED</u></p>		
36.	NHSGGC SYSTEM WIDE INFRASTRUCTURE INVESTMENT STRATEGY		
	<p>The Committee considered the paper 'NHSGGC System Wide Infrastructure Investment Strategy' [Paper No. 21/19] presented by the Director of Estates and Facilities, Mr Tom Steele, and Dr Jennifer Armstrong, Medical Director. The paper provided an update on early work to develop an Infrastructure Strategy to</p>		

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<p>support the Clinical Strategy. The paper sought support from the Committee to progress this work and to engage consultancy support to assist the internal NHSGGC team.</p> <p>Mr Steele outlined the key areas contained within the paper including the requirement to develop a whole system investment strategy; clinical requirements; timescales associated with the work; and implementation of models of care.</p> <p>The Chair thanked Mr Steele and Dr Armstrong for the update and invited comments and questions from members.</p> <p>In response to a question raised regarding older buildings within the estates at Glasgow Royal Infirmary (GRI), the provision of refurbishment of some of these buildings, what would happen to the buildings in the event that these were vacated, and when updates would be received on this work, Mr Steele highlighted that the GRI project would involve a significant sequence of phased redevelopment, if that were the preferred option. He noted that a masterplan had been developed and work had been undertaken to ascertain if a similar number of beds (c450) could be re-provisioned in other areas of the GRI site. Extensive work with Glasgow City Council and Historic Environment Scotland colleagues had been undertaken to consider a full review of the city, including the area the GRI was located in, which was considered as part of the Learning Quarter. Mr Steele would be happy to share the masterplan with members should this be requested. In respect of timescales for updates, Mr Steele advised that, should the proposal to engage with external consultants, once they have been engaged with, there would be clearer timescales and milestones, which would be discussed further with the Director of Finance, and the Head of Corporate Governance and Administration. It was expected that this would be brought to Finance, Planning and Performance Committee in approximately 6 months' time.</p> <p>Concern was raised regarding potential for duplication and how the Investment Strategy would fit with the Moving Forward Together (MFT) Programme; the current and future demand; and pathways. Mr Steele assured the Committee that there was no intention to duplicate any current work. The Infrastructure Strategy would be driven by the clinical strategy, and would incorporate elements to maximise opportunities of the digital strategy programme. Dr Armstrong added that the Moving Forward Together Programme was the context by which the Infrastructure Strategy would be developed. The MFT Programme outlined the clinical vision, and the Infrastructure Strategy would be one of the vehicles by which this would be delivered. The proposal included within the paper would secure</p>	<p>Mr Steele</p>
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	<p>specialist skills in order to take forward the key actions to develop the Infrastructure Strategy and investment programme.</p> <p>Mrs Grant provided further assurance to the Committee and noted that, fundamentally, there were three key issues to this, those being, the Infrastructure Strategy; the requirements outlined by the Clinical Strategy integral to the MFT and which required to be refreshed; and the areas of overlap. She acknowledged that the strands required to be pulled together into one programme, and thanked the Committee for their useful feedback, and noted that if agreement was reached, this could be described in a different way.</p> <p>A question was raised regarding the financial commitment required to engage with external consultancy, and if there were any risks to the organisation. Mr Steele highlighted that the costs associated with development of the Infrastructure Strategy would be met by Scottish Government. He noted that a framework of requirements was being developed, so that expectations were clear prior to the tendering process commenced.</p> <p>In response to a question regarding the approach being taken and if this would be different to the approach taken with the QEUH, Mr Steele advised the Committee that the Strategy would be led by additional staff dedicated to development of the Infrastructure Strategy. Additionally, he assured the Committee that dedicated clinical involvement would be a key component of the work, including dedicated Infection Control Doctors and Infection Control Nurses.</p> <p>In summary, the Committee were content to support and approve the recommendations outlined, those being:</p> <ul style="list-style-type: none">• Development of an Infrastructure Strategy which was driven by, and supports the transformational change in clinical services over the short, medium and long term;• Translation of the MFT clinical vision into a plan of service changes and priorities with new models of care which would transform clinical service delivery to meet future health needs of the population;• Noted that further work would be carried out with Chief Officers to ensure that the programme reflected local collaborative capital planning opportunities;• Establishment of a programme management approach and bring together a team to develop this work. This would require a review of skills and capacity, and may involve realigning and backfilling existing resources;• Supported the engagement of consultancy input, expertise and innovation to assist the organisation in translating the MFT into new service delivery models, and from this, assist	
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	<p>in the development of an Infrastructure Strategy which was aligned to service planning and whole system transformation.</p> <p><u>APPROVED</u></p>		
37.	CORPORATE RISK REGISTER		
	<p>The Committee considered the paper ‘Corporate Risk Register Extract’ [Paper No. 21/20] presented by the Director of Finance, Mr Mark White. The paper provided an update of changes made to the Corporate Risk Register entries that relate to Finance, Planning and Performance Committee.</p> <p>Mr White provided an overview of the 7 risks relevant to the Committee. He noted the removal of the risk related to Brexit.</p> <p>The Chair thanked Mr White for the update, and invited comments and questions from members.</p> <p>Issues were highlighted in respect of the PDF and Excel versions of the Corporate Risk Register, and Mr White confirmed that this would be rectified for the next version.</p> <p>In response to a question in respect of Standing Committees reviewing the risks which they consider to be absent from the Corporate Risk Register and when this would be, Mr White advised that once the current Risk Register had been reviewed by each of the Committees, and a “live” document created, the Committees would have the opportunity to do this in October 2021.</p> <p>A suggestion was made at the recent Acute Services Committee meeting, whereby each Committee would select one risk from the extract of the Corporate Risk Register to be discussed at each meeting, and this topic would be considered in detail. Further discussion on this would take place at the next Standing Committee Chairs meeting.</p> <p>In summary, the Committee were content to note and approve the revised and updated Corporate Risk Register; the process for removed and down-graded risks and the next steps in the overall improvement process.</p> <p><u>APPROVED</u></p>		

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38.	REVIEW OF TERMS OF REFERENCE		
	<p>The Committee considered the paper ‘Finance, Planning and Performance Committee Review of Terms of Reference’ [Paper No. 21/21] presented by the Head of Corporate Governance and Administration, Ms Elaine Vanhegan. The purpose of the paper was to ensure that the Terms of Reference for Standing Committees within NHSGGC were created in line with the approach to Active Governance ensuring effective Assurance Operating Requirements, and recommended that the Finance, Planning and Performance Committee reviewed its remit as part of the Annual Review process to ensure the remit remained fit for purpose.</p> <p>The Chair thanked Ms Vanhegan for the update and invited comments and questions from members. There were no comments or questions raised.</p> <p>In summary, the Committee were content to approve the inclusion of the relevant section of the Scheme of Delegation as Appendix 1 of the Terms of Reference; the inclusion of the Corporate Objectives as Appendix 2 of the Terms of Reference; and clarification of the key duties of the Committee.</p> <p><u>APPROVED</u></p>		
39.	ANNUAL CYCLE OF BUSINESS		
	<p>The Committee considered the paper ‘Annual Cycle of Business’ [Paper No. 21/22] presented by the Head of Corporate Governance and Administration. The paper provided the updated Annual Cycle of Business following implementation of the approach to work planning for Standing Committees. The approach would ensure items captured effectively and duplication was minimised.</p> <p>The Chair thanked Ms Vanhegan for the update and invited comments and questions from members.</p> <p>In response to a comment regarding the approach taken and an expectation that the Strategic Plans for Integration Joint Boards (IJBs) would be presented to the Finance, Planning and Performance Committee along with the Annual Reports from IJBs, Ms Vanhegan agreed to include this within the next iteration of the Annual Cycle of Business presented to the Committee in October 2021.</p> <p>In summary, the Committee were content to note the Annual Cycle of Business and acknowledged that items may evolve over</p>		Ms Vanhegan

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	time with any additions required considered at pre agenda meetings with the Committee Chair and Executive Lead. <u>NOTED</u>		
40.	CLOSING REMARKS AND KEY MESSAGES FOR THE BOARD		
	<p>The Chair highlighted the key messages to the Board, those being:</p> <ul style="list-style-type: none"> • Finance Report Month 3 presented for assurance; • Performance Report presented for assurance; • Delayed Discharges presentation for awareness; • QEUH/RHC Update presented for assurance; • Caledonia House Lease Renewal presented and approved; • NHSGGC System Wide Infrastructure Investment Strategy presented and approved. <p>A full Chairs Report would be prepared for presentation to the NHSGGC Board meeting on 17th August 2021.</p> <p><u>NOTED</u></p>		
41.	DATE AND TIME OF NEXT SCHEDULED MEETING		
	The next meeting would be held on Tuesday 12 th October 2021, at 9.30 am, via MS Teams.		