

FPPC(M) 23/04
Minutes 64-78

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Finance, Planning and Performance Committee on Tuesday 3 October 2023 at 9.30 am via MS Teams

PRESENT

Ms Margaret Kerr (in the Chair)

Dr Jennifer Armstrong	Ms Ketki Miles
Prof John Brown CBE	Ms Anne Marie Monaghan
Ms Ann Cameron-Burns	Mr Colin Neil
Mr Alan Cowan	Mr Ian Ritchie
Dr Emilia Crighton	Dr Paul Ryan
Cllr Chris Cunningham	Ms Rona Sweeney
Ms Jacqueline Forbes	Ms Michelle Wailes
Rev John Matthews	Professor Angela Wallace
Professor Iain McInnes	

IN ATTENDANCE

Ms Sandra Bustillo	Director of Communications and Public Engagement
Ms Denise Brown	Director of Digital Services
Ms Margaret-Jane Cardno	Head of Strategy and Transformation, West Dunbartonshire HSCP
Ms Beth Culshaw	Chief Officer, West Dunbartonshire HSCP
Ms Kim Donald	Corporate Services Manager - Governance
Ms Gillian Duncan	Corporate Executive Business Manager
Mr William Edwards	Chief Operating Officer, Acute Services
Ms Christine Laverty	Chief Officer, Renfrewshire HSCP
Mrs Anne MacPherson	Director of Human Resources and Organisational Development
Ms Claire McArthur	Depute Director of Planning
Ms Fiona McEwan	Assistant Director of Finance - Financial Planning & Performance
Dr Rebecca Metcalfe	Non Executive Board Member
Ms Susanne Millar	Chief Officer, Glasgow City HSCP
Mr Iain Paterson	Corporate Services Manager, Compliance
Ms Caroline Sinclair	Chief Officer, East Dunbartonshire HSCP
Ms Julie Slavin	Chief Financial Officer, West Dunbartonshire HSCP
Professor Tom Steele	Director of Estates and Facilities
Ms Elaine Vanhegan	Director of Corporate Services and Governance
Mr Scott Wilson	Senior Business and Delivery Manager, Chief Executive's Office

			ACTION BY
64.	Welcome and Apologies		
	<p>The Chair welcomed those present to the October meeting of the Finance, Planning and Performance Committee.</p> <p>Apologies were noted on behalf of Mrs Jane Grant.</p> <p><u>NOTED</u></p>		
65.	Introductory Remarks		
	<p>The Chair confirmed that the Committee were content to consider Paper 23/40 – Impact of IJB Budget Position that had been circulated late. She also confirmed that members had been able to access the Integration Schemes that had been posted on Admin control due to their size.</p> <p><u>NOTED</u></p>		
66.	Declaration(s) of Interest(s)		
	<p>The Chair invited members to declare any interests in any of the matters being discussed. There were no declarations of interest.</p> <p><u>NOTED</u></p>		
67.	Minutes of Previous Meeting held on 1 August 2023		
	<p>The Committee considered the minute of the meeting held on 1 August 2023 [Paper No. FPPC(M)23/04] and were content to approve the minute as a complete and accurate record subject to the following minor amendment:</p> <ul style="list-style-type: none"> - Amend the spelling of Ms Cameron-Burns' name in the attendance list. - Include Mr Edwards as being in attendance. <p><u>APPROVED</u></p>		

		ACTION BY
68.	Matters Arising	
	<p>a) <u>Rolling Action List</u></p> <p>The Committee considered the Rolling Action List (RAL) [Paper No. 23/36].</p> <p>The Committee noted that a number of items on the RAL were also on the agenda for the meeting. The Committee were content to accept the recommendation to close those items that were marked as closed on the RAL. The following updates were provided:</p> <p><u>Minute No. 96 – GP Out of Hours Update</u> Ms Bustillo reported that Healthcare Improvement Scotland (HIS) had agreed that the proposal did not meet the threshold for major service change and had asked NHSGGC to take part in a test process to develop engagement for proposals. She said that there would be an 8 week engagement period running from 9 October – 11 December 2023.</p> <p><u>Minute No. 59 – NSS Procurement</u> Mr Neil confirmed that this action was ongoing and he and the Head of Procurement would be meeting with NSS shortly to discuss what this would look like going forward. He advised that other Boards were in the same position.</p> <p>The Committee were content to approve the RAL.</p> <p><u>APPROVED</u></p>	
69.	Urgent Items of Business	
	<p>The Chair asked members if there were any urgent items of business. There were no items of business noted.</p> <p><u>NOTED</u></p>	
70.	Winter Plan	
	<p>The Committee considered the Winter Plan [Paper 23/37] presented by Dr Armstrong for approval.</p> <p>Dr Armstrong introduced Ms Claire McArthur, Depute Director of Planning, and invited her to provide a short presentation that outlined how the plan was developed, the whole system priorities and the focus on delivering high impact actions before winter. Ms McArthur advised that the HSCP teams had been fully involved in developing the plan and</p>	

		ACTION BY
	<p>there were regular whole system planning meetings and discussions with Chief Officers and their teams.</p> <p>In response to a query about prescribing, Ms McArthur clarified that this was more about supporting GPs and directing people to community pharmacies, rather than increasing the number of prescriptions. Ms Lavery added that this was about quicker access and a shift from prescribing at GP surgeries to community pharmacies for certain prescribing which would free up GP time. The community pharmacy team is monitoring any changes to community pharmacies as a result of the change in ownership of Lloyds pharmacy and would provide advance notice of any potential issues. There was also work underway to monitor any impact of dental list closures on the Public Dental Service.</p> <p>In response to a query about governance, Dr Armstrong said that regular updates would be provided to the SEG and any issues requiring further escalation would be highlighted there. Mrs MacPherson added that the SEG also monitored staff availability and COVID related absence on a weekly basis. She said there was also a Staff Governance Committee in November which would have a workforce storyboard presenting detail on staff absence. The Chair was content with the governance but said that an update as winter progressed should be provided to the December and February meetings of the Committee.</p> <p>In response to concerns about Delayed Discharges, Ms Millar said that initial action points from the recent Board Seminar discussion were being taken forward and additional work was underway which would be presented to the regrouped Seminar. Ms Millar said that the next half of the seminar would move into a more granular understanding of the complex issues while focusing on improvement and the system-wide response.</p> <p>Mrs MacPherson said that there had been considerable COVID related absence over the previous month which mirrored the position in the community and the COVID vaccination was available to all frontline staff. She said that there was a focus on reducing the high level of mainstream absence as well as supporting staff living with ongoing COVID related issues. Dr Crighton added that the staff uptake of the COVID vaccination was reported on a weekly basis through SEG.</p> <p>In response to a query on patient safety, Dr Armstrong said that DATIX and the number of SAERs was monitored closely and there had not been peaks across previous winter. She said that patient safety was a robust process that continued regardless of the time of year.</p>	<p>Dr Armstrong</p>

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	<p>The Chair thanked Dr Armstrong and Ms McArthur for the important update which would be fundamental as to how the Board would operate over the next few months.</p> <p>The Committee were content to approve the Plan which would now be presented to the October NHS Board meeting.</p> <p><u>APPROVED</u></p>	
<p>71.</p>	<p>Reinforced Autoclaved Aerated Concrete (RAAC) – Update</p>	
	<p>The Committee considered the Reinforced Autoclaved Aerated Concrete (RAAC) – Update [Paper 23/38] presented by Professor Tom Steele, Director of Estates and Facilities, for assurance.</p> <p>Professor Steele advised that the paper set out the latest position in relation to the use of RAAC across the NHSGGC estate. He said that NHS Scotland Assure were leading on the survey programme across NHS Scotland and a desktop exercise had been undertaken by NHSGGC and returned to NHS Scotland Assure. This had identified just over 90 buildings in NHSGGC and a crude risk rating had been attached to each of these. NHS Assure had commissioned technical advisers to survey the sites identified across Scotland and this was due to commence on 30 October 2023 in NHSGGC and it was anticipate this would take around 5 weeks to complete.</p> <p>Professor Steele advised that if any immediate risk to the integrity of these properties was identified then NHSGGC would be advised immediately and there were processes in place to deal with this and a working group had been established involving NHSGGC technical colleagues, Health and Safety representation and Emergency Planning and, where appropriate, the Service Director for any area where actions may be required following inspection. The Scottish Government were also setting up a group with representation from various parts of the system and Boards would receive regular feedback from that.</p> <p>In response to concerns about the pace of the survey across the NHS, Professor Steele reported that NHS Assure had approached this nationally to ensure a common understanding and the inspectors commissioned by NHS Assure to undertake the survey had significant experience of working with RAAC. Ms Bustillo said that there had been two communications from the Chief Executive to all staff with the information. She said that findings from the surveys would be updated on a weekly basis once they commenced and she was meeting with Professor Steele and Mrs MacPherson to develop tailored messaging and support for those staff working in areas at higher risk.</p>	

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	<p>The Chair asked how this was being reflected in the risk register and while it was accepted that this would probably not be specific risk at Committee level, the risk to staff and patient confidence should be considered as a separate risk and Professor Steele would consider with risk colleagues how best to reflect this.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>	<p>Professor Steele</p>
72.	Financial Monitoring	
	<p>a) <u>Financial Monitoring Report</u></p> <p>The Committee considered the Financial Monitoring Report [Paper 23/39] presented by Mr Neil for assurance.</p> <p>Mr Neil reported that at the end of month 5, NHSGGC was reporting an overspend of just under £41.5 million with £26.02 million attributed to unachieved savings. Pay and non-pay amounted to £15.45m of the overspend. Acute pay and non-pay was overspent by £14.52m and Corporate areas pay and non-pay were overspent by £1.26m. HSCPs were reporting a slight underspend but acknowledged the utilisation of reserves had been required to achieve this. Mr Neil said that the HSCP prescribing data only included one months of actuals and the remaining months had been forecast as the data was not up-to-date due to implementation of a new system and technical challenges that have emerged since implementation.</p> <p>Mr Neil provided an overview of the key cost pressure areas that were under review in Acute Services and said that medical salaries accounted for the highest total overspend. In terms of nursing, there had been good work in reducing premium rate agency and this was due to be removed completely by the end of October. He also provided assurance that the pressures in Acute had been subject to significant review at the Acute Services Committee at its meeting in September.</p> <p>The Sustainability and Value Programme had achieved £24.5 million on a recurring basis as at month 5. On an in year basis (recurring and non-recurring) £122.1 million had been achieved. Forecast savings to the year-end were £52 million which was short of the identified target of £75 million. Mr Neil advised that all Directorates had been tasked with identifying the initial 50% of their savings over the next couple of months.</p>	

		ACTION BY
	<p>Mr Neil said that benchmarking information was now included in the report which showed the pressures across NHS Scotland. He said the finance dashboard had also been recently developed and was included in the pack. He also provided assurance that NHSGGC was well represented in national meetings.</p> <p>Mr Neil said that a separate benchmarking group had been established focusing on 4 key specialties at the moment and developing datasets for others. He advised that the Scottish Government had arranged a meeting with counterparts from Cardiff and Vale University Health Board to find out more about their processes and any learning from that would be fed back at a later date.</p> <p>In terms of capital, Mr Neil reported the overall expenditure was at just over £31 million at month 5 and 66% of the capital allocation had firm orders in place or had incurred spend, there was a £1.8 million still to be allocated. He said that additional information around the process around capital expenditure had been included following a request at a previous meeting.</p> <p>In conclusion, Mr Neil said that the size of the financial challenge remained significant but he was confident that there were still opportunities to make further savings acknowledging the difficulty of turning some of these given the timescale and the operational challenges. Mr Neil also provided assurance that he was in close contact with the Scottish Government who received our financial projections every month.</p> <p>The Chair was concerned that there was still no regular reporting on Glasgow City IJB reserves as the position of only reporting at year end was not helpful and was not in line with the other IJBs. Mr Neil said that he would work with Ms Millar on the best way to have the discussion with the IJB to resolve this.</p> <p>The Committee were content to note the financial position.</p> <p><u>NOTED</u></p>	<p>Mr Neil/Ms Millar</p>
	<p>b) <u>Impact of IJB Budget Position</u></p> <p>The Committee considered the Impact of the IJB Budget Position [Paper 23/40] presented by Mr Neil for assurance.</p> <p>Mr Neil advised that this had been developed in response to a previous request from the Committee and provided an overview and consolidation of the financial position across the 6 IJBs. He added that Glasgow City and West Dunbartonshire were in financial recovery planning due to the level of increased pressures being</p>	

		ACTION BY
	<p>experienced beyond the original plans and have implemented plans to achieve financial balance. East Renfrewshire had also highlighted the potential of overspend at year end and were reviewing their position and although the remaining 3 IJBs were also facing a number of pressures they had not needed further financial input at this stage. Mr Neil said that for context it should be noted that these pressures were being seen nationally with IJBs utilising reserves throughout the year. Mr Neil said that meetings were being scheduled with Mrs Grant and the IJBs, particularly those in the recover planning stage, to ensure a close review of the situation. He said that there was no escalation to Integration Schemes and this was not anticipated in 2023/24 but there would need to be close monitoring moving into 2024/25.</p> <p>The Chair said that this was a helpful first step and she had discussed with Mr Neil about further refining the paper which would help measure the impact on health services. Mr Neil added that there needed to be a wider piece of work on the impact of savings on the Health system including Delayed Discharges and the reduction in reserves and he would build this into the next version of the paper.</p> <p>The Chair thanked Mr Neil for the important paper which gave a better overview of cross-system working and the financial landscape and it was agreed that the next version would be presented to the Committee in February 2024.</p> <p>The Committee were content to note the paper.</p> <p><u>NOTED</u></p>	Mr Neil
73.	Performance Report	
	<p>The Committee considered the Performance Report [Paper 23/41] presented by Mr Colin Neil, Director of Finance, for assurance.</p> <p>Mr Neil reported that at August 2023, 4 of the 8 measures were currently delivering against target and rated green, one was rated amber and 3 were rated red. Mr Neil reported that Child and Adolescent Mental Health Services (CAMHS) performance continued to exceed the Annual Delivery Plan and national target with 91.1% of eligible patients starting treatment within 18 weeks of referral and no patients waiting over 40 weeks. Mr Neil said that compliance with the Psychological Therapies target was slightly below the national target but above the NHSGGC trajectory. Mr Neil also reported that the quarterly position for Alcohol and Drugs remained positive at 95.6% which continued to exceed the national target. GPOOH shifts and accessing Podiatry Services also continued to perform well.</p>	

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	<p>Mr Neil reported that the percentage of MSK patients seen within 4 weeks was at 39% which was a slight improvement and there remained a focus on reducing the longest waits in line with policy. Delayed Discharges had reduced during the period but remained high and Mental Health Delayed Discharges had remained relatively static.</p> <p>The Chair thanked Mr Neil for the update which confirmed that trends were in line with previous discussions and the rolling actions from earlier.</p> <p>The Committee were content to note the report.</p> <p><u>NOTED</u></p>	
74.	IJB Annual Performance Reports	
	<p>a) <u>Glasgow City</u></p> <p>The Committee considered the Glasgow City IJB Annual Performance Report [Paper 23/42] presented by Ms Susanne Millar, Chief Officer, Glasgow City IJB, for assurance.</p> <p>Ms Millar advised that the report was linked to strategic priorities and there were KPIs for each section to identify key areas for improvement and case studies had been included in the report in recent years. She said that the IJB's Finance, Audit and Scrutiny Committee also reviewed the report before it was presented to the IJB to allow significant scrutiny and oversight and undertake any deep dives into specific areas of performance to provide assurance.</p> <p>The Committee were content to note the report.</p> <p><u>NOTED</u></p>	
	<p>b) <u>West Dunbartonshire</u></p> <p>The Committee considered the West Dunbartonshire IJB Annual Performance Report [Paper 23/43] presented by Ms Julie Slavin, Chief Finance Officer, West Dunbartonshire HSCP, for assurance.</p> <p>Ms Slavin said that all performance was considered by the Audit and Performance Committee on a quarterly basis. The IJB had continued to perform well in some key areas, for example, improvements in emergency admissions, referrals to addiction services, referrals to CAMHS and had successfully delivering high number of homecare hours. It was acknowledged that there had been challenges in recruitment and retention which had impacted on a number of key areas, for example, Psychological Therapies waiting</p>	

		ACTION BY
	<p>times. Delayed Discharges remained a significant areas of focus. The number of looked after children was a pressure and there were increasing concerns about the care home sector which had had been escalated as a strategic risk. Ms Slavin said that overall the IJB had been performing well but were mindful of a number of areas that continued to require focus.</p> <p>The Committee were content to note the report.</p> <p>NOTED</p>	
75.	Review of IJB Integration Schemes – Consultation	
	<p>The Committee considered the Review of IJB Integration Schemes Consultation [Paper 23/44] presented by Ms Beth Culshaw, Chief Officer, West Dunbartonshire HSCP, for approval.</p> <p>Ms Culshaw said that the report updated the Committee on the work to review the Integration Schemes between NHSGGC and its 6 Local Authority partners and to seek approval to go out to consultation. She clarified that this was not approval of the Integration Schemes themselves at this point, but to enable sufficient time for comments to be provided and thoughts or concerns to be considered before presenting these to the NHSGGC Board next year. She acknowledged that these had been due to be considered in 2020 but had been delayed because of COVID-19 in common with other Integration Schemes nationally. She said that the Scottish Government continued to be updated on progress made and were aware these were out with the legislation timescale. Ms Culshaw said that in developing this they had looked across 6 partnership areas and had tried ensure a consistency in approach and one of the key changes recommended a move to consistency on the time period of IJB Chairs. The section on hosted services had also been reviewed and there had been some redrafting around finance. She said the timeline for consultation acknowledged that IJBs would also need to approve these before being presented to the NHS Board in April 2024.</p> <p>Professor Brown requested that his views on the Set Aside budgets were formally recorded. He said that although these were in the Act, they had never been implemented and he would not feel comfortable signing up to an agreement without clarity of the arrangements.</p> <p>Mr Neil asked if the finance section could be further defined. Ms Culshaw agreed that the timescale was longer than had been anticipated and as time had gone on the challenges around budget setting and pressures reinforced that this needed to be right as there were likely going to be occasions where this would be used. She said there may need to be a separate session with HSCP Chief Finance</p>	

			ACTION BY
	<p>Officers along with Local Authority and NHSGGC finance colleagues to provide further clarity on the financial aspects.</p> <p>In response to a query about the implications of the National Care Service, Ms Culshaw said was still uncertainty around how this would work in practice and the consultation tried to capture the spirit of integration and maintain that going forward.</p> <p>The Committee was content to approve the recommendation to progress with the consultation process.</p> <p><u>APPROVED</u></p>		
76.	Corporate Risk Register		
	<p>The Committee considered the Corporate Risk Register [Paper 23/45] presented by Mr Colin Neil, Director of Finance, for approval.</p> <p>The Chair said that a number of risks had been discussed during the meeting and asked management to reflect on those in advance of the next meeting. Mr Neil said that he would take on board the discussion from earlier in the meeting around RAAC.</p> <p>The Committee was content to approve the Corporate Risk Register while accepting that there were some areas that would require to be updated.</p> <p><u>APPROVED</u></p>		
77.	Closing Remarks and Key Messages for the Board		
	<p>The Chair closed the meeting and thanked everyone for their contribution to the important topics covered. She advised that the update paper would be prepared for the October Board.</p> <p><u>NOTED</u></p>		
78.	Date and Time of Next Scheduled Meeting		
	<p>The next meeting would be held on Tuesday 5 December 2023 at 9.30 am via MS Teams</p>		