

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Finance, Planning and Performance
Committee on Tuesday 5 December 2023
at 9.30 am via MS Teams**

PRESENT

Ms Margaret Kerr (in the Chair)

Dr Jennifer Armstrong	Ms Ketki Miles
Ms Ann Cameron-Burns	Ms Anne Marie Monaghan
Mr Alan Cowan	Mr Colin Neil
Dr Emilia Crighton	Mr Ian Ritchie
Cllr Chris Cunningham	Dr Paul Ryan
Mrs Jane Grant	Ms Rona Sweeney
Ms Jacqueline Forbes	Dr Lesley Thomson
Rev John Matthews	Ms Michelle Wailes
Professor Iain McInnes	

IN ATTENDANCE

Ms Frances Burns	Head of Strategic Planning and Health Improvement
Ms Sandra Bustillo	Director of Communications and Public Engagement
Ms Denise Brown	Director of Digital Services
Ms Kim Donald	Corporate Services Manager - Governance
Mr Craig Given	Chief Finance Officer, Inverclyde HSCP
Ms Christine Laverty	Chief Officer, Renfrewshire HSCP
Mrs Anne MacPherson	Director of Human Resources and Organisational Development
Ms Fiona McEwan	Assistant Director of Finance - Financial Planning & Performance
Ms Susanne Millar	Chief Officer, Glasgow City HSCP
Ms Caroline Sinclair	Chief Officer, East Dunbartonshire HSCP
Ms Elaine Vanhegan	Director of Corporate Services and Governance
Mr Scott Wilson	Senior Business and Delivery Manager, Chief Executive's Office

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		ACTION BY
79.	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 Mr William Edwards and Prof Angela Wallace.</p> <p><u>NOTED</u></p>	
80.	Introductory Remarks	
	<p>There were no remarks noted.</p> <p><u>NOTED</u></p>	
81.	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>	
82.	Minutes of Previous Meeting held on 1 August 2023	
	<p>The Committee considered the minute of the meeting held on 3 October 2023 [Paper No. FPPC(M)23/05] and were content to approve the minute as a complete and accurate record.</p> <p><u>APPROVED</u></p>	
83.	Matters Arising	
	<p>a) <u>Rolling Action List</u></p> <p>The Committee considered the Rolling Action List (RAL) [Paper No. 23/46].</p> <p>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> Mrs Grant highlighted that engagement was due to conclude next week meaning a paper with an update could be brought to the February meeting and a separate update on the data piece would be brought when available.</p>	<p>Ms Bustillo/Ms Lavery</p>

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	<p><u>Minute No. 72a – Financial Monitoring Report</u> Ms Millar confirmed that she had formally written to Mr Neil regarding the IJB reserve process. Mr Neil and Mrs Grant continue to meet with the Chief Officers regarding their budget. It was agreed that an update paper would be brought back to the February meeting.</p> <p>The Committee were content to approve the RAL.</p> <p><u>APPROVED</u></p>	<p>Ms Millar</p>
84.	Urgent Items of Business	
	<p>The Chair asked members if there were any urgent items of business. Following an action from the October Board Meeting, it was agreed that Dr Armstrong would provide a verbal update on the Winter Plan.</p> <p>Dr Armstrong reported an overall increase in activity with all sites running at an average 94.5% occupancy. They had been a review of all of the proposals and an impact assessment carried out. As a result, it had been agreed that the board would fund a bed surge plan with over 91 beds due to open in early January 2024 together with estates and diagnostic costs to support the extra beds, clinical boarding teams would be funded on each site from January to the end of March and additional mortuary capacity was also funded. These areas totalled £4.1million and actions were underway to implement them. The board had also been successful in obtaining £2million from SG to fund 95 virtual beds. This comprised augmenting adult and paediatric outpatient antibiotic services, increasing the care for respiratory and heart failure patients in the community as well as extending the opening hours of the Flow Navigation Service which may also help offer support to the 'call before convey services'. She highlighted that there was an ongoing focus on delayed discharges, alongside optimising flow through the hospitals. She also reported the increase in the Flow Navigation Centre capacity to assist with the Call to Convey programme. Dr Armstrong reported the continued embedding of Professional to Professional phone calls, as well as the national winter ABC campaign. There was also important work by frailty teams at the front doors of hospitals as well as a primary care escalation framework in place. The winter plan impact was being closely monitored by the strategic executive group with monthly reports on the virtual beds going to SG.</p> <p>Ms Millar reflected on the significant work underway within the community to minimise admission to hospital, including the actions around frailty and the falls pathway.</p> <p>In response to a question regarding staff absence, Mrs MacPherson reported that there had been a slight increase in absence rates but work was underway to reduce absences to below the 5% target. She also</p>	

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	<p>advised that Covid absences had significantly reduced, and was sitting at 145.</p> <p>With regards to the vaccination programme, Dr Crighton noted that the uptake on vaccinations was in line with last year's data and work was ongoing with regards to increasing access.</p> <p>Dr Armstrong noted that data was being gathered to ensure evidence is in place to learn, reflect and build upon next year's plan.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>	
85.	Digital Strategy Implementation Plan	
	<p>The Committee considered the Digital Strategy Implementation Plan [Paper 23/47] presented by Ms Brown for assurance.</p> <p>Ms Brown highlighted that the strategy had been approved in December 2022 and the delivery was overseen by the eHealth Strategy Board with regular updates being provided to the Corporate Management Team. Ms Brown reported that NHSGGC had undertaken the national Digital Maturity Assessment with an 83% compliance against the national average of 65% of system implementation and adoption. She also noted the AI projects that were scaling up from implementation to operational. Ms Brown discussed the use of remote monitoring, highlighting the success of the remote monitoring of blood pressure where patients submit their data to their GP for review, avoiding the need for a face to face appointment.</p> <p>Ms Brown reported the Day of Care audit, noting that an app had been created enabling the data to be digitally input as opposed to previous paper audits. She also highlighted the implementation of HEPMA to outpatient clinics and that work was underway regarding the benefits of HEPMA in relation to prescribing.</p> <p>With regards to winter, Ms Brown advised that there was a focus on the uptake of video appointments and virtual pathways for unscheduled care. This data is used to support and review the performance of the Flow Navigation Centre and other virtual pathways.</p> <p>Ms Brown was also pleased to report that the first NIS audit had returned a 93% compliance for NHSGGC.</p> <p>In response to a query regarding partnership working with external companies, Ms Brown noted that NHSGGC works closely with industry and academia, the governance of which is managed through the Innovation Governance Group.</p>	

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	<p>In response to a question regarding the challenges posed at the end of the financial year, Mrs Grant assured the Committee that there was management controls in place and work was underway to mitigate unnecessary costs.</p> <p>The Committee were advised of the Home Office decision surrounding asylum and the potential impact that this could have on the IJB budget. With regards to the impact of IJB budgets, Ms Millar highlighted the difficulties of being dependent on external agency decisions and the impact that these have on existing budgets and services; noting ongoing discussions with both Scottish and UK Government.</p> <p>The Sustainability and Value Programme had achieved £30 million on a recurring basis as at month 7. On an in year basis (recurring and non-recurring) £131 million had been achieved. Forecast recurring savings to the year-end were £52 million which was the same as the previous month.</p> <p>In terms of capital, Mr Neil reported the overall expenditure was at just over £45.2 million at month 7 and 46% of the capital allocation leaving a balance of £53.5 million to be incurred by the year end. Importantly, 78% of the total capital allocation at month 7 had firm orders and only £1.6 million remained uncommitted.</p> <p>The Committee were content to note the financial position.</p> <p>NOTED</p>	
87.	Performance Report	
	<p>The Committee considered the Performance Report [Paper 23/49] presented by Mr Colin Neil, Director of Finance, for assurance.</p> <p>Mr Neil reported that at October 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 97.4% 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 now above both the national target and the NHSGGC trajectory sitting at 90.5%. 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, with GPOOH performance sitting at 99.7%.</p> <p>Mr Neil reported that the percentage of MSK patients seen within 4 weeks remained a challenge but focus continued on reducing the</p>	

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	<p>longest waits in line with policy. Delayed Discharges remained challenging with both Acute and Mental Health numbers increasing.</p> <p>The Committee were content to note the report.</p> <p><u>NOTED</u></p>	
88.	IJB Annual Performance Reports	
	<p>a) <u>Inverclyde</u></p> <p>The Committee considered the Glasgow City IJB Annual Performance Report [Paper 23/50] presented by Ms Kate Rocks, Chief Officer for Inverclyde IJB, for assurance.</p> <p>Ms Rocks reported that 3 of the indicators were delivering against target and rated green, 3 were rated amber and 7 were rated red. Ms Rocks reflected on the deteriorating health within the Inverclyde population, noting inequalities that had been impacted by COVID-19.</p> <p>Ms Rocks advised that work was underway to review the Carer Strategy. She also noted that the IJB was scheduled to have a development session in January to deep dive into the strategic plans and delivery with a focus on data and improvement.</p> <p>The Committee were content to note the report.</p> <p><u>NOTED</u></p>	
	<p>b) <u>Renfrewshire</u></p> <p>The Committee considered the Renfrewshire IJB Annual Performance Report [Paper 23/51] presented by Ms Frances Burns, Head of Strategic Planning and Health Improvement, for assurance.</p> <p>Ms Burns reported that 105 of the indicators were delivering against target and rated green, 10 were rated amber and 5 were rated red.</p> <p>Ms Burns summarised the performance highlights from the report alongside areas that required improvement, including waiting times, sickness absence and anticipatory care planning.</p> <p>The Committee highlighted that they preferred this style of report, but it required further detail on actions taken against the improvement areas.</p> <p>The Committee were content to note the report.</p> <p><u>NOTED</u></p>	

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89.	RAAC - Update	
	<p>The Committee considered the RAAC Update [Paper 23/52] presented by Prof Tom Steele, Director of Estates and Facilities, for assurance.</p> <p>Prof Steele confirmed that the surveys of all medium and high likelihood sites had been undertaken and there was no evidence of RAAC being present. He reported that there are 48 low likelihood sites that require to be surveyed, and the same engineers would return to NHSGGC to complete the review in early 2024.</p> <p>In response to a query regarding communication and engagement, Ms Bustillo advised that the surveys were published on the website and that Board Members, and staff, would continue to be briefed. Mrs MacPherson also noted that RAAC was an item on the Area Partnership Forum for staff assurance purposes.</p> <p>In response to a query regarding the potential for disruption, Prof Steele explained that there had been no evidence of water ingress on any of the low likelihood sites and they were generally smaller facilities which would not be operationally impacted.</p> <p>The Committee was content to note the report.</p> <p><u>NOTED</u></p>	
90.	Corporate Risk Register	
	<p>The Committee considered the Corporate Risk Register [Paper 23/53] presented by Mr Colin Neil, Director of Finance, for approval.</p> <p>Mr Neil explained that there were no changes to the proposed risks, however, based on the RAAC update a review of the 'ageing infrastructure' risk would be considered at the December Corporate Management Team meeting. Mr Neil advised that as maintenance work was ongoing across our sites the score may not change.</p> <p>The Committee were content to approve the register.</p> <p><u>APPROVED</u></p>	
91.	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>	

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			ACTION BY
92.	Date and Time of Next Scheduled Meeting		
	The next meeting would be held on Tuesday 6 February 2024 at 9.30 am via MS Teams		