

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Finance, Planning and Performance
Committee on Tuesday 6 February 2024
at 9.30 am via MS Teams**

PRESENT

Ms Margaret Kerr (in the Chair)

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

IN ATTENDANCE

Mr Andrew Baillie	Assistant Head of Capital Planning (for Item 11)
Ms Sandra Bustillo	Director of Communications and Public Engagement
Ms Denise Brown	Director of Digital Services
Ms Gail Caldwell	Director of Pharmacy
Ms Gillian Duncan	Corporate Executive Business Manager (minutes)
Mr William Edwards	Chief Operating Officer, Acute Services
Ms Katrina Heenan	Chief Risk Officer
Ms Christine Lavery	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 Julie Murray	Chief Officer, East Renfrewshire HSCP
Ms Caroline Sinclair	Chief Officer, East Dunbartonshire HSCP
Mr Allen Stevenson	Interim Director of Primary Care/GPOOH (for Item 7)
Ms Elaine Vanhegan	Director of Corporate Services and Governance
Prof Angela Wallace	Nurse Director
Mr Scott Wilson	Senior Business and Delivery Manager, Chief Executive's Office

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		ACTION BY
1.	Welcome and Apologies	
	<p>The Chair welcomed those present to the January meeting of the Finance, Planning and Performance Committee.</p> <p>Apologies were noted on behalf of Dr Jennifer Armstrong and Professor Tom Steele.</p> <p><u>NOTED</u></p>	
2.	Introductory Remarks	
	<p>Ms Kerr noted that the papers had been circulated at different stages due to the governance pathway and timing of meetings. The Committee were content to accept the papers.</p> <p><u>NOTED</u></p>	
3.	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>	
4.	Minutes of Previous Meeting held on 5 December 2023	
	<p>The Committee considered the minute of the meeting held on 5 December 2023 [Paper No. FPPC(M)23/06] and were content to approve the minute as a complete and accurate record.</p> <p><u>APPROVED</u></p>	
5.	Matters Arising	
	<p>a) <u>Rolling Action List</u></p> <p>The Committee considered the Rolling Action List (RAL) [Paper No. 24/01].</p> <p>The Committee were content to accept the recommendation to close the four items that were marked as closed on the RAL. The Committee also noted that three items were ongoing and would remain on the RAL.</p> <p>The Committee were content to approve the RAL.</p>	

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	<u>APPROVED</u>	
6.	Urgent Items of Business	
	<p>The Chair asked members if there were any urgent items of business.</p> <p>Mr Edwards provided a short update on the winter position. He reported that the winter plan had been enacted and embedded across the system. Site occupancy remained challenging at around 98% across the main hospital sites. An additional 69 beds had been opened across the system in early January on top of the additional 100 beds that remained open from last year. Mr Edwards also reported that the boarding teams were in place across the main sites to manage patient care and support discharge planning. In addition, NHSGGC had been successful in receiving funding from the Scottish Government which had enabled 76 virtual beds to be stood up throughout the winter. Mr Edwards was pleased to report that throughout this period, the elective programme had continued.</p> <p>Ms Millar added that the HSCPs had worked closely with colleagues in Acute Services in supporting the winter plan and highlighted some specific actions which had been successful in maintaining patients' out with hospital including the Home First service and professional to professional calls in Care Homes. Work was underway to assess the impact of Hospital at Home and the Integrated Falls Pathway.</p> <p>The Chair thanked Mr Edwards and Ms Millar and the Committee were content to note the update.</p> <p><u>NOTED</u></p>	
7.	General Practice and Primary Care Improvement Plan Update Report	
	<p>The Committee considered the General Practice and Primary Care Improvement Plan (PCIP) Update Report [Paper 24/02] presented by the Chief Officer, Renfrewshire HSCP, for assurance.</p> <p>Ms Laverty introduced Mr Allen Stevenson, Interim Director of Primary Care/GPOOH, who provided a short overview of the paper. Mr Stevenson said that this paper was different from those presented previously as it had been widened out to also provide information around General Practices (GPs). Mr Stevenson said it was important to note that good progress was being made on ensuring improvements across primary care which included a reduction in the number of practice list closures. He said that the Primary Care Strategy would be presented to the next meeting of the Committee and this was a significant piece of</p>	

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	<p>work that set out the five year plan and the key priorities which included developing a workforce plan during the first year. He also reported that NHSGGC was about to take part in a survey which would evaluate PCIP from the patients' perspective which he hoped would provide good feedback.</p> <p>In response to a query about leases for GP premises, Mr Stevenson said that a report on this was being progressed that would set out the issues and the proposed way forward. Mr Stevenson noted concerns about the impact of the registration restrictions and boundaries but provided assurance that this was monitored and the team worked alongside HSCPs to ensure further discussions would take place to assist any practices that had concerns.</p> <p>Mr Stevenson acknowledged that prescribing was a significant issue and work was underway with pharmacy colleagues around prescribing and pharmacy pressures. Ms Laverty confirmed that the PCIP money was monitored closely by the Scottish Government and was not able to be used for other areas or held in reserve to offset any pressures.</p> <p>In response to a query about including risk, the Chair advised that she expected the forthcoming Strategy to cover financial aspects and risks.</p> <p>The Committee were content to note the paper which would be presented twice annually to the Committee. The Committee also noted that the Primary Care Strategy would be presented in April 2024.</p> <p><u>NOTED</u></p>	Ms Laverty
8.	GP Out of Hours Engagement Update	
	<p>The Committee considered the GP Out of Hours Engagement Update [Paper 24/03] presented by the Director of Communications and Public Engagement for assurance.</p> <p>Ms Bustillo reported that in early 2020 the Board had agreed that GP Out of Hours (GPOOH) service should be put into business continuity and in the intervening period the model set out in the paper had been developed. Healthcare Improvement Scotland (HIS) had confirmed the new model would not meet the criteria for major service change, but had asked to work with NHSGGC on a test case and support activities. Ms Bustillo said that the paper set out the engagement processes taken forward. The two month engagement period had now concluded and there had been a significant response.</p> <p>In response to a query, Ms Bustillo advised that the detail of the report would look at geographic spread capturing equalities information and could look at demographics and transport and travel. An updated EQIA</p>	

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	<p>was also being completed and in response to a query about the Fairer Scotland Duty Ms Bustillo confirmed that socio-economic factors were also included. Ms Laverty said that a significant amount of thought had gone into transport including updating the system so that a consultation could not be closed off until transport had been discussed with the patient. Improved transport support had also been put in place for patients with additional needs, for example, wheelchair users. Ms Laverty said that Telephone First was monitored closely and reported into the Strategic Executive Group on a weekly basis. It was agreed that a paper with an update on the number of patients accessing the transport service would be brought to a future meeting.</p> <p>Ms Bustillo said that they had used a combination of online and face-to-face surveys to ensure a wide variety of views were captured and a number of events had also been undertaken.</p> <p>The Committee were content to note the update paper noting that there would be further scrutiny in the next report on how health inequalities had been considered and the impact of the service changes.</p> <p><u>NOTED</u></p>	Ms Laverty
9.	Pharmaceutical Care Services Plan 2024/2027	
	<p>The Committee considered the Pharmaceutical Care Services Plan 2024/2027 [Paper 24/04] presented by the Director of Pharmacy for approval.</p> <p>Ms Caldwell advised that a revised set of papers had been issued at the end of last week to provide further clarity on the current plan which was a description of pharmacy services in NHSGGC.</p> <p>In response to a query about the changes in Lloyds pharmacies, Ms Caldwell said that the transitions had gone relatively smoothly and she was expecting to see improvements in services from the new owners. She said that there was now a different landscape around the community pharmacy network across Greater Glasgow and Clyde in terms of the balance between the multiple and independent providers and she was confident this would bring new opportunities to improve services for patients.</p> <p>The Committee were content to approve the paper.</p> <p><u>APPROVED</u></p>	
10.	Specialist Learning Disability Services – Resettlement of People from Longer Stay Facility	

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	<p>The Committee considered the Specialist Learning Disability Services – Resettlement of People from Longer Stay Facility [Paper 24/05] presented by the Chief Officer, East Renfrewshire HSCP, for awareness.</p> <p>Ms Murray said that this was the culmination of many years of work to move people with learning disabilities out of institutional care. When the strategy was originally developed in 2012 there were two longer stay units developed for people deemed too complex to leave NHS care but as time had passed these people had been assessed as able to move into their own homes in the community. One of the units closed in 2017 and plans were now in place for the residents from the second unit to be resettled in March 2024. Ms Murray said she was pleased to see an end to institutional care for people with learning disabilities in NHSGGC and although the work had taken a long time to complete she hoped the remaining residents would be happy in their new home. The Committee agreed that this had been a difficult piece of work and everyone involved should be commended.</p> <p>In response to a query, Ms Murray confirmed that there was a robust contingency plan in place should there be any delay in completing the fabric of the building. She said that the residents’ wellbeing was paramount and if the contingency had to be used she was confident they would be supported very well. Ms Millar agreed and said that that everyone involved was really reassured by the provider and their recruitment process.</p> <p>The Committee were content to note the paper.</p> <p><u>NOTED</u></p>	
11.	<p>Bishopton Health and Care Satellite Centre – Standard Business Case Update</p>	
	<p>The Committee considered the Bishopton Health and Care Satellite Centre – Standard Business Case Update [Paper 24/06] presented by the Assistant Head of Capital Planning for approval.</p> <p>Mr Baillie advised that the paper outlined the Standard Business Case noting the increased costs. He advised that once approved they were anticipating starting on site in March 2024 with a completion date of March 2025. He said that there remained one risk around the access road but discussions were ongoing on this and he was content that this had been accounted for. Ms Laverty added that this was a significant development for Renfrewshire and there had been significant engagement with the community who she believed had confidence in the Board and the HSCP to deliver this.</p>	

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	<p>In response to a query about the increase in cost estimates, Mr Baillie advised that there had been a period of exceptional inflation since 2021 but each item had been scrutinised and there had also been work to try and mitigate the cost rises. It was noted that this increase in costs had been across the whole construction industry, with details of the main changes being noted within the paper.</p> <p>Mrs Grant said that the issues of capacity in the area were longstanding and this was the option that had been agreed. Mr Neil confirmed that this was fully included within the capital plan and the HSCP were well sighed in terms of ongoing running costs and it was in their financial plan assumptions. Dr Crighton added that this additional capacity was important from a population health perspective.</p> <p>The Committee were content to approve the proposal confirming the additional funding and proceeding with the business case.</p> <p><u>APPROVED</u></p>	
12.	Financial Monitoring Report	
	<p>The Committee considered the Financial Monitoring Report [Paper 24/07] presented by the Director of Finance for assurance.</p> <p>Neil reported that at the end of month 9 the Board were reporting an overspend of £27.63 million which was attributed to unachieved savings of £30.49m and a pay and non-pay underspend of £2.87 million. The Sustainability and Value Programme had achieved £151.8 million of recurring and non-recurring savings which was behind trajectory. 85% of the capital plan had either incurred spend or had firm orders and only £0.3m unallocated noting this would continue to be reviewed to the end of the financial year. The IJBs were showing a breakeven position at month 9, however, this had involved the significant use of reserves.</p> <p>In response to a query about nurse staffing costs, Mr Neil reported that the reduction in premium nurse agency staffing had been largely successful, particularly with the recruitment of Newly Qualified Nurses and international staff. Professor Wallace added that they were working closely with other colleagues and using workforce tools to bring the nursing staffing costs back into budget while being cognisant of the quality of patient care.</p> <p>The forecast deficit had reduced to £25.6 million Mr Neil said that the key message was that there was a path to breakeven by the end of March, however, it was going to be incredibly tight and much of the savings were non-recurring. The IJBs were also forecasting breakeven at the end of the financial year with the exception of East Renfrewshire and the IJB was working with the Local Authority and the Board on this.</p>	

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	<p>In response to a query about any potential changes in risks being fully captured throughout the system and reported to the relevant Committees, Mr Neil provided assurance that this was the case.</p> <p>The Committee was content to note the report.</p> <p><u>NOTED</u></p>	
13.	Draft Financial Plan 2024/25 - 2026/27	
	<p>The Committee considered the Draft Financial Plan 2024/25 - 2026/27 [Paper 24/08] presented by the Director of Finance for approval.</p> <p>Mr Neil provided the highlights from the draft plan which outlined the financial challenge over the next three years and showed an overall challenge of £238.4m for 2024/25. He said that the key assumptions had been noted in the cover paper and throughout the draft plan. He said that overall, the financial position would be exceptionally challenging with measures required to make a positive impact on the overall financial gap and it was key to bring down the level of pressure in the system. Mr Neil explained that formal consolidation of IJB plans was still being undertaken and would be presented to a future meeting of the Committee.</p> <p>Mrs Grant said that NHSGGC would need to work to mitigate the significant financial challenge while ensuring the delivery of services and a considerable amount of work would be undertaken to breakeven over this period. She said discussion was ongoing with all Boards and the Scottish Government on the challenges facing the NHS over the next few years. Mrs Grant said it was important to build on the good relationships with HSCPs and Local Authority colleagues to work together to ensure that the financial challenge was met while ensuring quality of service delivery to patients.</p> <p>Mr Neil said that the draft financial plan was with the Scottish Government and, while this had still to be formally approved, the draft plan fulfilled the criteria that had been set out by the Scottish Government. Therefore, while there was still clarity required on some areas this plan provided the best representation of what the finances would look like and a framework in which to operate.</p> <p>Mrs Grant said that there was a significant amount of work required and provided assurance that this was a work in progress and a structure and process were being put in place to manage this robustly. The Chair said it would be helpful to have an understanding of the process put in place and Mrs Grant anticipated being able to provide a further update on this by in the coming month.</p>	

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	<p>In response to a query about the differentials in setting balance budgets with the Board and the IJB's, Mr Neil commented that the IJB's have a requirement to produce a break even financial plan at the beginning of the financial year however within the NHS the statutory requirement is to break even by the year end and therefore the Board can approve a financial gap in the plan which is not the case for the IJB's.</p> <p>There was also discussion on the non recurring pressures NHSGGC was continuing to face. Mr Neil commented that pressures within are about additional spend, agency and bank usage and a further range of control measure are in place to try and mitigate these pressures. There is a requirement to revert to budget levels.</p> <p>The Committee were content to approve the draft financial plan noting that there would be further comments and questions in the future.</p> <p><u>APPROVED</u></p>	
14.	Draft Capital Plan 2024/25	
	<p>The Committee received a presentation on the Draft Capital Plan 2024/25 by the Director of Finance for assurance.</p> <p>Mr Neil provided a brief presentation which updated on the current position. Mr Neil advised that the Scottish Government had arranged meetings with all Boards to review capital commitments for 2024/25 following the budget announcement at the end of 2023. The meeting with NHSGGC had taken place 1 February 2024 and a further review of capital commitments was taking place with clarification expected by the end of the calendar month.</p> <p>In response to a query about the Radionuclide Dispensary, Mr Neil confirmed that the timescales would still allow for the Full Business Case to be presented to the next meeting of the Committee.</p> <p>The Committee were content to note the update and a fuller capital plan would be presented at a future meeting.</p> <p><u>NOTED</u></p>	Mr Neil
15.	Performance Report	
	<p>The Committee considered the Performance Report [Paper 24/09] presented by the Director of Finance for assurance.</p> <p>Mr Neil said that the report was for the period ending December 2023. He said that there had been positive activity in terms of CAMHS</p>	

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	<p>performance which continued to exceed targets. Psychological Therapies also remained above the trajectory. GP OOH shifts had been 100% in December. Podiatry had increased and was now only marginally below national target. In terms of challenges, MSK remained below target and the focus was on the longest waiting times. Acute and Mental Health Delayed Discharges both continued to be challenging across the system.</p> <p>In response to a query about the reduction in the number of referrals to Psychological Therapies and CAMHS, Ms Sinclair confirmed that the number of referrals in CAMHS had dropped but this was in the context of the highest number of referrals received in a year. She also confirmed that the time of year affected referral rates with fluctuations being seen throughout the year. Ms Millar said the situation was similar in Psychological Therapies with this reduction being seen in the context of a significant increase in referrals over the last couple of years. She agreed that there was a seasonal variation but the rates were still higher than pre-COVID.</p> <p>The Committee were content to note the performance update.</p> <p><u>NOTED</u></p>	
16.	IJB Annual Performance Reports	
	<p>a) East Dunbartonshire</p> <p>The Committee considered the East Dunbartonshire HSCP Annual Performance Report [Paper 24/10] presented by the Chief Officer, East Dunbartonshire HSCP, for assurance</p> <p>Ms Sinclair advised that the report had been published in July 2023 and had been scrutinised by the IJB. The report was structured around strategic priorities and performance around local and national targets. Part 6 of the report highlighted some key successful or new projects that had been developed and provided a more details on the work of the HSCP on the ground. Ms Forbes, as Chair of the IJB, added that it had been scrutinised robustly by the IJB and it was good to see some of the highlights and the considerable successes.</p> <p>In response to a query about terminology, Ms Sinclair noted that East Dunbartonshire had formally adopted the term HSCP Board at their inception rather than Integration Joint Board and she agreed that this could be confusing for stakeholders and would reflect that back to the IJB.</p>	

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	<p>b) <u>East Renfrewshire</u></p> <p>The Committee considered the East Renfrewshire IJB Annual Performance Report [Paper 24/11] presented by the Chief Officer, East Renfrewshire HSCP, for assurance.</p> <p>Ms Murray advised that the report had been published in the summer of 2023 and had been scrutinised by the IJB, its performance and audit committee and the strategic planning group which included other partner agencies. She said it illustrated strong partnership working and had identified some good practice which will be important going forward. She said the key successes had been CAMHS and Psychological Therapies where there had been significant improvements and the HSCP were in the top quartile in the country for delayed discharges. Ms Monaghan, Chair of the IJB, added that the strength of the relationship with the third sector had been crucial and highlighted the need to invest in our third sector partners as we move forward.</p> <p>Ms Kerr thanked both Ms Sinclair and Ms Murray for the reports and said that she appreciated that it had taken some time for these to be presented to the Committee and further thought would be given on how best to bring these to the Committee more timeously going forward.</p> <p>The Committee were content to note the reports.</p> <p><u>NOTED</u></p>	<p>Ms Vanhegan/ Ms Donald</p>
<p>17.</p>	<p>NHSGGC Digital Maturity Assessment</p>	
	<p>The Committee considered the NHSGGC Digital Maturity Assessment [Paper 24/12] presented by the Director of Digital Services for assurance.</p> <p>Ms Brown advised that NHS Boards and Local Authorities completed a national Digital Maturity Assessment in 2023 as required by the Scottish Government Digital Health and Care Directorate. A similar assessment had been undertaken in 2019 and Ms Brown was pleased to report that progress had been made in the key focus areas identified in that assessment. She reported that NHSGGC had scored highly in the 2023 assessment with an overall average score of 83% with the assessors identifying a number of areas of good practice where NHSGGC's improvements could be showcased nationally. Ms Brown advised that the next steps would be to agree areas of focus with the eHealth Strategy Board and assessed within the Digital Delivery Plan. She said that the staff survey had elicited 230 responses and these would be looked at with the detail brought back through the relevant governance groups.</p>	

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	<p>The Committee was content to note the report and its positive conclusions.</p> <p><u>NOTED</u></p>	
18.	Corporate Risk Register	
	<p>The Committee considered the Corporate Risk Register [Paper 24/13] presented by the Assistant of Finance – Financial Planning and Performance for approval.</p> <p>Ms McEwan set out the proposed changes which were an increase in the score for Risk 3036 (Financial Sustainability – Revenue) given the challenges being faced going into 2024/25 and the higher level of savings required as set out in the discussion on the financial plan earlier in the meeting. There was also a proposed increase in Risk 2819 (Capital Funding – Sustainability) due to the reduction in capital funding being made available in 2024/25 and future years and the significant likelihood that reprioritisation would be required.</p> <p>In response to a query about the risk of the increasing cost of medicines, Ms Heenan advised that was being reviewed as part of a forthcoming deep dive.</p> <p>The Committee asked for some changes in presentation to the report including making it easier to map which actions had been completed and which were ongoing and how changes and closed risks were articulated. There was also a discussion about whether some of the lower level risks required to remain on the register. Ms Heenan said that all risks on the corporate risk register would be undergoing a deep dive review, which would include prioritising based on score and assessing whether it was still appropriate for the risk to be on the register. These would be presented to the Corporate Management Team and each of the Committees over the next few months and the presentation of the report would also be updated to take on board feedback and comments.</p> <p>The Committee were content to approve the Corporate Risk Register.</p> <p><u>APPROVED</u></p>	Ms Heenan
19.	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 February Board meeting which would include the approval of the Bishopton satellite centre, the Draft Financial Plan and the Pharmaceutical Care Plan as well as the number of reports that had been presented for noting.</p>	

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		ACTION BY
	<u>NOTED</u>	
20.	Date and Time of Next Scheduled Meeting	
	The next meeting would be held on Tuesday 9 April 2024 at 9.30 am via MS Teams.	