

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Finance Planning and Performance Committee
held on Tuesday 9 August 2022 at 09.30 am
via Microsoft Teams**

PRESENT

Ms Margaret Kerr (in the Chair)

Ms Susan Brimelow OBE	Rev John Matthews OBE
Prof John Brown CBE	Ms Ketki Miles
Ms Ann Cameron-Burns	Mr Ian Ritchie
Mr Alan Cowan	Ms Rona Sweeney
Ms Jacqueline Forbes	Ms Michelle Wailes
Mr Simon Carr	Mr Chris Cunningham

IN ATTENDANCE

Dr Jennifer Armstrong	Medical Director
Dr Emilia Crighton	Director of Public Health
Beth Culshaw	Chief Officer, HSCP - West Dunbartonshire
Ms Gillian Duncan	Secretariat Officer
Mr William Edwards	Chief Operating Officer, Acute Services
Ms Ann Forsyth	Head of Primary Care Support
Ms Alison Hardie	Secretariat (Minutes)
Mr Andrew Gibson	Chief Risk Officer (Paper 22/38)
Mr Craig Given	Head of Finance, Planning and Performance, HSCP - Inverclyde (Paper 22/30)
Ms Andrina Hunter	Service Manager, Planning and Performance, HSCP - Inverclyde (Paper 22/30)
Ms Fiona MacKay	Assistant Director of Planning (Paper 22/31)
Mr Martin McCluskey	Inverclyde - Observing
Ms Fiona McEwan	Assistant Director of Finance
Ms Karen Lamb	Head of Specialist Children's Services
Ms Christine Laverty	Chief Officer, HSCP - Renfrewshire (Papers 22/32 and 22/33)
Ms Susanne Millar	Chief Officer, HSCP - Glasgow City
Mr Colin Neil	Director of Finance
Dr Kerri Neylon	Deputy Medical Director for Primary Care (Papers 22/32 and 22/33)
Ms Caroline Sinclair	Chief Officer, HSCP - East Dunbartonshire
Prof Tom Steele	Director of Facilities and Estates
Mr Allen Stevenson	Interim Chief Officer, HSCP - Inverclyde (Paper 22/30)

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Ms Elaine Vanhegan		Director of Corporate Services and Governance
Prof Angela Wallace		Executive Board Nurse Director

			ACTION BY
52.	Welcome and Apologies		
	<p>The Chair welcomed those present to the August meeting, namely new members Mr Chris Cunningham, Ms Keiki Miles, Ms Michelle Wailes, Dr Paul Ryan, and Mr Colin Neil, Director of Finance.</p> <p>Mr Martin McCluskey was welcomed to the meeting in an observational capacity.</p> <p>Formal thanks were extended to Mr Simon Carr for his significant work as former Chair of the Committee, and time spent handing over to Ms Kerr.</p> <p>Apologies were noted on behalf of Ms Denise Brown, Ms Kim Donald, Mrs Jane Grant, Prof Iain McInnes, Ms Anne-Marie Monaghan and Dr Paul Ryan.</p> <p><u>NOTED</u></p>		
53.	Introductory Remarks		
	<p>The Chair highlighted the revised agenda noting the added item - the Capital Plan 2022/23 - 2024/25.</p> <p>Members confirmed receipt of revised agenda and supplementary documents and were content to consider despite later circulation.</p> <p><u>APPROVED</u></p>		
54.	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>		
55.	Minutes of Previous Meeting		
	<p>The Committee considered the minute of the previous meeting, Tuesday, 14 June 2022 [Paper No. FPPC(M)22/03] and were</p>		

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	content to approve the minute as a complete and accurate record, subject to the following amendments:		
	<p><u>Minute 43 - QEUH/RHC Update</u> Ms Vanhegan confirmed an additional summons had been lodged concerning external wall construction.</p> <p><u>Minute 49 - Internal Audit</u> Recommendations from the HSCP delayed discharge audit, when finalised, would be shared with the Board when available.</p> <p><u>APPROVED</u></p>		Ms Vanhegan
56.	Matters Arising		
	<u>Rolling Action List</u>		
	The Committee considered the Rolling Action List [Paper No. 22/28] and were content to accept the recommendation that 14 actions were closed.		
	<u>NOTED</u>		
57.	Urgent Items of Business		
	The Chair asked members if there were any urgent items of business. There were no urgent items of business noted.		
	<u>NOTED</u>		
58.	COVID-19 Update		
	<p>Dr Crighton, Director of Public Health, provided an overview of the current position in respect of COVID-19.</p> <p>Dr Crighton highlighted that prevalence within the community had reduced to 12.5% for all respiratory viruses. She assured the committee that there was a clear pathway in place regarding prescribing oral anti-viral medication and this pathway was operating as expected.</p> <p>Dr Crighton advised that the NHSGG&C COVID and Flu Immunisation Programme was scheduled to commence on 5 September 2022, with people aged 65+ taking priority with the full programme due to be completed in December.</p>		

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	<p>Mr Edwards, Chief Operating Officer - Acute Services, reported on the position within hospital sites highlighting that there were 284 COVID positive inpatients testing positive within 28 days with 3 currently in ICU. Mr Edwards also noted that there were 563 COVID positive cases recorded at 19 July 2022, indicating the numbers are continuing to reduce.</p> <p>In respect of the positive cases, and whether these were due to the Omicron variant, Dr Crighton advised that tests had been undertaken and the BA.5 sub-variant of Omicron was the most prevalent variant at the time of reporting.</p> <p>Considering capacity challenges in respect of COVID, the issue of the availability of primary care data was considered by the committee, particularly around access. This was in respect of the impact that primary care services, including dental services, may be having on Acute care, particularly Emergency Departments. The specific challenges around this issue were acknowledged noting the contracting arrangements around services. It was agreed that further action to access the required information would be undertaken and this issue would also be further considered under item 11 on the agenda.</p> <p><u>NOTED</u></p>	
59.	QEUH/RHC Update	
	<p>The Committee considered the paper 'QEUH/RHC Update' [Paper No. 22/29] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance.</p> <p>Ms Vanhegan noted the Oral Hearings scheduled for the QEUH/RHC and NHS Lothian for later in the year had been postponed and further information regarding Hearings into 2023 was still awaited from the Inquiry Team.</p> <p>Ms Vanhegan described the significant activity that remained underway in the provision of information to the Inquiry Team in response to specific requests and also supporting witnesses as the Inquiry Team continued to take Statements. Ms Vanhegan underlined that staff welfare remained of paramount importance in this regard.</p> <p>Ms Vanhegan noted that the 28 Civil Claims raised remained sisted and the Police Inquiry was continuing with constructive liaison arrangements in place.</p>	

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	<p>Prof Tom Steele, Director of Facilities and Estates, updated the committee regarding the Legal Claim and the Rectification Programme in respect of the QEUH campus. He advised on the various summons that had been served since the 11 Heads of Claim had been intimated. He went onto describe the likely adjudication process for some of these, particularly less complex issues. Prof Steele underlined that in describing the position much activity was bound by commercial confidentiality.</p> <p>In respect of the Rectification Programme, Mr Steele described the significant work underway, highlighting the work to the Atrium wall linings which would, on commencement, become visible with significant scaffold required.</p> <p>There was further discussion regarding the broader Rectification Programme considering cost and funding source, any potential service impact and timescales. Prof Steele confirmed access to all areas would be required over a sustained period to allow varying works to take place, however, it was highlighted that this would be done on a phased basis in conjunction with service leads and the Chief Operating Officer to schedule concurrent works, minimise risk and disruption, and prioritise the continued delivery of service.</p> <p>In terms of capacity to undertake the project management associated with such a programme, Prof Steele confirmed that specific posts were now in place to support the activity moving forward.</p> <p>The Committee Chair noted the level of activity clearly underway and specific detail provided by Prof Steele and proposed a more detailed paper for future meetings in order to gain further assurance. It was agreed that an approach to update Board members of the overall position would also be considered.</p> <p><u>NOTED</u></p>		<p>Prof Steele</p> <p>Ms Vanhegan</p>
60.	HSCP Strategic Plan Update - Inverclyde		
	<p>The Committee considered the paper 'HSCP Strategic Plan Update - Inverclyde' [Paper No. 22/30] presented by Ms Hunter, Service Manager, Planning and Performance, Inverclyde HSCP.</p> <p>Ms Hunter highlighted that the plan had been revised, noting the six Big Actions within the paper and anticipated members would find these aligned to the Board objectives and priorities</p>		

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	<p>It was requested that there was consideration given to the detail; in terms of financial planning and the management of overspends and in particular what savings programme was being put in place to tackle the £2.046m deficit. Mr Given advised he would ensure the plan was updated. In addition it was highlighted that there was a need for an outcomes framework to be developed before the submission to the IJB for approval. Ms Hunter confirmed that a development session was scheduled for October 2022 and the final outcomes framework would be discussed.</p> <p>The committee were content to note the current position with the plan.</p> <p>NOTED</p>		Mr Given
61.	Annual Delivery Plan Update		
	<p>The Committee considered the 'Annual Delivery Plan Update' [Paper No. 22/31] presented by Ms Fiona MacKay, Director of Planning, who summarised the 12-month plan submitted to the Scottish Government on 29 July 2022, with 30 high level measurable actions incorporated.</p> <p>Ms MacKay advised that the Scottish Government had requested clarity on the quarterly monitoring process of the 30 high level actions. The plan noted the six priorities with two further priorities added, namely Public Health - developed across primary and social care, and Mental Health.</p> <p>In response to a query regarding the lack of detail within the paper, Dr Armstrong summarised the development and approval process within the Scottish Government guidance limiting wider circulation of the full plan at this stage. She also noted that the full plan would be presented to the FP&P Committee in October. The Committee considered the priorities within the plan and enquired how these matched with the Board priorities agreed at the June 2022 Board meeting. It was confirmed that the priorities within the plan had been mandated by the Scottish Government through the Commissioning letter, and there were restrictions on which priorities were to be included.</p> <p>Dr Armstrong advised that a cross check of the synergies of the priorities had been undertaken to ensure alignment. The Committee agreed that the Board required a single set of priorities and requested sight of the alignment for review at the next meeting where a decision could be made ahead of the Board in October.</p>		Ms McKay/Dr Armstrong

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	<p>It was also noted that the Annual Operating Plan, Financial Plan and the Workforce Plan should be considered together. Ms MacKay advised that the Workforce Plan had been costed and incorporated for the current year into the plan. Mr Neil confirmed that the three plans were financially aligned.</p> <p>The committee Chair considered there had been an overlap when the various plans were being presented to the Committee and it was agreed that the Annual Cycle of Business would be reviewed.</p> <p>NOTED</p>	<p>Ms Vanhegan/ Secretariat</p>
62.	Primary Care Improvement Plan - Update	
	<p>The Committee considered the paper 'Primary Care Improvement Plan - Update' [Paper No. 22/32] presented by Dr Kerri Neylon, Deputy Medical Director for Primary Care, noting the last update of the Primary Care Improvement Plan (PCIP) had been presented at the Committee meeting, 12 October 2021.</p> <p>Dr Neylon described the three contractual priority areas identified in the revised Memorandum of Understanding (MoU) for 2021-22; Pharmacotherapy, Vaccination and Community Treatment and Care (CTAC). Each of the six NHSGGC Health and Social Care Partnerships (HSCP) submitted PCIP Implementation Trackers to the Scottish Government late March 2022.</p> <p>Thirty nine GP Clusters were well established across NHSGGC playing an intrinsic role to focus on quality improvement and a wider extrinsic role to influence wider service delivery.</p> <p>In terms of data and information, Dr Neylon noted that data was available nationally providing an overview on workforce, activity and quality within practices, but that there was no requirement within the contract to extract data locally. The committee considered that access to this data was a key requirement to manage services on a system wide basis.</p> <p>Dr Neylon advised that it had been a longstanding issue largely due to GPs holding independent contracts. Dr Neylon agreed that data was indeed required from GP Practices, Pharmacies, Optometry, and Dentistry across the Primary Care setting. It was agreed that an update would be brought back in December to the committee considering data collection and extraction processes and on when data would become more readily available.</p>	

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	Dr Neylon advised the committee that the appointment of a Director of Primary Care by the end of the year would further support the endeavour.		Dr Neylon/ Ms Laverty
	<u>NOTED</u>		
63.	GP Out of Hours Update		
	<p>The Committee considered the paper ‘GP Out of Hours Update’ (OoH) [Paper No. 22/33] presented by Dr Kerri Neylon, Deputy Medical Director for Primary Care.</p> <p>Dr Neylon described the service configuration subsequent to the business continuity arrangements put in place in February 2020, and also considered the shape of the service moving forward. Dr Neylon presented data for each of the sites and for time periods throughout the day and night illustrating utilisation.</p> <p>Dr Neylon highlighted that there was increased stability across a smaller number of sites, resulting in the elimination of lone working, easier shift cover, an increase in professional to professional referral, maintenance of the home visit service and an increase in the weekend service available at Inverclyde. As a direct response to the pandemic, remote service delivery was further developed and continued to have a positive impact, such as allowing ‘shielding’ clinicians the ability to continue to work thus maximising the available workforce.</p> <p>In response to a question regarding the impact of the reduction of OoH sites on Accident and Emergency, Dr Neylon confirmed that further work on any correlation was required.</p> <p>The issue of partnership working with staff through any change in service was raised with Ms Laverty confirming the approach taken.</p> <p>Further to detailed discussion, it was requested that a full paper be brought to the next committee considering; the full cost profile for the service, the position in terms of consultation requirements in discussion with Heath Improvement Scotland, a communication and engagement plan and the approach to staff partnership moving out of business continuity arrangements,</p> <p>The committee thanked Dr Neylon for her paper and noted the position.</p> <p><u>NOTED</u></p>		Ms Laverty/ Dr Neylon

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64.	Financial Monitoring Report		
	<p>The Committee considered the paper 'Financial Monitoring Report' [Paper No. 22/34] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil provided an update on the month 3 position and advised that as at 30 June 2022 there was an overspend of £48.4m. He reported that the Financial Improvement Programme (FIP) had secured £7.8m of recurring savings which was 15% of the FIP target. He went onto highlight that the total forecast expenditure for COVID-19 was £87.6 million and a review of costs and exit planning was underway.</p> <p>In terms of capital expenditure Mr Neil highlighted that the total capital expenditure was £6.5m which was 7.7% of the annual plan, acceptable for the time in the financial year.</p> <p>Mr Neil advised that the Quarter 1 finance return had been submitted to the Scottish Government which outlined a forecast deficit of £78.4m. He advised that funding discussions were ongoing with the Scottish Government and it was anticipated that allocations would be received in September 2022.</p> <p>The Committee asked if a further breakdown could be provided on the IJB reserves outlining what proportion of the earmarked reserves were contingency. Ms McEwan reported that she had spoken to the Chief Finance Officers following discussion at the previous Committee but she would revisit this. In response to a query about governance of the reserves, Mr Neil advised that the Scottish Government reviewed allocations with IJBs throughout the year and sought assurance on how reserves were used.</p> <p>In response to a question about the achievability of the FIP, Mr Neil acknowledged that this was a sizeable challenge but he felt there was still scope for significant improvement. He advised that focussed sessions were underway with the senior team which were proving extremely beneficial in terms of potential action.</p> <p>NOTED</p>		Mr Neil/ Ms McEwan
65.	Three Year Revenue Plan		
	<p>The Committee considered the paper 'Three Year Revenue Plan' [Paper No. 22/35] presented by Mr Colin Neil, Director of Finance. He noted that this Plan was at a point in time with changes likely over the period however approval was being sought.</p>		

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	<p>Mr Neil advised that the Scottish Government had requested that a 3 year financial plan be submitted by the end of July 2022. This was the first 3 year plan since pre COVID.</p> <p>The Financial Plan presented highlights a revised forecast deficit of £78.4m for 2022/23 and a deficit of £113.9m for 2023/24 and £89.9m for 2024/25. This is on the assumption that recurring savings of £50m are achieved in 2022/23 and a further £70m of recurring savings in each of the 2 future years. Mr Neil noted that it was imperative that the recurring savings were achieved in order to bring down the recurring deficit going forward. In order to break even, the Board needs to achieve savings of £128.4m therefore it is important that there is a full review of all income and expenditure and all recurring and non-recurring opportunities are acted upon.</p> <p>The forecast deficit for 2022/23 had increased from £51.5m to £78.4m and this is predominantly due to pressures of £26m for non-delegated Covid-19 expenditure. The original Financial Plan for 2022/23 was compiled on the basis that COVID costs were fully funded. However this is no longer the case. A funding envelope has been issued to the Board for non-delegated costs of £61.6m. The current forecasted costs (excluding Test and Protect) are £87.6m which leaves a gap of £26m.</p> <p>The increase in the deficit from 2022/23 to 2023/24 is as a result of no further funding for COVID with the exception of the workforce element of the vaccination programme and the public health element that has already been committed. Total costs included in the plan are £30.8m. Mr Neil advised that exit planning needs to progress to ensure that these costs come down to help reduce the Boards deficit for 22/23 and the future years.</p> <p>The plan was also based on assumptions provided by Scottish Government in relation to future pay awards and inflationary rates.</p> <p>The Committee considered the detail and Mr Neil's presentation and proceeded to approve the Plan. It was agreed that the committee would receive regular updates via the Financial Monitoring Reports.</p> <p><u>APPROVED</u></p>	
66.	Capital Plan 2022/23 to 2024/25	
	<p>The Committee considered the paper 'Capital Plan 2022/23 to 2024/25' [Paper No. 22/36] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil detailed that the NHS GG&C Capital Plan for the 3-year period 2022/23 – 2024/25 took account of all estimated capital resources available including: national formula allocation,</p>	

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	<p>additional (project) specific funding and planned asset disposals. He went on to describe the estimated capital resources available to the Board for the 3-year period within the paper are £85.1m, £84.1m and £43.6m respectively.</p> <p>Mr Neil noted that following allocation of capital resource to all known and agreed areas of expenditure, there remains an unallocated budget balance of £9.1m, £12.1m and £18.2m in the 3-year period. These amounts are allocated throughout year via the appropriate Corporate Governance process relative to the value of the individual capital bid.</p> <p>In response to questions regarding the position on asset disposal, including that of Yorkhill and Lightburn, Mr Neil confirmed that further work was required in term of timelines and agreed to bring an update back to the committee in December regarding the position on any other potential asset disposals.</p> <p>In terms of Lightburn, Mr Edwards highlighted that this needed consideration in the context of the bed base and availability across the Board with the site full at present.</p> <p>The committee were content to approve the Capital Plan 2022/23 to 2024/25.</p> <p><u>APPROVED</u></p>		Mr Neil
67.	Performance Report		
	<p>The Committee considered the paper 'Performance Report' [Paper No. 22/37] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil noted, as at June 2022, two of the eight measures were delivering to target with five red which included CAMHS, Physiotherapy, Podiatry, and Acute and Mental Health Delayed Discharges.</p> <p>Mr Neil assured the committee that actions were underway in key areas to improve performance.</p> <p>It was agreed to review the agenda setting to ensure sufficient time for scrutiny of performance.</p> <p><u>NOTED</u></p>		Secretariat
68.	Extract from Corporate Risk Register		

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	<p>The Committee considered the paper 'Extract from Corporate Risk Register' [Paper No. 22/38] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil noted controls had been reviewed and updated for Capital Funding Sustainability and additional actions had been identified to mitigate the risk, enabling the reduction from 16 to 12. Mr Neil highlighted that target dates for all risks were being reviewed and the committee would be updated of further changes.</p> <p>The Chair highlighted that more time was required to fully consider risks. In order to manage this due consideration would be given to agenda items to ensure that robust discussions can be held.</p> <p><u>APPROVED</u></p>		Secretariat
69.	<u>Closing Remarks and Key Messages for the Board</u>		
	<p>The Chair thanked those present for attending the meeting and advised that the key messages for the Board would be prepared from the Minute.</p> <p><u>NOTED</u></p>		
70.	<u>Date and Time of Next Scheduled Meeting</u>		
	<p>The next meeting would be held on 11 October 2022, at 9.30 am, via MS Teams.</p>		