

FPPC(M) 22/06
Minutes 90 - 106

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Finance Planning and Performance Committee
held on Tuesday, 06 December 2022 at 9.30 am
via Microsoft Teams**

PRESENT

Ms Margaret Kerr (in the Chair)

Ms Susan Brimelow OBE	Rev John Matthews OBE
Ms Ann Cameron-Burns	Prof Iain McInnes
Mr Simon Carr	Mr Ian Ritchie
Mr Alan Cowan	Dr Paul Ryan
Cllr Chris Cunningham	Ms Rona Sweeney
Ms Jacqueline Forbes	Ms Michelle Wailes
Mrs Jane Grant	

IN ATTENDANCE

Dr Jennifer Armstrong	..	Medical Director
Ms Denise Brown		Interim Director of e-Health
Ms Sandra Bustillo	..	Director of Communications and Public Engagement
Ms Margaret-Jane Cardno	..	Head of Service Strategy and Transformation (West Dunbartonshire Health & Social Care Partnership)
Ms Jacqueline Carrigan		Assistant Director of Finance - Acute/Access
Dr Emilia Crighton		Interim Director of Public Health
Ms Beth Culshaw		Chief Officer, HSCP - West Dunbartonshire
Ms Kim Donald	..	Corporate Services Manager - Governance/Board Secretary
Mr William Edwards	..	Chief Operating Officer, Acute Services
Ms Ann Forsyth		Head of Primary Care Support
Mr Andrew Gibson	..	Chief Risk Officer
Ms Alison Hardie		(Minute)
Ms Carol Harvey	..	Senior Business and Delivery Manager
Ms Christine Laverty	..	Chief Officer, HSCP - Renfrewshire
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
Dr Kerri Neylon		Deputy Medical Director for Primary Care
Ms Caroline Sinclair	..	Chief Officer, East Dunbartonshire HSCP
Prof Tom Steele	..	Director of Estates and Facilities
Prof Angela Wallace	..	Executive Nurse Director

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			ACTION BY
90.	Welcome and Apologies		
	<p>The Chair welcomed those present to the December meeting of the Committee.</p> <p>Apologies were noted on behalf of Prof John Brown, Ms Ketki Miles, Ms Anne-Marie Monaghan and Mr Colin Neil.</p> <p><u>NOTED</u></p>		
91.	Introductory Remarks		
	<p>The Chair acknowledged that two of the papers had been 'To Follow' and consequently had been distributed later. Members confirmed that they were content to consider these items.</p> <p><u>NOTED</u></p>		
92.	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>		
93.	Minutes of Previous Meeting		
	<p>The Committee considered the minute of the previous meeting, Tuesday 11 October 2022 [Paper No. FPPC(M)22/05] and were content to approve the Minute as a complete and accurate record.</p> <p><u>APPROVED</u></p>		
94.	Matters Arising		
a)	Rolling Action List		
	<p>The Committee considered the Rolling Action List [Paper No. 22/50] and were content to accept the recommendation that nine actions were closed, and Minute 55 'Internal Audit' would be</p>		

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		ACTION BY
	<p>closed as the report from the HSCP Delayed Discharge Audit had been shared.</p> <p>Minute 63 ‘GP Out of Hours Update’ would remain open until 2023 when the full and final position received.</p> <p>The Committee were content to approve the RAL.</p> <p><u>APPROVED</u></p>	
95.	Urgent Items of Business	
	<p>The Chair asked members if there were any urgent items of business. There were no urgent items of business noted.</p> <p><u>NOTED</u></p>	
96.	GP OOH Update	
	<p>The Committee considered the GP OOH Update [Paper 22/51] presented by Dr Kerri Neylon, Deputy Medical Director for Primary Care.</p> <p>Dr Neylon advised that the GP Out of Hours (OOH) service had been undergoing reconfiguration since the business continuity arrangements were established in February 2020.</p> <p>Dr Neylon confirmed a more stable service was being maintained across a smaller number of sites and added that at a meeting with Healthcare Improvement Scotland (HIS), the consensus was that the ‘closed’ sites would remain closed as there were more staff at fewer Primary Care sites to support patients.</p> <p>Dr Neylon outlined service changes and the balance of face to face, virtual and telephone service provision, and noted the ‘Telephone First’ model had reduced the number of face to face consultations, and was more accessible for patients unable to attend appointments.</p> <p>Dr Neylon confirmed the Integrated Care service at the Vale of Leven had been re-instated, and the development of a partial weekend service in Inverclyde.</p>	

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	<p>Dr Neylon noted the focus on developing the multi-disciplinary team such as training of additional advanced nurses and advanced paramedics, in alignment with other Board areas.</p> <p>Dr Neylon highlighted particular areas of focus moving forward such as to bring the service back within budget, provide enough capacity to manage the demand in the right locations, undertake a review of salaried GP Contracts as it was considered salaried GPs brought greater stability and streamline sessional GPs.</p> <p>Dr Neylon noted HIS agreed that there had been appropriate communications to keep the public fully informed on the developments of the service. A further meeting with HIS in January 2023 was scheduled to discuss a forthcoming communication and engagement exercise.</p> <p>Ms Sandra Bustillo, Director of Communications and Public Engagement, reassured the Committee that the team were working closely with HIS to apply the national guidance proportionately.</p> <p>Ms Laverty, Chief Officer, HSCP - Renfrewshire, noted consideration was being given to the name of the service and whether it reflected clearly what the service does.</p> <p>In response to the question whether the IRH data was comparable for the summer months of 2022 and the winter months of 2015, Ms Christine Laverty, Chief Officer, HSCP - Renfrewshire, confirmed comparable data will be provided to the Committee when a further iteration of the report was available.</p> <p>In response to the query on the availability and usage of the transport service, Dr Neylon noted that the transport service supported patients across the Board area and the offer of transport to patients was part of the consultation. The usage of the service would be reported at the Committee meeting April 2023.</p> <p>In response to the question if there was variation between the different areas on the survey finding that 79% of respondents reported a positive experience with the current GP Out of Hours service, Dr Neylon confirmed that there was a slight variation and the figures would continue to be monitored and reported accordingly.</p>	<p>Dr Neylon/ Ms Laverty</p> <p>Dr Neylon/ Ms Laverty</p> <p>Dr Neylon/ Ms Laverty</p>

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	<p>It was noted that there were benefits with tele-medicine, but the potential risks should be considered and asked if there was any evidence of mis-diagnoses that had occurred without a physical examination. Dr Neylon confirmed that she would review the information available to establish the number of 'repeat' patients and include this in future iterations of the report.</p> <p>The Chair noted the Committee would be able to look at the data when the full report was received for the April 2023 meeting.</p> <p>The Committee were assured by the progress of this work.</p> <p><u>ASSURED</u></p>	
97.	Digital Strategy	
	<p>The Committee considered the Digital Strategy [Paper 22/52] presented by Ms Denise Brown, Director of eHealth.</p> <p>Ms Brown advised the strategy had been aligned with strategic drivers including Moving Forward Together and the developing Clinical Infrastructure strategy 'Digital on Demand' and the corporate objectives. Key strategic themes and priority programmes will form the basis of NMSGGC's Digital Delivery Plan.</p> <p>In response to the question on how success would be measured, Ms Brown advised alignment to corporate operational priorities and objectives enabled noted aims and deliverables, and reporting through the governance structure, for example the eHealth Strategy Board was responsible for ensuring the success criteria on the strategy and the delivery plan.</p> <p>The Chair confirmed the Digital Strategy updates to be scheduled within the Committee's ACOB for 2023-24.</p> <p>The Chair noted concern on attracting individuals with the right skills set to develop the strategy. Ms Brown noted discussions with both the Director of Human Resources and Organisational Development and the Director of Communications and Public Engagement were ongoing on a targeted course of action.</p> <p>Ms Bustillo advised that she was encouraged that the West of Scotland Innovation Hub had appointed a dedicated Communications Lead, a potential useful contact.</p>	Secretariat

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	<p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>	
98.	Primary Care Improvement Plan - Update	
	<p>The Committee considered the Primary Care Improvement Plan (PCIP) - Update [Paper 22/53] presented by Ms Ann Forsyth, Head of Primary Care Support.</p> <p>Ms Forsyth noted the paper provided an update based on the most recent PCIP Implementation Tracker templates submitted to the Scottish Government November 2022.</p> <p>Ms Forsyth advised PCIPs were the delivery framework for the implementation of the 2018 Scottish General Medical Services contract for General Practices, and noted General Ophthalmic Services were delivered under the terms of service rather than contract.</p> <p>Ms Forsyth noted three Memorandum of Understanding priority areas; Vaccination, Community Treatment and Care and Pharmacotherapy. Currently, Pharmacotherapy activity is recorded on the GP system. An evaluation framework is in development with 175 GP practices participating, and the first phase of reporting expected January 2023.</p> <p>Ms Forsyth advised the number of patients registered with GP practices in Scotland was growing with 301,603 more patients registered with GP practices in 2021 compared to 2011. National data highlighted that general practice in Scotland supports over 500,000 (58%) patients per week, in comparison to the 288,720 in all other parts of the healthcare system, excluding inpatients.</p> <p>In response to the comment and noted concern on funding shortfalls being replenished by the IJB reserves, particularly when IJBs have their own cost pressures, Ms Laverty confirmed IJB reserves were non-recurring funding and all earmarked reserves would be appropriately utilised.</p> <p>In response to the query that only one third of General Practices had responded to the voluntary submission of the workforce data, Dr Neylon confirmed that this was a national survey and generating response would be a national remit.</p>	

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	<p>PCIP updates to be scheduled within the Committee’s ACOB for 2023-24.</p> <p>The Chair requested the availability of the dashboard data of patient access numbers to better understand the actual numbers without the extrapolation.</p> <p>The Committee were assured by the update.</p> <p><u>ASSURED</u></p>	<p>Secretariat</p> <p>Dr Neylon/ Ms Laverty</p>
99.	IJB Strategic Plan - West Dunbartonshire	
	<p>The Committee considered the IJB Strategic Plan - West Dunbartonshire [Paper 22/54] presented by Ms Beth Culshaw, Chief Officer, HSCP - West Dunbartonshire.</p> <p>Ms Culshaw highlighted some of the challenges faced in West Dunbartonshire. For example, a third of those living in the area were in poor health, the aging population and 26% of residents reported having a lifelong time limiting condition.</p> <p>Ms Culshaw reported that the values set within the strategy were aligned to NHSGGC values, and the strategic priorities had a strong alignment with NHSGGC’s corporate objectives.</p> <p>Ms Rona Sweeney, as Vice Chair of West Dunbartonshire HSCP, noted satisfaction on the appropriate scrutiny of data.</p> <p>In response to a suggestion regarding the upskilling of the West Dunbartonshire workforce, Ms Margaret-Jane Cardno, Head of Service Strategy and Transformation (West Dunbartonshire Health & Social Care Partnership), advised due consideration was being given to recruitment, retention and upskilling of staff.</p> <p>In response to the comment on whether the named ‘HSCP Board’ was a good representation of the working group, Ms Culshaw noted there was due consideration on the matter.</p> <p>In response to the query on the digital aspirations and whether these linked with NHSGGC’s Digital Strategy, Ms Cardno advised she had started work on the linkage to the local digital strategy and this would be reflected in the draft presented to the Committee in February 2023.</p>	<p>Ms Culshaw/ Ms Cardno</p>

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	<p>The Chair noted assurance, and thanked members for their comments for the development of the strategy.</p> <p>The Committee were assured by the draft strategy.</p> <p><u>ASSURED</u></p>	
100.	QEUH/RHC Update	
	<p>The Committee considered the QEUH/RHC Update [Paper 22/45] presented by Professor Tom Steele, Director of Estates and Facilities.</p> <p>Prof Steele confirmed the three-year contract to works on the Atrium had been awarded to Graham Construction and the company had been on site from Tuesday, 29 November 2022.</p> <p>Prof Steele noted regular requests had been received on when the play area would be accessible as it had been out of use for four years. Prof Steele confirmed the safe play space would be back in use early 2023.</p> <p>Prof Steele advised reactive repairs were ongoing to replace corroded pipework and components while scoping of programme to replace large bore pipework in plantrooms was underway.</p> <p>Prof Steele met with Building Standards and colleagues in the Scottish Government and it was agreed that monthly meetings were being planned to discuss the complex issues of the overall external wrap of the building.</p> <p>The Chair noted updates to be scheduled within the Committee's ACOB for 2023-24.</p> <p>The Committee were assured by the update.</p> <p><u>ASSURED</u></p>	Secretariat
101.	Financial Monitoring Report	
	<p>The Committee considered the Financial Monitoring Report [Paper 22/56] presented by Ms Fiona McEwan, Assistant Director of Finance.</p>	

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	<p>Ms McEwan summarised as at 31 October 2022, a deficit of £40.26m; unachieved savings of £34.97m, £18.57m against the Acute target. Pay and non-pay overspend of £5.30m, Acute overspend of £6.20m offset by underspends in Corporate of £0.9m. £42.4m of expenditure on remobilisation and delivery of services due to COVID-19 and £44.85m of non-recurring relief. It was forecast that the monthly deficit will reduce.</p> <p>Ms McEwan advised that the Financial Improvement Programme had been rebranded as the Sustainability and Value Programme in order to link in with the Sustainability and Value programme that had been established at a national level.</p> <p>In month 7, a total of £111.95m had been achieved on a year to date basis from both recurring and non recurring. From a year end forecast point of view £121.79m had been identified for the current year and £30.29m from a recurring basis. This was a £6m increase on the prior month however it was still short of the £50m recurring target set out in the financial plan. Work was continuing with the sectors and directorates to try to maximise the savings for this year.</p> <p>Total capital expenditure incurred to 31 October 2022 was £24.2m. This amounted to 24.6% of the revised plan (of £98.5m) leaving a balance of £74.3m to be incurred by 31 March 2023. At month 7, 55% of the total capital allocation had firm orders or incurred spend, therefore showed signs of increased movement. There was a balance of £5.8m still available to be allocated from the overall capital budget of £98.5m. This element was being prioritised for allocation currently via respective capital groups.</p> <p>Ms McEwan advised on the financial plan and revised forecast; the forecast deficit had reduced from £78.4m to £30.9m at month 7, a reduction of £47.5m of which £22.9m was as a result of the extensive Covid exit planning. The COVID-19 funding gap was now £3.1m and Ms McEwan noted confidence that this gap would be closed over the coming months.</p> <p>In response to the question on unallocated capital funding, Ms McEwan confirmed £5.8m was unallocated and work was ongoing to allocate these funds, and assured the Committee awareness of the risk of the Scottish Government retrieving any unallocated funds.</p> <p>The Chair noted progress and the key risk for the Board to come in on budget.</p>	

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	<p>The Committee were assured by the report.</p> <p><u>ASSURED</u></p>	
102.	Performance Report	
	<p>The Committee considered the Performance Report [Paper 22/57] presented by Ms Fiona McEwan, Assistant Director of Finance.</p> <p>Ms McEwan summarised that four of the eight measures were currently delivering against target and rated green, one was rated amber (<5% variance from trajectory), three were rated red (>5% adverse variance from trajectory) and the remaining six measures with no target were rated grey.</p> <p>The red measures that remained a challenge were MSK, and two related to delayed discharges. Ms McEwan highlighted the maximum wait for a routine MSK appointment had reduced from 20 weeks to 17 weeks.</p> <p>Ms Susanne Millar, Chief Officer, Glasgow City HSCP, provided a presentation on delayed discharges.</p> <p>Ms Millar advised delayed discharges remained a key challenge across NHSGCC and the HSCPs, and a range of actions were being implemented to drive the required improvements in performance and deliver against agreed trajectories, such as a review of current practice in relation to AWIs.</p> <p>In response to the question on an acceptable number of delayed discharges, Ms Millar noted the number was symptomatic of scale across the whole healthcare system and difficult to articulate.</p> <p>The Chair asked if the noted actions would make a difference over the winter period. Ms Millar advised the Performance Dashboard would provide greater detail and evidence-based best practice, and would continue to be monitored.</p> <p>Mrs Grant advised the ongoing challenge with delayed discharges was significant and multifactorial such as lengthy bed stays, complexity of AWIs, access to care homes, care at home, staffing and pay rates, and many of the issues were out with the control of NHSGGC.</p>	

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	<p>In response to members’ discussion on the impact of patient accessibility to care homes, Ms Millar advised a meeting with Chief Executives of commissioned care homes was scheduled w/c 12 December 2022 to address challenges faced, such as available beds not always staffed, slow response to referrals, phased admissions and no admissions over weekend.</p> <p>With regards to AWIs, Ms Millar noted ongoing challenges such as access to legal aid was complex, and noted discussions were ongoing with the Scottish Government with regards to emergency legislation to move AWI patients sooner in the process.</p> <p>The Chair noted performance would continue to be monitored.</p> <p>The Committee were assured by the report.</p> <p><u>ASSURED</u></p>		
103.	Extract from the Corporate Risk Register		
	<p>The Committee considered the Extract from the Corporate Risk Register [Paper 22/59] presented by Ms Fiona McEwan, Assistant Director of Finance.</p> <p>Ms McEwan summarised that seven risks remained, the target date for actions had been reviewed for all risks, controls and mitigating actions had been reviewed throughout, risk scores had been reviewed and remained static for this reporting period.</p> <p>The Chair remarked ease of readability with the Corporate Risk Register spreadsheet.</p> <p>The Committee were content to approve the paper.</p> <p>APPROVED</p>		
104.	Property Committee Minutes		
	<p>The Committee considered the approved minutes from the Property Committee that had taken place on 14 September 2022 [Paper 22/60] presented by Professor Tom Steele, Director of Estates and Facilities.</p>		

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	<p>Prof Steele highlighted the disposal of the old Clydebank Health Centre to West Dunbartonshire Council for £708k.</p> <p>Prof Steele advised the planning appeal decision on Dykebar was taken in the Board's favour. Dialogue with Renfrew District Council to agree on Section 75 was ongoing. Prof Steele will return to the Committee once a review of the gross price, taking into account the increasing costs, has been carried out.</p> <p>The Chair noted any strategic matters would be brought to the Committee and the report was for review only.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>		
105.	Closing Remarks and Key Messages for the Board		
	<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>Ms Kerr thanked Members for attending and closed the meeting.</p> <p><u>ASSURED</u></p>		
106.	Date and Time of Next Scheduled Meeting		
	<p>The next meeting would be held on Tuesday 07 February 2023 at 9.30 am by MS Teams</p>		