

FPPC (M) 22/01  
Minutes 01 - 15

**NHS GREATER GLASGOW AND CLYDE**

**Minutes of the Meeting of the  
Finance, Planning and Performance Committee  
held on Tuesday 15 February 2022 at 9.30 am  
via Microsoft Teams**

**PRESENT**

Mr Simon Carr (in the Chair)

|                       |                       |
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| Dr Jennifer Armstrong | Ms Margaret Kerr      |
| Ms Susan Brimelow     | Rev John Matthews OBE |
| Prof John Brown CBE   | Mr Mark White         |
| Mr Alan Cowan         | Prof Iain McInnes     |
| Ms Ann Cameron-Burns  | Mr Ian Ritchie        |
| Ms Jacqueline Forbes  | Ms Rona Sweeney       |
| Mrs Jane Grant        |                       |

**IN ATTENDANCE**

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| Ms Lesley Bairden    | .. | Chief Finance Officer, East Renfrewshire HSCP                        |
| Ms Denise Brown      | .. | Interim Director of eHealth  |
| Ms Frances Burns     | .. | Head of Strategic Planning and Health Improvement, Renfrewshire HSCP |
| Ms Sandra Bustillo   | .. | Director of Communications and Public Engagement                     |
| Dr Emilia Crighton   | .. | Deputy Director of Public Health                                     |
| Mr David Fogg        |    | Strategic Service Improvement Manager, Renfrewshire HSCP             |
| Mr Andrew Gibson     | .. | Chief Risk Officer   |
| Mr Grant Harrison    | .. | Audit Scotland   |
| Ms Jennifer Haynes   | .. | Corporate Services Manager, Governance                               |
| Ms Christine Laverty | .. | Interim Chief Officer, Renfrewshire HSCP                             |
| Ms Fiona McEwan      | .. | Assistant Director of Finance, Planning and Performance              |
| Ms Liz Maconachie    | .. | Audit Scotland   |
| Mrs Anne MacPherson  | .. | Director of Human Resources and Organisational Development           |
| Mrs Geraldine Mathew | .. | Secretariat Manager (Minute)   |
| Mr Steven Reid       | .. | Policy, Planning and Performance Manager, East Renfrewshire HSCP     |
| Mr Chris Sanderson   | .. | Head of Procurement  |
| Ms Caroline Sinclair | .. | Chief Officer, East Dunbartonshire HSCP                              |
| Mr Tom Steele        | .. | Director of Estates and Facilities                                   |

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| <b>01.</b> | <b>WELCOME AND APOLOGIES</b>  |  |                  |
|            | <p>The Chair welcomed those present to the first meeting of 2022 of the Committee. He noted the compressed agenda, given the ongoing requirement to operate under temporary governance arrangements, whilst the organisation continued to respond to the challenges of the COVID-19 pandemic.</p> <p>Apologies were noted on behalf of Dr Margaret McGuire, Ms Anne-Marie Monaghan, Cllr Sheila Mechan, Mr Jonathan Best and Mr William Edwards.</p> <p><b><u>NOTED</u></b></p> |  |                  |
| <b>02.</b> | <b>DECLARATIONS OF INTEREST</b>   |  |                  |
|            | <p>The Chair invited members to declare any interests in any of the items being discussed. There were no declarations made.</p> <p><b><u>NOTED</u></b></p>  |  |                  |
| <b>03.</b> | <b>MINUTES OF PREVIOUS MEETING</b>  |  |                  |
|            | <p>The Committee considered the minute of the meeting held on Tuesday 7 December 2021 [Paper No. FPPC(M)21/05], and were content to approve the minute as a complete and accurate record.</p> <p><b><u>APPROVED</u></b></p>   |  |                  |
| <b>04.</b> | <b>MATTERS ARISING</b>  |  |                  |
|            | <p>The Chair invited members to raise any matters arising from the previous meeting.</p>  |  |                  |
| <b>a)</b>  | <b>Rolling Action List</b>  |  |                  |
|            | <p>The Committee reviewed the items detailed on the Rolling Action List [Paper No. 22/01] and were content to close 4 actions from the Rolling Action List.</p> <p>The Chair invited members to raise any other matters arising and the following matters were discussed:</p>   |  |                  |

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|  | <p><u>RMP4 and Redirection Policy</u><br/>           A question was raised regarding the implementation of the Redirection Policy, and if this had been completed. Dr Armstrong reported that the Redirection Policy had been implemented, however challenges were experienced due to the recent surge in respect of the Omicron variant. She assured members that work continued to drive this forward, and focus remained on refreshing this work. The Redirection Policy was in place and was being used, however this was not as consistent as had been intended, due to the ongoing surge. Dr Armstrong agreed to provide a verbal update on progress at the next meeting of the Committee, and agreed to present a paper on progress to the Committee in due course.</p> <p><u>Review of Strategic Planning</u><br/>           In response to a question regarding progress of the Azets work to review IJB governance and strategic planning, Mr White reported that this work had been completed and that the report was currently being progressing through internal process. Discussion ensued about the appropriate governance process for reporting of the work. It was noted that it had been previously agreed that the report would be presented to the Audit and Risk Committee, however, members raised concern that this piece of work was not in respect of the regular audit programme, and had been commissioned by the Finance, Planning and Performance Committee, and, as such, should be reported to this Committee in the first instance. Following discussion, it was agreed that this report would be presented to the Finance, Planning and Performance Committee meeting in April 2022, along with the original briefing for the work. Furthermore, it was noted that there were two strands of work in respect of the original remit of the work. Firstly, there was a requirement to review the governance and processes of IJB strategic planning, and this work had been completed. Secondly, there was also a requirement to review whole system strategic planning, however, this was a significantly larger piece of work which would require further time to develop. Ms Grant noted that further discussion with Professor Brown and Ms Vanhegan was required to understand the requirements.</p> <p><u>GP Out of Hours Service</u><br/>           A question was raised in respect of the discussion which took place at the last meeting, where recommendations were made to progress the actions which could be done quickly, and that further engagement with Scottish Government was required. Ms Grant advised that there remained some challenges, and discussions had taken place with Scottish Government in respect of this. She noted that the Programme Board would shortly meet and a further update on this would be provided at the next meeting.</p> | <p><b>Mr White</b></p> <p><b>Ms Grant/<br/>           Prof Brown/<br/>           Ms<br/>           Vanhegan</b></p> |

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|     | <p>There were no other matters arising.</p> <p><b>NOTED</b></p>  |           |
| 05. | <b>URGENT ITEMS OF BUSINESS</b>  |           |
|     | <p>The Chair invited members to raise any urgent items of business.</p> <p><u>COVID-19</u></p> <p>Ms Grant provided an overview of ongoing pressures in respect of the continued response to COVID-19. Whilst the position had improved, the organisation continued to respond to normal winter pressures, which created a challenging position. Furthermore, the EDR rate was currently at 1.1, which indicated that COVID-19 infections were increasing.</p> <p>In response to a question about the current levels of staffing within Acute, Ms Grant highlighted that the position in respect of staffing remained challenging. She assured members that the Chief Nurses monitored the position on a daily basis to ensure. In addition, the HR Team have worked tirelessly to recruit additional staff including Healthcare Assistants to address the current challenges. Whilst the Executive Team, Chief Nurses, and HR Team have done a significant amount of work to implement a number of mitigating actions, the staffing position remained challenging, however members were assured that every effort was made to address this.</p> <p>Mrs MacPherson, Director of Human Resources and Organisational Development added that the challenges experienced in NHSGGC were reflected in all Boards across Scotland. There were understandably higher levels of stress experienced by all staff groups, and a review of the position was undertaken on a daily basis to monitor this. Mrs MacPherson assured members that significant measures and support had been implemented to support staff throughout this extremely challenging time and this continued to be monitored closely by the Staff Governance Committee. All staff were highly commended for their ongoing efforts during this time and it was noted that they continued to provide exemplary care to patients.</p> <p>Mr Cowan, Co-Chair of the Staff Governance Committee, assured members that this issue was closely monitored by the Committee, and that process were in place to support staff.</p> <p>The Chair thanked Ms Grant for the update.</p> |           |

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| <b>06.</b> | <b>QEUH/RHC UPDATE</b>  |  |                  |
|            | <p>The Committee considered the paper 'QEUH/RHC Update' [Paper No. 22/02] presented by the Director of Estates and Facilities, Mr Tom Steele. The paper provided an update on the position in respect of:</p> <ul style="list-style-type: none"> <li>• The Oversight Board and the Case Note Review Report;</li> <li>• The Public Inquiry;</li> <li>• The Police Investigation;</li> <li>• The Legal Claim;</li> <li>• The Rectification Programme;</li> <li>• Ward 2a/2b.</li> </ul> <p>Mr Steele highlighted that the Public Inquiry closing statement was published in December 2021. There was currently no date set in respect of when the NHSGGC elements of the inquiry would return to focus, however there was continued complex dialogue with the Public Inquiry Team and a summary of the information requests and level of complexity of these had been prepared. In addition, a document management system had been purchased in order to facilitate retrieval of information. The PMO had been augmented with additional dedicated staff to facilitate the ongoing requirements for provision of information. A Programme Manager had been appointed and would take up post in early April and additional support had been identified to supplement Witness Support.</p> <p>The Police investigation remained ongoing and, in addition to interviews with staff, Police Scotland had visited a number of sites, including key suppliers in respect of the domestic water system and the ventilation system.</p> <p>Mr Steele noted that the Board had received 27 intimations of claims in respect of QEUH and RHC, and work between the PMO and the CLO on the related themes continued, however, at this stage, all cases were currently sisted.</p> <p>In respect of the legal claim, Lord Tyre heard the legal debate on the matter of interrupted time bar and found in favour of NHSGGC. The Court subsequently refused the motion by Multiplex for permission to appeal the decision, however there remained a possibility of an appeal at a later stage when all merits of the case had been determined. The Court decision paused the action to allow for the claims to be adjudicated and a</p> |  |                  |

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|  | <p>regular exchange of information continued to prepare for adjudication.</p> <p>Work continued in respect of collaborative dialogue with Multiplex regarding the rectification programme. In addition, pre-construction activities for replacement of atrium wall linings by an NHSGGC appointed contractor also continued to provide an option, should the conclusion of a settlement agreement with Multiplex fail to be agreed.</p> <p>Mr Steele reported that commissioning activities had commenced in respect of Ward 2a/2b, with the aim of having the wards ready for occupation by the beginning of March.</p> <p>Ms Bustillo provided an overview of the comprehensive staff and patient/family communications plan being delivered in preparation for the opening of the wards, and incorporated learning from feedback from families on communication and engagement, and the recent research carried out by the Consultation Institute.</p> <p>Mr Steele summarised that discussions took place on a weekly basis at the Oversight Group meetings, to review all of the activities and collaboration across the organisation continued.</p> <p>The Chair thanked Mr Steele and Ms Bustillo for the update and invited comments and questions from members.</p> <p>In response to a question about the sterility requirements of the wards and also of the hospital in general, Mr Steele assured members that the sterility of the environment within the wards in respect of infection control, air and water quality, was significantly beyond the requirements, and successfully passed the 4 required statutory tests. Every potential scenario had been considered and actions put in place. Furthermore, there was 100% resilience in respect of the systems in place.</p> <p>A question was raised regarding the Communications Strategy, and how the impact of this was being measured. Ms Bustillo noted that progressive work had been done on sentiment analysis and this would be reported to the Committee in April. Plans were in place to repeat the sentiment analysis exercise in 1 year to ascertain the impact of the Strategy, however the Strategy was a much longer term ambition, with the dual purpose. Ms Bustillo was confident that there would be a short term impact in respect of Wards 2a/2b and work was underway with members of the media to progress short term media opportunities.</p> |                  |

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|            | <p>In response to a question about the next steps of the Public Inquiry, Mr Steele noted that there were no formal proceedings currently scheduled, however there remained a significant volume of requests for provision of information and these continued to be responded to. Ms Grant added that Ms Vanhegan had been in regular discussions with the Public Inquiry Team.</p> <p>A question was raised regarding the adjudication of the legal claim and the likely outcome of this. Mr Steele reported that the organisation would seek to adjudicate the matter and continued to have open dialogue with Multiplex. Whilst adjudication may likely be successful, there were some aspects of the heads of claim that were complex and as such, may be unlikely to be successfully adjudicated.</p> <p>In summary, the Committee were content to note the significant activity which continued across all of the strands of work related to the QEUH/RHC.</p> <p><b><u>NOTED</u></b></p> |                  |
| <b>07.</b> | <b>HSCP STRATEGIC PLANS</b>  |                  |
| <b>a)</b>  | <b>RENFREWSHIRE AND EAST RENFREWSHIRE HSCP STRATEGIC PLANS UPDATE</b>  |                  |
|            | <p>The Committee received a presentation by Ms Frances Burns, Head of Strategic Planning and Health Improvement, Renfrewshire HSCP, which provided an overview of the progress of Renfrewshire HSCP and East Renfrewshire HSCP Strategic Plans.</p> <p>Ms Burns noted that the public consultation had now closed, and work was underway to consider the consultation information received from a variety of sources. Collaborative work had been undertaken with the NHSGGC Corporate Planning Team, to ensure plans focused on cross system planning and consideration was given to a number of planning frameworks including Primary Care Improvement Plans, Unscheduled Care, Moving Forward Together, the Mental Health Strategy, and Turning the Tide Through Prevention Strategy. Additionally, a mapping exercise had been carried out in respect of the corporate objectives.</p> <p>Ms Burns highlighted some areas which had been considered including:</p>                         |                  |

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|                  | <ul style="list-style-type: none"> <li>• Prevention of hospital admissions, and commitment to reduction of delayed discharges;</li> <li>• Incorporation of key performance indicators;</li> <li>• Strengthening of the evaluation process;</li> <li>• Work to incorporate links with the Workforce Strategy.</li> </ul> <p>Ms Burns reported that the final Strategies would be presented to their respective IJBs in March 2022.</p> <p>The Chair thanked Ms Burns for the presentation and invited comments and questions from members.</p> <p>In response to a comment about the frequency of reporting of performance in relation to the Strategy, and the suggestion that the Board should receive regular performance reporting, it was agreed that further discussion and consideration was required to consider the options and frequency with Chief Officers, with propositions to be discussed at the meeting in April, when the Azets report would be presented to the Committee.</p> <p>In summary, the Committee were content to note the progress of the Strategic Plans for Renfrewshire HSCP and East Renfrewshire HSCP, and that the final Strategic Plans would be presented to the respective IJBs in March. The Committee would anticipate a paper to be presented to the April 2022 meeting regarding governance of performance reporting to the Board in relation to the progress of actions within HSCP Strategic Plans.</p> <p><b><u>NOTED</u></b></p> | <p><b>Ms Grant</b></p> |
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| <p><b>b)</b></p> | <p><b>EAST DUNBARTONSHIRE HSCP STRATEGIC PLAN</b></p>  |                        |
|                  | <p>The Committee considered the paper 'East Dunbartonshire Integration Joint Board Stage 2 Consultation on Draft Strategic Plan 2022-25' [Paper No. 22/03] presented by Ms Caroline Sinclair, Chief Officer, East Dunbartonshire HSCP. The paper provided an overview of progress of the second period of consultation of the Strategic Plan.</p> <p>Ms Sinclair provided an overview of the key points. She highlighted that this represented the first draft of the Strategic Plan, which would be presented to the IJB in March for final approval. She noted that the Strategic Plan was presented to the CMT in February and work continued to work on the comments and suggestions received.</p>   |                        |

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|            | <p>The Chair thanked Ms Sinclair for the update and invited comments and questions from members.</p> <p>The Committee commended the significant work undertaken and the degree of collaborative working across IJBs to develop Strategic Plans.</p> <p>In summary, the Committee were content to note the progress made in developing the Strategic Plan and would anticipate a further update on the Plan at the next meeting in April, in conjunction with the Renfrewshire and East Renfrewshire HSCP Strategic Plans update.</p> <p><b>NOTED</b></p>   | <b>Ms Sinclair</b> |
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| <b>08.</b> | <b>COVID-19 UPDATE</b>   |                    |
|            | <p>The Committee received a verbal update on the current position regarding COVID-19, presented by the Deputy Director of Public Health, Dr Emilia Crighton.</p> <p>Dr Crighton provided an overview of the recent spike at the end of November 2021, due to the emergence of the Omicron variant. January 2022 data indicated that cases were reducing, however the current EDR was 1.1, which indicated that infections were increasing. She provided an overview of the activities to vaccinate 5 – 11 year olds with who were most at risk, or lived with some at risk. Further guidance was expected from JCVI in relation to vaccination for the wider age group.</p> <p>In respect of the Test and Protect Programme, Dr Crighton highlighted the ongoing national discussions regarding potential changes, the policy, and the financial constraints. It was expected that the strategic framework would be published first, followed by the testing policy.</p> <p>The Chair thanked Dr Crighton for the update and invited comments and questions from members.</p> <p>In response to a question regarding the prevalence of the new variation within the younger age groups, Dr Crighton noted that the younger age groups have lower prevalence.</p> <p>A question was raised regarding the imminent changes to the Test and Protect framework and policy, if the changes would result in a risk regarding the testing facilities that have been</p> |                    |

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|            | <p>established in Glasgow, and if it was possible to reposition these laboratory facilities to undertake other work. Dr Crichton confirmed that the Director of Regional Services was actively pursuing this issue, regarding the repositioning of resources to undertake other work. Ms Grant added that the National Test and Protect Group were considering this issue and there was ongoing dialogue with the Scottish Government. She further noted that one of the laboratories referred to was a regional laboratory and as such, was not a specific NHS GGC resource. Professor McInnes added that discussions were ongoing in respect of the Lighthouse Laboratory. There were a number of matters relating to ongoing requirements for testing including development of immunity to Omicron, and new variants of concern.</p> <p>In summary, the Committee were content to note the report, and were assured of the information provided that whilst it remained unclear what the risks were in relation to the current test facilities, work was underway to consider this.</p> <p><b><u>NOTED</u></b></p>  |           |
| <b>09.</b> | <b>PROCUREMENT STRATEGY</b>  |           |
|            | <p>The Committee considered the paper ‘Annual Procurement Report: Procurement Strategy 2022 – 2025’ [Paper No. 22/04] presented by Mr Tom Steele, Director of Estates and Facilities. The paper was presented to satisfy the Board’s legal duty under Section 15 of the Procurement Reform (Scotland) Act to prepare and publish a Procurement Strategy which set out how regulated procurements would be carried out.</p> <p>Mr Chris Sanderson, Head of Procurement, explained that the amendments to the Strategy addressed the recent Procurement Audit actions, and these had been shared with the Internal Auditors, who were content that the Strategy was clear and comprehensive and addressed the issues raised.</p> <p>The Chair thanked Mr Steele and Mr Sanderson for the report and invited comments and questions from members.</p> <p>In response to a question regarding the nature of the issues which were raised by the audit, Mr Sanderson confirmed that these were specifically about additional content required in respect of financial balance and best value. He assured members that good progress had been made in respect of the actions required.</p> |           |

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|     | <p>A further question was raised in respect of best value and what the nature of this amendment was. Mr White confirmed that the recommendation made by the auditors was in respect of making a clear commitment to best value and this was a minor change to be more explicit about financial planning and the Financial Improvement Programme.</p> <p>Comments were raised in respect of some areas of the Strategy which required amendment. These were:</p> <ul style="list-style-type: none"> <li>• Consideration of inclusion of forecast in relation to budget;</li> <li>• Reference to efficiency savings;</li> <li>• KPIs Progress Reports – required amendment to twice yearly to CMT and once yearly to FP&amp;P Committee;</li> <li>• Amendment to commitment to compliance with training plans to be in line with percentage agreed by Staff Governance Committee.</li> </ul> <p>In response to the comments made, Mr White assured members that procurement remained a key component of the Financial Improvement Programme. He noted likely challenges in respect of a number of national contracts which had not been tendered due to COVID-19, and the impact of inflation on this. Whilst this would not pose a significant financial risk to service budgets at the moment, Mr White expected that there would be ongoing pressures, specifically in relation to increasing energy costs, and that the current aim would be to reach a break even position within procurement, however he noted that work would continue to identify any areas of savings.</p> <p>Mr Sanderson added that the Procurement Team continued to work closely with the Financial Improvement Programme Team with regards to the financial savings target. A significant area for procurement would be in respect of tactical and strategic sourcing, and the use of spend analysis tools.</p> <p>In summary, the Committee were content to endorse the Procurement Strategy, for presentation to the NHSGGC Board for approval.</p> <p><b><u>NOTED</u></b></p> |                  |
| 10. | <b>INFRASTRUCTURE STRATEGY</b>   |                  |
|     | The Committee considered the paper 'NHSGGC Clinical Infrastructure Strategy: Next Steps' [Paper No. 22/05] presented   |                  |

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|  | <p>by the Director of Estates and Facilities, Mr Tom Steele. The paper provided an update on actions to establish a work programme to develop a Clinical Infrastructure Strategy for NHSGGC.</p> <p>Mr Steele outlined the procurement exercise that had been taken forward to appoint external consultancy support for this work programme. Following an extensive tendering process, a preferred partner had been identified and it was anticipated that the work would be completed by March 2023.</p> <p>The Chair thanked Mr Steele for the update and invited comments and questions from members.</p> <p>In response to a question regarding the scope of the programme, Mr Steele confirmed that this included all parts of the estate including primary care, secondary care, and mental health premises, along with digital enablers.</p> <p>A question was raised regarding the potential to miss opportunities for investment, whilst this work was ongoing. Mr Steele highlighted that the timing of this work was key. He noted that other Boards were beginning to consider taking this type of work forward, however, due to significant demand within the market for this type of work, there were significantly less providers available.</p> <p>In response to a question regarding in-house capacity and skills Mr Steele confirmed that the work programme would utilise a mix of both internal and external skills to progress this work.</p> <p>A question was raised about how the Digital Strategy would fit with this work. Ms Denise Brown, Interim Director of eHealth advised that there was currently a Digital Strategy in place until the end of 2022. She assured members that work was underway to align the development of the new Digital Strategy with the Infrastructure Strategy, which would embrace the changes brought about by the pandemic.</p> <p>Dr Armstrong added that the Strategy Project Team was working with the external team to bring in the new ways of working in a range of areas including community and digital.</p> <p>In summary, the Committee were content to note the appointment of an external consultancy to carry out the Infrastructure Investment Strategy work; noted the recruitment into the Project Team as described and to support allocation of defined staffing resource in Capital Planning, Public Health, Business Intelligence</p> |                  |

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|            | and eHealth to assist with the work programme; and noted the governance structure and timeline for the completion of this work programme.   |  |                  |
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| <b>11.</b> | <b>FINANCE UPDATE</b>   |  |                  |
| <b>a)</b>  | <b>FINANCE REPORT</b>   |  |                  |
|            | <p>The Committee considered the paper ‘Finance Report’ [Paper No. 22/06] presented by the Director of Finance, Mr Mark White. The paper provided an overview of the Month 9 financial position, including the position of the Financial Improvement Programme and the forecast for COVID-19 expenditure for 2021/22.</p> <p>Mr White noted that, as at 31 December 2021, the Board’s financial ledger highlighted an overspend of £12.6m, and this was wholly attributable to unachieved savings. Direct expenditure on remobilisation and delivery of services due to COVID-19 totalled £115.6m. Unachieved savings due to the focus and effort on COVID-19 totalled £46.95m.</p> <p>In respect of the capital position, Mr White noted that the current forecast core capital resources available to the Board for investment in 2021/22 amounted to just under £97.4m. This represented an increase on the £89.7m reported last month mainly due to an additional £6.7m of funding being received from Scottish Government, with £5.2m for National Infrastructure Equipment Replacement funds and also an increase in revenue to capital transfer related to equipment purchases.</p> <p>The Chair thanked Mr White for the update and invited comments and questions from members.</p> <p>A question was raised regarding the over achievement of the corporate finance savings target by 578%, and if the target was too low. Mr White highlighted that there were areas of income which were allocated to the FIP, which was the reason for the elevated figure.</p> <p>In response to a question regarding the workforce target, and given the ongoing response to the pandemic, if this target was too high, Mr White responded that it had been difficult to assess this, and perhaps the target had been too high.</p> |  |                  |

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|           | <p>A question was raised regarding the capital position reported underspends and if there were actions that could be taken to achieve a better flow. Mr White highlighted that additional capital allocations were difficult to spend in year, however he assured members that this would be addressed as part of strategy.</p> <p>In summary, the Committee were content to note the revenue position at Month 9; note the Month 9 position with the FIP; and note the capital position at Month 9.</p> <p><b><u>NOTED</u></b></p>   |                  |
| <b>b)</b> | <b>FINANCIAL PLAN</b>   |                  |
|           | <p>The Committee considered the paper 'Financial Plan 2022/23' [Paper No. 22/07] presented by the Director of Finance, Mr Mark White. The paper provided an overview of the Draft Financial Plan for 2022/23.</p> <p>Mr White highlighted that the significant financial challenge for 2022/23 was forecast at £166.3m, and this was based on a 2% uplift of baseline budget and additional allocation to support the increase in employer National Insurance costs. This included a recurring brought forward deficit from 2021/22 of £122m.</p> <p>The Chair thanked Mr White for the update and invited comments and questions from members.</p> <p>In response to a question raised about the final version of the Financial Plan, Mr White confirmed that this would be finalised in the coming weeks and a further iteration of the Plan would be presented to the Committee at its meeting in April. He noted that the attached paper represented the foundation of the budget, which would require clarification prior to finalisation.</p> <p>A question was raised about the uplift for pay costs and if the allocation from the Scottish Government would cover this. Mr White confirmed that the allocation would just cover the pay and inflation uplift, however it would not cover prescribing costs or other challenges.</p> <p>In summary, the Committee were content to note the draft Financial Plan and Financial Improvement Targets for 2022/23.</p> <p><b><u>NOTED</u></b></p> | <b>Mr White</b>  |
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| 12. | <b>PERFORMANCE REPORT</b>   |  |  |
|     | <p>The Committee considered the paper 'Performance Report' [Paper No. 22/08] presented by the Director of Finance, Mr Mark White. The paper provided an update on performance against the key indicators outlined in the Performance Assurance Framework.</p> <p>Five of the key indicators were reported as green, two reported as amber, and four reported as red. Marginal improvements were expected in some areas by the year end. Mr White noted that there were challenges within the Child and Adolescent Mental Health Services (CAMHS), Physiotherapy Services and within delayed discharge. These continued to be of focus to improve performance.</p> <p>The Chair thanked Mr White for the update and invited comments and questions from members.</p> <p>In response to a question about the internal audit actions associated with delayed discharge, and whether external assistance was required, Ms Grant reported that a significant amount of work had been undertaken to improve performance in this area. She noted that all territorial Boards within Scotland had experienced difficulties in respect of this area, particularly in relation to Adults with Incapacity and difficulties with the Court process. Care at Home also remained a challenge, along with Care Homes difficulties due to staffing issues and COVID-19 outbreaks. Ms Grant noted that work was underway with colleagues from Glasgow City, to address the issues, along with a review of the whole patient pathways. Additionally, the Chief Officers had a series of actions that they were progressing and some good progress had already been made.</p> <p>A question was raised regarding mental health delayed discharges. Ms Grant noted that improvements had been made and the trajectory for this was more positive.</p> <p>Comments were made in respect of consistencies of the graphs throughout the report, and a request was made to ensure that this was addressed.</p> <p>In summary, the Committee were content to note the performance across NHS GGC in relation to the key performance indicators outlined in the Performance Assurance Framework.</p> <p><b><u>NOTED</u></b></p> |  |  |
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| <b>13.</b> | <b>CORPORATE RISK REGISTER</b>  |  |                 |
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|            | <p>The Committee considered the paper 'Corporate Risk Register – Extract' [Paper No. 22/09] presented by the Director of Finance, Mr Mark White. The paper provided an overview of the entries that relate to the Finance, Planning and Performance Committee.</p> <p>The Chair thanked Mr White for the update and invited comments and questions from members.</p> <p>In response to a comment made about the delayed discharge risk, given that this was now an ongoing issue, and no longer a risk, Mr White agreed to consider removing this from the Corporate Risk Register or rewording the entry to better reflect the impact of the risk on patients, and noted that this issue would continue to be monitored through the Performance Report.</p> <p>In summary, the Committee were content to note the risks; note the risk scores; note the proposed mitigating actions; note the alignment to the corporate objectives; and note alignment to risk type.</p> <p><b><u>NOTED</u></b></p> |  | <b>Mr White</b> |
|            |   |  |                 |
| <b>14.</b> | <b>CLOSING REMARKS AND KEY MESSAGES FOR THE BOARD</b>   |  |                 |
|            |   |  |                 |
|            | <p>Mr Carr closed the meeting by thanking presenters and Members for their contribution to the meeting. He advised that a summary report of the key messages from the meeting would be produced for the NHS Board meeting on 22 February 2022.</p> <p><b><u>NOTED</u></b></p>   |  |                 |
|            |   |  |                 |
| <b>15.</b> | <b>DATE AND TIME OF NEXT SCHEDULED MEETING</b>  |  |                 |
|            |   |  |                 |
|            | <p>The next meeting would be held on Tuesday 5 April 2022 at 9:30am by MS Teams.</p>  |  |                 |