

FPPC(M) 23/01
Minutes 1 - 18

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Finance Planning and Performance Committee held on Tuesday 7 February 2023 at 9.30 am via Microsoft Teams

PRESENT

Ms Margaret Kerr (in the Chair)

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

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 HSCP (for Item 7a)
Mr Colin Neil	..	Director of Finance
Dr Emilia Crighton	..	Interim Director of Public Health
Ms Beth Culshaw	..	Chief Officer, West Dunbartonshire HSCP
Ms Kim Donald	..	Corporate Services Manager – Governance/Board Secretary
Mr William Edwards	..	Chief Operating Officer, Acute Services
Mr Andrew Gibson	..	Chief Risk Officer
Ms Karen Lamb	..	Head of Specialist Children's Services (for Item 8)
Ms Christine Laverty	..	Chief Officer, Renfrewshire HSCP
Mrs Anne MacPherson	..	Director of Human Resources and Organisational Development
Ms Fiona McEwan	..	Assistant Director of Finance - Financial Planning & Performance
Ms 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
1.	Welcome and Apologies	
	The Chair welcomed those present to the February meeting of the Committee and advised that no apologies had been received. <u>NOTED</u>	
2.	Introductory Remarks	
	The Chair advised that the agenda had been updated with an additional item on the Radionuclide Dispensary Outline Business Case (OBC). She also acknowledged that there had been several “to follow” papers that had been distributed following the Corporate Management Team (CMT) meeting that had taken place on Thursday 2 February 2023. Members confirmed that they had received the updated agenda and the “to follow” papers and were content to consider these items. <u>NOTED</u>	
3.	Declaration(s) of Interest(s)	
	The Chair invited members to declare any interests in any of the matters being discussed. There were no declarations of interest. <u>NOTED</u>	
4.	Minutes of Previous Meeting	
	The Committee considered the minute of the previous meeting which had been held on Tuesday 6 December 2022 [Paper No. FPPC(M)22/06] and were content to approve the minute as a complete and accurate record. <u>APPROVED</u>	
5.	Matters Arising	
a)	Rolling Action List	
	The Committee considered the Rolling Action List [Paper No. 23/01].	

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	<p>Mr Neil advised that Item 96, GP Out of Hours Update, would be added to the agenda for the April meeting of the Committee. Ms Bustillo reported that there were ongoing discussions with Healthcare Improvement Scotland (HIS) who would be considering the NHSGGC position in terms of service change at a formal committee meeting later in the month and would provide feedback thereafter.</p> <p>The other items on the RAL had either been completed or were on the agenda for today's meeting and the Committee were content to accept the recommendation that these actions were closed.</p> <p>The Committee were content to approve the RAL.</p> <p><u>APPROVED</u></p>	
6.	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>	
7.	HSCP Strategic Plans	
a)	IJB Strategic Plan - West Dunbartonshire	
	<p>The Committee considered the IJB Strategic Plan – West Dunbartonshire [Paper 23/02] presented by Ms Beth Culshaw, Chief Officer, West Dunbartonshire HSCP.</p> <p>Ms Culshaw advised that the Plan had been updated following the December meeting of the Committee and introduced Ms Margaret-Jane Cardno, Head of Service Strategy and Transformation, West Dunbartonshire HSCP, who provided an overview of the changes that had been made.</p> <p>Ms Cardno advised that the Strategic Plan would be supported by a full delivery plan with actions outlining how this would be delivered against the strategic priorities. She said that the performance framework was now more comprehensive but there was still further work to be undertaken on setting the targets and a session was scheduled to take place on this. Ms Cardno advised that this remained a working document and she would be grateful to receive any further comments on the draft.</p>	

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	<p>The Committee were assured by the process underway to develop the Strategic Plan.</p> <p>NOTED</p>	
<p>8.</p>	<p>Specialist Children’s Services Single Structure Development</p>	
	<p>The Committee considered the Child and Adolescent Mental Health Services (CAMHS) [Paper 23/03] presented by Ms Caroline Sinclair, Chief Officer, East Dunbartonshire HSCP.</p> <p>Ms Sinclair advised that the report was intended to provide assurance on the progress that had been made towards the implementation of a single management structure for specialist children’s services which would ensure children and young people had a consistent and safe approach across NHSGGC with a flexible, resilient service that was able to respond to the growing demand. Dr Crighton advised that as Child Health Commissioner she had been working closely with Ms Sinclair and her colleagues and was supportive of the planned changes. Dr Armstrong added that this proposed change had been undertaken to ensure children receive a consistent approach across the system.</p> <p>The Chair thanked Ms Sinclair for the update and said that she had been made aware that the paper had not followed the correct governance route due to an administrative error. The Committee formally noted this error and were provided with an apology and reassurance that the governance arrangements had since been reviewed.</p> <p>In response to a query from the Employee Director about whether there was any potential impact on staff working in the service, Ms Sinclair explained that this was a review of management arrangements that would enable local staff to be centrally managed and there were firm commitments that staff would continue to work within own areas with the flexibility achieved through future workforce planning. Mrs MacPherson acknowledged that the Employee Director was representing concerns raised through Trade Union colleagues and it was agreed that she would take this through the APF process to provide further assurance around this.</p> <p>In response to a query about working relationships with other children’s services, Ms Sinclair provided assurance that the service would continue to work closely in partnership with Tier 1</p>	<p>Mrs MacPherson</p>

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	<p>and Tier 2 services and there had been a recent discussion with Heads of Service which had reiterated this commitment.</p> <p>In response to a query about whether an EQIA had been undertaken, Ms Sinclair said that because there was no change to the services being delivered there would not be an EQIA impact but there would be discussions with local teams to ensure this. This was accepted but it acknowledged that there needed to be a separate discussion about the EQIA process in general.</p> <p>In summary, the Chair said that it was clear that there had been significant work undertaken and the Committee noted the report.</p> <p>NOTED</p>	Board Secretary
9.	Radionuclide Dispensary Outline Business Case	
	<p>The Committee considered the Radionuclide Dispensary Outline Business Case (OBC) presented by Professor Tom Steele, Director of Estates and Facilities.</p> <p>Professor Steele reported that the original OBC had been approved in June 2022 but since then the Scottish Government had introduced two new requirements as part of the business case process which had led to a cost uplift and revised delivery timescale as well as additional costings to take account of inflation. Subject to the necessary approval, it was anticipated that work would start on site in 13 months with the service ready by July 2025. It was noted that the original scope had not changed from a service perspective and this remained a significant organisational priority particularly in relation to treatment and diagnosis.</p> <p>In response to a query on whether these changes could have been foreseen earlier, Professor Steele advised that the original OBC had met the requirements set out at the time but the Capital Investment Group process had subsequently changed. Professor Steele also reported that it was not expected that the delay would have a significant impact as business continuity plans were in place and there was ongoing dialogue with the MHRA who were well sighted on the position.</p> <p>The Committee were content that the process was appropriate, the new facility remained a priority and were content that the associated costs were reflected in the wider capital plan. It was noted that the scale of the increased cost meant this would now</p>	

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	<p>require NHS Board approval and the Committee agreed that this should now be recommended to the NHS Board.</p> <p>APPROVED</p>	
10.	Financial Monitoring Report	
	<p>The Committee considered the Financial Monitoring Report [Paper 23/04] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil reported on the month 9 financial position including the position of the Sustainability and Value (S&V) programme and the capital position. He advised that at month 9 the Board's ledger indicated a deficit of just over £34 million, £25.1 million of which was unachieved savings and £9 million was a pay and non-pay combined overspend (£10.79 million overspend in Acute offset by underspend in Corporate). He advised that the total expenditure on COVID-19 was £49.88 m and funding was in place to cover these costs in full. Within the total position there was £64m of non-recurring relief.</p> <p>Mr Neil advised that within Acute services, pressures continued to be experienced in respect of medical and nursing pay and there was a significant amount of work underway particularly around Junior Doctors which would be concluded within the next few weeks. In terms of non-pay pressures, these were mainly within prescribing and surgical sundries. In Corporate, there were pressures in estates and facilities which were largely related to property maintenance and there were pressures within GP Out of Hours (OOH). Mr Neil reported that the six HSCPs were forecasting a year end breakeven position although prescribing costs were being reviewed very closely.</p> <p>Mr Neil reported that the S&V programme had achieved £38.76 million in month 9 on a full year recurring basis which was a significant improvement from the previous month. He added that on a current year effect basis £137.91 million had been achieved.</p> <p>Mr Neil reported that total capital expenditure at month 9 was at £39.9 million which was 41% of the total plan. He reported that 81% of the total capital allocation had firm orders with receipts in the system or had incurred spend but this would continue to be monitored over the remainder of the financial year.</p> <p>In summary, Mr Neil said that although there had been improvements and the trajectory to the year end was positive there was still a significant level of system pressures and</p>	

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	<p>reducing cost pressures over the final few months of this financial year remained critical.</p> <p>In response to a query about prescribing pressures, Mr Neil said that the IJBs had reported that they had adequate resource to cover this through general reserves this year and it was therefore not anticipated that there would be any impact on the Board. Mr Neil acknowledged members' concerns about the visibility of the overall financial position in IJBs and advised that he had discussed financial planning for next year with IJB Chief Officers and Chief Finance Officers and he would bring back further detail on IJB finances and reserves to future meetings.</p> <p>In response to a query about financial efficiency indicators, Mr Neil said that there was a range of activities and information reported through various Committees. He said that going forward it was expected that there would be more benchmarking across Scotland through the national S&V programme. It was agreed further detail would be added to a future report.</p> <p>The Committee were content to note the report and were assured by the significant achievement of the finance team in bringing down the forecast deficit.</p> <p>NOTED</p>	<p>Mr Neil</p> <p>Mr Neil</p>
<p>11.</p>	<p>Financial Plan 2023/24 – 2025/26</p>	
	<p>The Committee considered the Financial Plan 2023/24 – 2025/26 [Paper 23/05] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil provided a brief presentation outlining the three year financial plan, the final version of which was due to be submitted to the Scottish Government on 16 March 2023. Mr Neil outlined the assumptions that had been made in developing the plan and the financial challenge facing NHSGGC over the period of the plan.</p> <p>The Chair thanked Mr Neil for the presentation and invited Committee members to raise any queries around the detail in the plan.</p> <p>In response to a query about winter planning, Mr Neil agreed that the level of winter funding would be more challenging in future years and the high level of delayed discharges needed to be addressed as this was challenging financially and operationally. He added that NHSGGC was also impacted by the high number</p>	

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	<p>of delayed discharges from other Boards. Mr Neil said that delayed discharges would continue to be an area of focus and there were active discussions taking place with the Scottish Government.</p> <p>Mr Neil explained that the legal costs of the Public Inquiry were included as part of the financial planning for this financial year and were subject to ongoing discussion with the Scottish Government.</p> <p>In response to a query about the replacement of GP IT systems, Ms Denise Brown, Interim Director of eHealth, advised that these required to be upgraded as the current system was being made redundant but there was ongoing dialogue on the funding of this with both the Scottish Government and IJBs.</p> <p>In response to a query around the potential for staffing cost increases, Mrs MacPherson said that this was a complex issue and work was underway with professional colleagues on the shape of the workforce and not just additionality.</p> <p>Mr Neil said that the plan had been reviewed by the CMT where there had been a discussion on the full range of pressures and action plans would be produced against each of these.</p> <p>The Chair summarised by saying that this had been a helpful debate in terms of understanding the financial plan and how this would be progressed. Mr Neil said that there would be regular updates and information provided on the plan to the Committee and the Board.</p> <p>The Committee were content to approve the paper.</p> <p>APPROVED</p>	
12.	Board Capital Plan 2023/24 – 2025/26	
	<p>The Committee considered the Board Capital Plan 2023/24 – 2025/26 [Paper 23/06] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil summarised the plan advising that the estimated level of capital resources available to the Board over the three years set out in the paper was £105.9m, £64.1m and £64.4m respectively. Mr Neil set out the expenditure position, advising that there were areas of committed expenditure set out in detail and an element of budget remained unallocated for each of the three years. He</p>	

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	<p>also set out the income which showed an element of capital receipts. Mr Neil also explained the position around national infrastructure replacement and the prioritisation process.</p> <p>The Committee noted the proposed property disposals set out in the plan and in response to queries about future arrangements for other sites, it was acknowledged that this was a complex process and the appropriate use of assets would form part of discussions over the coming months both internally and with the Scottish Government. Mr Neil advised that he could provide an update on progress to the Committee acknowledging the final plan would be brought back in due course.</p> <p>In response to a query about whether there was any work within the capital plan on achieving net zero targets, Professor Steele said that there was a significant amount of day to day work underway on this as well as work to identify and target funding to progress specific pieces of work.</p> <p>In response to a query regarding arrangements for West of Scotland Thrombectomy, Dr Armstrong confirmed that there had been some recent changes to the planning around this and she would ensure that any developments were reflected appropriately both clinically and financially.</p> <p>The Chair thanked Mr Neil for the opportunity to scrutinise the Capital Plan and the Committee were content to approve the report.</p> <p><u>APPROVED</u></p>	Mr Neil
13.	Performance Report	
	<p>The Committee considered the Performance Report [Paper 23/07] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil reported 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>Mr Neil reported on the key areas of performance improvement which included the number of CAMHS patients seen under 18 weeks continuing to exceed the planned position; psychological therapies had seen further improvement although it remained</p>	

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	<p>slightly below the national target; the alcohol and drugs, podiatry and GP OOH position also remained positive.</p> <p>Mr Neil reported that key areas requiring improvement were MSK physiotherapy services which remained below target despite an improvement in the percentage of patients seen; and the number of delayed discharges which remained a significant challenge. In response to a query about consistency between the narrative and control limits for delayed discharges, Mrs Grant agreed that the target required to be updated and this would be reviewed.</p> <p>In response to a query about OOH and Care Homes accessing urgent advice via NHS24 and whether this was adequate given the challenges around call response times, Mrs Grant advised that this had been discussed by the Board Chief Executives group who had been assured that actions were underway to improve the position. Further assurance was provided that Care Homes had access to a professional to professional line and the OOH service had a similar with District Nurses.</p> <p>The Chair thanked Mr Neil for the report and said that the Board Seminar the previous week had also provided assurance on a number of these areas and the Committee were content to note the report.</p> <p><u>NOTED</u></p>	
14.	Policy on the Management of Intellectual Property	
	<p>The Committee considered the Policy on the Management of Intellectual Property [Paper 23/08] presented by Dr Jennifer Armstrong, Medical Director, and Professor Julie Brittenden, Director of Research and Innovation.</p> <p>Professor Brittenden advised that the purpose of Research and Innovation was to improve patient care and provide best value for money, however, there were some innovations that had important commercial potential that could be realised by the NHS. She advised that this was an update to the previous 2008 policy and highlighted the main changes that had been made which were in line with other Intellectual Property policies active throughout NHS Scotland. This revised policy would allow for greater investment and flexibility on the use of any monies realised from intellectual property.</p> <p>It was noted that Greater Glasgow Health Board was the nomenclature used in the policy as this was the legal entity status</p>	

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	<p>of the organisation, however, it was acknowledged that this could appear to be excluding Clyde which was not the case. Ms Vanhegan would discuss this with the Central Legal Office as this was also an issue with other NHSGGC policies and documentation.</p> <p>The Committee were content to approve the revised policy.</p> <p><u>APPROVED</u></p>	Ms Vanhegan
15.	Extract from the Corporate Risk Register	
	<p>The Committee considered the Extract from the Corporate Risk Register [Paper 23/09] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil reported that the risks had been reviewed by risk owners and the risk register had been considered by the CMT meeting the previous week. He advised that there was one proposed change which was a decrease in the Financial Sustainability – Revenue risk given the improvement in the financial position.</p> <p>In response to a query about why the management of delayed discharges was not through the performance management system, Mr Andrew Gibson, Chief Risk Officer, advised that there had been detailed discussions on this previously and given the impact of delayed discharges on the overall system it had been agreed by the Audit and Risk Committee that this should remain on the risk register. The Chair added that she was satisfied that the delayed discharges risk should continue to be reported through this Committee.</p> <p>The Committee were content to approve the paper.</p> <p><u>APPROVED</u></p>	
16.	Property Management Group	
	<p>The Committee considered the report from the Property Management Group meetings that had taken place on 22 November 2022 and 18 January 2023 [Paper 23/10] presented by Professor Tom Steele, Director of Estates and Facilities.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>	

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17.	Closing Remarks and Key Messages for the Board	
	<p>The Chair thanked Members for attending and advised that the key messages for the Board were that the Committee had:</p> <ul style="list-style-type: none"> - scrutinised the proposed changes to the management of Specialist Children’s Services; - approved the Radionuclide Dispensary OBC for onward consideration by the NHS Board; - spent a significant amount of time scrutinising the finances for the remainder of this financial year and the next three years; - approved the Intellectual Property Policy. <p>The Chair closed the meeting.</p> <p><u>NOTED</u></p>	
18.	Date and Time of Next Scheduled Meeting	
	The next meeting would be held on Tuesday 4 April 2023 at 9.30 am by MS Teams	