

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Finance, Planning and Performance
Committee on Tuesday 8 October 2024
at 9.30 am via MS Teams**

PRESENT

Ms Margaret Kerr (in the Chair)

Ms Mehvish Ashraf	Ms Ketki Miles
Ms Ann Cameron Burns	Mr Colin Neil
Mr Martin Cawley	Dr Paul Ryan
Cllr Chris Cunningham	Dr Lesley Thomson KC
Mrs Jane Grant	Mr Charles Vincent
Ms Lesley McDonald	Ms Michelle Wailes

IN ATTENDANCE

Ms Sandra Bustillo	Director of Communications and Public Engagement
Ms Denise Brown	Director of Digital Services
Ms Beth Culshaw	Chief Officer, West Dunbartonshire HSCP
Dr Scott Davidson	Medical Director
Ms Kim Donald	Corporate Services Manager, Governance (Minutes)
Mr William Edwards	Chief Operating Officer
Ms Katrina Heenan	Chief Risk Officer
Ms Ali Marshall	Depute Director of Planning
Mrs Anne MacPherson	Director of Human Resources and Organisational Development
Ms Fiona McEwan	Assistant Director of Finance- Financial Planning & Performance
Professor Tom Steele	Director of Estates and Facilities
Professor Angela Wallace	Nurse Director
Mr Scott Wilson	Senior Business and Delivery Manager

		ACTION BY
78.	Welcome and Apologies	
	The Chair welcomed those present to the October meeting of the Finance, Planning and Performance Committee.	

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	Apologies were noted on behalf of David Gould. <u>NOTED</u>	
79.	Introductory Remarks	
	The Chair noted that there had been 3 to follow papers which the Committee were content to accept. <u>NOTED</u>	
80.	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>	
81.	Minutes of Previous Meeting held on 6 August 2024	
	The Committee considered the minute of the meeting held on 6 August 2024 [Paper No. FPPC(M)24/04] and were content to approve the minute as a complete and accurate record, pending the following minor amendments: <ul style="list-style-type: none"> • Update wording under <i>Item 69 Transformation of Specialist Neurosciences, OMFS and Spinal Injuries Services in the West of Scotland – Pre OBC – Economic Case.</i> • Include action on Rolling Action List from <i>Item 75 Corporate Risk Register.</i> <u>APPROVED</u>	Secretariat
82.	Matters Arising	
	a) <u>Rolling Action List</u> The Committee considered the Rolling Action List (RAL) [Paper No. 24/50]. The following updates were provided: <u>Item 75 – Review of IJB Integration Scheme</u> Ms Beth Culshaw reported that meetings were ongoing. It was agreed the action would remain open until the review had concluded.	

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	<p>The Committee was content to accept the other items as closed and were content to approve the RAL.</p> <p style="text-align: center;"><u>APPROVED</u></p>	
83.	Urgent Items of Business	
	<p>The Chair asked members if there were any urgent items of business. There were no items raised.</p> <p style="text-align: center;"><u>NOTED</u></p>	
84.	Winter Plan	
	<p>The Committee considered the paper Winter Plan [Paper 24/51] presented by Dr Scott Davidson, Medical Director, for approval. Dr Davidson invited Ms Ali Marshall, Depute Director of Planning, to provide a short presentation setting out the Winter Plan actions and engagement to date.</p> <p>Ms Marshall provided an update, highlighting the Winter Plan was developed to support winter pressures across the Health Board. She noted that local areas have their own local operational plans in place which also set out how they will protect the planned care programme over the winter period.</p> <p>Ms Marshall confirmed that the priorities were agreed through engagement sessions and aligned to the Scottish Government priorities and Health and Social Care Winter Preparedness Plans 2024/25. The Scottish Government had requested that the monitoring checklist be submitted to them by 16th October 2024.</p> <p>Ms Marshall reported that the Winter Plan was developed in conjunction with lessons learned from the 2023/24 plan, and the approach was agreed through the Senior Management Team, Senior Executive Groups and Chief Officers to ensure a whole system approach was developed. She noted the key risks were disruption to planned care, as well as resourcing and financial challenges faced by the Board. The Committee discussed the importance of protecting cancer and urgent care, with 48 additional surge beds being agreed across January-March 2025.</p> <p>The Committee discussed wider communication around redirection. Ms Bustillo highlighted the work on extended communication to students and male service users, referencing the ABC Campaign and vaccination campaigns focussing on low uptake cohorts and peer vaccinations. She noted that redirection and education was a key strand of this work. Ms</p>	

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	<p>Marshall also noted extending the redirection policy pathways for GP OOH, the consideration of introducing OPAT across the North and Clyde, and ongoing review of the professional-to-professional pathways to minimise admissions. In response to a query regarding engagement with NHS24, Dr Davidson advised that partnership working with NHS24 had been in place since the Flow Navigation Centre (FNC) had been established. He highlighted that the highest impact of redirection and call before you convey fell during working hours and as a result the FNC was a 10am-10pm service.</p> <p>The Committee considered the cost of the Plan, noting the challenges faced by the Board in relation to savings. Ms Marshall advised that the majority of actions had been costed within the existing budget, and the Board had received £2.5M to support the 4-hour A&E target. She assured the Committee that significant work had been undertaken with acute colleagues to ensure the costed actions return the highest impact.</p> <p>In response to a query regarding Hospital at Home, the Committee discussed that Renfrewshire HSCP had received funding from HIS to develop this service and Glasgow City already had Hospital at Home in place. Both areas will be monitored, with the acknowledgement that the virtual landscape in healthcare was evolving. Ms Culshaw highlighted that each HSCP had their own models in place with regards to reducing overall admissions and comparative work in this area was required.</p> <p>With regards changes to pharmacy services, the Committee were assured that the Board was on track to deliver pharmacy trajectories and that the actions had been costed and aligned to the relevant finance plan.</p> <p>The Committee considered resourcing and the impact of additional beds. Mrs MacPherson assured the Committee that each area had their own action plans in place to reduce the level of absences and supporting staff back to work. She noted the importance of staffing the additional beds, and the balance of reducing the overall bank and agency spend.</p> <p>With regards to the vaccination programme, it was noted that there was an SG priority for the vaccination of staff for flu but no specific guidance provided by the Scottish Government in relation to front line staff and the vaccination for covid. The Committee were advised that work was underway to make it easier for staff to get vaccinated, including peer vaccinations. The Committee noted that benchmarking against other Health Boards could be scoped with a view to learning from best practice. Public Health monitored the vaccination uptake, and a report would be available and shared with the Population Health and Wellbeing Committee after the winter period.</p>	<p>Ms Marshall</p>

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	<p>The Committee also sought an update on matters where plans required to be further developed and this will be brought back to the December meeting of FP&P APPROVED</p>	Ms Marshall
85.	Financial Monitoring Report	
	<p>The Committee considered the Financial Monitoring Report [Paper 24/52] presented by presented by Mr Colin Neil, Director of Finance, for assurance.</p> <p>Mr Neil reported that at the end of month 5, the Board reported an overspend of £43.57m, of which £28m was attributed to unachieved savings and a pay and non-pay overspend of £15.35m.</p> <p>The Sustainability and Value Programme had achieved £28.8 million on a full year recurring basis. On an in-year basis (recurring and non-recurring) £147.6m had been achieved. There were forecast pipeline savings of £157m against the £226.9m challenge, with £48.8m against the £128m recurring target.</p> <p>Mr Neil reported that the total capital expenditure incurred to 31 August 2024 was £14.9m, this amounted to 26% of the current capital budget of £58.5m. At month 5, £35.8m (61%) of the total capital allocation had firm orders or incurred spend which was in line with expectations for the start of the year.</p> <p>The Committee discussed the financial challenges across the IJBs, and Mr Neil concurred that an element of risk remained; however, he and Mrs Grant continued to meet with Chief Officers and Chief Finance Officers regarding their position and forecast. A query was raised with regards to the use of reserves, with Mr Neil highlighting the 2% target was aspirational and understandably difficult to achieve during the challenges faced by the Board with regards to savings.</p> <p>In response to a query regarding the risk associated with staff absence, Ms Miles in her capacity as Chair for Staff Governance Committee assured the Committee that they receive regular update reports and action plans across all areas.</p> <p>With regards to property maintenance costs, Prof Steele noted the reactive nature of the costs associated with maintenance and that ongoing maintenance costs will remain until the rectification programme was completed. He also noted the decant of the Yorkhill site, with Mr Neil highlighting this would return an anticipated saving of £3m. Prof Steele also noted that all site leases were under review, along with the</p>	

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	<p>wider scale PFI contracts. It was noted that the business continuity plan would come back to a future meeting for review.</p> <p>Mr Neil summarised the overall financial challenge for the Committee but noted that the Board was expected to meet the forecast deficit. This was mainly attributable to an improvement in the run rate at month 5 and the receipt of a historical VAT reclaim of £6m which had not been anticipated.</p> <p>With regards to the Radionuclide Business Case, Mr Neil advised that review was required by the Permanent Secretary, Cabinet Secretary and Director for Public Spending but they were anticipating a positive outcome.</p> <p>The Committee were assured by the report and noted that the current financial position would be reported to the NHSGGC October Board</p> <p><u>ASSURED</u></p>	<p>Mr Neil/Prof Steele</p>
86.	Performance Report	
	<p>The Committee considered the Performance Report [Paper 24/53] presented by presented by Mr Colin Neil, Director of Finance, for assurance.</p> <p>Mr Neil noted that the report included a further five measures identified in the Assurance Information Framework (AIF) to be reported to the Finance, Planning and Performance Committee as follows:</p> <ul style="list-style-type: none"> • Dental Registrations for aged 0 – 2 years and 3 – 5 years as a proxy measure dental registrations and participation • Number of Listed Dentists weighted by populations • Unscheduled Care Occupied Bed Days • Bed Days Lost to delayed discharge per 100,000 population (for information) • Number of GP List Closures. <p>Mr Neil also advised that it had been agreed with the Chair of the Committee that the measure relating to the number of CAMHs patients seen who waiting > 52 weeks would be removed, as the backlog of long waiting patients created as a result of the pandemic had been cleared.</p> <p>The Committee noted that overall performance was positive. Mr Neil noted the number of dental registrations for children aged 0 – 2 years and 3 - 5 years and the CAMHS performance continued to exceed the 2024-25 ADP and national target. Mr Neil highlighted that the latest quarterly position for Alcohol and Drugs remained positive at 93.7% and exceeded</p>	

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	<p>the national target of 90%. Podiatry services continued to exceed the national target sitting at 91% for August, and the number of GP OOH shifts that remained open remained at 100%.</p> <p>The Committee noted that MSK Physiotherapy waiting times performance remained a challenge, with the focus remaining on reducing the longest waiting times. The Committee also noted that Acute and Mental Health Delayed Discharges.</p> <p>Ms Culshaw referred to the CRAG which reviewed the number of delayed discharges on a weekly basis, looking at a standard rate per 100,000 which offered a fairer comparison across the sectors. She noted the target was 34.6%. Mr Edwards also highlighted the work of the Unscheduled Care Group which focussed on reducing presentations by the HSCPs.</p> <p>The Committee were content to note the update and anticipated a further update on Delayed Discharges at the December meeting.</p> <p><u>ASSURED</u></p>	Prof Wallace
87.	IJB Annual Performance Reports	
	<p>The Committee considered the IJB Annual Performance Reports [Paper 24/54] presented by Mr Colin Neil, Director of Finance, for assurance.</p> <p>Mr Neil explained that historically the Committee received 6 separate reports across different meetings which proved difficult to read across. He advised that a decision was made to summarise the reports using the national integration indicators along with the MSG indicators, and the AIF KPIs.</p> <p>The Committee noted the content of the report highlighting the improvement in comparable information which would allow members of IJBs to discuss areas of challenge and best practice.</p> <p>The Committee were assured that Chief Officers already use this information to look at performance and generate deep dives across certain areas.</p> <p>The Committee were assured by the report provided.</p> <p><u>ASSURED</u></p>	
88.	Laboratory Managed Service Contract Legal Case - Update	

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	<p>The Committee considered the Laboratory Managed Service Contract Legal Case Update [Paper 24/55] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil explained that, following a procurement exercise, a challenge was raised by the incumbent provider when the Board looked to progress to preferred supplier status. An action was raised in the Court of Session by Abbott Laboratories Ltd on 23 May 2023 which led to the imposition of an interim interdict preventing the award of the contract at that time. Mr Neil explained that, following legal advice, a decision was made to retender and extend the current contract in place for business continuity purposes.</p> <p>Mr Neil advised that several legal points had been raised, with a number of hearings remaining to be settled. However, a summons from the incumbent supplier to suspend the retender process had been refused by the court. Information to tender was published in May and will close on 11th October, with a view to a contract being awarded in May 2025 and implementation into 2027.</p> <p>The Committee discussed the process failures and subsequent cost to the Health Board. Mr Neil advised that the CLO remained active and National Procurement Scotland was in place to provide challenge and scrutiny.</p> <p>The Committee were assured by the report provided.</p> <p><u>ASSURED</u></p>	
89.	Corporate Risk Register	
	<p>The Committee considered the Corporate Risk Register [Paper 24/56] presented by Ms Katrina Heenan, Chief Risk Officer, for approval.</p> <p>Ms Heenan reported that 100% of the risks had been reviewed since the previous meeting of the Committee with no changes to scoring proposed. She advised that tracking of actions had been introduced and an update would be provided at the December meeting.</p> <p>In response to a question regarding high scoring risks and mitigations, it was discussed that business continuity plans were linked to the Board's priorities and therefore should not be taken in isolation. Mr Neil also explained that there was regular dialogue with the Scottish Government regarding the Board's challenges and areas of risk.</p> <p>It was agreed that the risk linked to the Public Inquiry would include the HIS review, noting Mr Edwards as the Lead for the risk.</p>	Ms Heenan

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	<p>There was a request that the format of the report was reviewed as it was difficult to read.</p> <p>In response to a question on the medicine’s costs and funding availability risk, it was noted that work was underway to mitigate delays, and the Corporate Management Team have focussed sessions in place to further discuss and agree a way forward. It was agreed that the narrative would be reviewed and updated to reflect this.</p> <p>The Committee were content to approve the Corporate Risk Register subject to the above addition.</p> <p><u>APPROVED</u></p>	
90.	Closing Remarks and Key Messages for the Board	
	<p>The Chair closed the meeting and thanked everyone for their contribution to the important topics covered.</p> <p><u>NOTED</u></p>	
91.	Date and Time of Next Scheduled Meeting	
	<p>The next meeting would be held on Tuesday 10 December 2024 at 9.30 am via MS Teams.</p>	