

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Finance, Planning and Performance
Committee on Tuesday 10 December 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
Mr David Gould	Mr Charles Vincent
Mrs Jane Grant	Ms Michelle Wailes
Ms Lesley McDonald	

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
Ms Gillian Duncan	Corporate Executive Business Manager (Minutes)
Mr William Edwards	Chief Operating Officer
Professor Jann Gardner	Chief Executive, NHS Lanarkshire
Ms Katrina Heenan	Chief Risk Officer
Mr Martin Johnston	Head of Sustainability
Ms Jackie Kerr	Interim Chief Officer, Glasgow City HSCP
Ms Christine Laverty	Chief Officer, East Renfrewshire HSCP
Ms Ali Marshall	Depute Director of Planning
Mrs Anne MacPherson	Director of Human Resources and Organisational Development
Ms Claire MacArthur	Director of Planning
Ms Fiona McEwan	Assistant Director of Finance- Financial Planning & Performance
Ms Julie Murray	Chief Officer, East Renfrewshire HSCP
Mr Derrick Pearce	Chief Officer, East Dunbartonshire HSCP
Professor Tom Steele	Director of Estates and Facilities
Professor Angela Wallace	Nurse Director
Dr Bea von Wissman	Deputy Director of Public Health

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		ACTION BY
92.	Welcome and Apologies	
	<p>The Chair welcomed those present to the December meeting of the Finance, Planning and Performance Committee.</p> <p>The Chair also welcomed Professor Jann Gardner who would be commencing in post as the Chief Executive of NHSGGC on 1 February 2025.</p> <p>There were no apologies noted on behalf of members.</p> <p><u>NOTED</u></p>	
93.	Introductory Remarks	
	<p>The Chair noted that the order of the agenda had been changed to focus on finance at the start of the to ensure thorough discussion about the Board's financial position. The Committee were content to accept the three to follow papers that had been sent out late.</p> <p><u>NOTED</u></p>	
94.	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>	
95.	Minutes of Previous Meeting held on 8 October 2024	
	<p>The Committee considered the minute of the meeting held on 8 October 2024 [Paper No. FPPC(M)24/05] and were content to approve the minute as a complete and accurate record.</p> <p><u>APPROVED</u></p>	
96.	Matters Arising	
	<p>a) Rolling Action List</p> <p>The Committee considered the Rolling Action List (RAL) [Paper No. 24/57] for approval. The following updates were provided:</p>	

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		ACTION BY
	<ul style="list-style-type: none"> - <u>Minute No 75 – Review of IJB Integration Schemes</u> <p>An update on this would be provided at today’s meeting.</p> <ul style="list-style-type: none"> - <u>Minute No 89 – Corporate Risk Register</u> <p>The RAL would be amended to clarify that Mr Edwards was lead sponsor for only the ED review risk. Ms Heenan provided assurance that this had been recorded correctly in the Corporate Risk Register.</p> <p>The Committee was content to accept the other items as closed and approved the RAL.</p> <p>APPROVED</p>	Secretariat
97.	Urgent Items of Business	
	<p>a) <u>Integration Schemes</u></p> <p>Ms Beth Culshaw, Chief Officer, West Dunbartonshire HSCP provided a short update on the review of the Integration Schemes for awareness.</p> <p>Ms Culshaw said that the aim of the review had been to standardise the Schemes as far as possible, however, a legal challenge had been received regarding hosting and the balance of strategic and operational activity.</p> <p>Advice had now been sought from the legal teams for all 6 IJBs as well as the Central Legal Office and revisions were being worked through. Ms Culshaw acknowledged that this had been a lengthy process but would lead to a clearer understanding across the six HSCPs and the Board.</p> <p>In response to a query about public consultation, Ms Culshaw said that the view was that the proposed changes did not substantially change the Schemes that had already been consulted on.</p> <p>Ms Culshaw clarified that the Integration Schemes would be presented to the Board for formal approval but as the framework was an operational matter this would likely come to the Committee. The governance on this would be clarified.</p> <p>The Committee were content to note the update.</p> <p>NOTED</p>	Ms Culshaw/Ms Bustillo

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	<p>b) <u>INWO</u></p> <p>Mrs MacPherson provided an update on the recent media coverage of the longstanding stage 3 investigation by the INWO at the Queen Elizabeth University Hospital (QEUH). In relation to culture, she said that work was underway on a small number of recommendations including ensuring Speak Up was embedded in the organisation. She also said that there had been Organisational Development interventions within specific teams and some aspects of the findings were confidential. She said that the final part of the concerns, relating to whistleblower detriment had not been upheld and the INWO had found no evidence of this. The main action for NHSGGC was to further embed and promote Speak Up, which was being worked through by the Corporate Services Manager – Governance and Head of Staff Experience with support from the Whistleblowing Champion.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>	
98.	Financial Monitoring Report	
	<p>The Committee considered the Financial Monitoring Report [Paper 24/58] presented by the Director of Finance for assurance.</p> <p>Mr Neil said that at the end of month 7, there was a reported overspend of just over £40 million, unachieved savings accounted for £21.5 million and £18.5 million was overspend in pay and non pay. Mr Neil said that the nursing pay position had achieved breakeven in the month and there had been significant inroads in reducing standard rate nurse agency. There were still pressures in medical staffing, particularly Junior Doctors. The IJBs were reporting a prescribing overspend which was impacting on the reserves. At month 7, there was £36.6 million recorded as recurring savings, with £169.9 million achieved in total on a recurring and non recurring basis. Mr Neil said that the capital position had been positive with the team looking at any slippage and where this could be allocated, if required.</p> <p>In response to a query regarding vacancies, Mrs MacPherson said that there was a single vacancy management policy that applied to every area, however, a team centred approach was taken with recruitment campaigns underway in specific areas.</p> <p>In relation to the S&V programme during the winter period, Mr Neil said that there had been a finance session with the Corporate Management Team the previous week to discuss the work needed to achieve</p>	

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	<p>balance and identify further savings. He said the areas around agency and workforce had been positive, and it was important to ensure this continued across the winter period</p> <p>In response to a query about primary care prescribing, Mr Neil said focussed communication was underway and Dr Davidson added that a good example was lidocaine patches where work had taken place across the senior clinical leadership to ensure these were not prescribed in acute as well as primary care.</p> <p>The Committee were content to note the financial position and month 7 and would continue to receive updates through the rest of the financial year.</p> <p>NOTED</p>	
99.	Initial Draft – Financial Plan 2025-26	
	<p>The Committee received a presentation on the Initial Draft Financial Plan 2025-26 and 2027-28 from Mr Colin Neil, Director of Finance, for awareness.</p> <p>Mr Neil set out the outputs from the recent budget announcement on the 4th December 2024 and an overview of the draft work-in-progress for the Board’s financial plan for 2025/26. He said that there was a requirement to submit a draft plan in January 2025 with the final date for submission to the Scottish Government by March 2025. Mr Neil expected to bring a full finance plan to the February meeting of the Committee before presenting this to the Board thereafter.</p> <p>In relation to the Radionuclide Dispensary, Mr Neil said that the Scottish Government had indicated that they would provide funding. He said that Bishopton and Parkhead also remained unaffected as there was a commitment in place.</p> <p>In response to a query about brokerage, Mr Neil said that brokerage was not a sustainable position. He said that the facility for Boards to have 1% carry forward flexibility remained in place.</p> <p>With regards to budget alignment across the HSCPs, Mr Neil highlighted that ongoing communication was in place with the Chief Officers and Chief Finance Officers regarding budget allocation and any impact would be subject to ongoing discussions with the IJB, Health Board and Local Authority.</p> <p>In response to a question regarding savings and impact on services, Mr Neil advised that service reviews were underway in some areas. Mr Neil highlighted that there was also work in the Winter Plan and the</p>	

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	<p>review of Delayed Discharges which would be incorporated into the bed model review.</p> <p>Mr Neil advised further detail on this would be included in the next iteration of the draft finance plan which would be presented at the February 2025 FP&P committee.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>	<p>Mr Neil</p>
100.	Performance Report	
	<p>The Committee considered the Performance Report [Paper 24/59] presented by Mr Colin Neil, Director of Finance, for assurance.</p> <p>Mr Neil provided an overview of some of the key areas. He reported that CAMHS performance remained positive at 99.7%, the drugs and alcohol position from April to June had exceeded the target and podiatry under 4 weeks was meeting the target for October. Performance in Psychological Therapies had dropped slightly to 87.5% and MSK physiotherapy was in line with the previous figures as the review of long waiters remained a priority. Acute and Mental Health Delayed Discharges were high as was the consequential bed days lost which remained an operational and financial challenge.</p> <p>The Committee were content to note the performance report.</p> <p><u>NOTED</u></p>	
101.	Delayed Discharges – Update	
	<p>The Committee considered the Delayed Discharges Update [Paper 24/60] presented by Professor Angela Wallace, Nurse Director, for assurance.</p> <p>Professor Wallace highlighted the ongoing challenges with regards to Delayed Discharges and the work underway across the system to change the culture around the current process. Ms Laverty said that it was important for staff and families to think about delays differently, and these viewed had generated powerful discussions. She advised that seminars had taken place with staff in Acute and the HSCPs, as well as engagement with patients and families affected by delays.</p> <p>Ms Laverty said that there was also a test of change underway with the Scottish Government on Adults with Incapacity (AWI) patients.</p>	

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	<p>In response to a query about blocks in the system, Mrs Grant said that there was variation across the HSCPs and there was work in progress in streamlining and learning from best practice. Prof Wallace said that the CRAG ethos had been used to try and eliminate variation and would be implemented to bring down the number of days lost. Ms Laverty said there was significant detail across HSCPs on why people were delayed, noting the increased demand and increased complexity and patient acuity as well as the financial challenges.</p> <p>In relation to AWI, Ms Laverty said that there were a number of short-life working groups as part of the CRAG, one of which was around AWI. She said that Power of Attorney was more likely to be in place in more affluent areas and that subgroup was working nationally on making POA more accessible.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>	
102.	Dykebar Hospital Disposal	
	<p>The Committee considered the Dykebar Hospital Disposal [Paper 24/61] presented by Professor Tom Steele, Director of Estates and Facilities, for approval.</p> <p>Professor Steele gave a history on the process from 2017 to date regarding the Dykebar disposal, noting the reduction in occupancy resulting in a proportion of the campus becoming surplus to requirements. Prof Steele provided an overview of the changes and impact on the area, noting the initial planning application had been declined but following appeal to the Scottish Government they were approved to develop and consequently sell the land. Prof Steele was seeking approval for the disposal of the campus.</p> <p>Concerns were raised regarding the lack of detail included in the paper to allow the Committee to make an informed decision. The following issues were raised:</p> <ul style="list-style-type: none"> • The initial process commenced in 2017; however, it was acknowledged that current members of the Board were not part of that decision and had no awareness of the process that had taken place since then. • The Committee also requested further detail on how the decision was reached regarding the campus being surplus to Board requirements. • The Committee had concerns about the level of cost deductions and required more information on the process and third party advice surrounding this. 	

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	<ul style="list-style-type: none"> • There was a need for land sale comparison to be included in the report to demonstrate if the proposal represents best value. • The impact on primary and secondary care services in the area due to the proposed building of 630 additional homes was questioned. • The Committee requested further detail on the transaction and the Board's finances for 24/25. • The Board Chair queried the governance route of the paper as it was unclear whether this was in relation to the gross or net book value. <p>It was agreed that the paper would be further reviewed with the detail requested and a special committee meeting could be held to consider the proposal again.</p> <p>The Committee agreed to defer the decision until further information was provided.</p> <p>DEFERRED</p>	Prof Steele
103.	Draft Business Continuity & Essential Investment Infrastructure Plan (BCEIIP)	
	<p>The Committee considered the Draft Business Continuity & Essential Investment Infrastructure Plan [Paper 24/62] presented by Professor Tom Steele, Director of Estates and Facilities, for awareness.</p> <p>Prof Steele explained that there was a requirement from the Scottish Government to create a long-term outline of infrastructure requirements to support change; called a Programme Initial Agreement, however, due to the capital finance challenges faced by NHS Scotland all Boards were asked to create a 'do minimum' option of essential investment priorities. Prof Steele explained that the prioritisation was based on risk, noting the rectification schemes associated with the QEUH had already been included separately. The plan was required to include investment of the Board's Formula Capital allocation along with 20 risk assessed priorities for consideration should more funding become available from the Scottish Government.</p> <p>There was a query about how this could be triangulated with corporate objectives and the risk appetite of the Board and it was acknowledged that this would be challenging as the BCP was focussed on maintaining what we have, rather than setting out a strategic plan for infrastructure change.</p> <p>In response to a query regarding public awareness, Prof Steele confirmed that the information would be made available to the public. It</p>	

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	<p>was agreed a communications plan would be drafted to support engagement.</p> <p>The Committee were content to note the paper and its onward submission to the Scottish Government and the NHS Board.</p> <p>NOTED</p>	Ms Bustillo
104.	Winter Plan – Update	
	<p>The Committee considered the Winter Plan Update [Paper 24/63] presented by the Dr Scott Davidson, Medical Director, and Ms Ali Marshall, Deputy Director of Planning, for assurance.</p> <p>Dr Davidson said that the Scottish Government had asked for an additional action plan regarding the whole system actions to reduce bed days and delayed discharges.</p> <p>Ms Marshall provided an overview of the current actions, setting out the key highlights including the implementation of OPAT in Clyde and Hospital at Home in Glasgow City and Renfrewshire HSCPs. She highlighted that each sector had a local action plan, and various communication packages had been developed including the ABC and vaccination campaigns.</p> <p>Ms Marshall said that an additional plan had been submitted to the Scottish Government at their request with an additional 20 actions, bringing the total actions to 47. She highlighted that the additional actions should bring immediate impact, supporting the continuation of planned care and flow across the system.</p> <p>The Committee were content to note the paper.</p> <p>NOTED</p>	
105.	Annual Delivery Plan – Quarter 2 Summary Report	
	<p>The Committee considered the Annual Delivery Plan – Quarter 2 Summary Report [Paper 24/64] presented by Ms Claire McArthur, Director of Planning, for assurance.</p> <p>Ms McArthur highlighted the focus on actions and the ongoing monitoring of impact. Ms McArthur said that good progress had been made and continued to be tracked against the trajectories and wider impact on the services. She noted that some of the actions were linked to national work or suppliers, limiting the control of NHSGGC on the output.</p>	

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	<p>The Committee were content to note update and the continued work around the Annual Delivery Plan.</p> <p><u>NOTED</u></p>	
106.	NHSGGC Climate and Sustainability Strategy Annual Update	
	<p>The Committee received a presentation on the NHSGGC Climate and Sustainability Strategy Annual Update from Mr Martin Johnston, Head of Sustainability, for assurance.</p> <p>Mr Johnson set out the core progress and key highlights since the launch of the Strategy in 2023. The presentation also set out the main successes, detailing the progress that had been seen in areas such as greenspace, environmental management, green theatres and transport. Work was also underway on communications and raising awareness to achieve positive behavioural change including working with Learning and Development colleagues to embed learning across the organisation.</p> <p>In closing, Mr Johnston set out the risk and opportunity highlights that had been identified and the key priority areas for the sustainability governance framework.</p> <p>The Board Champion for Sustainability commented the work in this area, noting she had the opportunity to visit a number of sites and projects and see the potential for the wider impact on the better health agenda.</p> <p>The Committee were assured by the presentation.</p> <p><u>NOTED</u></p>	
107.	HSCP Strategic Plans	
	<p>a) <u>East Dunbartonshire HSCP</u></p> <p>The Committee considered the East Dunbartonshire HSCP Strategic Plan [Paper 24/65] presented by Mr Derrick Pearce, Chief Officer, East Dunbartonshire HSCP, for assurance.</p> <p>Mr Pearce said that the first stage consultation had been undertaken, and the draft strategic plan had been refreshed in line with that. The second stage consultation was running until 10 January 2025. Mr Pearce said that the key themes of the plan were</p>	

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	<p>set out in the paper and said that the findings from both periods of consultation would be considered and included where appropriate in the final Plan.</p> <p>The Committee were content to note the paper.</p> <p><u>NOTED</u></p>	
	<p>b) <u>East Renfrewshire HSCP</u></p> <p>The Committee considered the East Renfrewshire HSCP Strategic Plan [Paper 24/66] presented by Ms Julie Murray, Chief Officer, East Renfrewshire HSCP for assurance.</p> <p>Ms Murray said that the plan was focussed on sustainability within the financial challenges. Work had been undertaken with the third sector and community groups on meeting people's needs. She said that development of the plan had been a collaborative process including stakeholder workshops and online surveys.</p> <p>The Committee were content to note the paper.</p> <p><u>NOTED</u></p>	
108.	Corporate Risk Register	
	<p>The Committee considered the Corporate Risk Register [Paper 24/67] presented by Ms Katrina Heenan, Chief Risk Officer, for approval.</p> <p>Ms Heenan reported that there were 8 risks that related to the Committee and 100% of these had been reviewed each month since the previous meeting and there were no proposed changes to the risk scores.</p> <p>In response to a query about outstanding actions and impact on the overall scoring, Mr Neil said that following discussion at the recent the Audit and Risk Committee some of the outstanding actions had been circulated around the Executive Director leads with a view to getting greater level of pace and close of actions but whether that will change score remained to be seen.</p> <p>The Committee were content to approve the recommendations set out in the paper.</p> <p><u>APPROVED</u></p>	

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109.	Annual Cycle of Business	
	<p>The Committee considered the Annual Cycle of Business [Paper 24/68] presented by the Director of Communications and Public Engagement for approval.</p> <p>The Committee were content to approve the paper and would provide any comments to the Chair and Ms Donald.</p> <p><u>APPROVED</u></p>	
110.	Closing Remarks and Key Messages for the Board	
	<p>The Chair thanked everyone for attending and contributing to the discussions and closed the meeting.</p> <p><u>NOTED</u></p>	
111.	Date and Time of Next Scheduled Meeting	
	<p>The next meeting would be held on Tuesday 11 February 2025 at 9.30 am via MS Teams.</p>	