

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Finance, Planning and Performance
Committee on Tuesday 9 April 2024
at 9.30 am via MS Teams**

PRESENT

Margaret Kerr (in the Chair)

Dr Emilia Crighton	Ian Ritchie
Jane Grant	Dr Paul Ryan
Jacqueline Forbes	Dr Lesley Thomson KC
Colin Neil	Michelle Wailes

IN ATTENDANCE

Dr Jennifer Armstrong	Medical Director
Sandra Bustillo	Director of Communications and Public Engagement
Denise Brown	Director of Digital Services
Kim Donald	Corporate Services Manager, Governance
William Edwards	Chief Operating Officer, Acute Services
Ann Forsyth	Head of Primary Care Support
Katrina Heenan	Chief Risk Officer
Christine Laverty	Chief Officer, Renfrewshire HSCP
Jacqueline Kerr	Assistant Chief Officer, Glasgow City HSCP
Claire MacArthur	Director of Planning
Anne MacPherson	Director of Human Resources and Organisational Development
Martin McCluskey	Councillor (Observer)
Susan McFadyen	Director of Access
Dr Kerri Neylon	Deputy Medical Director, Primary Care
Louise Russell	Secretariat Manager (minutes)
Caroline Sinclair	Chief Officer, East Dunbartonshire HSCP
Tom Steele	Director of Facilities and Estates
Allen Stevenson	Interim Director of Primary Care/GPOOH
Elaine Vanhegan	Director of Corporate Services and Governance
Prof Angela Wallace	Nurse Director
Scott Wilson	Senior Business and Delivery Manager, Chief Executive's Office

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		ACTION BY
21.	Welcome and Apologies	
	<p>The Chair welcomed those present to the April meeting of the Finance, Planning and Performance Committee.</p> <p>Apologies were noted on behalf of Alan Cowan, Iain McInnes, Ann Cameron Burns, Ketki Miles, John Matthews, Rona Sweeney and Ann-Marie Monaghan.</p> <p><u>NOTED</u></p>	
22.	Introductory Remarks	
	<p>The Chair confirmed that some papers were marked as 'to follow' and consequently had been distributed later. The Committee were content to consider these papers.</p> <p><u>NOTED</u></p>	
23.	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>	
24.	Minutes of Previous Meeting held on 6 February 2024	
	<p>The Committee considered the minute of the meeting held on 6 February 2024 [Paper No. FPPC(M)24/01] and were content to approve the minute as a complete and accurate record.</p> <p><u>APPROVED</u></p>	
25.	Matters Arising	
	<p>a) <u>Rolling Action List</u></p> <p>The Committee considered the Rolling Action List (RAL) [Paper No. 24/14].</p> <p>The Committee were content to accept the recommendation to close the five items that were marked as closed on the RAL.</p> <p>The Committee noted that two items were ongoing and would remain on the RAL. The Committee were assured that work had been</p>	

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	<p>undertaken in relation to Item 75, Review of IJB Integration Scheme, and an update would be provided at the June meeting.</p> <p>The Committee were content to approve the RAL.</p> <p><u>APPROVED</u></p>	
26.	Urgent Items of Business	
	<p>The Chair asked members if there were any urgent items of business.</p> <p>Mr William Edwards, Chief Operating Officer, provided an update on the unannounced Health Improvement Scotland (HIS) visits, which commenced on 15th April 2024 at the Queen Elizabeth University Hospital (QEUH) and at the Royal Alexandra Hospital (RAH) in relation to safe delivery of care. Early feedback indicated that the visit was positive with no significant concerns reported.</p> <p>The Committee recognised the significant amount of work and pressure unannounced visits can have on staff, and extended their thanks to colleagues for their response to the visits.</p> <p><i>During the meeting, Healthcare Improvement Scotland (HIS) held another unannounced visit, therefore the meeting stopped at 10.40am and reconvened at 11am.</i></p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>	
27.	Committee Visit – Glasgow City HSCP and MSK Service	
	<p>The Committee considered the paper “Committee Visit – Glasgow City HSCP and MSK Service” [Paper 24/15] presented by Ms Margaret Kerr, Chair, for assurance.</p> <p>The paper provided an update on the site visits to Glasgow Health and Social Care Partnership (HSCP) Home Care Services Team and MSK Services at Clydebanks Health Centre. The Committee wished to formally note their thanks to all the team members involved in facilitating the visit.</p> <p>The Committee were content to note the paper</p> <p><u>NOTED</u></p>	

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28.	Annual Delivery Plan	
	<p>The Committee received a presentation on the Annual Delivery Plan, presented by the Medical Director, Dr Jennifer Armstrong and the Director of Planning, Ms Claire McArthur.</p> <p>The Committee were advised of the engagement undertaken with regards to the Annual Delivery Plan and that the chapters were overseen by the Senior Executive Group (SEG). The Committee noted that a draft plan was shared with the Scottish Government on 21st March 2024 and feedback was awaited.</p> <p>The Committee received an update on the key actions for 2024/2025. These included:</p> <ul style="list-style-type: none"> - Development and approval of the NHSGGC Primary Care Strategy 2024-2029. - Delivery of an Implementation Programme with annual refresh. - Develop and implement the 2024/25 General Practice Sustainability Workforce Plan. - Further develop standardised reporting across the 6 Health and Social Care Partnerships (HSCPs) in order to measure Community Treatment and Care (CTAC) services activity and capacity. - Promote the use of Connect Me (In healthcare) Blood Pressure pathway to GP practices. <p>The Committee were advised that increasing awareness of patient and public messaging would remain a key focus. The Committee were also assured that work would also continue to promote the redirection message in order to optimise capacity at the front door.</p> <p>The Committee noted that there would be a significant focus on the Falls Pathway and enhancing frailty pathways across Health and Social Care Partnerships. There would also be significant work carried out to drive internal and external awareness of Hospital at Home and maximising the Interface Care Programme in order to reduce admissions.</p> <p>Ms McArthur provided an update on actions being carried out in relation to cancer care, which included continuing to develop the diagnostic workforce to support growth in demand. There would be a continued focus on the three stage waiting list validation for Endoscopy and a continued focus on maximising the use of internal and external additional capacity to assist with reducing the backlog.</p> <p>Ms McArthur reported that the Annual Delivery Plan would be coherent with the three year Workforce Plan and would be monitored throughout the year. There was a new dashboard for monitoring progress and delivery of plan would be measured through a suite of 20 indicators.</p>	

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	<p>In response to a question in relation to ethnic minorities, the Committee noted that work was being carried out to further develop understanding of the health needs of BME populations within NHSGGC.</p> <p>In response to a question regarding staffing challenges, particularly in Mental Health, and whether this would impact on achieving the Plan, the Committee received assurance that each area of the plan would be reviewed and prioritised depending on service need.</p> <p>It was agreed that a copy of the presentation would be shared to the Committee for further comment to be made online. The plan would be resubmitted to the Committee in June, prior to submission to the June Board.</p> <p>The Committee were content to note the update provided.</p> <p><u>NOTED</u></p>	Secretary
29.	Moving Forward Together Implementation Strategy	
	<p>The Committee considered the Moving Forward Together Implementation Strategy [Paper 24/16] presented by the Medical Director, Dr Jennifer Armstrong, for assurance.</p> <p>The Committee received an update on the development of a clinical road map and overarching clinical vision for the Moving Forward Together Strategy implementation. The Committee noted that the new guidance required engagement with stakeholders in collaboration with Healthcare Improvement Scotland (HIS).</p> <p>The Committee received an update on the Scottish Government proposed approach from assessment of need to preferred way forward, noting that a national Clinical Framework was due to be published in May 2024.</p> <p>The Committee received an update on the two stages to the work: Stage One - required development of a short term whole system 'do minimum' option which is due to be submitted to Scottish Government on 31st January 2025. This would set out the prioritised investment required to support sustainability of the whole system estate/infrastructure, led by the property and facilities team. Stage Two - required development of a whole system baseline ('preferred') option to be approved by the Board and submitted to Scottish Government on 31st January 2025. This would be a significant piece of work to set out the baseline for service delivery and configuration across our whole system and the resulting projects and investment priorities over the next 20-30 years.</p>	

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	The Committee noted the update and were content to approve the recommendations. <u>APPROVED</u>	
30.	Draft Primary Care Strategy	
	<p>The Committee considered the Draft Primary Care Strategy [Paper 24/17] presented by the Chief Officer, Renfrewshire HSCP, for approval.</p> <p>Ms Lavery reported that consultation had been carried out widely and the high level of engagement had shaped the strategy which builds on successes and focuses on improvement. The strategy included significant challenges that were being faced, for example in population health and prescribing and workforce and sustainability. The Committee received assurance that the strategy had been discussed across all 6 Health and Social Care Partnerships and the Committee would continue to receive regular updates.</p> <p>The Committee noted that the NHSGGC Primary Care Strategy and supporting summary implementation plan would to be submitted to the NHSGGC Board for approval on 30 April 2024.</p> <p>The Committee were content to approve the paper.</p> <p><u>APPROVED</u></p>	
31.	Supporting the Delivery of GP Out of Hours in NHS Greater Glasgow and Clyde	
	<p>The Committee considered the paper “Supporting the Delivery of GP Out of Hours in NHS Greater Glasgow and Clyde” [Paper 24/18] presented by the Chief Officer, Renfrewshire HSCP for approval.</p> <p>The paper presented provided the Committee with the background and update of the GP Out of Hours Service which had been in business continuity since arrangements in February 2020.</p> <p>The Committee noted that NHSGGC had undertaken a series of steps to enhance service delivery, stability, safety, and patient experience. These improvements further increased the ways in which people can access the service.</p> <p>Ms Sandra Bustillo, Director of Communications and Public Engagement, reported that to inform considerations, and in agreement with Healthcare Improvement Scotland, a formal two-month public engagement programme was proposed. The results indicated very high</p>	

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	<p>overall support for the current GP Out Of Hours service model, particularly from recent users. Ms Bustillo reported that two petitions had been submitted regarding the Inverclyde area, which highlighted low awareness of the work that had been carried out. It was recognised that further action was required in relation to public messaging.</p> <p>The challenges in the Inverclyde area were recognised, therefore, expansion of the service within Inverclyde to include a Sunday session and Public Holidays was proposed. The Committee noted that improvements had been made to patient transport services and there had also been a commitment to improve Home Visiting.</p> <p>In response to a question regarding financial stability, the Committee noted that the model was cost neutral.</p> <p>With regards to accessing out of hours care via NHS24, the Committee noted that a robust feedback loop with NHS24 had been established.</p> <p>The Committee discussed the level of demand in Inverclyde and were assured that the addition of a Sunday and Public Holidays would address any current demand issues.</p> <p>In response to a question regarding why particular sites were chosen, the Committee noted that consideration was given to where the overnight sites ran and what sites had the highest demand. It was agreed that the paper would be updated to make the rationale behind this decision explicit.</p> <p>With regards to engagement within Inverclyde, the Committee received assurance that significant engagement in the Inverclyde area had been carried out in accessible venues, which included Council members' attendance. The committee reflected on the information and agreed this should be updated to provide more detail on 'you said, we did'. It was noted that themes had been provided, however further information was available if required.</p> <p>In response to a question regarding potential reputational risk around the decision, the Committee received assurance that the service model has significantly improved access and services for patients.</p> <p>The Committee were content to endorse the paper noting the draft would be submitted to the Board for approval.</p> <p><u>APPROVED</u></p>	<p>Ms Laverty</p> <p>Ms Bustillo</p>

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32.	<p>Implementation of the Next Phase of Mental Health Strategy – Enhancing Community Services</p>	
	<p>The Committee considered the Implementation of the Next Phase of Mental Health Strategy – Enhancing Community Services [Paper 24/19] presented by the Assistant Chief Officer, Glasgow City HSCP, and Deputy Medical Director - Mental Health Services</p> <p>The Committee noted that the Strategy continued to be refreshed and was based on a three phased approach which had been supported in principle by Healthcare Improvement Scotland (HIS). The Committee noted that the six Health and Social Care Partnerships had been working collaboratively on the Strategy.</p> <p>In response to a question regarding the impact of Delayed Discharges in the system, the Committee received assurance that work was being carried out, which included enhancing the Care Home Liaison Service. There was investment in monitoring the flow and maximising capacity. The Committee noted that there would be a digital first approach, where appropriate.</p> <p>The Committee were content to approve the paper</p> <p><u>APPROVED</u></p>	
33.	<p>Draft Stakeholder Communication and Engagement Strategy</p>	
	<p>The Committee considered the Draft Stakeholder Communication and Engagement Strategy [Paper 24/20], presented by the Director of Communications and Public Engagement, Ms Sandra Bustillo, for approval.</p> <p>The Stakeholder Communications and Engagement Strategy for 2024-27 provided an update to the previous strategy produced in 2020 to support delivery from 2020-2023. Ms Bustillo reported that there had been significant communications and engagement with internal and external stakeholders, as well as Healthcare Improvement Scotland. The views of patients and the public had also been sought to inform the development of the draft strategy.</p> <p>Following feedback, Ms Bustillo agreed to review the wording of Priority One and Priority Nine before submission to the Board for approval.</p> <p>The Committee were content to approve the paper.</p> <p><u>APPROVED</u></p>	Ms Bustillo

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34.	Financial Monitoring Report	
	<p>The Committee considered Financial Monitoring Report [Paper 24/21] presented by the Director of Finance, Mr Colin Neil, for assurance.</p> <p>Mr Neil reported that at the end of month 11, the Board were reporting an overspend of £8 million which was attributed to unachieved savings of £18m and a pay and non-pay underspend of £9 million. Mr Neil reported an overspend in Acute of £30.52m and Corporate areas were underspent by £39m for pay and non-pay. He noted that Partnerships had a pay and non-pay underspend, however, highlighted that utilisation of reserves had been required to achieve this position.</p> <p>The Sustainability and Value Programme had achieved £51.5 million of recurring and non-recurring savings. As at month 11 there were forecast savings of £52m (69%) against the £75m recurring target and £172.8m (91%) against the full £190.9m.</p> <p>Mr Neil reported at month 11, 97% of the total capital allocation had firm orders or incurred spend and would be kept under close review over the final month of the year.</p> <p>Mr Neil noted that the Boards financial position projection had reduced from a deficit of £71.1m to a break even position. This position was also based on a break-even outturn across all IJBs, with the exception of East Renfrewshire where a year-end overspend was anticipated. Mr Neil provided assurance that the position across IJBs would be kept under close review to the financial year end.</p> <p>The Committee were content to note the report.</p> <p><u>NOTED</u></p>	
35.	Draft Financial Plan 2024/25	
	<p>The Committee considered the Draft Financial Plan 2024/25 [Paper 24/22] presented by the Director of Finance, Mr Colin Neil, for approval.</p> <p>Mr Neil provided an update on the further work that had been carried out to the Draft Financial Plan 2024/25 following approval of the initial draft at the February meeting. Mr Neil highlighted that additional information around assumptions and future costs had been obtained resulting in an overall improvement of £21.5m for 2024/25.</p> <p>Mr Neil reported that the overall financial challenge as per January submission was a deficit of £238.4m. This is on the assumption that recurring savings of £128.6m were achieved in 2024/25 and £82m in</p>	

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	<p>each of the subsequent years. He highlighted that it was imperative that the recurring savings were achieved in order to bring down the recurring deficit going forward as outlined in the 3 year plan. The recurring financial challenge was £218.3m with an additional £8.6m of non-recurring pressures giving an overall financial challenge of £226.9m.</p> <p>In response to a question regarding whether achieving recurring savings of £128.6m was achievable, Mr Neil recognised the challenge, however was hopeful that this would be achieved by maximising all opportunities on both a recurring and non-recurring basis.</p> <p>The Committee were content to approve the paper.</p> <p><u>APPROVED</u></p>	
36.	IJB Financial Plan 2024/25 Summary	
	<p>The Committee considered the IJB Financial Plan 2024/25 Summary [Paper 24/23] presented by the Director of Finance, Mr Colin Neil, for assurance.</p> <p>Mr Neil reported that all IJB's, with the exception of East Renfrewshire, were forecasting break-even at the financial year end, due to the utilisation of reserves. To achieve a balanced position, £74.9m of reserves were forecast to be utilised in 2023/24. He reported that East Renfrewshire were forecasting an overspend of £4.7m, this is after fully utilising all general reserves.</p> <p>Mr Neil reported that all IJB's had approved finance plans which demonstrated break-even for 2024/25. In total, for all IJBs, the financial challenge following income was £86m. This was an increase on the £70m challenge reported in 2023/24.</p> <p>The Committee raised concerns regarding the reduction in budget and impact on service provision, acknowledging the requirement for ongoing collaborative working. It was agreed that future iterations of the report would include risk and impact.</p> <p>The Committee were content to note the report.</p> <p><u>NOTED</u></p>	Mr Neil
37.	Draft Capital Plan 2024/25	
	<p>The Committee considered the Draft Capital Plan 2024/25 [Paper 24/24] presented by the Director of Finance, Mr Colin Neil, for approval.</p>	

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	<p>The paper provided an update on the Scottish Government Capital Funding position. Mr Neil reported that the forecast funding for 2024/25 was £76.34m. Mr Neil reported that additional supported projects included build of the Glasgow NE Health Centre and ongoing rectification works at the Queen Elizabeth University Hospital.</p> <p>Mr Neil reported that Board Formula Capital of £39.3m and £0.7m (retained net book value of Dykebar Land in 24/25 only) were used to fund all remaining capital expenditure as prioritised by the Board.</p> <p>There were currently £13.78m of project expenditure committed against schemes approved and carried forward from 2023/24. Mr Neil reported that the Radionuclide Dispensary was an area of high prioritisation and a full business case (and final estimated cost) had to progress through to Scottish Government for consideration and approval. The Committee would continue to receive updates on the progress.</p> <p>Mr Neil reported that minor works allocation, fleet medical equipment allocation and eHealth would all receive an initial allocation.</p> <p>The Committee were content to approve the paper.</p> <p><u>APPROVED</u></p>	
38.	Performance Report	
	<p>The Committee considered the Performance Report [Paper 24/25] presented by the Director of Finance, Colin Neil, for assurance.</p> <p>Mr Neil highlighted the key areas of Performance Improvement:</p> <ul style="list-style-type: none"> - CAMHS performance continued to exceed the 2023-24 ADP and national target, with current performance highlighting 98.7% of eligible patients referred for treatment starting treatment within 18 weeks of referral. - The latest quarterly position for Alcohol and Drugs (October - December 2023) remained positive at 93.8%. - There was an increase in performance relating to patients accessing Podiatry services (92%) - The number of GP Out of Hours shifts that remained open was 99.3%. <p>Mr Neil highlighted some key areas of performance in need of improvement:</p> <ul style="list-style-type: none"> - Compliance with the Psychological Therapies target was 89.4%, - There was an increase in the MSK Physiotherapy waiting times performance in terms of percentage of patients seen in under 4 	

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	<p>weeks (51%) compared to the previous months' position (48%), however performance remained significantly below target as focus continued on reducing the longest waiting times.</p> <p>Mr Neil reported that Acute and Mental Health Delayed Discharges performance for February 2024 remained a significant challenge, increasing by 6% when compared to the previous month.</p> <p>The Committee received an update on winter capacity and noted that sixty nine winter beds had closed on 8th April 2024.</p> <p>In response to a question regarding MSK Referrals, and monitoring what percentage of self-referrals were appropriate, the Committee noted that this was currently under discussion. The Committee noted that clinical referrals would continue to be a priority.</p> <p>The Committee were content to note the performance update.</p> <p><u>NOTED</u></p>	
39.	NHSGGC Access and Waiting Time Policy	
	<p>The Committee considered the NHSGGC Access and Waiting Time Policy [Paper 24/26] presented by the Chief Operating Officer, William Edwards, for approval.</p> <p>Mr Edwards highlighted the changes were made to reflect the revised national guidance and policy. The Committee received assurance that the changes had been quality impact assessed.</p> <p>The changes included:</p> <ul style="list-style-type: none"> - A reasonable offer for first outpatient assessment and inpatient/day case admission was when at least 10 calendar days' notice was given - An offer of appointment within NHSGGC, Golden Jubilee National Hospital and NHS Forth Valley National Treatment Centres (NTCs). Patients will be offered an appointment that is closest to them geographically that will allow them to be seen in the quickest time - Support for travel arrangements to sites both within and outwith the board have been expanded, detailing options available to patients. <p>In response to a question regarding whether the Golden Jubilee and Forth Valley policies matched, the Committee noted that they were also based on the National Policy, however, the Golden Jubilee offered an appointment Scotland wide.</p>	

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	<p>In response to a question on whether changes meant extended travel, the Committee received assurance that appointments would be offered with a reasonable distance to travel to. There was flexibility in place at patient level in relation to travel and transport or wait for an appointment at a closer location.</p> <p>The Committee were content to approve the paper.</p> <p><u>APPROVED</u></p>	
40.	Corporate Risk Register	
	<p>The Committee considered the Corporate Risk Register [Paper 24/27] presented by the Chief Risk Officer, Ms Katrina Heenan, for approval.</p> <p>The Committee noted that there were seven risks aligned to the Committee. Since the last meeting there had been no proposed changes to risk score.</p> <p>Ms Heenan reported that whilst there were no changes, significant work had been carried out to review the following risks;</p> <ul style="list-style-type: none"> - Impact of Delayed Discharges on NHS GGC System Flow - Ageing Infrastructure - Regulatory Body Compliance <p>The Committee were content to approve the Corporate Risk Register.</p> <p><u>APPROVED</u></p>	
41.	Committee Terms of Reference	
	<p>The Committee considered the Terms of Reference [Paper 24/28] presented by the Director of Corporate Services and Governance, Ms Elaine Vanhegan, for approval.</p> <p>The Committee were asked to review the document in line with the annual review of governance. The Committee agreed to submit comments to Ms Vanhegan by Friday 18th April 2024. It was agreed that the Terms of Reference would be approved at the next Committee meeting for inclusion in the Governance Framework which was scheduled to go to the 25 June 2024 Board meeting for approval.</p> <p><u>NOTED</u></p>	

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42.	Committee Annual Report	
	<p>The Committee considered Committee the Committee Annual Report [Paper 24/29] presented by the Director of Corporate Services and Governance, Ms Elaine Vanhegan, for approval.</p> <p>The Committee considered the report and agreed to submit comments by Friday 18th April 2024.</p> <p><u>NOTED</u></p>	
43.	Committee Annual Cycle of Business 24/25	
	<p>The Committee considered the Committee Annual Cycle of Business 24/25 [Paper 24/30] presented by the Director of Corporate Services and Governance, Ms Elaine Vanhegan, for approval.</p> <p>The Committee considered the paper and noted that the Annual Cycle of Business 24/25 would be updated.</p> <p>The Committee were content to approve the paper.</p> <p><u>APPROVED</u></p>	
44.	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>	
45.	Date and Time of Next Scheduled Meeting	
	<p>The next meeting would be held on Tuesday 11 June 2024 at 9.30 am via MS Teams.</p>	