

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Finance, Planning and Performance
Committee on Tuesday 11 June 2024
at 9.30 am via MS Teams**

PRESENT

Ms Margaret Kerr (in the Chair)

Ms Ann Cameron Burns	Ms Anne-Marie Monaghan
Mr Alan Cowan	Mr Colin Neil
Cllr Chris Cunningham	Mr Ian Ritchie
Ms Jacqueline Forbes	Ms Rona Sweeney
Mrs Jane Grant	Dr Lesley Thomson KC
Rev John Matthews	Ms Michelle Wailes
Ms Ketki Miles	

IN ATTENDANCE

Dr Jennifer Armstrong	Medical Director
Ms Sandra Bustillo	Director of Communications and Public Engagement
Ms Denise Brown	Director of Digital Services
Dr Emilia Crighton	Director of Public Health
Ms Beth Culshaw	Chief Officer, West Dunbartonshire HSCP
Ms Kim Donald	Corporate Services Manager, Governance
Ms Gillian Duncan	Corporate Executive Business Manager (Minutes)
Ms Katrina Heenan	Chief Risk Officer
Ms Claire MacArthur	Director of Planning
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
Professor Tom Steele	Director of Estates and Facilities
Ms Elaine Vanhegan	Director of Corporate Services and Governance
Professor Angela Wallace	Nurse Director

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		ACTION BY
46.	Welcome and Apologies	
	<p>The Chair welcomed those present to the June meeting of the Finance, Planning and Performance Committee.</p> <p>Apologies were noted on behalf of Mr William Edwards, Ms Jackie Kerr, Professor Iain McInnes and Dr Paul Ryan.</p> <p><u>NOTED</u></p>	
47.	Introductory Remarks	
	<p>The Chair confirmed that members had received notification that the Integration Schemes would not be considered at the meeting and advised that Ms Beth Culshaw, Chief Officer, West Dunbartonshire HSCP, would provide a short verbal update on this.</p> <p><u>NOTED</u></p>	
48.	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>	
49.	Minutes of Previous Meeting held on 9 April 2024	
	<p>The Committee considered the minute of the meeting held on 9 April 2024 [Paper No. FPPC(M)24/02] and were content to approve the minute as a complete and accurate record.</p> <p><u>APPROVED</u></p>	
50.	Matters Arising	
	<p>a) <u>Rolling Action List</u></p> <p>The Committee considered the Rolling Action List (RAL) [Paper No. 24/14]. The following updates were provided:</p> <ul style="list-style-type: none"> - <u>Minute No 75 – Review of IJB Integration Scheme</u> This would remain ongoing subject to the outcome of today's discussion. - <u>Item 18 – Corporate Risk Register</u> Mr Neil advised that modifications had been made to the Register and this was being presented to today's meeting for approval. 	

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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>	
51.	Urgent Items of Business	
	<p>The Chair asked members if there were any urgent items of business.</p> <p>Mrs Grant advised that there was ongoing dialogue with Healthcare Improvement Scotland (HIS) regarding the recent unannounced visits. There were also discussions taking place with HIS on the recently announced NHSGGC Emergency Department review.</p> <p>There were no further urgent items and the Committee were content to note the update.</p> <p style="text-align: center;"><u>NOTED</u></p>	
52.	Annual Delivery Plan	
	<p>The Committee considered the Annual Delivery Plan [Paper 24/32] presented by Dr Jennifer Armstrong, Medical Director, for approval.</p> <p>Dr Armstrong invited Ms Claire MacArthur, Director of Planning, to provide a short presentation setting out how this aligned with the recovery drivers and the Board objectives as well as information on how this would be monitored. Ms MacArthur advised that the progression and impact of actions would be monitored through appropriate governance on a quarterly basis. In addition, the Scottish Government would meet with the Executive Team twice a year.</p> <p>In response to a query, Dr Armstrong advised that the team had reviewed the trajectories on a cross-system basis and provided an estimate of what these would be with the exception of Delayed Discharges as further work was required on that. She said there were a few areas that would require to be revisited, for example, Hospital at Home. Mr Neil added that the Board had a duty to provide a balance between the operational activity and the financial aspect and this had been taken cognisance of when developing the ADP.</p> <p>Mrs Grant said that any changes of substance would be brought back to the Committee throughout the year to ensure transparency. She said that the Board was committed to maintaining levels of activity but acknowledged that demand was increasing significantly in some areas which was challenging.</p>	

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	<p>In response to a query about Hospital at Home, Mrs Grant advised that NHSGGC was committed to supporting the concept of this as the service was required to reduce the pressure in Acute Services.</p> <p>The Committee were content to approve the Plan which would be presented to the NHS Board on 25 June 2024.</p> <p><u>APPROVED</u></p>	
53.	Corporate Objectives 2024/27 and Operational Priorities 2024/25	
	<p>The Committee considered the Corporate Objectives 2024/27 and Operational Priorities 2024/25 [Paper 24/33] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance, for approval.</p> <p>Ms Vanhegan advised that this paper had also been considered at the recent Board briefing session. It was proposed that two additional Corporate Objectives were added – “to promote Equality, Diversity and Inclusion across the healthcare system” under Better Health and “to ensure NHSGGC provides services that are environmentally sustainable meeting targets and legislative policy to work towards achieving net zero by 2045” under Better Value.</p> <p>The Committee approved the corporate objectives and operational priorities which would now be presented to the NHS Board on 25 June 2024.</p> <p><u>APPROVED</u></p>	
54.	Integration Schemes	
	<p>The Committee had been due to consider the Integration Schemes paper [Paper 24/34] presented by Ms Beth Culshaw, Chief Officer, West Dunbartonshire HSCP, for approval. However, this would now be a verbal update for awareness.</p> <p>Ms Culshaw said that, as well as a period of public engagement, the six Local Authorities had also been reviewing the draft Schemes and a late legal view had been received suggesting that the proposed revised wording on hosted services had not complied with legislation. This view would require to be tested, but as the Schemes had been developed collegiately it had been agreed to pause this being presented to the Committee to enable the six legal teams and the Central Legal Office to review this challenge.</p>	

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	<p>In response to a query on the likely timescale for conclusion, Mrs Grant said that this would depend on how complex the issue was and, as this had been a late challenge, the focus now was on understanding the issue and how it could best be addressed.</p> <p>In response to a query about whether legal advice had been taken before consultation, Ms Culshaw advised that each Partnership had taken a different approach and that may be a future point of learning across the HSCPs.</p> <p>The Committee were content to note the paper and it was agreed that if this was not resolved by the next meeting then a further update would be provided.</p> <p><u>ONGOING</u></p>	Ms Culshaw
55.	Financial Monitoring Report: Month 12	
	<p>The Committee considered Financial Monitoring Report [Paper 24/35] presented by Mr Colin Neil, Director of Finance, for assurance.</p> <p>Mr Neil presented the year end position at 31 March 2024 reporting that the Board had achieved an underspend of just under £0.5 million subject to audit. This was attributed to unachieved savings of £0.26 million and a pay and non-pay underspend of £0.74 million subject to audit. Acute was overspent by £32 million which was offset by corporate which was underspent by £31 million and partnerships which had an underspend for pay and non-pay. Partnerships has a pay and non-pay underspend £1 million recognising that significant utilisation of reserves had been required to achieve that position. Mr Neil also advised that financial coverage had been made to East Renfrewshire HSCP to the value of £2.1 million to allow them to breakeven.</p> <p>Mr Neil said that nurse agency spend had reduced since the previous year. The use of premium rate agency had been removed in October 2023 and the drive now was to reduce standard rate agency going forward. Medical agency costs had reduced slightly as had other agency costs. Primary care prescribing had seen a substantial overspend of £17.9 million and this had been noted through the respective financial plans and was one of the core reasons for the utilisation of reserves.</p> <p>The Sustainability and Value Programme for 2023/24 had achieved £52 million on a full year recurring basis. On an in year basis for recurring and non-recurring it had achieved the full £190.9 million that was part of the financial plan agreed in April 2023. This remained in line with the forecast and had not impacted on the financial plan agreed in April 2024 for this year. He said that the month one position was that plans for just</p>	

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	<p>over £100 million in total had been submitted and significant work would be required to meet the full financial challenge of £226.9 million in 2024/25.</p> <p>Total capital expenditure incurred in 2023/24 was £93.7 million and the capital resource limit had been fully met.</p> <p>In summary, Mr Neil said that the revenue position breakeven and meeting the capital resource limit which were statutory responsibilities had been a significant achievement. However, he said that the challenge for 2024/25 should not be underestimated.</p> <p>In response to a query, Mr Neil said that discussions with the Scottish Government around any additional levels of funding were well established and he was not expecting any funding to be allocated that he was not aware of at this stage, however, if there was any additional funding received this would be embedded in the plan going forward.</p> <p>In response to a query about whether the use of agency staff could be eliminated completely, Professor Wallace said there would always be a requirement for temporary staff, however, the plan was to ensure as much stability in the workforce as possible then use the staff bank for any additional needs as this was a better for supporting staff, continuity of patient care and value for money.</p> <p>In response to a query about the increased possibility of the IJBs partners not meeting their financial targets this year, Mr Neil said that the risk had been noted and the IJBs all had financial plans showing a breakeven forecast. He advised that the Board would not be in a position to provide any additional funding this year and robust monitoring would require to be in place from quarter 1 with an increased frequency of dialogue between the Board and the IJBs this year.</p> <p>The Committee were assured by the report.</p> <p><u>NOTED</u></p>	
56.	Performance Report	
	<p>a) Month 12 – 2023/24</p> <p>The Committee considered the Performance Report Month 12 [Paper 24/36] presented by the Director of Finance, Colin Neil, for assurance.</p>	

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	<p>Mr Neil said that this report had been included in the pack for completeness and the Committee were content to note the Month 12 performance update.</p> <p><u>NOTED</u></p>	
	<p>b) Month 1 – 2024/25</p> <p>The Committee considered the Performance Report Month 1 [Paper 24/37] presented by the Mr Colin Neil, Director of Finance, for assurance.</p> <p>Mr Neil reported on the key areas of improvement noting that CAMHS and Psychological Therapies both continued to exceed the national target. The number of GPOOH shifts remaining open continued to be at the upper limit and had been close to 100%. He said that the areas that required improvement included MSK physiotherapy which remained static at 43% but he acknowledged that the focus continued to be on reducing the longer waiters which had an impact on the target. He said that Acute and Mental Health Delayed Discharges remained challenging and had been at 301 and 96 respectively for April.</p> <p>In response to a query about the impact of Adults with Incapacity (AWI) Delayed Discharges, Ms Sinclair said that although AWI was an element of mental health delays the majority of delays were due to the complexity of the type of support required for the person to move on to a community setting and the challenges in achieving that. Chief Officers continued to discuss this and support Professor Wallace and others in discussions. Mrs Grant said that there was a huge differential in performance and the AWI position across IJBs adding that there had been a recent discussion between Board Chief Executives and the Scottish Government about the variation across Scotland, for example, in the use of section 13ZA. Mrs Grant said that the Scottish Government had asked for a renewed focus on Delayed Discharges to ensure a significant reduction prior to winter.</p> <p>In response to a query about the feasibility of targets for Delayed Discharges, Professor Wallace said that these had been very difficult to set particularly given the variation across partnerships but as part of the ADP discussions, they had been tasked with trying to calculate the trajectories differently and a process was underway to rework the targets locally. Mr Neil said that it was important to note that there was not a budget for Delayed Discharges in the Board therefore these delays had a direct correlation to the Sustainability and Value programme and if the patient was in the correct setting then this would have a better financial outcome as well as a better outcome</p>	

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	<p>for the individual. He said that the number was significantly higher than it had been pre-pandemic so this needed to be an area of focus.</p> <p>In response to a query about the European Convention on Human Rights (ECHR) position, Mrs Grant said that these patients were no longer being placed in care homes. She said that AWI was complicated and there were some significant variations in process across GGC but the majority of delays were the standard delays as outlined by Ms Sinclair. She asked Committee members to remember that these were real people who were delayed in an acute bed which was not the best place for them to be. The Chair asked if a further update on this could be presented to the Committee later in the year.</p> <p>In response to a query about MSK physiotherapy, Mrs Grant said that she had asked those areas that were currently red and projecting to remain red by the end of the financial year to submit a more detailed plan and work was ongoing with Ms Culshaw and her team to produce that for MSK. She said it had been agreed to prioritise long waiters in MSK which she acknowledged was having a negative effect on the target but was the right thing to do for the patients.</p> <p>In relation to a query about the variance in performance across the EDs, Mrs Grant said that there had been a significant reduction in ED attendances recently, however, there was concern as this had been rising again in recent weeks and it was important to understand why this was the case and how to tackle it. She said that there were communication campaigns around redirection that were being used over the summer months to be more robust around when to attend ED.</p> <p>Mrs Grant added that it was important for colleagues who were members of IJBs was to understand the impact financial decisions made by IJBs had on the Board's performance.</p> <p>The Committee were content to note the performance update.</p> <p><u>NOTED</u></p>	<p>Professor Wallace</p>
<p>57.</p>	<p>Corporate Risk Register</p>	
	<p>The Committee considered the Corporate Risk Register [Paper 24/38] presented by Ms Katrina Heenan, Chief Risk Officer, for approval.</p> <p>Ms Heenan reported on the risks that had been reviewed since the previous meeting of the Committee and advised that no changes to any risk scores were proposed this time. She said a full review of risk 3054</p>	

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	<p>had been completed and set out the changes to the risk which had been renamed “Annual Delivery Plan” to reflect a more business as usual approach and while it was proposed there was no change to the score there were four new actions proposed.</p> <p>In response to a query about the scoring of the ADP risk remaining static while new actions had been added, Ms Heenan said that there had been considerable debate as part of the review on the impact of the risk and it was felt that there was not enough to escalate this to the next level but it was appropriate to include actions taken around monitoring review and implementation of the delivery plan. Mr Neil added that it the score did not mean that this was not a low priority, but part of the discussion had been that the targets put in place were deemed to be achievable and there was agreement in place with the Scottish Government around our trajectories.</p> <p>In response to a query about the risk profile of the scores not changing despite the considerable work that was being undertaken to review risks, Mr Neil said it may be that the current landscape did not allow for the risk score to be reduced but he was assured by the considerable work that was ongoing to review risks and look at controls and actions. Ms Heenan added that work was ongoing to actively reduce risks and that was being captured as part of the review.</p> <p>The Committee were content to approve the Corporate Risk Register noting that there would be action taken to follow-up some of the issues raised by members around the scoring.</p> <p><u>APPROVED</u></p>	<p>Mr Neil/Ms Heenan</p>
<p>58.</p>	<p>Committee Terms of Reference</p>	
	<p>The Committee considered the Terms of Reference [Paper 24/39] presented by presented by Ms Kim Donald, Corporate Services Manager – Governance, on behalf of Ms Elaine Vanhegan, Director of Corporate Services and Governance, for approval.</p> <p>Ms Donald advised that this had been updated following feedback at the previous meeting of the Committee and the Terms of Reference which would form part of the governance pack that would be presented to the June Board for approval.</p> <p>In response to a query about the Committee’s oversight of the approach to strategic planning and whether some of the strategies being presented to the Committee could potentially be duplicated in other governance structures, Mrs Grant said that an effort had been made to avoid duplication but she would be happy to consider any specific examples.</p>	

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	<p>The Committee were content to approve the Terms of Reference which would now be presented to the NHS Board as part of the annual governance review on 25 June 2024.</p> <p><u>APPROVED</u></p>	
59.	Committee Annual Cycle of Business 2024/25	
	<p>The Committee considered the Committee Annual Cycle of Business [Paper 24/40] presented by Ms Kim Donald, Corporate Services Manager – Governance, on behalf of Ms Elaine Vanhegan, Director of Corporate Services and Governance, for approval.</p> <p>The Committee were content to approve the Annual Cycle of Business and noted that they could make the Committee Chair or Ms Donald aware of any comments separately.</p> <p><u>APPROVED</u></p>	
60.	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. She said that a brief would be prepared for the Board meeting advising that the Committee had approved the ADP, corporate objectives and operational priorities; had spent some time discussing finance and performance; and had received an update on Integration schemes.</p> <p>Ms Kerr thanked all the Committee members who would be leaving the Board at the end of June for their support to her as Chair of the Committee.</p> <p><u>NOTED</u></p>	
61.	Date and Time of Next Scheduled Meeting	
	<p>The next meeting would be held on Tuesday 6 August 2024 at 9.30 am via MS Teams.</p>	