

APPROVED AS A CORRECT RECORD
BOARD OFFICIAL

F&P(M)16/02
Minutes: 10 - 20

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Finance & Planning Committee held at
2.00pm on Monday, 28 November 2016 in the
Board Room, J B Russell House, Gartnavel Royal Hospital,
1055 Great Western Road,
Glasgow, G12 0XH**

P R E S E N T

Mr J Brown

Ms S Brimelow	Mr I Fraser (to item 15)
Ms M Brown	Dr D Lyons
Mr S Carr	Mrs D McErlean
Mr R Finnie	Mrs T McAuley
Mrs J Forbes	Mr A MacLeod
	Mrs R Sweeney

O T H E R B O A R D M E M B E R S I N A T T E N D A N C E

Dr J Armstrong Mr M White

I N A T T E N D A N C E

Mr P Cannon	..	Deputy Head of Administration
Ms C Renfrew	..	Director of Planning & Policy

10. APOLOGIES, WELCOME AND PRELIMINARIES

Apologies were intimated on behalf of Mr R Calderwood, Professor A Dominiczak and Mr A MacLeod.

11. DECLARATIONS OF INTEREST

There were no declarations of interest.

12. MINUTES OF PREVIOUS MEETING

On the motion of Mr Fraser, seconded by Mr Carr, the Minutes of the Finance & Planning Committee meeting held on 4 October 2016 [F&P(M)16/01] were approved as a correct record subject to Mrs Forbes and Dr Lyons being recorded as having given their apologies. It was also noted that the date of the next meeting recorded in the minutes required updating.

13. MATTERS ARISING

a) Rolling Action List

There was submitted a paper [Paper No 16/04] by the Deputy Head of Administration which provided an update of the actions within the previous minute, which was noted.

It was noted that the Committee draft remit was being taken forward in conjunction with the other two Board Standing Committees, and will be presented to members in a standardised format, to bring about a degree of consistency across the three Board Standing Committees, with a view to be approved by the Board at the February 2017 meeting.

Deputy Head of Administration

Mr Brown also reported that he had discussed with the Director of Public Health how best to ensure that the Board's Public Health agenda is promoted, and had concluded that there was a case for establishing a Board Standing Committee to discuss Public Health issues in detail, and it was noted that a proposal would be presented to the Board at the meeting on 20 December 2016. In doing so it was also acknowledged that the number of members on existing Standing Committees will need to be reviewed if the Board decided to proceed with establishing an additional Standing Committee.

Director of Public Health

NOTED

14. REVENUE UPDATE MONTH 7

There was submitted a paper [Paper No 16/05] by the Director of Finance which set out an overview of the current revenue position at month 7 which was noted to be continuing to show an adverse variance. It was noted that the key elements of financial performance within the Acute Division were highlighted in the report.

Members exchanged information in relation to the respective positions of IJBs and it was noted that savings plans for 2016/17 were being delivered largely as anticipated. It was noted that there were still one or two IJBs to formally confirm their outturn positions for CRES for the current year.

Members noted that Mr White referred to the continued absence of the Acute Division Chief Operating Officer, and the impact this was having on the Division, and while it was acknowledged that the Board Chief Executive was providing additional support to Acute Directors, and Corporate Directors were assisting also, it was felt that a formal set of interim arrangements was now required, urgently, especially in the light of the Chief Executive's retirement in early 2017.

Mr Brown agreed to discuss this further with Board Officers to bring about an interim set of arrangements.

Board Chairman

In relation to the Chief Executive appointment process, Mr Brown reported that the selection process was well underway, and that if an interim appointment was likely to be required, that an update on how this might be resolved would be brought back to the Board Seminar on 6 December 2016.

Board Chairman

Mr White took Board Members through the detail within the paper and highlighted the areas giving rise to most concern, namely medical agency and locum costs, nursing premium rate agency costs and a number of significant non pay areas.

In relation to winter beds, it was acknowledged that the pressures on unscheduled and scheduled care made this a difficult series of changes to implement in the current financial year, however Mr White reported that Acute Directors had been asked to look at the entire bed base to determine if other beds could be reduced without having an adverse impact on unscheduled or scheduled care. It was also noted that the Winter Plan would be circulated for comment at the Board Seminar (6 December 2016) before being presented to the Board for approval on 20 December 2016.

**Director of
Planning &
Policy**

It was also noted that staff sickness absence was also having an impact in driving up bank and agency costs and it was noted that the Staff Governance Committee will be looking at staff sickness trends in greater detail in due course.

**Director of
Human
Resources &
Organisational
Development**

NOTED

15. ACUTE COST CONTAINMENT PROGRAMME FOR 16/17 - UPDATE

There was submitted a paper [Paper No 16/06] by the Director of Finance which set out an overview of the cost containment programme at month 7. Mr White reminded Board Members that the programme was discussed in detail at the Board Away Day (1 / 2 November 2016), and was also discussed at the Acute Services Committee on 15 November 2016.

The paper sought to bring Members up to date and included information in relation to additional funding provided by Scottish Government to maintain current waiting list initiatives to manage outpatient waiting lists, in particular, and the appointment of an external contractor to manage medical locum bookings and associated processes.

The paper provided an update on the key elements of the programme including waiting list initiatives, winter beds, nursing premium rate agency costs, and medical locums, which was noted.

Mrs Brown highlighted that as well as addressing specific areas of Acute Division spend, she hoped that a wider analysis of operational processes, particularly around outpatient clinic staffing was also being taken forward.

NOTED

16. FINANCIAL PLANNING PROCESS 2017/18 AND BEYOND

There was submitted a paper [Paper No 16/07] by the Director of Finance which provided an initial overview of the 2017/18 financial projections and underlying assumptions. It was noted that these assumptions may require to be updated further following the Scottish Budget statements, expected in mid December 2016.

In relation to the Local Delivery Plan, and the impact of changes to financial allocations to the NHS Board on Integrated Joint Boards (IJBs), it was noted that Mr White will set out the steps and timetable for communicating this information to IJBs, and provide this as part of the papers going to the December 2016 Board meeting. Mrs McAuley welcomed this as it would assist IJBs in their own forward planning; the sentiment was echoed by all Non Executives present.

**Director of
Finance**

In relation to specific areas of spend that might be targeted in 2017/18, Dr Armstrong highlighted that Prescribing was an area of significant spend, and presented opportunities to rationalise and make efficiency savings.

Mr White alluded to opportunities that may present to assist staff in exiting the organisation earlier than full retirement age, should the Board be allowed to set aside funds to be utilised to support any staff who may wish to exercise this right under Agenda for Change, where posts would not be filled subsequently.

It was also noted that the National Shared Services agenda had not delivered the NHS GG&C share of £10m, which the Board was trying to offset in 2017/18, however Mr White stated that despite this not being delivered in the current financial year there were some longer term national schemes that may yield savings in 2017, and beyond.

Mrs Brown emphasised the need to tackle shifting the balance of care away from Hospital services to community based provision, in order to avoid patients being treated in Hospital.

The impact of delayed discharges was also raised by a number of Members who indicated that the costs being borne by the Health Board because of the impact of patients being in Hospital beds who were assessed as ready to be discharged was an additional pressure that should be discussed with Glasgow City HSCP, in particular. Ms Renfrew provided an update on the steps being taken to reduce this pressure within Glasgow City HSCP, and it was agreed to return to this topic.

**Director of
Planning &
Policy**

NOTED

17. ACUTE SERVICES STRATEGY

There was submitted a paper [Paper No 16/08] by the Director of Planning & Policy which provided an updated Acute Services Strategy, with service models provided as a separate attachment which Members discussed in detail.

Board Members welcomed the revised documents and asked that apart from specific drafting suggestions made, and a reordering of sections / headings, that Ms Renfrew redraft the current version to highlight strategic aims, make links to regional initiatives, emphasise the drivers for change, set out the outcomes it should deliver and the impact on patient groups, with a view to submitting this Strategic Plan overview to the December 2016 Board meeting.

**Director of
Planning &
Policy**

In addition, it was noted that Members discussed the implementation aspects of the Strategic Plan and in doing so asked that a separate piece of work be delivered, to set out an implementation plan for the Acute Services Strategy.

Mr Brown suggested that Officers should submit a paper to the Board Seminar on 6 December 2016 on the approach that should aim to deliver an implementation plan for the February 2017 Board meeting, in order to be in a position to include any issues arising from the changes linked to the National Clinical Strategy, which was anticipated to be announced in December 2016.

There was also broad agreement that a Communications Strategy to underpin the Strategic Plan would be required and it was noted that that Mr McLaws will develop a parallel narrative for patients, carers, staff and other key stakeholders. It was agreed that this should also be discussed at the Board Seminar on 6 December 2016.

**Director of
Communications**

NOTED

18. INTEGRATING STRATEGIC PLANNING & IMPLEMENTING

TRANSFORMATIONAL CHANGE

Mr Brown reported that he had been giving considerable thought to the way in which the Board tackled transformational change, and involved key stakeholders outwith the work being taken forward in relation to the Acute Services Strategy, including IJBs, and how this is shaped by the Board from 2020 onwards. One option discussed was to follow the NHS Scotland approach and establish a Transformational Change Programme to coordinate all of this activity and ensure the benefits are realised.

It was agreed to develop this theme further at the forthcoming Board Seminar on 6 December 2016.

NOTED

19. DATES OF MEETINGS 2017

There was submitted a paper [Paper No 16/09] by the Deputy Head of Administration which set out the dates and times of the Committee meetings in 2017.

NOTED

20. DATE AND TIME OF NEXT MEETING

Tuesday 14 February 2017, at 2.00pm, in the Board Room, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH.

The meeting ended at 4.45pm