

F&P(M)17/04
Minutes: 46-57

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Finance & Planning Committee held at
1.00pm on Tuesday, 3 October 2017 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 CBE (In the Chair)

Ms M Brown	Mr J Matthews OBE
Mr S Carr	Mr A Macleod
Prof Dame A Dominiczak (To Minute 53)	Mrs P McAuley OBE (To Minute 54)
Mr R Finnie (To Minute 53)	Mrs D McErlean
Mrs J Forbes	

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 (To Minute 53)	Ms J Grant
Dr L de Caestecker	Mr M White

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

Mr S Anderson	..	Partnership and Development Manger, Glasgow City Council (To Minute 50)
Mr G Archibald	..	Chief Officer, Acute
Mr J Best	..	Interim Chief Officer, Acute
Mr J Hobson	..	Assistant Director of Finance
Mr D Loudon	..	Director of Property, Procurement and Facilities Management
Mrs A MacPherson	..	Director of Human Resources & Organisational Development
Ms L McConnachie	..	Audit Scotland
Mr A McCubbin	..	Head of Finance - Capital & Planning
Mrs L McGrath	..	Interim Deputy Head of Board Administration
Ms H McIntrye	..	Senior General Manager Capital Projects (To Minute 53)
Mr C Neil	..	Assistant Director of Finance Acute
Ms L Yule	..	Audit Scotland

46. APOLOGIES

Apologies were intimated on behalf of Ms S Brimelow, Dr D Lyons, Mr I Fraser and Ms R Sweeney.

NOTED

47. DECLARATIONS OF INTEREST

There were no declarations of interest.

NOTED

48. MINUTES OF PREVIOUS MEETING

On the motion of Mr McLeod, seconded by Mr Carr, the Minutes of the Finance & Planning Committee meeting held on 22 August 2017 [F&P(M)17/03] were approved as a correct record, subject to the following changes:

- In Attendance list, Ms S Adamson's job title to be corrected to Director of Regional Planning, West of Scotland ;
- Minute 36 Financial Monitoring, 4th paragraph, 'scriptswitch will be introduced' to be changed to 'scriptswitch has been introduced'; and
- Minute 42 Updated Remit; add 'Remit to include Regional Planning oversight'.

NOTED

49. MATTERS ARISING

a) Rolling Action List

The Committee noted the current Rolling Action List [Paper No 17/23].

The Board effectiveness review will be discussed at the Board away session on the 16th and 17th November 2017. Mr Brown advised that a presentation would be delivered at the event covering National and Regional priorities, Transformational Plan developments, the Board's Corporate Objectives and the development of the Corporate Governance framework. Additionally, Members will be asked to participate in discussions on how the NHS Board interacts with the Health and Social Care Partnerships (HSCPs).

The session will also be used to confirm issues for discussion with the Cabinet Secretary.

Mr Finnie welcomed the away session agenda, however, noted that it may be preferable to preface these discussions with a questionnaire and potentially to involve external facilitation. Mrs MacPherson confirmed that the Board Effectiveness Questionnaire was being issued via email to Members and will be analysed by ISD, this will be discussed at the Board Away Day session on February 2018. Members discussed this and noted that a local questionnaire prior to the away session may be useful to identify issues and guide discussions, Mrs MacPherson will take this forward.

**Director of HR
& OD**

Members approved the updated Finance and Planning Committee Remit subject to the addition of a reference to the Public Bodies (Joint Working) (Scotland) Act 2014 and a note that the Committee will take an overview of Regional and National Planning. The Remit will be presented to the December 2017 Board meeting for approval.

**Interim Deputy
Head of Board
Administration**

With reference to the IJBs Strategic Commissioning Plans section, Dr de Caestecker advised that as the Board was a statutory signatory the plans need to be presented for approval at this Committee. Mrs Grant agreed and suggested that a summary document accompany the plans when they were being presented.

NOTED

50. GLASGOW COMMUNITY PLAN

Mr Brown welcomed Mr Shaw Anderson, Glasgow City Council Partnership and Development Manager, to the meeting to present the Glasgow Community Plan.

Mr Anderson delivered a presentation on the plan and highlighted Focus Areas, including economic growth, resilient communities and a fairer more equal Glasgow; Priority Areas including transport and accessible & affordable childcare. Links to the NHS were noted, including access to services, social isolation, raising health priorities.

Mr Anderson advised that there was one Glasgow Community Plan and nine Locality Plans; furthermore there is an additional plan for Govanhill due to the diverse nature of the area. The broad principles of the plans were transferrable; however, local differences were addressed through the Locality Plans

The presentation highlighted a wide consultation process and an encouraging response to focus and priority areas.

The Glasgow Community Plan was available on the Glasgow City Council website; the plan was a living document and was therefore subject to change. The next stage includes ongoing consideration, further refinement of action plans and the development of a performance management framework.

Members welcomed the overview of the plan however; the Committee noted a potential missed opportunity to have health higher on the agenda; although there are links to poverty the health connection could have been stronger. Members also expressed concern and disappointment that the plan had been published prior to it being scrutinised by the NHS Board.

Ms Brown noted that key social factors linked to health were poverty and powerlessness; these issues represented major challenges to both Local Authorities and the NHS. Mr Matthews stated that these issues were not new and the engagement with local communities was essential to encourage ownership and embed improvements.

Professor Dominiczak stated that third parties must also be considered, including Universities, and a lot could be achieved by working together.

Dr de Caestecker advised that the plan laid out high level strategic priorities, the associated action plans were therefore important to ensure objectives were carried through to an operational level.

Members also discussed the governance and sign off process for the Plan and subsequent Locality Plans. Mr Finnie noted that clarity around the role of Board Committees was required to ensure the right level of sign off was achieved for Board plans and strategy documents, there are some elements that should be approved at different tiers, and not everything required Committee ratification.

Mr Brown advised that the right people and processes must be in place to deliver the strategic objectives of the Community Plan. Mrs Grant agreed to consider how the Executive Team will ensure a strategic direction was set and applied in a consistent way.

NOTED

51. REGIONAL PLANNING UPDATE

Mrs Grant noted that a position statement has been submitted to Scottish Government; over the next six months the Executive Team will ensure that the Transformational Plan supported the Regional Plan.

Mrs McErlean noted that a robust communication strategy will be important in delivering the planning agenda and that the Executive Team should review the communication methods other Health Boards were using to replicate best practice.

Mr Finnie acknowledged that the effective delivery of healthcare to patients may not always be through the existing local services and the Board face a challenge in communicating this to patients. In order to achieve positive health outcomes patients may need to travel to specialist centres or other Health Board areas. The Board will be best placed to tackle this issue early in the planning cycle and will require support from the Scottish Government.

Mr Matthews agreed with this and also noted that that patients may be able to self manage certain conditions with support from the NHS staff. This was a positive message and needs to be communicated correctly.

NOTED

52. TRANSFORMATIONAL PLAN FOR NHSGGC

Dr Armstrong delivered a presentation to update Members on progress with the Transformational Strategy. A multi agency core team had been established.

Phase 1 was nearing completion, reviewing National and Regional strategic documents, outputs from the Clinical Services Strategy, population change predictions and highlighting the gaps where further work should be commissioned.

Phase 2 will commence December 2017, this will prepare the case for change, prepare a review of various Regional and Local work on clinical services for discussion in clinical groups and review Phase 1 predicted service demand. Phase 2 will also model the impact of any proposed changes on the demand and activity profile to inform options development.

Members discussed different options for Acute Care as outlined in the Keogh report (2014). This included services that are offered in Major Trauma Centres through to Emergency Centres and Urgent Care Centres.

Dr Armstrong highlighted a number of number of service reviews and advised that the Board was currently awaiting a decision from the Scottish Government (SG) on the North East Rehabilitation Review. A decision from SG was awaited on the proposals for Ward 15 at the Royal Alexandra Hospital.

Dr Armstrong confirmed that a Workforce Plan to accompany the Clinical Plan will be developed. A Communications Plan was being drafted and a Patients Panel will be convened. Mrs MacPherson also noted that a Staff Engagement Plan will be developed. These actions will be taken forward pending formal approval of this approach to transformational change at the October Board meeting.

**Medical
Director/
Director of HR
& OD**

Resources required for the Transformational Programme were discussed; a bid had been submitted to Scottish Government and part of the funding secured will be used where necessary to backfill staff in order that they are released to focus on this work.

A paper has been prepared for the October Board meeting.

NOTED

53. FINANCIAL MONITORING 2017/18 YEAR END PROJECTION (REVENUE)

The Director of Finance submitted a paper [Paper No 17/25] on the Board's revenue performance to 31 August 2017. The overall Board position was a £21.4m overspend with the Acute Division's overspend at £17.6m; Partnerships' overspend at £1.6m and the Corporate Department's overspend at £2.2m. Mr White also advised that £12.5m had been released as non-recurring support to assist with the financial gap.

Pressures within pay and the Cash Releasing Efficiency Savings (CRES) position were advised; the pay overspend was largely driven by additional medical and nursing staffing costs.

Identified savings continue to be delivered and emerging costs in year were being managed so far. The Board remained in balance for some large pressure areas including prescribing and the supplies & sundries budgets.

Mr White delivered an overview of the CRES position, the forecast at the end of August 2017 highlighted that £31.9m of the target had been identified; this was likely to be achieved by 31 March 2018. The area of greatest risk was within the Property, Procurement & Facilities Directorate where there was a likely in year shortfall of £6.6m and a recurring shortfall of £14.5m.

The initial year end financial gap was forecast as £18.5m, this figure is likely to increase and current indication is that it could increase by as much as £7.5m.

Mr White advised that fortnightly financial meetings were taking place with the Director of Finance / Chief Executive, the Medical and/or Nursing Director, Chief Operating Officer and relevant Acute Director to monitor this area.

A new initiative had been launched titled 'Small Change Matters', this campaign encouraged staff members to identify schemes which could assist in making changes that may lead to a more efficient use of resources.

Mr Finnie acknowledged that while efficient working should be supported across the organisation, staff focus must be on the delivery of care. Mr White agreed, however, also stated that the financial pressure will remain until the Board achieves a recurring balanced financial position, therefore staff were key to making small efficiency changes at an operational level.

The Sustainability and Value Action Group (S&V) has been set up and will be overseen by Mr Grant Archibald. The group focuses on reviewing best practice from

a range of external sources as well as driving new and innovative ways to address the financial challenge. The group also aimed to energise staff input into small initiatives, in addition to supporting reduction in high cost areas.

Mr Brown welcomed the continuous improvement approach that the S&V Group were supporting. Mr Brown also noted the importance of encouraging innovation across the organisation.

Mrs McAuley noted the importance of delivering patient centred care, the Board must ensure that by driving efficiencies forward various patients groups were not disadvantaged. Mr White confirmed that this was fundamental, any changes made must deliver improvement, not simply realise savings.

Members discussed the underlying recurring deficit that was carried forward from the previous financial year. Mrs Grant advised that the Board was working towards achieving balance this year as well as addressing the accumulated deficit from the previous year. This is a significant challenge and the Board was relying on the fulfilment of the financial plans that have been identified. Mr White agreed to identify milestones to demonstrate the timeline for when savings plans were likely to have an impact.

**Director of
Finance**

Mr Brown stated that there are four main elements to addressing the financial challenge; the Transformational Work Programme, continuous improvement, maintaining control of the prescribing budget and shifting the balance of care. The HSCPs role in reducing demand on Acute Care was discussed; Mr Brown noted that further discussions with IJBs were required to revisit the issue of delivering more care in the community. Mr White confirmed that monthly finance and performance meetings with the HSCPs were taking place; issues including delayed discharges were examined.

Members discussed the Winter Plan, Mr Best confirmed that local preparations have commenced and Acute Services were reviewing lessons learned from last year. HSCP representatives were on Local Implementation Boards for Unscheduled Care.

NOTED

54. FINANCIAL MONITORING 2017/18 YEAR END PROJECTION (CAPITAL)

Mr McCubbin delivered an update on the Capital Plan for 2017/18 and confirmed that the Board's revised level of core Capital Resources was £61.5m.

The capital element of disposals concluded up to 31 August 2017 amounted to £2.95m which arose mainly from the sale of the former Lenzie Hospital site in July 2017 and half of the remaining Orchard Ward site at the former Ruchill Hospital. The sale of the second half of this site will conclude in 2018/19.

Mr McCubbin advised that the spend to month five amounted to £9.1m, fitting with the spend patterns of recent years. The move to the implementation phase of various projects will result in an increase in spend. The Capital Team were planning reviews of all programmes and spend profiles to ensure projects remain on trajectory.

An unallocated balance in 2017/18 of £8.8m was noted, Mr White confirmed that the Scottish Government have made a commitment that any under spend will remain under control of the Board. Mr White stated that any under spend will be reviewed in totality with the Capital and Revenue budgets.

Mr Loudon advised that the Parkhead Hospital Project timeline was on target and the potential to move this forward was being reviewed. Members discussed the release of savings when the site is closed, Mr White noted that although maintenance expenditure will cease the Board will be required to pay security and will then need to meet decommissioning costs.

NOTED

MINUTES FOR NOTING

55. CAPITAL PLANNING GROUP – 31 JULY 2017

NOTED

56. PROPERTY COMMITTEE – 5 MAY 2017

As requested at the Finance and Planning Committee on 22 August 2017, the approved Property Committee minutes were circulated.

Mr Loudon agreed to make the following change to the minutes:

- Item 7, page 3, Mental Health – Drumchapel Hospital - ‘Mental Health Outpatient services’ to be changed to ‘Community Elderly Mental Health Team’.

NOTED

57. DATE AND TIME OF NEXT MEETING

Monday 20th November 2017 at 9.00am, in the Board Room, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH