

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Finance, Planning and Performance Committee
held on Tuesday 13th October 2020, at 0930am
via MS Teams**

PRESENT

Mr Simon Carr (in the Chair)

Dr Jennifer Armstrong	Prof John Brown CBE
Ms Susan Brimelow OBE	Mr Alan Cowan
Ms Jacqueline Forbes	Ms Jane Grant
Mr Allan MacLeod	Cllr Sheila Mechan
Mr John Matthews OBE	Ms Dorothy McErlean
Ms Anne Marie Monaghan	Mr Ian Ritchie
Mr Mark White	

IN ATTENDANCE

Mr Jonathan Best	..	Chief Operating Officer
Ms Sandra Bustillo	..	Director of Communications and Engagement
Ms Jacqueline Carrigan	..	Interim Assistant Director of Finance
Mr Stephen Fitzpatrick	..	Assistant Chief Officer Older People's Services Glasgow City HSCP
Mr Graeme Forrester	..	Deputy Head of Corporate Governance and Administration
Mrs Anne MacPherson	..	Director of Human Resources and Organisational Development
Mrs Geraldine Mathew	..	Secretariat Manager (Minute)
Mr Tom Steele	..	Director of Estates and Facilities

		ACTION BY
35.	WELCOME AND APOLOGIES	
	<p>The Chair welcomed those present to the meeting. Apologies for absence were intimated on behalf of Prof Dame Anna Dominiczak.</p> <p>Officer apologies were noted on behalf of Ms Elaine Vanhegan and Ms Susanne Millar. He welcomed Mr Stephen Fitzpatrick, Assistant Chief Officer Older People's Services, Glasgow City HSCP, who was in attendance on behalf of Ms Millar, in respect of Item 11 – Unscheduled Care Update.</p> <p>NOTED</p>	
36.	INTRODUCTORY REMARKS	
	The Chair noted the items included on the agenda for today's meeting.	
37.	DECLARATIONS OF INTEREST	

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	<p>The Chair invited members to declare any interests in any of the agenda items being discussed. There were no declarations made. Mr Carr noted a correction to the agenda at Item 9 – Paper 20/22 – IJB Accountabilities and Pace of Integration, which was presented to the Committee for approval. In addition, Mr Carr proposed that Ms Grant provide an update on the COVID-19 pandemic position under Item 6 of the agenda. The Committee were content with this approach.</p> <p>NOTED</p>	
38.	MINUTES OF PREVIOUS MEETING	
a)	MINUTES OF MEETING HELD 11TH AUGUST 2020	
	<p>The Committee considered the minute of the meeting held on Tuesday 11th August 2020 [Paper No. FPPC(M)20/02] and were content to accept these as an accurate record, subject to the following amendments:</p> <p><u>Item 25a – Finance Report Month 5, Page 7, Paragraph 7</u> <i>“Prof Brown commented that, of the 6 HSCPs, 4 HSCPs reported a neutral return. As such, he requested that, in future, a more detailed report of the end of year forecast was submitted to all 6 HSCPs, and Finance, Planning and Performance Committee, and the Board”.</i></p> <p>APPROVED</p>	
b)	MINUTES OF MEETING HELD 15TH SEPTEMBER 2020	
	<p>The Committee considered the minute of the meeting held Tuesday 15th September 2020 [Paper No. FPPC(M)20/03] and were content to accept these as an accurate record, subject to the following amendments:</p> <p><u>Item 34 – Ward 2a Royal Hospital for Children, Page 4, Paragraph 8</u> <i>“A question was raised regarding the MIBG service, given that this was a national service, if there was any scope to identify a funding source for this. Ms Grant noted that there remained some headroom within the capital plan, however as MIBG was a national service, there was no automatic allocation of capital funding. Ordinarily, discussions regarding capital funding of national services took place with Scottish Government colleagues and neighbouring Health Boards, however Mr White was mindful of the wider financial pressures including the impact of COVID-19, for which the Scottish Government had made a commitment to, therefore there was likely little scope to obtain support for the financial implications associated with the MIBG part of the project”.</i></p> <p><u>Item 34 – Ward 2a Royal Hospital for Children, Page 3, Paragraph 6</u> <i>“A question was raised concerning the other defective areas identified including the fire compartmentation and differing types of plasterboard, and if there were plans to carry out a programme of inspection throughout the building. Mr Steele advised that, some of the areas specified, were not consistently defective throughout the ward. He noted that AECOM had been instructed to carry out random testing and thermal imaging of both the QEUH and the RHC. However, Mr Steele highlighted the challenges associated with this and careful planning was required to ensure minimal disruption to patients and the provision of</i></p>	

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	<p>services. He assured members that, despite the fire compartmentation issue identified, there were a significant number of fire protection measures throughout the building. As a result, the Committee were content that there was sufficient mitigation of risk”.</p> <p><u>Item 34 – Ward 2a Royal Hospital for Children, Page 5, Paragraph 4</u> <i>“In summary, the Committee noted the anticipated revised project budget and specification, approved the revised programme plan due to the impact of the COVID-19 outbreak, and noted the ongoing threat of the COVID-19 pandemic which posed an active threat to programme delivery. Furthermore, the Committee were assured by the information available at this time that appropriate actions were being taken to identify and mitigate risk throughout the Queen Elizabeth University Hospital (QEUH) and Royal Hospital for Children (RHC) campus, and would anticipate a further update on progress at the meeting in December 2020”.</i></p> <p><u>APPROVED</u></p>	
<p>39.</p>	<p>MATTERS ARISING</p>	
<p>a)</p>	<p>ROLLING ACTION LIST</p>	
	<p>The Committee considered the paper ‘Rolling Action List’ [Paper No. 20/19] and were content to accept the recommendation that eight actions were closed. In addition, the following matters arising were discussed:</p> <p><u>Minute 25a – Finance Report Month 3</u> It was highlighted that the action to submit to all 6 HSCPs, Finance, Planning and Performance Committee, and to the Board, a more detailed report of the end of year forecast, was not included on the Rolling Action List. The Committee agreed to the inclusion of this action. It was acknowledged that, until such times as the funding for COVID-19 additional costs had been settled, it would not be possible to provide an end of year forecast for the Board and for each of the HSCPs, therefore it was suggested that estimated forecasts be prepared for presentation to the next meeting.</p> <p><u>Minute 23 – Setting Expectations</u> Mr Carr summarised the key points and outcomes of the discussion including ensuring a strategic approach at the right level; accountability of cross system functions; the presentation of a paper describing the planning function of the Committee at the December 2020 meeting; and ensuring that finance remained at the top of Committee meeting agendas.</p> <p><u>Minute 21a – Level 4 Escalation and Oversight Boards</u> An update on this would be provided by Ms Grant under agenda Item 46 – Escalation Update.</p> <p><u>Minute 27 – GP Out of Hours Service Update – Next Steps</u> Clarification was sought regarding the intended difference of the phrase “Redirection Policy” and of “Signposting”. Ms Grant clarified that the term Redirection Policy was linked to the redesign of urgent care pathways. National work was underway to consider the approach to unscheduled care and a number of pathways of care for a range of services including mental health and COVID-19. This was being progressed quickly in preparation for the winter period.</p>	<p>Mr White</p>

In response to a question about assurance of the figures submitted to the Scottish Government, specifically those related to unachieved savings, Mr White confirmed that an extensive audit was undertaken in relation to this, which included completion of questions raised by Scottish Government, and comparisons across all Health Boards. In addition, a Regional Peer Review Group was in place to ensure consistency. Mr White anticipated that, at a local Board level, further audit would be undertaken in due course.

A question was raised regarding the figure submitted in respect of unachieved savings, and if the deficit of £14m could be comfortably achieved by the year end. Mr White advised that careful consideration had been given to this. Typically, achievement of savings tended to perform better in the second part of the financial year, and whilst winter pressures may be a consideration, Mr White was confident that this was a reasonable target to achieve.

In response to a question regarding the cost of third party payments, Mr White advised that the position remained unclear and the impact of this on the financial outturn may vary across each IJB.

Financial Improvement Programme (FIP)

Mr White provided an overview of the position in respect of the Financial Improvement Programme. Whilst the FIP had been adversely affected by the current COVID-19 position, the aim was to have the programme fully operational throughout the second part of the financial year.

Capital Position

Mr White provided an overview of the current Capital position and confirmed that the Board was on target to utilise the capital resource limit by the year end.

Mr Carr thanked Mr White for the update and invited comments and questions from members.

A question was raised regarding the reported increase in prescribing costs which had risen by £0.5m, and the reason for this, given that activity in a number of areas had decreased. Mr White advised that the increase was due to a number of factors. He highlighted that, whilst activity in some areas had fallen, other areas such as ICU had seen an increase in prescribing due to COVID-19.

In response to a question regarding the overspend reported in Clyde sector in respect of nursing pay and the reasons for this, Mr Best explained that, during the peak of the COVID-19 response, supplementary staff were deployed within the Clyde sector, in addition to supplementary beds. Mr Best assured members that discussions were ongoing with Clyde sector colleagues to devise a plan to address the overspend by the end of the financial year.

A question was raised regarding the overspend in respect of forensic mental health services, and how this would be addressed, given that this was a regional service. Mr White assured members that an advanced Service Level Agreement (SLA) was in place, therefore costs associated with activity were recovered.

Prof Brown declared an interest in respect of the issues being discussed, given that he was a member of the Glasgow Life Board, which was responsible for

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	<p>Culture and Leisure facilities within Glasgow. The Committee were content to note the declaration of interest.</p> <p>In response to a question about the cost of the Parkhead Hub development, specifically, the cost of the project in comparison to other recent projects such as Maryhill Hub, Mr Steele explained that the cost of the development reflected the size of the development. He noted that the project was a revenue funded project, and incorporated a site rationalisation approach including the library and training facilities, the costs of which were borne by Glasgow City HSCP.</p> <p>A question was raised regarding bed spacing within particular Acute sites such as Glasgow Royal Infirmary (GRI) and Mr Steele noted that a programme of bed spacing assessment was underway within GRI on a ward by ward basis. He assured members that this would continue to be reviewed moving forward.</p> <p>In summary, the Committee noted the revenue position at Month 5 and the financial settlement position; noted the Month 5 position with the Financial Improvement Programme; and noted the capital position at Month 5.</p> <p><u>NOTED</u></p>	
<p>42.</p>	<p>PERFORMANCE UPDATE</p>	
	<p>The Committee considered the paper 'Performance Report – Key Waiting Times and Access' [Paper No. 20/21] presented by the Director of Finance, Mr Mark White. He paper provided an overview of the ongoing impact of COVID-19 and Remobilisation, and a high level overview of current performance against key metrics. Mr White confirmed that a range of activity targets were included within the report. He noted that the Remobilisation Plan had not yet been published. The Remobilisation Plan incorporated revised trajectories, which focused on activity. These would be reflected in the Performance Report moving forward.</p> <p>Mr Carr thanked Mr White for the update and invited comments and questions from members.</p> <p>In response to a question regarding the backlog associated with key diagnostic tests, specifically ultrasound, and the reasons for this, Mr Best explained that this related to non-obstetric ultrasound, which were classified as category 4. He described the work underway within the Diagnostic and Imaging Team to analyse the lists within each category 1 to 4, to develop a recovery plan. Furthermore, work was underway with Primary Care colleagues, through the Primary Care Interface Group, to revalidate referrals, to ensure priority to those with greatest need.</p> <p>A question was raised regarding an increase in attendances at the Emergency Department (ED) at QEUH, and the reasons for this. Mr Best confirmed that there had been an increase in the number of attendances. He assured members that work was underway with Acute colleagues and HSCP colleagues to address issues including delayed discharge and the bed complement required based on activity, from a whole system perspective. A further update on progress of this would be presented to the Finance, Planning and Performance Committee in December.</p>	<p>Mr Best</p>

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	<p>In response to a question regarding the endoscopy performance, Mr White explained that the performance reflected the challenges associated with these procedures being Aerosol Generating Procedures (AGPs). The use of the required level of PPE for staff to conduct endoscopy, and the practicalities associated with donning and doffing of PPE, has resulted in lower numbers of patients being examined per session.</p> <p>A question was raised regarding the increase in delayed discharges reported, in comparison with the performance in April, and what actions were being taken to address this. Ms Grant highlighted that there were a number of complex issues affecting performance including, but not limited to, challenges associated with Adults with Incapacity (AWI) and patients with complex needs. It was agreed that an update on this would be provided at the next meeting in December.</p> <p>In summary, the Committee were content to note the current performance position in relation to a summary of key performance indicators, reflective of the current reporting and governance arrangements.</p> <p>NOTED</p>	<p>Ms Millar??</p>
<p>43.</p>	<p>GP OUT OF HOURS UPDATE</p>	
	<p>The Committee considered the paper ‘GP Out of Hours – Reconvening Services in Clyde Options Review Update’ [Paper No. 20/23] presented by Ms Susan Manion, Interim Director of GP Out of Hours Service. It was acknowledged that the models described within the paper represented work in progress and required further development prior to approval by the Committee. Specifically, the Committee requested that further detail be considered to provide clarity on the workforce model; the strategy that would be adopted to manage expectations in line with timescales of implementation; additional data in respect of patient activity; and further clarity to allow comparison and contrast with other areas.</p> <p>Ms Manion provided a presentation, in addition to the paper presented, which highlighted a number of key areas including the key elements of service delivery, specific areas of work within Vale of Leven, specific areas of work within Inverclyde, and the associated GP engagement.</p> <p>Mr Carr thanked Ms Manion for the update and invited comments and questions from members.</p> <p>Ms Monaghan wished to declare an interest in respect of the paper presented, given that she was a resident of Argyll and Bute. The Committee were content to note the declaration of interest.</p> <p>Clarification was sought in respect of how the averages were calculated as described on pages 8-9, figure 4. Ms Manion agreed to consider this and would respond directly with clarification.</p> <p>A question was raised regarding the recruitment of an additional 20 GPs. Ms Manion confirmed that an additional GPs were required to fulfil the number of rota sessions. Furthermore, she confirmed that a multi-disciplinary approach was being taken, and Advanced Nurse Practitioners (ANPs) would be recruited in due course. However, it was acknowledged that there had been difficulties recruiting to these posts due to competition with other areas such as Primary</p>	

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	<p>Care. She assured members that work was underway with Primary Care colleagues to address this, as well as promotion of the GP Out of Hours Service amongst this staff group.</p> <p>In response to a question regarding management of expectations associated with timescales for implementation of the new model, Ms Manion assured members that this was being considered as the work progressed. She described the development of the new workforce model, the actions that had been undertaken to develop a sustainable model, and the work with colleagues within Inverclyde to ensure appropriate communications.</p> <p>A question was raised regarding the number of patients who had been seen overnight, and what the cost of this was. Ms Manion agreed to include this information in the next iteration of the paper.</p> <p>Discussion took place regarding the governance mechanisms to support approval of the proposals, and the timescales for implementation. It was agreed that Prof Brown, Ms Grant and Ms Manion would discuss this out with the meeting, and would consider the process required to ensure Finance, Planning and Performance Committee approval. It was suggested that an additional meeting of the Committee be arranged to take place at the end of November, however Prof Brown and Ms Grant would discuss this further.</p> <p>In summary, the Committee agreed that further discussion with the Chairman and Chief Executive was required out with the meeting to consider an appropriate governance process to allow the Committee to consider the revised paper for approval by the end of November 2020.</p> <p><u>NOTED</u></p>	<p>Ms Grant/Prof Brown/ Ms Manion</p>
<p>44.</p>	<p>UNSCHEDULED CARE UPDATE</p>	
	<p>The Committee received a presentation by the Chief Operating Officer, Mr Jonathan Best which provided an update on the redesign of unscheduled care and joint commissioning. Mr Best provided an overview of the background and complex landscape; the current position; the national urgent care redesign priorities; and the action required moving forward.</p> <p>Mr Carr thanked Mr Best for the presentation and invited comments and questions from members.</p> <p>In response to a question regarding the timescales associated with this work, Mr Best confirmed that the revised plan would be completed within the next two months. However, it was acknowledged that there was a requirement to ensure all parties had an opportunity to contribute to and review the revised plan, prior to presentation of the plan to the appropriate governance structures.</p> <p>A question was raised regarding the revised plan in respect of the Moving Forward Together Programme. It was agreed that a revision of the MFT Programme was required in addition and it was expected that this would be completed by June 2021.</p> <p>In summary, the Committee were content to note the presentation, and were assured by the information provided of the work underway to develop a revised</p>	<p>Dr Armstrong</p>

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	<p>plan for consideration by Corporate Management Team, prior to presentation to HSCPs and Finance, Planning and Performance Committee for approval. The Committee would anticipate presentation of the revised plan in due course.</p> <p><u>NOTED</u></p>	Mr Best
45.	IJB ACCOUNTABILITIES AND PACE OF INTEGRATION	
	<p>The Committee considered the paper entitled 'IJB Accountabilities and Pace of Integration', [Paper No. 20/22] presented by Prof John Brown CBE, Chairman, and Mr Simon Carr, Chair of the Finance, Planning and Performance Committee. The paper identified the key issues from the discussion at the August 2020 Finance, Planning and Performance Committee meeting about the effectiveness of the Board's current governance arrangements in relation to accountability across the whole system, particularly in relation to functions delegated to Integration Joint Boards, and to offer suggestions for improving the current Board processes.</p> <p>The Committee were content to approve the proposals outlined in the paper.</p> <p><u>APPROVED</u></p>	
46.	ESCALATION AND COVID-19 UPDATE	
	<p>Ms Grant provided a verbal update on the current position in respect of the escalation of the organisation to Level 4 of the NHS Scotland Boards Performance Framework, and the ongoing response to COVID-19.</p> <p><u>COVID-19</u></p> <p>Ms Grant noted that there were currently 248 inpatients with COVID-19, which represented an increase from the previous day. There were 15 patients within ICU. She described the challenges experienced at Glasgow Royal Infirmary (GRI) and Royal Alexandra Hospital (RAH) which both had ward closures due to COVID-19. She assured members that work was underway as a matter of urgency to ensure the safe reopening of affected wards as soon as possible.</p> <p>Ms Grant provided an overview of the current position in respect of care homes. She noted the challenges experienced within a specific care home and assured members that HSCP colleagues were working closely with the Director of Public Health and the Nurse Director to address these issues. A bid had been submitted to the Scottish Government in respect of additional support regarding care homes, with further detail on this in due course.</p> <p>Ms Grant noted the position in respect of prisons, and that work was underway to address this complex area.</p> <p>In respect of Test and Protect, there were approximately 100 Contact Tracers on duty every day, undertaking 12 hour shifts.</p> <p>The Flu Vaccination Programme had commenced and a significant number of staff already vaccinated, with performance considerably above trajectory.</p>	

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	<p><u>Escalation</u></p> <p>Ms Grant provided an overview of recent discussions with Prof Fiona McQueen in respect of the Infection Prevention and Control, and the Communications and Engagement work streams. It was expected that the final reports would be available in the next six weeks. In addition, the Case note Review was expected to be concluded in January 2021. Ms Grant anticipated that formal communication would be received from Prof McQueen in respect of this, and agreed to share this with members, once received.</p> <p>Mr Carr thanked Ms Grant for the update. The Committee were assured by the information provided and were content to note the current position in respect of escalation and COVID-19.</p> <p><u>NOTED</u></p>	
<p>47.</p>	<p>SITE RATIONALISATION UPDATE</p>	
	<p>The Committee considered the paper ‘Site Rationalisation Update’ [Paper No. 20/24] presented by Mr Mark White, Director of Finance. The paper provided an update in respect of each of the three main site disposals in progress, those being; Dykebar, Yorkhill and Stoneyetts. In addition, the report sought delegated authority from the Committee to potentially cease the current negotiations with the appointed consortium and re-market the site in relation to Stoneyetts.</p> <p>Mr White provided an overview of the complex negotiations with the appointed consortium regarding the Stoneyetts site. He advised of their proposed revision of the gross price of the site. Advisors continued to monitor and scrutinise the current process of negotiation described in the paper and the alternative propositions. Mr White considered that the revised figure was not sufficient to proceed with the sale. However, negotiations continued and Mr White sought delegated authority from the Finance, Planning and Performance Committee to potentially cease the current negotiations with the appointed consortium and re-market the site, should the alternative propositions be unviable.</p> <p>Mr Carr thanked Mr White for the update. The Committee were content to note the current position and progress with the three significant site disposals; Dykebar, Yorkhill, and Stoneyetts, and approved the proposal to delegate authority to the Executive Team to potentially cease the current negotiations with the appointed consortium and re-market the site in relation to Stoneyetts.</p> <p><u>APPROVED</u></p> <p><u>Acquisition of GRI Private Car Park</u></p> <p>Mr Tom Steele, Director of Estates and Facilities provided an overview to the Committee on the current work underway to acquire the private car park located at GRI, supported by the Scottish Government. He noted that this had previously been considered by the Board some years ago, unlike other private NHS car parks, the NHSGGC contract allowed for enforcement of acquisition. Advice received indicated that the organisation should pursue the acquisition of the site which would give long term strategic control of the overall hospital site. Mr Steele noted the complexities around this, including the challenges associated with the</p>	

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	<p>process; the need to carry out a dilapidation survey, and the short timescales required, and wished to bring this to the attention of the Committee.</p> <p>Mr Carr thanked Mr Steele for the update. The Committee were content to note the work underway in preparation to pursue acquisition of the site.</p> <p><u>NOTED</u></p>	
48.	EXTRACT FROM CORPORATE RISK REGISTER	
	<p>The Committee considered the paper 'Extract from Corporate Risk Register' [Paper No. 20/25] presented by Mr Mark White, Director of Finance. The paper provided an overview of the extract from the Corporate Risk Register that relate to risks that come under the remit of the Finance, Planning and Performance Committee.</p> <p>Mr Carr thanked Mr White for the update and invited comments and questions from members.</p> <p>In response to a question regarding the inclusion of GP Out of Hours and escalation, Mr White agreed to check where these areas of risk were located in the Corporate Risk Register and inform members in due course.</p> <p>Prof Brown highlighted the work being taken forward in respect of the Assurance Framework. He noted that updated Corporate Objectives had been devised and approved by the Audit and Risk Committee, therefore all of the risks included within the Corporate Risk Register and the referrals to each of the respective governance Committees, would change over the coming months.</p> <p>The Committee were content to note the attached overview and extract from the Corporate Risk Register that related to risks that come under the remit of the Finance, Planning and Performance Committee; and were satisfied that the risks and controls were captured appropriately and that management were taking appropriate action to mitigate the risks.</p> <p><u>NOTED</u></p>	Mr White
49.	CLOSING REMARKS AND KEY MESSAGES TO THE BOARD	
	<p>The Chair summarised the key messages to the Board including:</p> <ul style="list-style-type: none"> • Financial challenge • GP Out of Hours Service Update • Unscheduled Care Update <p>The Chair would work with the Secretariat Manager to finalise the Chairs Report to be presented to the Board.</p> <p><u>NOTED</u></p>	
	DATE OF NEXT MEETING	
	Tuesday 8th December 2020, 09:30am	