

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Finance, Planning and Performance Committee
held on Tuesday 8th December 2020, at 0930am
via MS Teams**

PRESENT

Mr Simon Carr (in the Chair)

Prof John Brown CBE	Ms Susan Brimelow OBE
Mr Alan Cowan	Ms Jacqueline Forbes
Mr Allan MacLeod	Cllr Sheila Mechan
Mr John Matthews OBE	Ms Dorothy McErlean
Ms Anne Marie Monaghan	Mr Ian Ritchie

IN ATTENDANCE

Dr Jennifer Armstrong	..	Medical Director
Mr Jonathan Best	..	Chief Operating Officer
Ms Sandra Bustillo	..	Director of Communications and Engagement
Mr Graeme Forrester	..	Deputy Head of Corporate Governance and Administration
Ms Jane Grant	..	Chief Executive
Ms Susan Manion	..	Interim Director of GP Out of Hours
Dr Margaret McGuire	..	Nurse Director
Ms Susanne Millar	..	Interim Chief Officer of Glasgow Health & Social Care Partnership
Mrs Louise Russell	..	Secretariat Officer (Minute)
Mr Tom Steele	..	Director of Estates and Facilities
Ms Elaine Vanhegan	..	Head of Corporate Governance and Administration
Mr Mark White	..	Director of Finance

		ACTION BY
50.	WELCOME AND APOLOGIES	
	The Chair welcomed those present to the meeting. Apologies for absence were intimated on behalf of Prof Dame Anna Dominiczak.	
	Officer and attendee apologies were noted on behalf of Mrs Anne MacPherson and Ms Liz Maconachie.	
	NOTED	
51.	INTRODUCTORY REMARKS	
	The Chair noted the items included on the agenda for today's meeting.	
52.	DECLARATIONS OF INTEREST	
	The Chair invited members to declare any interests in any of the agenda items being discussed. One declaration was made. Ms Monaghan wished to declare	

BOARD OFFICIAL

	<p>an interest in respect of item 10, GP Out of Hours update, given that she was resident in Argyll and Bute, but noted, on the advice of The Board Chairman that Board members are not required to declare an interest on the grounds of being a service user.</p> <p><u>NOTED</u></p>	
53.	MINUTES OF PREVIOUS MEETING	
a)	MINUTES OF MEETING HELD 13TH OCTOBER 2020	
	<p>The Committee considered the minute of the meeting held on Tuesday 13th October 2020 [Paper No. FPPC(M)20/04] and were content to accept these as an accurate record, subject to the following amendment:</p> <p><u>Item 37 – Declarations of Interest, Page 2, second last sentence</u> <i>Ms Carr to be amended to “Mr Carr”.</i></p> <p><u>Item 45 – IJB Accountabilities and Pace of Integration, Page 9</u> The Chairman reported that the actions from the paper were not captured in the minute. The minute was amended to include these as follows:</p> <p><i>“The Committee were content to approve the proposals outlined within the paper, those being, that the Board commission proposals from our current Internal Auditors as to how the Board and its Standing Committees might improve the information flows to the Board and its Standing Committees in respect of Strategic Planning and Assurance of the performance of delegated functions; to request that the Boards Audit and Risk Committee (ARC) to release sufficient resources to allow the proposed review to proceed; and that the Head of Corporate Governance and Administration develops a brief for the Internal Auditors and that this would be complete for the Finance, Planning and Performance Committee in January 2021, and would include details of which parties to consult. The review would also consider if any proposed reporting changes required any amendment to the Integration Schemes”.</i></p> <p>Ms Vanhegan reported that an initial meeting had been held with the Internal Auditors and work was underway to develop the brief. The Committee were content that the actions were being progressed and it was agreed that these actions would be included within the Rolling Action List.</p> <p><u>APPROVED</u></p>	
54.	MATTERS ARISING	
a)	ROLLING ACTION LIST	
	<p>The Committee considered the paper ‘Rolling Action List’ [Paper No. 20/26] and were content to accept the recommendation that nine actions were closed. In addition, the following matters arising were discussed:</p> <p><u>Minute 21a MFT Programme Support</u></p>	

BOARD OFFICIAL

	<p>The Committee noted that an update was provided at the last Board meeting. Further updates would be provided at future meetings. The Committee were content to close this item.</p> <p><u>GP Out of Hours</u> In response to a question in relation to the GP Out of Hours closure not being reflected in the risk register, Mr White assured the Committee that the action had now been added to the risk register. He informed the Committee that a comprehensive exercise on the risk register had been carried out after the cut-off date for Finance, Planning and Performance Committee papers.</p> <p><u>Minute 46 - Escalation and COVID-19 Update</u> <u>Escalation</u> In response to a question on whether the final report was available, the Committee were content that this would be picked up under item 12, Queen Elizabeth University Hospital (QEUH) and Royal Hospital for Children (RHC) Update.</p> <p>APPROVED</p>	
55.	ITEMS OF URGENT BUSINESS NOT ON THE AGENDA	
	<p>The Chair invited members to raise any items of urgent business not included on the agenda. There was no urgent business raised.</p> <p>NOTED</p>	
56.	FINANCE UPDATE	
	<p>The Committee considered the paper ‘Month 7 Finance Report’ [Paper No. 20/27] presented by Mr Mark White, Director of Finance. The paper detailed the Month 7 Finance position, including progress and position of the Financial Improvement Programme (FIP) and also provided detail on the additional expenditure incurred during the COVID-19 pandemic, planned expenditure as part of the Remobilisation Plan and the negotiations with the Scottish Government around a corresponding financial settlement. The Committee noted that the Month 7 ledger position was £53.3m over budget. Mr White highlighted that the position had improved significantly following receipt of the first tranche of COVID-19 funding in September 2020. This position included direct and indirect costs associated with COVID-19 and Remobilisation.</p> <p>Mr White confirmed that the updated quarter 2 forecast, Sensitivity Analysis and Financial Plan were submitted to the Scottish Government in November 2020 and highlighted a full year funding request of £277.9m, which represented £173.5m for the Board and £104.4m for IJBs (including Social Care). Direct COVID-19 costs for the Board for the year consisted of £86.8m, (£65.4m for the Board and £21.4m for the IJB’s), and £40m unachieved savings, (£39.4m relates to the Board and £0.6m for the IJB’s). The report provided a breakdown of the projected spend.</p> <p>The initial Financial Plan presented in February 2020 highlighted a 2020/21 savings target of £108m. Mr White reported that due to identifying additional internal non-recurring funding and underspends, the savings shortfall had reduced. Mr White reported that the Board had received a response to the</p>	

Remobilisation Plan from the Scottish Government by letter. The letter outlined the phased approach to funding COVID-19 and the Remobilisation. Mr White reported that the Board had been allocated £169m in the first tranche (£102m to Board and £67m to IJB's). Mr White reported that this equated to 54% of the total requested. Following negotiations with the Scottish Government, further funding of £46.5m was received in November 2020, with another allocation expected in January 2021. Mr White reported that further discussions were being held with the Scottish Government around future funding. The Committee noted the last tranche of funding would be allocated at the end of January 2021. Mr White reported that the Board expected that all direct COVID related costs would be fully funded, including a contribution to unachieved savings, anticipated to be £25-30m. Mr White reported that this, together with the underspend from suspension of elective procedures, plus additional funding allocations, meant that the Board were likely to achieve a breakeven out-turn at 31 March 2021. The Committee noted however that the financial projection was not without risk.

Mr White paused for questions.

In response to a question on whether confirmation had been received that the £500 one-off thank you payment to NHS workers would be fully funded and whether the expectation of the payment being paid by Christmas was deliverable, Mr White confirmed that the payment would be fully funded by the Scottish Government. The Board would endeavour to make the payment by Christmas however Mr White highlighted that there were a number of national elements to take into account. Mr White informed members that a significant exercise would need to be conducted for allocation of the payment.

In response to a question on staff vacancies in laboratories and imaging and whether the vacancies had an impact on service delivery, Mr White assured members that vacancies in diagnostics were well managed and there was no obvious impact on service delivery.

In response to a question on the approach taken to make savings, Mr White acknowledged that the targets set were challenging however the correct approach had been taken. The Committee noted that significant work was required to take place in the last quarter.

In response to a question on how Scottish Government funding was shared between the Board and the IJB's, Mr White informed the Committee that separate negotiations had been held. He informed the Committee that there was a balance when allocating funding however there was a focus on key areas of pressure. The funding in the IJB's was allocated to their particular pressures, for example social care costs, Scottish Living Wage and hospices.

In response to a question on unachieved savings, and what the figures were, Mr White informed the Committee that this area had been challenging. Mr White highlighted that this was a complex landscape and a comprehensive process would be required towards the end of the year. The Committee noted the high degree of complexity to manage the degree of throughput.

In response to a question on the sustainability payments from third party providers and when this would cease, Mr White confirmed that these would come to an end in the near future. The Committee noted that a significant level of support was provided to care homes. The Scottish Government were keen for this to be maintained.

	<p><u>Capital Position</u></p> <p>Mr White provided an overview of the current Capital position and confirmed that the Board was on target to utilise the capital resource by the year end.</p> <p><u>2021/22 Initial Outlook</u></p> <p>Mr White informed the Committee that the initial outlook remained uncertain, both in terms of costs, income and Scottish Government funding streams. Mr White highlighted that costs of managing COVID-19 were assumed to recur into 2021/22, with a continued reduced elective care programme affecting the Board cross-boundary flow income streams.</p> <p>Mr White provided an overview on the national position. The Chancellor set out the UK Spending Review on 25th November 2020, confirming growth of £6.6 billion in the resource budget for the Department of Health. The Department of Health’s capital budget was due to increase to £9.4 billion. The Committee noted the Scottish Government were currently working through the detail of funding announcement and implications in terms of consequentialia that would be made available to the Scottish Government.</p> <p>Mr Carr thanked Mr White for the update and invited comments and questions from members.</p> <p>In response to a question on whether the Scottish Government were aware of the projections and whether Health Boards use the same projections when calculating uplift, Mr White assured the Committee that the projections were shared with the Scottish Government. He reported that a return would be submitted in the following weeks which would inform discussions. Mr White informed members that the same methodology was used by all Health Boards, with local tailoring applied where relevant. The Committee acknowledged that the figures provided were an early indicator and noted there was a degree of uncertainty. The figures provided an early position however it was hoped that the figures would reduce moving in to the next quarter.</p> <p>In summary, the Committee noted the revenue position at Month 7 and the financial settlement position; noted the Month 7 position with the Financial Improvement Programme; and noted the capital position at Month 7.</p> <p><u>NOTED</u></p>	
57.	COVID-19 UPDATE	
	<p>The Committee considered the paper ‘COVID-19 Update’ [Paper No. 20/28] presented by the Chief Officer, Ms Susanne Millar, and the Nurse Director, Dr Margaret McGuire. The paper provided an overview of the overall position in respect of the NHS GG&C response to manage COVID-19 and provide assurance. The paper provided an update on winter preparations, progress with the adult flu programme and the planning underway for a second surge of COVID-19.</p>	

BOARD OFFICIAL

<p>Ms Millar provided an update from a community perspective. The HSCP Tactical Group continued to meet on a twice weekly basis. This enabled the six partnerships to work together, share good practice and develop common approaches where appropriate. The group continued to report into the SEG.</p> <p>The activity within the Community Assessment Centres (CAC's) continued to be closely monitored. Plans were being developed to reflect the capacity and the demand needs of the CAC's, particularly in relation to staffing requirements over the winter period. Ms Millar reported that additional capacity in the CACs was introduced in response to the second wave. The Committee noted the number of referrals were similar to the first wave. Ms Millar reported that mental health units continued to operate effectively. The Committee noted that delayed discharges remained high. Ms Millar reported that there was an ongoing action plan and work was taking place, specifically in relation to the winter response, to improve processes and reduce the number of patients delayed in their discharge. The Committee noted that a national piece of work was being carried out in relation to AWI numbers.</p> <p>Dr McGuire provided an update on the care home sector. The Committee noted the second wave had brought increased challenges to the care home sector, with a rise in amber and red rated homes. Dr McGuire reported that staff were continuing to work hard in order to provide care. Support and education continued to be provided. Dr McGuire reported that significant support had been provided by local HSCP's</p> <p>. Dr McGuire reported that the Board considered many matters when engaging with care homes, for example leadership, changes of staff and clinical indicators. Dr McGuire extended thanks to the staff for the commitment to ensuring the care homes were appropriately covered.</p> <p>Mr Carr thanked Ms Millar and Dr McGuire for the update and invited comments and questions from members.</p> <p>In response to a question on applying the lessons learned more generally and to what extent this position could have been predicted, Ms Millar reported that the second wave had been challenging, in particular with regard to staffing levels. Due to the increase in testing, there was an increased number of staff testing positive. Ms Millar reported that lessons learned in regards to infection control had been implemented. Dr McGuire reported that there had been a focus on education and going back to basics in relation to cleaning and hygiene. Dr McGuire highlighted that many of the care homes were in amber/red status for reasons other than COVID-19. It was suggested that time dedicated to staff training could potentially be considered for the future.</p> <p>In response to a question relating to what additional work could be done to increase flu vaccination within the community and how NHSGGC compared to other Boards, Ms Millar informed the Committee that 'mop up' sessions with the over 65 group were taking place. This was being led primarily by GP's. The complexity around this due to COVID was noted. Ms Millar reported that an Adult Flu Vaccination Group were carrying out an exercise to look at lessons learned in order to inform the programme for next year. Ms Millar agreed to submit a report which would provide more detail and the final position, including lessons learned. A paper would be prepared and submitted to the Public Health Committee.</p>	<p>Ms Millar</p>
--	-------------------------

BOARD OFFICIAL

	<p>In response to a question on balancing risk over the holiday period, the Committee noted that work was being carried out across the Board. Detailed rotas were also being provided to the Chief Officers and Mr Jonathan Best.</p> <p>In response to a question on how feedback was provided to staff for their valued contribution, Ms Bustillo reported that recognition to the contribution teams were making were included in the Chief Executive's messages. Thanks to staff would be expressed over the coming weeks.</p> <p>The Committee noted that webinars had been developed by a range of staff explaining their experiences.</p> <p>The Committee noted that work was required with the senior team and health and social care partnerships to support teams and staff. It was recognised that Glasgow had a high level of deprivation and many with underlying health conditions that could impact on recovery. The Committee also noted that long term COVID could have an impact.</p> <p>In response to a question on the potential of extending the community vaccination programme, the Chief Executive agreed to consider the request. The Committee noted that a balance would be required due to the COVID vaccine programme and annual leave.</p> <p>The Committee noted feedback had been received from the family of a Mavisbank resident, who tragically passed away. The family expressed that they had been supported during this difficult time and that staff went out of their way to provide support.</p> <p>In summary, the Committee were content to note the update and noted that information on the flu vaccination programme would be submitted to the Public Health Committee and publicity work would be carried out on providing feedback to staff.</p> <p>NOTED</p>	
<p>58.</p>	<p>URGENT CARE REDESIGN UPDATE</p>	
	<p>The Committee considered the paper 'Urgent Care Redesign' [Paper No. 20/29] presented by the Chief Operating Officer, Mr Jonathan Best and the Medical Director, Dr Jennifer Armstrong. The paper provided an overview of on the progress to date in the local implementation of the Scottish Government's Redesigning Urgent Care (RUC) Programme. The paper outlined the phased approach to implementation of the RUC Programme priorities to drive the short and medium term improvements to the provision of urgent care across the board area.</p> <p>Dr Armstrong provided an update on the Flow Navigation Centre (FNC). Dr Armstrong reported that a soft launch of NHS 111 took place on 1 December 2020, which was successful. The FNC would receive all 4 hour call backs from NHS24. The clinical element of the FNC would be staffed from 10am-10pm each day. Following analysis of the current activity profiling, it was estimated that the FNC would receive 7 calls per hour in the daytime and 1 or 2 calls during the overnight period. For patient details received after 9.30pm, the administration team would advise patients to attend ED direct.</p>	

BOARD OFFICIAL

	<p>Dr Armstrong assured the Committee that daily meetings between the flow hub and NHS 24 were taking place.</p> <p>The Committee noted that a report on the impact on numbers at the front door would be submitted to the Acute Services Committee in due course.</p> <p><u>NOTED</u></p>	<p>Mr Best/Dr Armstrong</p>
<p>59.</p>	<p>GP OUT OF HOURS UPDATE</p>	
	<p>The Committee considered the paper ‘GP Out of Hours Update’ [Paper No. 20/30] presented by Ms Susan Manion, Interim Director of GP Out of Hours Service. The Committee noted the revised paper included additional data in respect of patient activity as requested at the last meeting. The Committee were asked to approve the reinstatement of the GP Out-of-Hours service at the Vale of Leven Hospital and note the phased implementation plan.</p> <p>Ms Manion presented the paper with the proposal to reinstate the GP Out of Hours service at the Vale of Leven Hospital through an extension of the existing model provided by the Integrated Care GP (ICGP) team. It was proposed that this would address the immediate service gap, provide the right service for patients and was a foundation for continued development and wider re-design.</p> <p>Ms Manion reported that the extension of the ICGP model would address the immediate service gap and ensure the reinstatement of a full service in line with the GGC wide service. Ms Manion reported that Argyll and Bute fund approximately 30% of the total Out of Hours costs through the existing SLA. Ms Manion reported that the number of GP’s that had signed up to the Out of Hours service provided assurance that GP’s would be available consistently. Ms Manion reported that 60 GP’s had signed up, 14 of whom were new to the service.</p> <p>The paper proposed a phased implementation plan. Phase 1 would commence on 25th January 2021, with a Monday to Thursday evening service (6pm-11pm) and Phase 2 would commence 29th March 2021 which would provide full Out of Hours cover over 7 days.</p> <p>Mr Carr thanked Ms Manion for the update and invited comments and questions from members.</p> <p>In response to a question on whether the Out of Hours teams were ready to cope with the Christmas surge, in particular due to closed practices and COVID restrictions being loosened, Ms Manion assured the committee that the teams were prepared. She reported that the holiday periods were always challenging therefore preparations were being made for the anticipated activity and the urgent care pathway was in place if required.</p> <p>In response to a question regarding the risk of roll out and whether there was confidence in recruitment, Ms Manion reported that the continued level of engagement and discussions with GP’s was positive.</p>	

BOARD OFFICIAL

	<p>In response to a question on public consultation, Ms Manion reported that discussions would take place with the communications team on how best to progress with this without raising expectations.</p> <p>Following discussion of the updated paper presented, the Committee approved the proposal.</p> <p><u>APPROVED</u></p>	
<p>60.</p>	<p>NHSGGC WINTER PLAN 2020/21</p>	
	<p>The Committee considered the paper 'NHSGGC Winter Plan 20/21' [Paper No. 20/31] presented by the Medical Director, Dr Jennifer Armstrong. The paper provided an overview of the preparations for winter in the context of service improvement and developments introduced over recent months.</p> <p>The report provided detail on bed capacity. The report highlighted that further work had been undertaken, informed by the surge scenarios issued by the Scottish Government. Dr Armstrong reported that 400 additional beds would now be made available in the event of worst case scenario surge. An update had been provided to the Scottish Government. The Committee noted that capacity would be released by maximising the estate, reconfiguring wards and reducing elective programme if required.</p> <p>Dr Armstrong reported that, as part of the negotiations, the Minor Injuries Unit at Gartnavel Hospital would implement the plan from mid-January onwards. However it should be noted patient access to this unit was by referral only from a flow hub clinician and not a walk in unit.</p> <p>Mr Carr thanked Dr Armstrong for the update and invited comments and questions from members.</p> <p>In response to a question on whether the Louisa Jordan Hospital was included in the capacity, Dr Armstrong noted that facilities at the Louisa Jordan was not included as part of the surge plan.</p> <p>In summary, the Committee were content to note the current position with regard to implementation of Winter Planning contingencies and associated developments.</p> <p><u>NOTED</u></p>	
<p>61.</p>	<p>QUEEN ELIZABETH UNIVERSITY HOSPITAL (QEUH) AND ROYAL HOSPITAL FOR CHILDREN (RHC) UPDATE</p>	
	<p>The Committee received a presentation by the Head of Board Administration and Corporate Governance, Ms Elaine Vanhegan, the Director of Finance, Mr Mark White, and the Chief Operating Officer, Mr Jonathan Best. The key areas for consideration included; QEUH Escalation, Public Inquiry, Legal Claim and HSE.</p> <p>Ms Vanhegan reported that the Interim Oversight Board Report had been received and comments provided. It was intended that the report would be</p>	

BOARD OFFICIAL

	<p>published before Christmas. The Committee noted that local and national recommendations around processes and learning for Infection Prevention and Control had been noted.</p> <p>Ms Vanhegan reported that there were local and national communication and engagement recommendations. A strategy would be submitted to Board for approval.</p> <p>The Committee noted that a soft launch for the Public Inquiry took place on 3rd August, and that the team supporting the Public Inquiry had now been established and consisted of 6 Solicitors, 2 Junior Counsel, 2 Senior Counsel, an Investigation Team and a Document Management Team. Ms Vanhegan reported that a dedicated NHS Central Legal Office team was supporting the Board and also NHS Lothian in responding to the Inquiry. The Legal teams had met and the initial focus was on water and ventilation, engagement with patients and families and project governance. Further meetings would be held in January 2021.</p> <p>Ms Vanhegan provided an update on the current status of the QEUH and RHC Legal Claim. A Summons was issued to Multiplex, Currie & Brown and Capita on 23 January 2020 signalling legal action across 11 areas (heads of claim) totalling £73m. Ms Vanhegan highlighted that to pursue the litigation against Multiplex, Currie & Brown and Capita, the action must be ‘lodged for calling’ with the court by Friday 29 January 2021. The Committee noted that expert reports were being reviewed.</p> <p>The Committee noted that an Improvement Notice concerning the design and installation of the ventilation system within ward 4C QEUH was served on GGC, dated 17th December 2019. Ms Vanhegan reported that there had been a significant delay in progress due to COVID-19. The Committee noted that work was taking place to collate expert statements to support appealing this Notice, and that a preliminary hearing was held on 3rd September 2020, with a further preliminary hearing on the 23rd November 2020. The Committee noted the Court had provided a timeline for the appeal to proceed, with a hearing scheduled for around October 2021.</p> <p>In response to a question in relation to the financial impact, Mr White informed the Committee that the Board was acting with advice from lawyers in all aspects of these matters. The next phase was being considered and separate negotiations may be explored. The Committee noted however that there could be a considerable financial impact due to the potential court case, Public Inquiry and HSE visits.</p> <p>The Committee noted the update provided.</p> <p><u>NOTED</u></p>	
62.	EXTRACT FROM CORPORATE RISK REGISTER	
	<p>The Committee considered the paper ‘Extract from Corporate Risk Register’ [Paper No. 20/32] presented by Mr Mark White, Director of Finance. The paper provided an overview of the extract from the Corporate Risk Register that relate</p>	

BOARD OFFICIAL

	<p>to risks that come under the remit of the Finance, Planning and Performance Committee.</p> <p>The Committee noted that the Corporate Risk Register was in the process of being reviewed and updated.</p> <p>Mr Carr thanked Mr White for the update and invited comments and questions from members.</p> <p>It was highlighted that the detail for item 5 ran off the page. Mr White agreed to correct the item.</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>	<p>Mr White</p>
<p>63.</p>	<p>CLOSING REMARKS AND KEY MESSAGES TO THE BOARD</p>	
	<p>The Chair summarised the key messages to the Board including:</p> <ul style="list-style-type: none"> • FiP Programme • GP Out of Hours Service Update • Outturn • Expected 2021/22 budget • Unscheduled care update in 2021 • Legal case in January <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>	
	<p>DATE OF NEXT MEETING</p>	
	<p>Tuesday 16th February 2021, 09:30am</p>	