

FPPC (M) 21/04
 Minutes 42 - 58

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Finance, Planning and Performance Committee held on Tuesday 12 October 2021 at 9.30 am via Microsoft Teams

PRESENT

Mr Simon Carr (in the Chair)

Dr Jennifer Armstrong	Ms Margaret Kerr
Ms Susan Brimelow	Rev John Matthews OBE
Prof John Brown CBE	Ms Dorothy McErlean
Mr Alan Cowan	Ms Anne Marie Monaghan
Ms Jacqueline Forbes	Mr Ian Ritchie
Mrs Jane Grant	Mr Mark White

IN ATTENDANCE

Mr Jonathan Best	..	Chief Operating Officer
Ms Sandra Bustillo	..	Director of Communications and Public Engagement
Ms Lorna Kelly	..	Interim Director of Primary Care
Ms Fiona Mackay	..	Associate Director of Planning
Mrs Anne MacPherson	..	Director of Human Resources and Organisational Development
Mr Tom Steele		Director of Estates and Facilities
Mrs Geraldine Mathew	..	Secretariat (Minutes)

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42.	WELCOME AND APOLOGIES		
	<p>The Chair welcomed those present to the October meeting of the Committee.</p> <p>Apologies were noted on behalf of Professor Iain McInnes, Dr Margaret McGuire, Cllr Sheila Mechan, Ms Rona Sweeney and Ms Elaine Vanhegan.</p> <p>NOTED</p>		

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43.	DECLARATIONS OF INTEREST		
	The Chair invited members to declare any interests in any of the items being discussed. There were no declarations made. <u>NOTED</u>		
44.	MINUTES OF PREVIOUS MEETING		
	The Committee considered the minute of the meeting held on 10 August 2021 [Paper No. FPPC(M)21/03], and were content to approve the minute as a complete and accurate record. <u>APPROVED</u>		
45.	MATTERS ARISING		
	The Chair invited members to raise any matters arising from the previous meeting. <u>Review of Performance Reporting - Presentation of Performance Data</u> A question was raised regarding progress of the work to redesign the formats of performance charts and incorporate control charts. Ms Grant confirmed that this work was being progressed and discussion had taken place to consider the performance measures required for the Standing Committees. Work was now being undertaken to draft a model, based on the Acute Services Committee reporting measures. It was further noted that not all measures were suitable for reporting in a control chart format. Work was also required to ascertain the frequency and reporting periods for each of the measures, and it was anticipated that the new model would be applied to performance reporting throughout January to March 2022, for full adoption from April 2022 onwards. <u>North Sector Pay Spend</u> Following a question raised regarding the issue in respect of North Sector Pay Spends, Mr White agreed to provide further information regarding this under the Finance Report item included on the agenda.		
a)	ROLLING ACTION LIST		
	The Committee reviewed the items detailed on the Rolling Action List [Paper No. 21/21/23], and were content to approve the recommendation to close 6 actions from the Rolling Action List. The following updates were also provided:		

	<p><u>Minute 24a – Review of Performance Reporting</u> It was noted that an update was provided on this action under matters arising. The Committee were content to close this action.</p> <p><u>Minute 39 – Strategic Plans for Integration Joint Boards</u> Mr White noted that, as previously highlighted, work was being undertaken by Azets. Once this had been concluded, a report would be circulated out with the Committee, and would be presented to the Audit and Risk Committee for consideration. Professor Brown added that there were two strands of wider work being undertaken in respect of this. Along with the review being conducted by Azets, work was also underway as part of the Governance Assurance programme. It was acknowledged that, despite external pressures such as the ongoing response to COVID-19, preparations for COP26, and the ongoing Scottish Hospitals Public Inquiry, progress had been made in this area and there was a commitment to drive this forward. Professor Brown noted that Ms Elaine Vanhegan had prepared an update paper on Implementing Active Governance for presentation to the Board at its next meeting on 26 October 2021.</p> <p>A question was raised about the issues previously discussed regarding the Integration Joint Boards (IJBs) Annual Reports and if this issue could be included. Professor Brown explained that, following recent discussions, Scottish Government guidance was expected in relation to this issue. Furthermore, the work being undertaken by Azets would also consider this issue and it was suggested that IJB Annual Reports would be presented to the Finance, Planning and Performance Committee for review and comment, prior to these being submitted to Scottish Government. The Committee were content to close this action.</p> <p><u>NOTED</u></p>		
46.	URGENT ITEMS OF BUSINESS		
	<p>The Chair invited Ms Grant, Chief Executive, to provide an update on any urgent items of business.</p> <p>Ms Grant highlighted that unscheduled care demand remained elevated, coupled with ongoing staffing issues, and preparations for COP26. She noted that discussions continued with Scottish Government colleagues regarding COP26, to ensure that appropriate plans were in place.</p> <p>The Scottish Hospitals Public Inquiry had paused and was due to resume week commencing 25 October 2021. Supporting staff throughout this difficult period continued to be an important focus,</p>		

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	<p>and frequent visits to the Ward to meet with staff were being undertaken.</p> <p>Professor Brown assured the Committee that both Ms Grant and Professor Brown met with Scottish Government colleagues on a frequent basis to outline the ongoing challenges, particularly in relation to unscheduled care demand and requirement for reinforcement of redirection messages to the public; the Scottish Hospitals Public Inquiry, and the Adults with Incapacity (AWI) challenges.</p> <p>The Chair thanked Ms Grant and Professor Brown for the update and invited comments and questions from members.</p> <p>In response to a question raised regarding the Scottish Hospitals Public Inquiry, specifically, in relation to the period of evidence by families of patients, and then a period in which the organisation could respond to the evidence given, and if the format of the proceedings was a prescribed format, Ms Grant highlighted that Lord Brodie QC, the Chair of the Public Inquiry, had been clear of his intention to allow the families to make statements unchallenged. Meetings with Legal Counsel continued to discuss the approach to address the statements made.</p> <p>A question was raised regarding support for staff within the Ward. Mr Jonathan Best, Chief Operating Officer, highlighted that he had been attending the Ward on a weekly basis to allow staff an opportunity to discuss the position. He emphasised the key focus to talk with staff, listen to them, and continue to support them throughout the process.</p> <p>Dr Jennifer Armstrong, Medical Director, further added that, she and the Deputy Medical Director, Dr Scott Davidson, had also met with consultants, senior nursing and management colleagues, and had discussed the Public Inquiry. There was discussion about Ward 2a/2b and helpful suggestions from the meeting. The focus of staff remained on providing high quality care for their patients.</p> <p>There were no further questions.</p> <p>Mr Carr thanked Ms Grant, Professor Brown, Mr Best and Dr Armstrong for the update. The Committee were content to note the urgent items of business and were assured by the information provided.</p> <p><u>NOTED</u></p>	
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47.	FINANCE REPORT		
	<p>The Committee considered the paper 'Finance Report' [Paper No. 21/24] presented by the Director of Finance, Mr Mark White. The paper provided an overview of the Month 5 financial position, including the position of the Financial Improvement Programme (FIP), and the forecast for COVID-19 expenditure for 2021/22.</p> <p>Mr White noted that, as at 31 August 2021, the Board's financial ledger recorded overspend of £41.4m, which was wholly attributable to unachieved savings. He noted that direct expenditure on remobilisation and delivery of services due to COVID-19 was £61.6m (£56.1m for the Board and £5.5m for the Health costs within the IJBs), and this had been covered by the initial allocations received from the Scottish Government.</p> <p>Mr White went on to note the COVID-19 spend total projection of £289.3m, split between £214.6m for the Board and £74.4m for the IJBs.</p> <p>Overspend of £13m was recorded in respect of the Acute Division. Pays were underspent by £1.0m, and Non-Pays by £2.3m, however there remained a significant pressure of £2.9m in Junior Doctors spend. Mr White highlighted the key actions being taken to address this including reconciliation of the rota numbers versus the service needs; reviewing alternative delivery options; and improving focus on ensuring breaks were taken for rota compliance; and general health and wellbeing. Mr White agreed to prepare a paper which further described in more detail, the situation in respect of the Junior Doctors position, to the next meeting in December 2021.</p> <p>Mr White also noted the position in respect of Partnerships, and Corporate Directorates, and highlighted the likely increased pressures in respect of legal fees associated with the ongoing legal claim.</p> <p>Mr White paused for questions.</p> <p>In response to a question regarding the Partnerships position, specifically that the YTD variance was zero for most Partnerships, and why this was, Mr White confirmed that this reflected that any underspends would be moved into reserves and retained by the IJBs.</p> <p>A question was raised about potential assistance regarding the legal fees associated with the legal claim, and whether any support was available from Scottish Government. Mr White</p>		<p>Mr White</p>

<p>explained that the legal fees have been discussed with Scottish Government colleagues, however no specific arrangements had been agreed. This would be reviewed as this progressed.</p> <p>Discussion took place regarding visibility and transparency of reserves held by IJBs, particularly those held in earmarked reserves. It was agreed that this issue would be considered as part of the work being done on the redesign of performance measures. In addition, discussion took place regarding the deployment of reserves. It was agreed that information on IJB reserves would be included in the Finance Report presented to the Committee in December, along with any concerns there may be regarding funding settlements for next year.</p> <p><u>Financial Improvement Programme</u> Good progress was being made in the Financial Improvement Programme and the organisation was performing favourably compared to all Boards performance across Scotland.</p> <p>There were currently 186 live projects which would deliver a recurring value of £15.4m, of which £4.2m would be delivered in the remainder of the year. A further 75 projects were being developed with a value of £15.4m and work was underway to develop these into deliverable projects. The organisation was projected to achieve the value of £30.8m, which represented 68% of the target.</p> <p>Mr White paused for questions.</p> <p>In response to a question regarding the number of projects, some which were small, and if consideration was being given to larger projects, Mr White explained that a combination of both smaller projects and larger, strategic projects was being used. It was intended that the FIP would be reinvigorated for the beginning of the new financial year, and would focus on larger, more strategic projects, however due to the current pressures, there were challenges in respect of project management resource needed to drive forward large, strategic projects.</p> <p><u>Capital Update</u> The current forecast core capital resources available to the Board for investment in 2021/22 amounted to just over £72.8m, which comprised of a general allocation of £37.4m in respect of core capital expenditure; ring-fenced specific funding which amounted to £24.9m; and an estimated amount of £1.8m in respect of Capital Receipts generated through property disposal; and an amount of revenue funded capital expenditure which amounted to £8.7m.</p>	<p>Mr White</p>
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	<p>The Chair thanked Mr White for the update and invited comments and questions from members.</p> <p>In response to a question regarding the backlog maintenance detailed within the Corporate Risk Register and how this was being minimised, Mr White confirmed that £9m was allocated to address the backlog on a risk basis, to ensure safety and mitigation of risk. Furthermore, the risks were reviewed regularly and involved a constant cycle of spend. Any specific areas of risk would be highlighted to the Finance, Planning and Performance Committee. Mr Steele added that the organisation was required to make an annual submission to the Scottish Government, and this was routinely presented to the Committee in August of each year.</p> <p>A question was raised regarding liaison with elected members regarding future development requirements within communities and what priority these were given when reviewed on a national basis. Mr Steele advised that he had recently met with the MSP in Renfrewshire regarding the new build developments in Bishopton and the requirement for additional health premises, and provided an update on progress of this.</p> <p>In response to a question regarding progress in respect of development of a longer-term Board-wide Capital Investment Strategy, Mr Steele advised that significant progress had been made. Work to engage with a consultant to consider the strategy was underway, using a methodology supported by the Scottish Government. The intention was to go to market with a return by early December 2021, and appointment of the successful tender by the end of December 2021. Initial information such as the top five priorities and initial development of business cases was underway.</p> <p>A question was raised regarding the infrastructure pressures created by new residential developments and what elements of the planning gain were filtered through to contribute to health planning. Mr Steele advised that there was currently no statutory route for developer contributions. He noted that the developer contribution for the development being discussed had been agreed a number of years ago. However, he noted that alignment with planning authorities was improving, with planning authorities being more aware of the potential infrastructure implications of developments.</p> <p>Mr White summarised the key points within the Finance Report, including overspend highlighted, COVID-19 funding, progress of the FIP, and the projected position as at 31 March 2022.</p>	
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	<p>The Committee were content to note the revenue position at Month 5; the Month 5 position with the FIP; and the capital position at Month 5. The Committee were assured by the information provided and noted good cost controls; a projected break-even position at the year end, subject to ongoing COVID-19 costs; and the current position in respect of the FIP.</p> <p><u>NOTED</u></p>		
48.	THREE YEAR CAPITAL PLAN		
	<p>The Committee considered the paper 'Three Year Capital Plan 2021/22 to 2023/24' [Paper No. 2125] presented by the Director of Finance, Mr Mark White. The paper provided an update on the high level indicative core capital plan for the three years 2021/22 to 2023/24.</p> <p>Mr White provided an overview of the key elements of the Plan including the relocation of the Radionuclide Dispensary; the upgrade of the QEUH/RHC; the development of the North East Hub; and the regular areas of capital spend such as eHealth and the replacement of medical equipment programme.</p> <p>The Chair thanked Mr White for the update and invited comments and questions. There were no questions raised.</p> <p>The Committee were content to note the Three Year Capital Plan 2021/22 to 2023/24.</p> <p><u>NOTED</u></p>		
49.	PERFORMANCE REPORT		
	<p>The Committee considered the paper 'Performance Report' [Paper No. 21/26] presented by the Director of Finance, Mr Mark White. The paper provided an overview of the performance against the key indicators outlined in the Remobilisation Plan 3, covering the period 1 April 2021 to 31 August 2021.</p> <p>Mr White noted that this would be the last report in the current format and that the next report would reflect the new Remobilisation Plan 4 (RMP4) measures and indicators.</p> <p>The report highlighted that, of the 10 measures within control, 6 were rated as green and 4 were rated as red. Mr White highlighted that ongoing COVID-19 challenges and increased number of patients in ICU had impacted on performance.</p>		

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<p>Mr Carr thanked Mr White for the update and invited comments and questions from members.</p> <p>In response to a question about the ongoing challenges associated Adults with Incapacity (AWI), Ms Grant clarified that the ongoing challenge was in relation to moving patients from hospital to an alternative location. She noted that discussions had taken place with Scottish Government colleagues regarding this and that it was suggested that interim orders be used to address this. Whilst this was a possible solution, Ms Grant and Dr McGuire, Nurse Director, had discussed the options available, and work was commissioned, led by Ms Susanne Millar, Chief Officer, Glasgow City HSCP, to develop an initial pathway, and associated requirements to manage individual elements of the pathway.</p> <p>A question was raised regarding the capital investment priorities and how these could be linked to shifting the balance of care, and it was suggested that services such as Imaging could be moved to a community based service. Ms Grant explained the challenges associated with this, as Imaging was a complex service and required significant regulations to be adhered to in respect of ionising radiation and supervision, therefore, whilst it could be considered as an option, she was clear that focus should be on other areas, such as maximisation of the Minor Injuries Units. Mr Best added that there was a project underway to create a Musculoskeletal Hub within the North East Hub development, to provide the service within the community, led by Consultants, and Allied Health Professionals. He also noted the work underway with the Flow Navigation Centre, GPs, and the Scottish Ambulance Service (SAS), to reduce the number of inappropriate requests to the SAS.</p> <p>In response to a question raised regarding the increase in closed shifts within the GP Out of Hours Service and the reasons for this, Ms Grant agreed that further work was required to ensure that Performance Reports fully described the reasons for fluctuations in performance. She described a number of challenges with uptake of shifts over recent months, and noted a number of actions taken to address issues including consideration of pay rates and upgrade of IT equipment. Historically, uptake of shifts had been lower during the summer months. Additionally, there had been other pressures such as the ongoing requirement to staff Community Assessment Centres (CACs). Ms Grant assured the Committee that an action plan was in place and that the situation was improving.</p> <p>A question was raised regarding the bed model and what actions were being taken to address any anticipated issues. Ms Grant explained that there were additional winter beds planned, and this</p>		
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	<p>was described within the Winter Plan. COVID-19 had placed pressure on the bed base and consideration was being given to how this could be addressed moving forward. In addition to this, there were current pressures in respect of staffing, which remained a national issue.</p> <p>Discussion took place regarding key areas of work such as the capital plan, unscheduled care, the impact of the National Care Service, and the ongoing delivery requirements in Acute Services, and how all of these elements would be linked together. It was suggested that there was a need to review the longer term strategy for Acute Services. Ms Grant agreed that there was a requirement to review the bed base, however, she emphasised the current bed occupancy with delayed discharge and COVID-19 patients, and that, whilst there was a need to review the bed base, the current focus remained on addressing the current challenges. It was agreed that there were two planning requirements, those being, development of a 1 to 2 year bed model, and development of a longer term bed model. It was anticipated that work on the longer term strategy would commence in the new financial year. It was agreed that this would be included on the Annual Cycle of Business for the next financial year.</p> <p>In respect of an additional question regarding the GP Out of Hours performance, Ms Grant advised that an update paper on GP Out of Hours would be presented to the Board in December 2021.</p> <p>The Chair thanked Mr White and Ms Grant for the update. The Committee were content to note the performance across NHSGGC in relation to a number of high level key performance indicators outlined in the Remobilisation Plan 3 (RMP3) submitted to the Scottish Government in April 2021. The Committee also noted the work being taken forward in respect of the AWI challenges; that an update on the GP Out of Hours Service would be presented to the December 2021 meeting; and that the bed planning work would be considered for inclusion in the Annual Cycle of Business for the next financial year.</p> <p><u>NOTED</u></p>		<p>Secretary</p> <p>Ms Grant</p>
<p>50.</p>	<p>DISPOSAL OF 2 & 4 WATERLOO CLOSE</p>		
	<p>The Committee considered the paper 'Disposal of 2 & 4 Waterloo Close' [Paper No. 21/27], presented by Mr Tom Steele, Director of Estates and Facilities. The paper outlined the proposed disposal of two vacant properties, located at 2 & 4 Waterloo Close, Kirkintilloch.</p>		

Mr Steele noted that 2 & 4 Waterloo Close were two vacant properties located in East Dunbartonshire and the proposal was to dispose of the properties to Glasgow City Council. Mr Steele noted that, following consultation with the Scottish Government, it was agreed that the process followed would be that outlined in the Scottish Public Finance Manual (SPFM) for the transfer of property within the public sector, which was the same process that would be used if the properties were formally declared surplus and trawled across Scottish Government and then transferred. The District Valuer was instructed to provide a joint valuation of the properties which was the figure used for the disposal. The valuation was £525,000, and the Net Book Value of the asset in the NHSGGC accounts was £527,711.

Mr Carr thanked Mr Steele for presentation of the paper. He invited comments and questions from members.

In response to a question about the procedure for liaising with other public sector organisations regarding surplus properties, Mr Steele advised that any surplus properties were notified to the Local Authorities as a matter of courtesy.

In response to a question about the value of the properties if these were to be put on the open market, Mr Steele provided an overview of the rules in respect of asset disposals. He noted that if a public sector organisation was interested in acquiring the property, then this would be concluded as an off market transfer. However, in open market disposals, there was usually a clawback clause included.

A question was raised about the purpose of the acquisition. Mr Steele confirmed that Glasgow City Council's intention was to develop the properties as a short term placement for those with complex learning disability needs, for clients across the whole Board area.

In response to a question regarding the threshold for presentation of property disposals to the Finance, Planning and Performance Committee, and why this particular disposal had been presented, Mr Steele advised that visibility at Governance Committee level was sought, to demonstrate that due process had been followed, given that this disposal was an off market transfer to a strategic planning partner organisation. Therefore, it was agreed that the paper was being presented for assurance, rather than approval.

The Committee were content to note the proposal to dispose of 2 & 4 Waterloo Close, through an off-market transfer to Glasgow City Council, and were assured that due process had been followed.

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	<u>NOTED</u>		
51.	COVID-19 UPDATE		
	<p>The Chair invited Ms Grant to provide an update on the current position in respect of the ongoing response to COVID-19.</p> <p>Ms Grant noted that the position was beginning to stabilise. There were currently 301 inpatients, with 28 patients in ICU and 11 of these being under 28 days. Additionally, Ms Grant noted that good progress had been made in respect of the vaccination of young people.</p> <p>The Chair thanked Ms Grant for the update, there were no questions noted.</p> <p><u>NOTED</u></p>		
52.	QEUH/RHC UPDATE		
	<p>The Committee considered the paper 'QEUH/RHC Update' [Paper No. 21/28] presented by Mr Tom Steele, Director of Estates and Facilities. The paper provided an update on the position regarding the QEUH and RHC in respect of the Oversight Board and Case Note Review Report; the Public Inquiry; the Legal Claim; the Rectification Programme; Ward 2a/2b; and the HSE Appeal.</p> <p>Mr Steele provided an overview of the Rectification Programme. He noted that progress had been made to appoint a Principle Supply Contractor, and it was likely to take between 3 and 5 years to complete the necessary works. Plans were in place to commence the works at the start of the new financial year. Mr Steele provided an overview of the areas concerned and noted that multi-agency meetings continued with key colleagues to ensure necessary visibility of progress.</p> <p>Mr Steele provided an overview of progress made in respect of Ward 2a/2b within RHC. He noted that, following fitting of seals within the HEPA filters, a final clinical clean, water testing and air sampling, works on the Ward would be complete.</p> <p>The Chair thanked Mr Steele for the update and invited comments and questions from members.</p> <p>In response to a question regarding the estimated completion of the rectification works taking between 3 to 5 years and why this</p>		

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	<p>was, Mr Steele explained that the rectification programme could take up to 5 years, due to the need to create a decant ward to accommodate wards to allow the necessary works to be undertaken on a planned basis.</p> <p>A question was raised regarding the teenage common room, and if these works had been completed. Mr Steele advised that the room had been completed, with the final works to install the AV equipment underway. A visit was planned with one of the patients who had created the campaign to raise funds for the room and Ms Bustillo advised that work was underway in respect of planning a formal opening ceremony.</p> <p>In response to a question regarding the specific work to be undertaken during the rectification works, Mr Steele explained that these were the works identified in the 14 Heads of Claim.</p> <p>A question was raised regarding the Health and Safety Executive (HSE) and the works undertaken within ITU and PICU. Mr Steele confirmed that the works within these areas had been completed, and that the HSE were satisfied that these had been completed to the required standard.</p> <p>The Committee were content to note the report, and were assured that significant activity continued across all of the strands of work related to the QEUH/RHC. The Committee also noted the rectification works required, and that these would take between 3 to 5 years to complete.</p> <p><u>NOTED</u></p>		
<p>53.</p>	<p>DELIVERING THE 2018 GENERAL MEDICAL SERVICES CONTRACT: UPDATE ON PRIMARY CARE IMPROVEMENT PLANS</p>		
	<p>The Committee considered the paper 'Delivering the 2018 General Medical Services Contract: Update on Primary Care Improvement Plans' [Paper No. 21/29] presented by the Interim Director of Primary Care, Ms Lorna Kelly. The paper provided an update on progress with implementation, and formed part of the regular reporting requested by the NHSGGC Board on implementation of the Primary Care Improvement Plans and related contract requirements.</p> <p>Ms Kelly also provided a presentation which covered a number of areas including the context; the current position in respect of COVID-19; an overview of General Practice in NHSGGC; an overview of the 2018 GMC Contract; Remobilisation (RMP3/4)</p>		

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	<p>priorities; PCIP implementation; and reporting through Active Governance.</p> <p>The Chair thanked Ms Kelly for the update and invited comments and questions from members.</p> <p>In response to a question about measuring success, specifically in respect of meeting demand, and data reporting, Ms Kelly advised that strenuous efforts had been made to address this complex issue, which remained a national challenge due to the absence of a common data set and technical issues. She highlighted that an initiative was underway to improve reporting and increase engagement of practices. She noted that some data was available from onward referrals from General Practice to the Acute Division. Ms Grant suggested that further discussion out with the Committee with Scottish Government colleagues would be useful to expedite this issue.</p> <p>A question was raised regarding the transition and how this was progressing. Ms Kelly noted that the transition was going well and that good progress had been made to filter straight forward issues, to allow GPs to focus on more complex cases. Significant progress had been made to establish support teams such as pharmacotherapy teams, to enable progression of this.</p> <p>In response to a question regarding transitional payments, where services have not transitioned by April 2022, Ms Kelly responded that the value of transitional payments and trigger points remained unclear. The current assessment was this would not be a particular issue in NHSGGC, however highlighted that this remained a risk carried by all NHS Boards across Scotland.</p> <p>The Committee were content to note progress on implementation of the Primary Care Improvement Plans and the 2018 GMS Contract; noted the revised timescales for implementation of the Memorandum of Understanding and transfer of responsibility for key services from GP practices; and would anticipate future updates on implementation.</p> <p><u>NOTED</u></p>		
<p>54.</p>	<p>REMOBILISATION PLAN 4 (RMP4) AND WINTER PLAN UPDATE</p>		
	<p>The Committee received a presentation by Dr Jennifer Armstrong, Medical Director, which provided the Remobilisation Plan Mid-Year Update (RMP4).</p>		

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	<p>Dr Armstrong provided an overview of the key areas in respect of RMP4, including submission dates; overview of content; finance; staff health and wellbeing; the elective programme; critical care capacity; primary care; mental health; the digital programme; sustainability; winter planning assumptions; redesign of urgent care; support to secondary care; and hospital bed capacity.</p> <p>The Chair thanked Dr Armstrong for the presentation and invited comments and questions from members.</p> <p>In response to a question regarding the Hospital at Home Service and why this was only being rolled out in South Sector, Dr Armstrong explained that the Hospital at Home Service was currently a Consultant facilitated Service, and, at present, there was only capacity in the South Sector to implement the Service. Implementation of the Service in the other Sectors, would be considered. However, there were vacancies for care for the elderly consultants in these sectors and care for patients in the acute sector, especially with winter, had to take priority. Progress was being made to develop a nurse led approach to address this issue.</p> <p>The Chair invited members to contact Dr Armstrong by email with any further comments or questions, and requested that these be shared with the Committee via the Secretariat Team.</p> <p>In summary, the Committee were content to note the presentation, and noted that the RMP4, which included the Winter Plan, had been submitted to Scottish Government for review and approval.</p> <p>NOTED</p>		
55.	CORPORATE RISK REGISTER		
	<p>The Committee considered the paper 'Corporate Risk Register – Extract' [Paper No. 21/30] presented by the Director of Finance, Mr Mark White. The paper provided an update on the current entries that related to the Finance, Planning and Performance Committee.</p> <p>The Chair invited comments and questions from members.</p> <p>A comment was made regarding the allocation of the risk associated with Delayed Discharge, which had been allocated to the Clinical & Care Governance Committee. This risk had been discussed at the recent Clinical & Care Governance Committee meeting, and it was agreed that this should be re-allocated to the</p>		<p>Mr White</p>

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	<p>Finance, Planning and Performance Committee. Mr White agreed to transfer this risk.</p> <p>In response to a question regarding the Investors in People Programme, specifically if there was an update on this, Ms Grant highlighted that updates in respect of the Programme were provided to Staff Governance Committee. She noted that the Programme continued in Inverclyde, however had been temporarily paused in other areas, due to the ongoing pressures within Acute sites.</p> <p>It was highlighted that some of the target dates included in the Corporate Risk Register were past dates, and Mr White agreed to review and update these.</p> <p>The Chair highlighted a previous agreement to consider one area of risk in depth at each Committee meeting, however highlighted that further discussion was needed to further develop this.</p> <p>In summary, the Committee were content to note the Corporate Risk Register Extract, and would anticipate further updates to the Register, including inclusion of the transferred risk from Clinical & Care Governance Committee; amendment of the target dates; and agreement in respect of undertaking an in-depth examination of an individual risk at each Committee meeting.</p> <p><u>NOTED</u></p>		<p>Mr White</p>
<p>56.</p>	<p>ANNUAL CYCLE OF BUSINESS</p>		
	<p>The Committee considered the paper 'Annual Cycle of Business' [Paper No. 21/31] presented for awareness.</p> <p>The Chair noted additions to the Annual Cycle of Business including an update on Bed Modelling for 2022/23; and an update on GP data and measures, in due course.</p> <p><u>NOTED</u></p>		<p>Secretary</p>
<p>57.</p>	<p>CLOSING REMARKS AND KEY MESSAGES FOR THE BOARD</p>		
	<p>The Chair highlighted the key messages to the Board, including:</p> <ul style="list-style-type: none"> • Finance Report – The Committee noted good cost control measures in place, and that the organisation was currently projecting a break-even position at the year end, subject to ongoing COVID-19 costs; 		

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	<ul style="list-style-type: none"> • Three Year Capital Plan – The Committee noted that work would continue with the relevant teams to develop a longer term capital plan; • Performance Report – The Committee noted work underway to improve performance in respect of delayed discharges, both those associated with Adults with Incapacity (AWI), and other delays. The Committee noted the current position in respect of the GP Out of Hours Service, and would anticipate an update on the position at the next meeting in December 2021. • QEUH/RHC Update – The Committee were assured by the information provided regarding the rectification works underway and the timescales for completion. The Committee noted the imminent completion of works being undertaken in Ward 2a/2b of RHC and that the Ward would soon be ready for re-occupation. • Delivering the 2018 General Medical Services Contract: Update on Primary Care Improvement Plans – The Committee noted the paper and presentation provided and discussion took place about ways in which data could be obtained and this would be taken forward out with the Committee. 		
58.	DATE OF NEXT MEETING		
	Tuesday 7 December 2021, 09:30 am, MS Teams.		