**Unapproved minutes**

**Meeting: Finance and Performance Committee**

**Date: 20 January 2021**

**Venue: MS Teams Meeting**

**Members**

Stephen McAllister Non-Executive Director *(Chair)*

Linda Semple Non-Executive Director

Jane Christie-Flight Employee Director

Susan Douglas-Scott Board Chair

Jann Gardner Chief Executive

Karen Kelly Non-Executive Director

Rob Moore Non-Executive Director

Gareth Adkins Director of Quality, Innovation & People

Anne Marie Cavanagh Director of Nursing and AHPs

Colin Neil Director of Finance

June Rogers Director of Operations

**In attendance**

Carole Anderson Associate Director of Quality, Performance, Planning & Programmes

Liane McGrath Head of Corporate Governance

John Scott *(Item 6.5 only)* Expansion Programme Director

**Minutes**

Denise Crossan Executive PA

**Apologies**

Mark MacGregor Medical Director

**1 Opening remarks**

**1.1 Chairs introductory remarks**

Stephen McAllister opened the meeting and thanked committee members for their attendance via MS Teams.

Stephen McAllister shared that the meeting would focus on the December 2021 IPR report which covers data from November 2021. Committee members discussed the ambition to review more recent data. Jann Gardner acknowledged the comments raised and noted the required timeline for presentation of validated data to the Committee.

Members discussed the possibility of introducing a private session of FPC once Agile Governance is stepped down. The private session would facilitate the sharing of management information with Committee Members.

**2 Apologies**

Apologies were noted as above.

**3 Declarations of Interest**

Previous standing declarations of interest were noted, there were no new declarations to record.

**4 Updates from last meeting**

**4.1 Unapproved Minutes**

The minutes of the previous meeting were read and approved as an accurate record.

**4.2 Action Log**

There were no live actions carried over from the last meeting.

**4.3 Masters Arising**

There were no matters arising.

**5 Corporate Governance**

**5.1 FP Committee Terms of Reference**

Colin Neil presented the updated FP Committee Terms of Reference (ToRs). The ToRs have been updated to reflect the new name of the committee and the removal of references to Strategic Planning and Programmes. The ToRs will be reviewed in more detail at the scheduled annual review.

Committee members approved the FP Committee Terms of Reference.

**6 Effective – Operational / Finance Performance Review**

**6.1 Operational Performance – Integrated Performance Report December 2020**

June Rogers presented the Operational Performance position to the Committee and advised that that referrals to Ophthalmology and Orthopaedics resumed in September 2020 and have been increasing month on month. Referral levels are now moving towards the rates prior to the pandemic.

Prior to the pandemic the Outpatient waiting list had been reducing at a steady level. With the resumption of elective activity and the return of referrals, the waiting list has increased. This increase was almost entirely attributed to Ophthalmology.

Prior to the pandemic the Inpatient waiting list had been relatively stable for a number of months. The waiting list reached a low point in mid-September 2020 but with the re-start of elective activity the overall waiting list has increased back to levels comparable with pre-pandemic figures.

The Cardiac Surgery waiting list has continued to reduce, the Operational Management team are reviewing the factors affecting this. A paper will be presented to Gold Command in due course to outline the findings of this piece of work and recommendations to address any challenges.

The number of patients waiting beyond their Treatment Time Guarantee (TTG) in each month before the pandemic was relatively stable with most cases reported in Cardiac Surgery and Cardiology. The suspension of elective services in March 2020 resulted in a correlated increase in patients waiting beyond 12 weeks for treatment as patients who would normally have been treated remained on the waiting list. Since resuming elective activity TTG breaches have fallen consistently.

Members were advised that work is underway regarding the repatriation of Cardiology patients back to referring Health Boards following treatment. Clinicians are discussing the optimal pathway for patients given bed pressures and Covid levels in other hospital sites. An element of this is a challenge is faced each year due to winter pressures and is not all specific to the pandemic. Discussions are underway with West of Scotland Health Boards to build a robust Winter Plan which acknowledges and addresses these pressures.

Karen Kelly enquired regarding the probability of NHSGJ remaining a Covid light site given that Covid numbers are increasing. Jann Gardner shared that the intention is for NHSGJ to remain a Covid-light site. NHSGJ are working in collaboration with Scottish Government and WoS Health Boards to scope any additional support NHSGJ can offer in the Covid response.

The Committee noted the Operational Performance update.

**6.2 Financial Performance – Integrated Performance Report December 2020**

Colin Neil presented the Finance report for Month 8 and highlighted the following points:

* A surplus of £252k (includes core, non- core and income) was reported.
* Income was under recovered at £7k. This excludes the Conference Hotel.
* A core expenditure (pay and non-pay) underspend of £262k was also noted which excludes the Conference Hotel.
* The non-core expenditure reflects a breakeven position.

Baseline Formula Capital remains as it did last month at £2.691m and progressing well to current plan.

Colin Neil presented a high level summary financial position.

The current income position reflects cumulative under-activity. To align to the reduced activity for 2020/21, NHS top slice funding has been formally reduced on a non-recurring basis. The current expenditure position is showing an underspend. Trends of NHS GJ expenditure have increased because of Recovery Plan and inactivity during the first quarter. Attention is being targeted at Performance Review Groups (PRGs) and at a Divisional level on Medical spend and Pharmacy Surgical Supplies as pressures exist in these areas.

It was noted that the in-year savings target amounts to £3.813m and to date £1.378m has been achieved in efficiency savings. Members commended the team for the work done to achieve these efficiency savings during the pandemic.

PRG’s have been reestablished and have identified additional in-year and recurring efficiency saving opportunities. Further initiatives have been identified with the forecast targeted at £2.48m by the end of the financial year which is an increase in the £1.8m identified at month 6.

The Committee noted the financial position at month 8 and approved the Finance Report.

**6.3 NHS Golden Jubilee Remobilisation Plan Update**

Carole Anderson delivered a presentation on the Remobilisaiton plan for April 2021 to March 2022. The presentation provided an update on the preparation of the next NHSGJ Remobilisation Plan (RMP). The key points highlighted were:

* Timescale for completion has been affected by NHS Scotland’s ongoing Covid response and draft RMP’s are now due for submission by 28 February 2021.
* A key objective of the NHS GJ RMP is to maintain a ‘Covid-light’ site.
* Lessons learned have been implemented and highlighted. Maximising ‘Near me’ and virtual appointments to move to ‘business as usual’ where possible.
* Standard operating procedures and governance processes for new and/or changes services are well embedded.
* Assessments to date indicate no significant impact due to EU withdrawal.
* Long term priorities are consistent with the Scottish Government 3Rs agenda; Remobilise, Recover, Re-design.

Carole Anderson advised that the draft RMP and activity modelling would be presented for Board approval through the Agile Governance meeting in early February. The RMP will be available to Board members prior to submission date.

Jann Gardner suggested that all Board members are invited to the Agile Governance meeting scheduled for 18 February 2021 to facilitate the review of the draft RMP. Allowing the final version to be presented to Board members at March 2021 Board meeting. The Board Chair and Committee Members agreed with this approach.

**Action: LMcG to invite all Board Members to Agile Governance meeting scheduled for 18 February 2021.**

Karen Kelly recognised the work carried out on the RMP and queried if an equality impact assessment had been applied. Carole Anderson responded to say that this is not something that is explicitly included. Divisional teams’ operational planning incorporates flexibility in the deployment of resource.

The Committee noted the Remobilisation Plan update.

**6.4 NHSGJ Financial Plan 2021/2022**

Colin Neil delivered a presentation on the key points of the 2021/2022 financial plan. The key points highlighted were:

* Publication Scottish Parliament budget is planned for 28January 2021.
* There have been two different scenarios agreed via Scottish Government/ Corporate Finance Network (CFN) for financial plan modelling. 2% and 3% baseline funding uplift.
* A 3% pay uplift against all pays was agreed with SG/CFN for financial plan modeling subject to published budget policy.
* High level 2021/22 Covid forecast return indicates additional cost to £15.8m. Recovery Plan will be a key element of this (£12m last year).
* Funding has been identified in collaboration with SG as part of Infrastructure funding for the Director of the NHS Scotland Academy and some project management support. The financial plan assumes a cost neutral positon.
* The forecast for the CfSD workforce was outlined. This covers posts from Director level through to programme support and administration, and the non-pay travel and non-recurring equipment costs.
* Current models suggest efficiency savings programme is likely to be between £3.2m and £4.3m.

The Committee noted the Financial plan 2021/2022.

*John Scott joined the meeting.*

**6.5 Expansion Programme Update**

The new Eye Centre opened on 19 November 2020 and formal virtual opening took place on 11 December 2020. Accelerated recruitment, in line with the recovery plan to increase from 3.4 theatres to 6 theatres, will be on an incremental basis.

The final supporting NDAP report was issued by HFS in December 2020. It was recommended that a Post Occupancy Evaluation (POE) process be undertaken to provide patient feedback on their experience of using the building.

The draft report for the HFS Phase 2 assurance review is expected in mid-January 2021. The Expansion Team have developed a draft action plan based on the items highlighted through the various review workshops.

John Scott, Expansion Programme Director, updated that a meeting was held with West of Dunbartonshire Council to discuss the developer contribution made by NHSGJ as part of the Planning Application. A Programme Board is to be established to assess local transport routes and connectivity.

Stephen McAllister sought clarity on when NHSGJ becomes liable for any potential defects. John Scott advised that the defects liability period runs for two years. The Principle Supply Chain Partner have been very responsive throughout the process and weekly meetings mean defects are prioritised and resolved promptly.

The Committee noted this update.

*John Scott left the meeting.*

**6.6 Hotel and Conference Centre Update**

June Rogers advised that Hotel staff continue to be redeployed to roles within the Hospital and at NHS Louisa Jordan. Most recently staff have assisted with the vaccination programme, their commendable front of house skills contributed to a well organised and efficient process. Further roles have been identified in the Eye Centre and staff will also oversee the new Meet and Greet area in the Hospital.

The refurbishment of the Level 3 bedrooms commenced on 30 November 2020. All conference rooms have now been upgraded with web conferencing facilities and the hotel is awaiting dedicated hardwired internet connection to alleviate connectivity issues.

The Committee noted this update. Committee members acknowledged the flexibility of Hotel staff and commended the leadership of the management team.

**6.7 Board Risk Register**

Colin Neil noted that The Board Risk Register and Risk Appetite is currently under review following the Board seminar in December 2020 and will be presented to the Audit & Risk Committee in February 2021.

Committee members were asked to note the risk register and consider any changes or additional risks for consideration.

The Committee noted this update and no changes or additional risks were proposed.

**7 For Noting**

**7.1 Integrated Performance Report – November 2020**

The Committee noted the Integrated Performance report for the month of November 2020.

**8 Any Other Competent Business**

No other competent business to discuss.

**9 Key Issues for reporting to NHSGJ Board**

Committee Members agreed a short update on the following would be taken to the January 2021 Board Meeting:

* Operational performance presentation
* Update on Cardiac Waiting List
* Hotel Staff redeployment
* Financial position presentation
* Potential for a private FPC session in future to review more real time data

**10 Date and Time of Next Meeting**

Thursday 4 March 2021 at 10am.