****

**Approved minutes**

**Meeting: Finance and Performance (FP) Committee**

**Date: 16 November 2021**

**Venue: MS Teams Meeting**

**Members**

Stephen McAllister Non-Executive Director *(Chair)*

Rob Moore Non-Executive Director/Board *(Vice Chair)*

Jann Gardner Chief Executive late joining

Jane Christie-Flight Employee Director

Linda Semple Non-Executive Director

Anne Marie Cavanagh Director of Nursing and AHPs

June Rogers Director of Operations

Colin Neil Director of Finance

**In attendance**

Susan Douglas-Scott Board Chair

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

Gerard Gardiner Head of Corporate Services

Nicki Hamer Deputy Head of Corporate Services

**Apologies**

Karen Kelly Non-Executive Director

**Minutes**

Elaine Anderson Corporate Administrator

**1 Opening remarks**

**1.1 Chairs introductory remarks**

Stephen McAllister opened the meeting and thanked Committee Members for their attendance via MS Teams.

**2 Apologies**

Apologies noted as above.

**3 Declarations of Interest**

Previous standing declarations of interest were noted.

**4 Updates from last meeting**

**4.1 Unapproved Minutes**

The Committee were happy to note and approve the Minutes of Meeting held on 6 September 2021.

**4.2 Action Log**

See separate Action Log.

**4.3 Matters Arising**

There were no matters which were not covered as part of the Agenda.

**5 Operational/Finance Performance Review**

**5.1a Operational Performance – Integrated Performance Report October 2021**

The Committee was presented with the Operational Performance position as at the end of September 2021.

June Rogers updated the Committee as follows:

**Ophthalmology:** 4,328 cataracts procedures were carried out against a plan of 5,662. There are a number of challenges in the service at the moment, including consultant availability and a higher number of complex procedures than would normally be expected. The service also continues to be impacted by Covid restrictions including physical distancing. The Synaptic contract continues to be monitored closely and is performing well.

**Orthopaedic Surgery**: At the end of September 2427 orthopaedic procedures were carried out against a plan of 2753. The shortfall was primarily to our ability to staff all five laminar flow theatres every day. Currently only four of the five theatres are staffed Monday to Friday and two on a Saturday. The focus continues to be on patients identified as urgent, long waiting patients and those who require revision surgery. At the end of September, 91 osteosarcoma procedures had also been carried out.

**Endoscopy:** Endoscopy is performing well against a challenging target. At the end of September a total of 2783 procedures had been carried out against a plan of 2646.

**Colorectal Surgery**: Patients are now being referred to NHS GJ from NHS Grampian and NHS Highland. Discussions are ongoing with NHS Borders who are also considering sending colorectal cancer patients to NHS GJ for surgery.

|  |  |  |  |
| --- | --- | --- | --- |
| **Action No.** | **Action** | **Action by** | **Status** |
| 161121/01 | June Rogers to provide a further update on colorectal referrals at the next Committee meeting. | JR | New |

**Cardiac Surgery:** At the end of September a total of 604 cardiac procedures had been carried out against a plan of 626. Due to staffing challenges, cardiac activity has been reduced from four to three theatres each day. A focus remains on ensuring the most urgent patients receive their treatment. The cardiac waiting list remains lower than it was pre Covid, however this is now beginning to increase. Cancellations remained high in September due primarily to the impact of emergency/transplant activity, increased overnight activity and a lack of operating time. The cardiac team continue to monitor this closely.

**Cardiology:** At the end of September, a total of 3472 cardiology procedures had been carried out against a plan of 3737. The shortfall is due to an increased number of urgent patients resulting in cancellation of elective lists. Additionally, it has become increasingly challenging to staff weekend cath lab lists.

NHS Golden Jubilee continues to support NHS Greater Glasgow and Clyde with direct access for NSTEMI patients and no repatriation of cardiology patients post procedure.

The Committee was advised of the challenges with staff pressures, particularly within the theatres, staff absence and vacancies across clinical teams. Decisions to stand down theatre lists were being reviewed on a week-to-week basis.

Stephen McAllister thanked June Rogers for the update and noted the continuing, very demanding operational environment.

The Committee approved the Operational Performance Update.

**5.1b Financial Performance – Integrated Performance Report October 2021**

The Committee was presented with the Month 6 position as at 30 September 2021.

The Committee was advised that the efficiency savings target remains as previously reported, at slightly over £4m. The position on core income and expenditure remains break even, as does the projection for capital. Month 6 noted a surplus of £595k.

The Committee noted that the hotel remains on a breakeven position and Colin Neil was confident this position would be achieved.

The Committee noted the changes from RMP3 to RMP4 as described, and were taken through some of the key changes including amendments to Access funding related to changes in predicted activity levels during the second half of the year. The latter reducing the level of marginal cost funding received where activity has reduced.

The budgeted cost associated with NHSS Academy shared between NHSGJ and NES was reported, and Colin Neil indicated that Scottish Government were content with the financial assumptions made around NHSS Academy.

The Committee noted CfSD funding had been fully agreed and this included the approval of other funding requests relating to core staffing.

The Committee noted the overall capital position, which reflected the phasing of financial costs for Phase 2, which remained on target for opening June 2023.

The Committee received an update on the previously submitted bid to the National Infrastructure board for the replacement of an MRI. Colin Neil advised this request had been approved, and additional funding of almost £1.6m will be made available and install should be complete by 30 March 2022.

The Chair made a general observation that though overall performance reflected national performance, that complaints, SARS, deaths and absences had all increased, some waiting lists were longer, cancellation rates were high and that urgent activity in some instances was replacing elective work. The Chair asked if challenges in other boards, especially with A&E, could be having an impact on NHSGJ performance. The Chair asked Jann Gardner what her awareness was of the wider issues within NHS Scotland and whether there could be a reputational risk for NHSGJ as a result. Jann Gardner advised that there was active discussions taking place with the Board Chief Executives Group, which aims to ensure public communications align with the challenges faced by the NHS nationally.

The Committee agreed to support the framing of a positive gratitude message to all staff at the forthcoming Board meeting.

The Committee noted the Financial Report – Integrated Performance Report October 2021.

**5.2 Deep Dive on Medical Staff Review**

The Committee was presented with the Medical Staff Review.

The Committee was provided with the summary position for National Elective Services (NES) and Heart, Lung and Diagnostics (HLD). Colin Neil advised the main pressures within NES are within Anaesthetics, with expenditure for waiting lists initiatives being a key factor. Colin Neil noted that with regard to HLD, this area contained the majority of the medical overspend, which has been due to the pressures relating to On Call and the rota coverage.

The Committee were advised that Job Planning and Team/Service Plans are critical with regard to financial planning and that in this respect, Mark MacGregor, Medical Director, had developed the team based service plan. This programme of work will be ongoing with a timetable for completion of March 2022 and this work will facilitate alignment of capacity with service demand in the Board’s financial planning.

The Committee noted that a further update would follow at the January meeting.

|  |  |  |  |
| --- | --- | --- | --- |
| **Action No.** | **Action** | **Action by** | **Status** |
| 161121/02 | The Committee requested that Colin Neil provide an update report on Medical Staff Review to the next meeting in January 2022.  | CN | New |

The Committee noted the Deep Dive on Medical Staff Review.

**5.3 Deep Dive on Efficiency Savings**

The Committee received a presentation on efficiency savings.

Colin Neil presented the Committee with a summary of areas that are currently under review. Namely, Pharmacy, Cardiology - Cath Lab, Procurement Savings, Robotics, Theatres and SNRRS.

Summary position is to review during second half of year re options of converting some non-recurring schemes to recurring. The progression of work streams already in progress. An overarching savings group will be established at the turn of the financial year to progress in year achievement and set a programme of activity for 2022/23. This will map to any internal groups already in place and look to ensure all aspects of pay and non-pay are covered. Colin added that would link to the national financial improvement team to review practice in other boards and also link with CfSD to review and promote productive opportunities.

The Committee noted that a further update would follow at the January.

|  |  |  |  |
| --- | --- | --- | --- |
| **Action No.** | **Action** | **Action by** | **Status** |
| 161121/03 | It was agreed that Colin Neil would provide a further update on Efficiency Savings to the next meeting in January 2022.  | CN | New |

**5.4 Hotel and Conference Centre Update**

The Committee received a presentation on the Hotel and Conference Centre.

The Committee noted that conference bookings from the NHS market remain low, however, there were indications of the industry recovering, with new enquiries for event and conference bookings resuming.

The Committee was advised COP 26 went ahead in Glasgow and all available Hotel bedrooms were booked for related activity from late October.

The Committee was advised of ongoing plans to upgrade the bedroom stock, together with an option to increase conference capacity through the remodeling of the Arcoona room.

The Committee noted the close working relationship between with NHSS Academy and the Hotel to ensure infrastructure and processes are in place to establish the hotel as its “home”.

The Committee noted that, similar to the Hospital, the Hotel is continuing to experience workforce issues due to a high staff turnover resulting on a ‘cap’ on available bedrooms. Colin Neil advised of his intention to convene a Short Life Working Group to focus on NHSS Academy/Conference Hotel Performance and Planning. Discussions will take place on forecasting, finance, commercial strategy and various areas of potential investment.

Rob Moore observed that Hotel staff had been dealing with last minute adjustments and wished to note that accommodating these changes for clients had a positive effect on the reputation of the hotel.

The Committee noted the Hotel and Conference Centre Update.

**6. Strategic Planning Update**

**6.1 Expansion Programme Update**

The Committee received the Expansion Programme Update and noted the defects in Phase 1 were now within single figures and Phase 2 work is progressing to programme and budget. A Technical Advisor has been appointed to support the progress and engagement with Scottish Government to schedule the next Gateway review was underway.

The Committee noted the Expansion Programme Update.

**6.2 Remobilisation Plan 4**

The Committed received an update on the Remobilisation Plan 4, noting that Scottish Government had indicated they were broadly content with the submission subject to final details being provided.

The Committed noted the summarised key assumptions featured in the plan and was advised that NHS Boards had been asked to hold back on publishing RMP4s until the end of November to give an opportunity for these to be formally approved. It was agreed that the Committee would be kept apprised of any further developments.

The Chair supported a standardised national approach to reporting and emphasised the importance of cooperation across all Boards.

Jann Gardner added that she would be reporting to Strategic Portfolio Governance Committee on CfSD commitments and was hopeful that this, together with wider national activity, would give clarity on CfSD commissions and potentially work for NHSS Academy. The Committee asked for a further update to be provided in due course.

|  |  |  |  |
| --- | --- | --- | --- |
| **Action No.** | **Action** | **Action by** | **Status** |
| 161121/04 | Jann Gardner to provide an update after attending the Strategic Portfolio Governance Committee in regard to CfSD and the NHSS Academy.  | JG | New |

The Committee noted the Remobilisation Plan 4.

**7. Corporate Governance**

**7.1 Risk Register**

The Committee was presented with the Risk Register and noted key areas where levels of risk remained.

The Committee noted the Risk Register.

**7.2 Queen Elizabeth University Hospital Independent Review**

The Committee was presented with the recommendations on Queen Elizabeth University Hospital Independent Review. Colin Neil thanked Gerard Gardner and John Scott for their work on this item. Colin Neil noted the importance of the report for NHSGJ, given the current stage of the expansion programme.

The Committee received a summary of the historical events leading to the commission of the review, the summary of areas of project delivery, which were the focus of the review and the consequent recommendations to the Cabinet Secretary.

The Committee reviewed Appendix 1, which contained the proposed specific response of NHS Golden Jubilee to these recommendations and noted that many of these recommendations were already well-established practice and in particular, were evident in the expansion programme.

The Committee noted there was to be a seminar on 10 December 2021, run by National Education Scotland on the Healthcare Built Environment, with all Board members invited to attend.

The Committee approved the recommendations within the Queen Elizabeth University Hospital Independent Review and endorsed that Colin Neil would be the named Executive Lead.

**8. Issues for Update**

**8.1 Update to the Board**

* The Committee are aware of the continued challenging operating environment for NHS Golden Jubilee and are expecting this to remain in future.
* The Committee noted that there should be narrative on how we put forward our public face and how we support staff without causing undue alarm.
* The Committee noted the deep dives particularly around the Efficiency Savings.
* The Committee noted that they have had sight of the draft RPM4 and this will have be approved at Board.
* The Committee noted the on-going need to reflect on the independent review of QEUH and what the implications might be for NHS Golden Jubilee.

**9. Any Other Competent Business**

There was no other competent business to discuss.

**10. Date and Time of Next Meeting**

 Tuesday 11 January 2022 at 10.00 – 12.30