

F&P (M) 19/03
Minutes: 37 - 55

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Finance & Planning Committee held at
9.30am on Tuesday, 4th June 2019 in the
Boardroom, JB Russell House, Gartnavel Royal Hospital**

P R E S E N T

Mr J Brown CBE (In the Chair)

Ms S Brimelow OBE	Mrs R Sweeney
Mr A Cowan	Mr A Macleod
Mr I Ritchie	Mr J Matthews OBE
Prof Dame A Dominiczak OBE	Cllr Sheila Mechan

OTHER BOARD MEMBERS IN ATTENDANCE

Mrs J Grant	Mr M White
Dr J Armstrong	

I N A T T E N D A N C E

Ms E Vanhegan	..	Head of Corporate Governance and Board Administration
Ms J Slavin		Chief Finance Officer, West Dunbartonshire HSCP
Mrs A MacPherson	..	Director of Human Resources and Organisational Development
Mr C Neil	..	Assistant Director of Finance, Acute Division
Ms J Carrigan	..	Head of Finance, South Sector
Mr D Leese	..	Chief Officer, Renfrewshire HSCP (For Item 46)
Mr J Donnelly	..	Senior General Manager Capital Planning (To Item 48)
Ms H McIntyre	..	Senior General Manager Capital Projects (To Item 48)
Ms R MacLeod	..	Head of Sexual Health Services (For Item 45)
Ms J Kerr	..	Assistant Chief Officer, Glasgow City HSCP (For Item 45)
Mrs G Mathew	..	Secretariat Manager

37. WELCOME AND APOLOGIES

Mr Brown welcomed those in attendance. Apologies were intimated on behalf of Mr Ross Finnie, Dr Donald Lyons, Mr Simon Carr, Ms Dorothy McErlean, Ms Jacqueline Forbes, Mr Jonathan Best and Mr Tom Steele.

Mr Colin Neil was in attendance on behalf of Mr Jonathan Best.

38. INTRODUCTORY REMARKS

Mr Brown noted the key topics for discussion today including the

Finance Out-Turn for 2018/19; the West of Scotland Region Plan for Improving Healthcare and Forensic Medical Services; an update on the GP Out of Hours Service Review; an update on the Internal Review of QEUH/RHC; a review of the Finance and Planning Committee terms of reference and updates on the Clydebank Hub Scheme and the MSG Review of Progress of Integration.

NOTED

39. DECLARATIONS OF INTEREST

The Chair invited Members to declare any interests in any of the topics being discussed. No declarations were made.

NOTED

40. MINUTES OF PREVIOUS MEETINGS

a) MINUTES OF THE FINANCE AND PLANNING COMMITTEE MEETING OF 2ND APRIL 2019

On the motion of Mr MacLeod, seconded by Mr Ritchie, the minutes of the Finance and Planning Committee Meeting of Tuesday 2nd April 2019 [Paper No. FP(M)19/02] were approved as an accurate record.

AGREED

41. MATTERS ARISING

a) ROLLING ACTION LIST

The Committee noted the current Rolling Action List [Paper No 19/18].

Members acknowledged the action list updates and agreed to accept the recommendation that 5 actions be closed. In addition, the following actions were discussed:

Minute 66 – Underspends in Community Teams – It was agreed that this action formed part of the overall process for financial reporting for all partnerships and would be considered as part of the MSG Review of Progress of Integration. The Committee were content to close this action.

Secretary

Minute 07 – Overspends and Increased Demand/Delayed Discharge – It was agreed that this action would be addressed as part of the planned session on MSG Review of Progress of Integration, the date of which was to be arranged.

**Head of
Corporate
Governance
and
Administration**

Minute 07 – Whole System Financial Planning - It was agreed that this action also formed part of the MSG Review of Progress of Integration.

Minute 09 – Acute Demand – Further to discussion regarding consistency of reporting of actions, it was agreed that actions would be closed if they are included on the Forward Planner and a date has been specified on the Rolling Action List. As this action was included in the Acute Services Committee forward planner for July, the Committee were content to close this action.

In addition to the actions discussed, Mrs Sweeney requested clarification on the transfer of capital resource to revenue and asked whether this was estates maintenance resource. Mr White advised that the resource transferred was not from the maintenance budget; rather that it was capital surplus which had not been utilised due to the slippage of schemes.

Mrs Sweeney also requested clarification in relation to the Child Poverty Report and if oversight of this had been devolved to another Committee. Ms Vanhegan clarified that this had been devolved to the Public Health Committee. Mr Matthews provided further information on the report. Health Boards and Local Authorities are obligated to produce a report detailing the actions taken to address child poverty. Mr Matthews noted that detailed discussion had taken place at the last Public Health Committee meeting, where a presentation had been given by Dr Sonya Scott, Consultant in Public Health, on research undertaken. Consideration was needed to develop actions to address the improvements identified by the research. It was suggested that this could be discussed further at a future Board Seminar session, with proposals developed and presented to the Board for approval. It was agreed that Mr Brown, Mrs Grant and Ms Vanhegan would meet to discuss the priorities for Board Seminar topics for the coming year.

Head of
Corporate
Governance
and
Administration

There were no other matters arising noted.

APPROVED

42. URGENT ITEMS OF BUSINESS

Mrs Grant provided an update to the Committee on a recent media report of a pigeon infestation at Gartnavel General Hospital. She advised Committee members that inspection of plant rooms had been undertaken a number of weeks ago and this issue had already been addressed.

Mrs Grant also noted a recent media report in relation to service provision of the GP Out of Hours Service over the weekend. Due to significant staffing issues, it was only possible to operate the Lomond service at the Vale of Leven. There was no significant impact to the number of Emergency Department attendances; however Departments continue to be busy. Mrs Grant assured Committee members that a number of actions had been taken to address this as a priority, including a recent letter sent to all GPs in the GGC area seeking support;

consideration of different models of operation and flexibility of shift patterns; and potential recruitment of salaried GPs. Some positive responses had been received following the letter sent to all GPs encouraging them to support the Out of Hours Service. Mrs Grant also noted that discussions with HSCP Clinical Directors were ongoing to identify ways in which uptake of shifts could be improved. It was agreed that it was critical that progress was made to redesign the service.

NOTED

43. REVIEW OF TERMS OF REFERENCE

The Committee considered the paper 'Review of Terms of Reference' [Paper No. 19/19] presented by the Head of Corporate Governance and Administration, Ms Elaine Vanhegan.

The paper asked the Committee to review and approve the updated Terms of Reference, noting the expanded remit and the change of title to 'Finance, Planning and Performance Committee', for submission to the Board as part of the annual review of governance arrangements. Other changes to the terms of reference were highlighted by Ms Vanhegan including revision of the declaration of interest and administrative support.

Mr Brown provided an overview of the work being carried out nationally regarding the NHS Blueprint for Good Governance. There would be a requirement to revisit Committee terms of reference following the outcome of the work of the Steering Group. Mr Brown noted that the Scheme of Delegation template had been revised and circulated to members of the Steering Group for review and comment, therefore it was expected that this work would report in August.

Ms Vanhegan agreed to present a paper detailing the Annual Review of Governance to the Board meeting in June, with a further paper to the Board in December 2019, following completion of the national work.

Mr Brown thanked Ms Vanhegan for the report and invited questions from Committee members.

Discussion took place regarding the Terms of Reference and the need to reflect the National Performance Framework under the Performance Section. Committee members noted interest in receiving further information on this. Mrs Grant clarified that this was a national piece of work looking at a wide range of topics, not all specifically related to NHS bodies. Mrs Grant suggested discussing this further at a Board Seminar session.

In response to questions from members in respect of the number of Non Executive Board members required to satisfy quorum; the delegated functions in respect of the Scheme of Delegation, Ms Vanhegan agreed to consider further cross reference to the Scheme of Delegation in

**Head of
Corporate
Governance
and
Administration**

**Director of
Finance**

Phase 2 of the Governance Review.

Questions were raised regarding the work being undertaken to review and redesign the performance monitoring framework and when the outcome of this work would be reported to the Committee. Following discussion, it was agreed that Mr White would develop a first draft of the redesigned performance monitoring report to the meeting in August, for further discussion. It was confirmed this would take cognisance of the National Performance Framework previously highlighted. The Committee suggested the establishment of a short life working group to develop this, however agreed that the Committee would review and discuss the first draft of the report at the next meeting before making a decision about the need for a short life working group.

**Director of
Finance**

The Committee were content to approve the updated terms of reference, and noted the expanded remit of the Committee and the change to the title to 'Finance, Planning and Performance Committee', and recommended submission to the Board as part of the annual review of governance arrangements.

APPROVED

44. NHSGGC 2018/19 FINANCIAL OUT-TURN REPORT

The Committee considered the NHSGGC 2018/19 Financial Out-turn Report [Paper No. 19/20] presented by the Director of Finance, Mr Mark White.

The report provided an update of the year-end out-turn position and detailed both the revenue and capital position at Month 12 for the year to 31st March 2019.

Mr White led members through the report and noted that as of 31st March 2019, the Board reported expenditure levels of £0.7m under budget, which compared to £2.5m over budget at the previous month end. £55.8m of non recurring relief had been factored in throughout the year to support the financial position.

The Financial Improvement Programme Tracker recorded projects totalling £56.4m on a FYE and £42.3m on a CYE.

The underlying recurring deficit of £68m had been reduced to £50m.

Mr White went on to describe the position within Acute Division and noted that the overall position at Month 12 was an over spend of £42.6m. Of this deficit, £41.5m was related to unachieved savings, £0.3m related to pay and £0.9m related to non-pay. Achievement of savings remained a significant challenge in this area; however Mr White noted positive improvements made to address the pay over spend associated with medical (£1.2m) and nursing (£1.2m) pay. Whilst nursing pay reported an over spend in the first quarter of the year, Mr

White was pleased to note that this had remained in balance for 6 consecutive months.

Mr White paused for questions from members.

In response to questions from members in relation to the under spends of £0.2m reported within HSCPs, Mr White clarified that the HSCP financial out-turn positions reported within the paper remained to be confirmed by the audit process. Furthermore, any surplus identified would be attributed to HSCP reserves.

There were questions raised regarding the junior doctor pay position and the compliance of rosters. Dr Armstrong responded that a number of actions had been undertaken to address this including the backfill of any identified gaps and the engagement with Retinue to organise urgent cover. Mr Neil further noted areas of particular concern within Emergency Departments and the Clyde Sector. He noted that there was a change in allocation of NES funding to fund gaps with a reduced amount available. Prof Dominiczak suggested that there was a need increase the number of junior doctors in the West of Scotland to ensure that this would increase the number of clinical academics. Mrs MacPherson further noted detailed correspondence with both the Director of the Workforce Division, Scottish Government, and the Chief Executive of NES, in relation to the allocation of clinical academics. Following discussion, the Committee agreed that a short paper detailing all of these issues from a local, West of Scotland and national perspective, would be useful in taking these issues forward.

**Medical
Director**

Mr White continued to present the report and noted the Corporate Directorates position, which reported an over spend of £12.7m.

HSCPs reported a position of £0.2m under spend; with all HSCPs reporting a break-even out-turn.

Mr White paused for questions and comments from members.

Members were pleased to note the accurate recording of the financial position which provided confidence and assurance to members that financial grip was effective.

In response to questions from members in respect of the Memorandum of Understanding (MOU) related to the cross charging of services provided to patients out with the Board area, Mr White advised that this was based on a cost defined model. There had been recent debate about the basis and principles of the model; however Mr White noted that at a recent meeting, it was agreed that there was no appetite to change the model.

Mr Brown requested that an analysis of the HSCP reserves position, in comparison to last year's position, be presented to the August Committee meeting. He suggested this report include details of general

Director of

reserves, earmarked reserves and any 'contingency funds' held under earmarked reserves.

Finance

Mr White continued with the report and advised the Committee that the Board had achieved the Capital Resource Limit (CRL) for 2018/19, approved at the Board meeting on 26th June 2018, of £55.2m.

Mr Brown thanked Mr White for the update.

The Committee noted that Mr Colin Neil, Associate Director of Finance, had recently been appointed to the position of Director of Finance at Golden Jubilee National Hospital (GJNH). Mr White and Mr Brown thanked Mr Neil on behalf of the colleagues and the Committee for his contributions and efforts to the Board and the organisation, and wished Mr Neil well in his new role.

In summary, the Committee noted the Financial Out-turn position for both revenue and capital for 2018/19 as at 31st March 2019, subject to final audit. The Committee were pleased to note the surplus position noted the ongoing efforts to achieve this.

NOTED

45. WEST OF SCOTLAND REGION – IMPROVING HEALTHCARE AND FORENSIC MEDICAL SERVICES

The Committee considered the paper 'Improving Healthcare and Forensic Medical Services for People who have experience Rape, Sexual Assault or Child Sexual Abuse: Children, Young People and Adults [Paper No. 19/21], presented by Ms Rhoda MacLeod, Head of Sexual Health Services and Ms Jackie Kerr, Assistant Chief Officer, Glasgow City HSCP. The paper provided an update to the Committee on progress regarding development of a West of Scotland regional service model in relation to the Scottish Government capital allocation for refurbishment of premises and the development of a proposed workforce model with the limitations of available resources.

Ms MacLeod noted that an indicative proposal had been presented to both the West of Scotland Programme Delivery Board and NHSGGC Corporate Management Team, where it was agreed that a model should be developed. Funding has been received for the first 2 years, after which (2021) costs would need to be identified from existing budgets.

Ms MacLeod described the scheduling of funding from Scottish Government over 3 instalments, £93k allocated in 2018/19, £750k in 2019/20, and £757,250 in 2020/21. A further £500k of capital funding had been allocated for 2019/20 for the refurbishment of the ground floor of William Street Clinic. Glasgow City HSCP had also committed £500k of capital funding to the development of William Street Clinic.

Ms MacLeod went on to note the capital developments within NHS

Lanarkshire, Ayrshire and Arran and Dumfries and Galloway. Ms Macleod also described the work ongoing to develop a workforce model, based on a centre of excellence hub and spoke model, to include a peripatetic element to ensure 24 hour provision of services. In addition, NHS Lanarkshire would conduct a trial of peripatetic working in 2019, the evaluation of which would provide further information. A national data set was being developed and Ms MacLeod noted that a phase of service development with key stakeholders was planned, following approval by the Chief Executives West of Scotland Group.

Mr Brown thanked Ms MacLeod and Ms Kerr for the update and invited questions and comments from Committee members.

Committee members noted that no application for funding was made by NHS Highland, and asked if this would have an effect on NHSGGC plans and if so, had this been factored in to the proposal. Ms MacLeod advised that there were no concerns regarding this and that this would not have a detrimental effect on the NHSGGC proposal.

In response to questions from Committee members in relation to potential funding gaps, Ms MacLeod noted that there was a shortfall of approximately £500k and assured the Committee that work continued to develop the best use of resource and identify any potential gaps. Ms MacLeod highlighted that evidence was being gathered to provide clearer performance information.

A question was raised regarding ownership of delivery and Ms MacLeod highlighted that the service would be hosted by Glasgow City HSCP.

Further clarity was requested regarding the provision of services for children and the age criteria. Ms Macleod advised that she would feed this back for further consideration.

In response to questions from members in relation to the revenue information detailed on page 1 of the report and whether this was IJB funds, Mr White intended to discuss this further with Ms Susanne Millar, Interim Chief Officer, Glasgow City HSCP.

Mr Brown thanked Ms MacLeod for the update and noted that this was an excellent piece of work. The Committee were content to note the contents of the report, and noted that a fuller, more detailed report seeking approval to proceed with the development of a regional service model would be presented to Corporate Management Team on 13th June, in advance of being taken to the West of Scotland Chief Executives' Meeting on 17th June and the West of Scotland Health & Social Care Programme Delivery Programme Board on 27th June.

NOTED

46. GP OUT OF HOURS SERVICE REVIEW

The Committee considered the paper 'GP Out of Hours Service' [Paper No. 19/27] presented by the Chief Officer, Renfrewshire HSCP, Mr David Leese. The paper provided further information on the ongoing work within the GP Out of Hours Service, since the discussion at the Finance and Planning Committee Meeting of 19th April 2019.

At the April Meeting of the Committee, members requested additional information in respect of a number of areas, to support the changes in the way services respond to those who attend without calling NHS 24. These were communications; staff engagement; staff training; NHS 24 capacity; and EQIA and liaison with the Scottish Health Council.

Mr Brown thanked Mr Leese for the update and invited questions and comments from members.

Committee members welcomed the report and thanked Mr Leese for providing further assurances in respect of all the areas discussed previously. The Committee were assured that any risks which may arise from the change had been fully considered and plans were in place to mitigate these.

In summary, the Committee was content to note the continued progress of work to improve the resilience of the GP Out of Hours Service.

NOTED

47. INTERNAL REVIEW – QEUH and RHC UPDATE

The Committee considered the paper 'Queen Elizabeth University Hospital Internal Review Update – Estates and Facilities Work stream' [Paper No. 19/22] presented by the Senior General Manager Capital Projects, Ms Hazel McIntyre. The paper provided an update on progress of the Estates and Facilities Review of the QEUH/RHC, noted the establishment of the Programme Board, provided information about the additional scope added to the review, and advised that the final report is due for completion as planned by the end of September 2019.

Ms McIntyre advised that the review, commissioned by the Chief Executive Ms Jane Grant, began in December 2018 with an initial study to define the detailed requirements for content, approach and outputs of the second stage detailed report. This was completed in March 2019 and set out a comprehensive plan of work for the detailed report. The Estates and Facilities issues identified for inclusion in the review were water hygiene; ventilation system; glazing units on the external face of the building; fire doors; the operation of heat exchanger units; and maintenance of the air cushioned fabric roof. Ms McIntyre advised that work was well underway in the detailed review stage, with information protocols developed and significant documentation provided. Assessments have commenced on each of the six identified technical issues. The final report of the Estates and Facilities Work stream will be

presented to the October Finance and Planning Committee meeting, in advance of the Board receiving the comprehensive report across all reviews, in December.

Mr Brown thanked Ms McIntyre for the update and was pleased to note assurances that resolutions had been identified and acted upon. Mr Brown invited Mrs Grant to provide an update on the External Review.

Mrs Grant noted the position of the External Review highlighting that the and the Terms of Reference were being finalised. A number of informal discussions with key individuals had taken place and regular meetings will be confirmed in the diary once the Terms of Reference had been agreed. The Review Team had appointed a Head of Review; Deputy Head of Review; a Document Manager and a Researcher.

Mr Brown thanked Mrs Grant for the update and invited comments and questions from Committee members.

Members requested an update in respect of the other two review work streams, those being Capacity and Demand; and Clinical Outcomes. Mrs Grant advised that both were well established, with the Capacity and Demand Work stream having recently commissioned a team to assist with the review. As both work streams will report to the Board in December, therefore it was expected that these work streams would be completed by October.

In response to questions from Committee members in respect of the pedestrian protection installed in some areas of the campus, Ms McIntyre advised that other areas have exclusion zones to mitigate any potential risks. Ms McIntyre assured Committee members that appropriate actions had been taken, however Mrs Grant and Ms McIntyre would meet and review this to ensure all areas were protected.

**Chief
Executive**

In summary, the Committee were content to note the paper and welcomed the arrangements in place to present the final review including all 3 of the work streams.

NOTED

48. CLYDEBANK HUB UPDATE

The Committee considered the paper 'Update on Progress of Clydebank Health & Care Centre' [Paper No. 19/23] presented by the Senior General Manager Capital Planning, Mr John Donnelly. The paper provided an update on progress made to trigger the Clydebank Variation and projected timescale to complete the project.

The Clydebank Health and Care Centre formed part of the hub development bundle which included Greenock Health and Care Centre and Stobhill Mental Health In-patient Wards. The FBCs for the bundle were approved by the Board at the meeting on 16th October 2018, and

by the Scottish Government on 21st November 2018. However, Clydebank was unable to progress to financial close at that time due to dependency on 3rd party infrastructure works. It was agreed as part of the Clydebank FBC approval, that it would be instructed into the bundle at a later date and the mechanism to complete this stage would be known as the Clydebank Variation. Mr Donnelly advised that the Clydebank Variation was due to be triggered on 30th May 2019, and the variation was triggered on 3rd June 2019. Mr Donnelly noted that the 3rd party works were in contract and progressing, along with quay spine road and utilities, which were due to complete in October 2019. District heating works are progressing, but commercial agreements are not yet in place. The Health and Care Centre proposals includes a standalone heating system, that is designed to allow the project to progress without further delay, but with the ability to switch-over to district heating when it's available and terms agreed. Mr Donnelly further noted agreement by West Dunbartonshire Council that the quay spine road and the quay walls will be adopted for maintenance purposes. Formal written confirmation of this is being sought to mitigate the risk fully. The FBC Addendum for the Clydebank Variation would be presented for approval to the Finance and Planning Committee in October 2019.

Mr Brown thanked Mr Donnelly for the update and invited questions from members of the Committee.

Members of the Committee welcomed the paper, however were disappointed that the issues in relation to the quay spine road, the quay walls and the district heating had not been resolved at an earlier stage in the process.

A question was raised in relation to the pricing update required within the Addendum to account for inflation, and Mr Donnelly noted that any financial variation due to inflation would be covered by the Scottish Government.

In summary, the Committee were content to note the progress made in moving the project towards completion.

NOTED

49. TRAUMA NETWORK CLINICAL MODEL

The Board considered the paper 'Trauma Network –Development of the Clinical Model Progress Update' [Paper No. 19/24] presented by the Medical Director, Dr Jennifer Armstrong. The paper provided an update to Committee members on NHS GGC's proposed clinical model for trauma services.

Dr Armstrong provided an overview of the work undertaken to finalise the capital and revenue implications of this development and noted that funding of £10m for the delivery of the MTC and trauma triage tool had been secured. An additional £7m had been made available to develop

Trauma Units and Rehabilitation Services in the West of Scotland.

Dr Armstrong went on to describe the pathways for lower limb injury, upper limb and hand injury and fractured neck of femur. Dr Armstrong was pleased to note the endorsement of the plans by clinicians, and was confident that this would deliver better outcomes for patients.

Mr Brown thanked Dr Armstrong for the update and invited comments and questions from Committee members.

In response to questions from Committee members in relation to funding for the Unit in Clyde, Dr Armstrong was working with the Clyde Team to determine the total funding required.

The Committee welcomed the clear direction of the paper however noted that further information about delivery plans was required; if approved, there was a need to engage with the public, patients, clinicians and wider staff groups; and the change management process was critical to ensuring that the appropriate governance process are delivered. It was noted that this was a Scottish Government policy and had been enacted in 2 regions in Scotland to date.

In summary, the Committee were content to note the emerging model for trauma across the West of Scotland; supported the NHSGGC clinical model, recognising that this was in line with other Boards within the West of Scotland; and note the work progressing to develop detailed pathways for Major Trauma and Trauma Flows. The Committee also noted that a paper would be presented to the Board for discussion in June 2019.

**Medical
Director**

NOTED

50. NHSGGC ANNUAL OPERATIONAL PLAN UPDATE

The Committee considered the paper 'NHSGGC Annual Operational Plan Update' [Paper No. 19/25] presented by the Director of Finance, Mr Mark White. The Final Draft Plan outlined how NHSGGC will deliver expected levels of operational performance to provide the foundations for delivering the Cabinet Secretary's priorities on waiting times improvement, investment in mental health, and greater progress and pace in the integration of Health and Social Care.

Mr White noted that discussions continued with colleagues from Scottish Government with regards to funding of the Waiting Times Improvement Plan. Once this has been established, consideration would be given to identifying trajectories for improvement.

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

In response to suggestions regarding the link with the national

performance framework, Mr White agreed to consider this.

In summary, the Committee were content to endorse the Final Draft 2019-20 Annual Operational Plan for presentation to the Board for approval and onward submission to the Scottish Government.

NOTED

51. MSG REVIEW OF PROGRESS WITH INTEGRATION

The Committee considered the paper 'Ministerial Strategic Group Review of Progress with Integration' [Paper No. 19/26] presented by the Chief Executive, Ms Jane Grant. The paper described the process undertaken to fulfil the expectation that Health Boards, Local Authorities and Integration Joint Boards to evaluate their current position in relation to the MSG report findings and the Audit Scotland report on integration, with a view to increasing the pace of integration.

Mr Brown thanked Mrs Grant for the update and the Committee were content to note the outcome and next steps following the self evaluation exercise undertaken. The Committee added that they welcomed the proposed workshop session on this work.

NOTED

52. CORPORATE RISK REGISTER EXTRACT

The Committee considered the paper 'Corporate Risk Register Extract' [Paper No. 19/28] presented by the Director of Finance, Mr Mark White.

The Committee were content to note the risks detailed within the Register and noted the actions identified to mitigate these.

NOTED

53. MINUTES OF CAPITAL PLANNING GROUP MEETING HELD 25TH MARCH 2019

The Committee considered and were content to note the minutes of the Capital Planning Group meeting of 25th March 2019 [Paper No. CP 02/19].

NOTED

54. CLOSING REMARKS AND KEY MESSAGES FOR THE BOARD

The Chair thanked the Committee and those in attendance.

55. DATE AND TIME OF NEXT MEETING

Tuesday 6th August 2019, at 9.30am, in the Board Room , JB Russell

House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow,
G12 0XH