

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Finance Planning and Performance Committee
held in the Boardroom, JB Russell House, Gartnavel Royal Hospital,
on Tuesday 1st October 2019**

PRESENT

Prof. J Brown CBE (in the Chair)

Dr J Armstrong	Ms S Brimelow OBE
Mr A Cowan	Prof Dame A Dominiczak
Mr R Finnie	Ms J Forbes
Mrs J Grant	Dr D Lyons
Mr A MacLeod	Mr J Matthews
Cllr S Mechan	Mr I Ritchie
Mr M White	

IN ATTENDANCE

Mr J Best	..	Chief Operating Officer
Ms S Bustillo	..	Interim Director of Communications
Ms B Culshaw	..	Chief Officer, West Dunbartonshire HSCP
Mr G Forrester	..	Deputy Head of Corporate Governance and Administration
Mr D Leese	..	Chief Officer, Renfrewshire HSCP (For Item 85)
Ms L Long	..	Chief Officer, Inverclyde HSCP (For Item 85)
Mrs A MacPherson	..	Director of Human Resources and Organisational Development
Ms L MacConachie	..	Audit Manager, Audit Scotland
Mr T Steele	..	Director of Estates and Facilities
Ms E Vanhegan	..	Head of Corporate Governance and Administration
Ms L Yule	..	Senior Auditor, Audit Scotland
Mrs G Mathew	..	Secretariat Manager (Minutes)

		ACTION BY
79.	WELCOME AND APOLOGIES	
	Apologies for absence were intimated on behalf of Mr Simon Carr, Ms Dorothy McErlean, Dr Margaret McGuire, and Ms Rona Sweeney.	
	NOTED	
80.	DECLARATIONS OF INTEREST	
	The Chair invited members to declare any interests. There were no interests noted.	
	NOTED	

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81.	MINUTES OF THE MEETING HELD 6th AUGUST 2019	
	<p>The Committee considered the minute of the meeting held on 6th August 2019 [Paper No. FPPC(M)19/04].</p> <p>On the motion of Mr Cowan, seconded by Mr MacLeod, the Committee approved the minute as an accurate record.</p> <p><u>APPROVED</u></p>	
82.	MATTERS ARISING	
a)	ROLLING ACTION LIST	
	<p>The Committee considered the Rolling Action List [Paper No. 19/44] and were content to accept the recommendation that 6 actions were closed.</p> <p>There were no other matters arising noted.</p> <p><u>APPROVED</u></p>	
83.	URGENT ITEMS OF BUSINESS	
	<p><u>Equality and Human Rights Commission Legal Challenge</u></p> <p>Ms Vanhegan advised the Committee of the legal challenge raised by the Equality and Human Rights Commission, in respect of patients accommodated at the Quayside and Darnley Units. She noted that a Permission Hearing took place on Monday 30th September, where it was confirmed that a Procedural Hearing would take place in November 2019. Ms Vanhegan expected that the Full Hearing would likely commence in early 2020.</p> <p>In response to questions from members in relation to the case and whether there had been any precedence set by other cases, Ms Vanhegan advised that there had not been any similar cases. However she noted that the procedures in place were similar to practices in other Health Board areas.</p> <p>Prof Brown thanked Ms Vanhegan for the update and the Committee were content to note this.</p> <p><u>Update on Ward 6A</u></p> <p>Mr Best provided an overview of the current position in relation to Ward 6a of the Queen Elizabeth University Hospital (QEUH), currently accommodating children from Wards 2a and 2b of the Royal Hospital for Children (RHC). He confirmed that Ward 6a remained closed to new admissions. Extensive work continued with the team to address this as a matter of urgency, including daily visits to the Ward. In addition, work with Health Protection Scotland (HPS) was ongoing, and HPS were in the process of collecting data to be reviewed within the next two weeks.</p> <p>In response to questions from members in relation to the accommodation of children within Ward 6a, Dr Armstrong confirmed that there had been no new unusual infections, and a detailed review with HPS was underway.</p> <p>Prof Brown thanked Mr Best for the update. The Committee were content to</p>	

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	note this. <u>NOTED</u>	
84.	QEUH INTERNAL REVIEW UPDATE	
	<p>The Committee considered the paper 'Queen Elizabeth University Hospital (QEUH) Internal Review Update' [Paper No. 19/45] presented by the Chief Executive, Mrs Jane Grant.</p> <p>Mrs Grant provided a presentation which described the context of the QEUH & RHC reviews. In January 2019, Mrs Grant commissioned an Internal Review of the QEUH and RHC. The Internal Review covered 3 work streams, those being; Clinical Outcomes; Demand and Capacity; and Estates and Facilities. The work of the Internal Review remained in progress. In February of 2019, the Cabinet Secretary, Ms Jeane Freeman, commissioned an External Review of the QEUH & RHC, under the Britton principles. In addition, a review by the Health & Safety Executive was underway. Mrs Grant advised the Committee of the recent announcement in September 2019 that a Public Inquiry would take place.</p> <p>The QEUH & RHC campus was opened in 2015 and was one of the largest clinical campuses in Europe. Since opening, a number of challenges with capacity and environment have been experienced, with proactive and immediate action always undertaken when any issue is identified. Patient safety was always the priority.</p> <p>Mrs Grant provided an overview of the agreed governance arrangements for reporting of the 3 work streams; the Clinical Outcomes work stream would report to the Clinical & Care Governance Committee; the Demand and Capacity work stream would report to Acute Services Committee; and the Estates and Facilities work stream would report to Finance, Planning and Performance Committee. The NHS Board would receive a full report which encompassed all work streams in due course.</p> <p><u>Clinical Outcomes Review</u> Mrs Grant invited Dr Armstrong, Medical Director to provide an update on the Clinical Outcomes work stream.</p> <p>Dr Armstrong described a number of areas considered by the Clinical Outcomes Review, the key elements being; clinical governance and oversight mechanisms; patient and carer experience and feedback; high level analysis of Hospital Standard Mortality Rate (HSMR) data; infection control data comparison with national performance standards; thematic review of Significant Clinical Incidents (SCI); a review of clinical effectiveness publications; and correspondence with Health Improvement Scotland (HIS) and the General Medical Council (GMC) in respect of the Immediate Assessment Unit (IAU).</p> <p>Dr Armstrong provided an overview of the provisional findings of the Review, which had been presented to the Clinical and Care Governance Committee on 3rd September 2019. The Review demonstrated that the organisation had an appropriate set of clinical governance arrangements in place with clear escalation routes. There was positive feedback from patients and carers with</p>	Mrs Grant

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97% stating that they would be “likely” or “extremely likely” to recommend services to a family member or friend. The main issues of feedback related to attitude and communication and clinical treatment. There was no indication of excess mortality in Standard Rate Mortality ratio for adult services on the site. Both internal and external consideration of infection control data at QEUH and RHC demonstrated that they were not outliers in relation to Healthcare Associated Infection (HAI) or practice. Dr Armstrong also noted that SCI rates were comparable to expected parameters. She described a small number of SCIs which occurred immediately after the opening of the QEUH in respect of the IAU, however these related to the operational integration of services. A significant number of actions had been undertaken, and these issues had now been resolved.

In relation to the review of national clinical effectiveness publications, Dr Armstrong advised that the QEUH met or exceeded expectations in relation to two thirds of the indicators/standards. In areas where standards were not met, an Action Plan was in place, although there were no significant concerns on clinical quality identified.

In summary, there were no areas of significant concern evident; prevailing clinical governance arrangements were appropriate in identifying and resolving issues; and there were numerous examples of good practice and quality noted within a range of reports.

Prof Brown thanked Dr Armstrong and her team for their work and was pleased to note the work with HPS colleagues to obtain external validation of the evidence collected. Prof Brown was assured that the results of the Clinical Outcomes Review would increase public confidence and trust. He noted the positive patient feedback received. Prof Brown invited comments and questions from members.

In response to questions from members in relation to the completion of the work concerning the IAU with the GMC, Dr Armstrong noted that the outcome of this work would be reported to the Staff Governance Committee, given that this related to junior doctors. In relation to any patient safety aspects of the report, Dr Armstrong confirmed that this would be considered by the Board Clinical Governance Forum.

Ms Brimelow, Chair of the Clinical and Care Governance Committee, remarked that the Committee had been assured by the report received at the meeting on 3rd September 2019, however the Committee would continue to review this until the full report had been presented to the NHS Board.

Demand and Capacity Review

Mr Best provided an overview of progress in relation to the Demand and Capacity Review. He described a number of development milestones including approval of the Acute Services Review in 2002; the merge with Clyde to become NHSGGC in 2006; the establishment of Victoria and Stobhill Ambulatory Care Hospitals (ACH) in 2009; approval of the new South Glasgow Hospital Full Business Case in 2010; the accelerated Acute Services Review in 2011; completion of the new Laboratory on the Southern General Hospital site to support the new adult and children’s hospitals in 2012; the establishment of the Clinical Services Review in 2012; and the completion of the new Adult and Children’s Hospitals in December 2014, fully commissioned in May 2015.

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Mr Best went on to describe the demand and capacity work undertaken as part of the Full Business Case, including bed modelling; plans for the adult hospital; and design of the Emergency Complex. He confirmed that the original plans for the adult hospital included 1109 beds and noted that the hospital was built with a total of 1121 beds, 12 more than was originally planned.

He described the current 2018/19 activity, in comparison with the planning baseline data of 2008. The Emergency Complex demand was 22.7% above the 2008 baseline demand and 14.8% above the design capacity. Emergency admission rates were 11.8% above the 2008 baseline.

Mr Best provided detail on the work being carried out with the North East Commissioning Support (NECS) Team. He noted that some of the preliminary findings demonstrate that the QEUH occupancy rates in medicine and care of the elderly regularly exceed 90%, which were above NICE guidelines and the NHSGGC target of 85%. Physical space and capacity issues were identified within the Emergency Department (ED) and the Immediate Assessment Unit (IAU), particularly at Triage and peak times in Resuscitation. It was also noted that there had been an increase in the number of self presenting patients (57%), of which 29% were as a result of minor ailments and illness which could have been treated in a Minor Injuries Unit (MIU) or other appropriate service. In addition, mental health and substance misuse accounted for 8% of attendances, with these patients being twice as likely to exceed the 4 hour ED target.

Mr Best noted that the NECS Team were in the process of finalising the report which will include priorities and action plans to address the issues identified. Some actions already being undertaken include work with Scottish Ambulance Service (SAS) colleagues; review of shift patterns of staff to tackle the changing peaks in demand; consultation with clinical teams to consider new models; improvements in Triage to streamline processes; and work with Health and Social Care Partnership (HSCP) colleagues to reduce demand.

Prof Brown thanked Mr Best for the update. He noted that the presentation provided a helpful insight, particularly in relation to the history of the campus and context of the demand. The information presented indicated that there had been a significant increase in demand.

In response to questions from members in relation to the original planned capacity and assumptions made regarding the establishment of HSCPs, Mr Best confirmed that shifting the balance of care had very much been a key factor in original planning assumptions. Ms Culshaw confirmed that Community Health Partnerships (CHPs) which pre-dated HSCPs, were closely involved in the planning process. She added that there were a number of factors including an increase in the older population with complex care needs, which also had an impact on shifting the balance of care. She assured the Committee that HSCPs were involved in a significant amount of work and were fully aware of the issues and pressures, experienced by Acute Services.

Questions were raised in respect of the number of presentations to ED for minor ailments and illnesses and plans to address this. Mrs Grant advised that the Chief Executives Group recently discussed implementation of a national redirection policy and confirmed that this would be discussed further at the next meeting. Discussion had previously taken place regarding a Redirection Policy and actions were undertaken to promote the use of more appropriate services,

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	<p>however Committee members felt that a more direct approach was required.</p> <p><u>Estates and Facilities Review</u></p> <p>Mr Tom Steele, Director of Estates and Facilities, provided an overview of the Estates and Facilities Review. Mr Steele noted that an external party was commissioned in November 2018 due to a range of issues. A number of technical issues were highlighted by NHSGGC, and were key elements of the review. These were glazing failures; fire doors; the energy centre; the atrium roof; the RHC external cladding; water hygiene; and ventilation. Mr Steele gave a brief overview of each of the key elements considered, and highlighted the actions underway to address the issues described.</p> <p>The final report was awaited, after which an action plan would be developed to both capture ongoing work to date and additional work required. The team would continue to instruct further surveys and engage with the Central Legal Office in respect of legal advice.</p> <p>Prof Brown thanked Mr Steele for the presentation. He welcomed the update regarding the issues identified and the actions completed to date, which provided assurance to the Committee.</p> <p>In response to questions from members in relation to the issues described, Mr Steele clarified that there were no issues which were insurmountable, however the most challenging aspect of rectification would be to maintain service continuity.</p> <p>Questions were raised in respect of regulations and if there had been any significant changes since the construction of the building. Mr Steele advised that there had not been any significant changes to regulations, however he did note that there had been additional guidance published, in respect of ventilation.</p> <p>In summary, all three work streams of the Internal Review were progressing well and were approaching completion. The final reports for each of the work streams would be presented to the relevant Committee once complete. The overall report, including action plans, would be presented to the NHS Board in December 2019. Mrs Grant confirmed that the outcome of the Internal Review would be shared with the External Review panel.</p> <p>The Committee wished to note their appreciation to the Executive Team and all staff, for their contributions to delivering the Internal Review, given the time and effort required in challenging circumstances.</p> <p><u>NOTED</u></p>	<p>Mrs Grant</p>
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85.	MOVING FORWARD TOGETHER UPDATE	
	<p>The Committee considered the paper 'Moving Forward Together: From Blueprint to Action (October 2019)' [Paper No. 19/46] presented by the Medical Director, Dr Jennifer Armstrong.</p> <p>Dr Armstrong introduced Ms Fiona MacKay, Assistant Director of Planning. Ms MacKay provided a presentation on progress, which highlighted the key principles of the Programme; an overview of the scale of the organisation; and</p>	

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	<p>opportunities to work differently.</p> <p>She described the 14 planning priorities for the MFT programme and the planning challenges. She provided an overview of the work streams including planned care; unscheduled care; older people; local care; mental health; regional planning; trauma network; infrastructure and estate; and stroke thrombectomy. In addition, she provided an overview of Gartnavel General Hospital and West Glasgow ACH.</p> <p>Prof Brown thanked Ms MacKay for the presentation. He was pleased to note the first five slides of the presentation which gave an overview of the breadth of the organisation, and suggested that Ms Bustillo, Interim Director of Communications, work with Ms MacKay to further develop these for publication on the NHSGGC website. Prof Brown also noted that the presentation gave a good description of the vision, and suggested that this could be used to form the basis of information for staff and members of the public.</p> <p>In response to questions from members in relation to the capacity of the transformational change team to move into the implementation stage, Dr Armstrong advised that vacancies were in the process of being recruited to. She confirmed that non-recurring funding was obtained from Scottish Government to support the MFT programme, and advised that a team of staff had been recruited and were based at West Glasgow ACH. There was a need to apply for further funding in 2020 to support the ongoing work of the team. Consideration was also being given to wider system support from planning functions within HSCPs and the Unscheduled Care Team within Acute Services. It was agreed that a report would be prepared to explore opportunities to improve MFT programme capacity to support implementation.</p> <p>In response to comments from members in relation to the visibility of the programme throughout HSCPs, it was suggested that Ms MacKay attend Integration Joint Board (IJB) meetings to provide an overview of the programme. Mrs Grant agreed to discuss this further with Chief Officers.</p> <p>Following discussion, the Committee acknowledged that although there was a clearer picture of the overall direction of travel, a number of work streams within the programme remained at different stages of progress, therefore the overall financial implication was unclear. The Committee welcomed the improved level of detail and that some priorities had costs detailed, there were a number which did not. Prof Brown clarified that the NHS Board were keen to see the total investment required for the MFT programme. It was clarified that the information provided focused on the immediate priorities, those being, meeting the Unscheduled Care Demand; Elective Waiting Times Improvement Plan and the West of Scotland Trauma Network.</p> <p>In summary, the Committee welcomed the additional information presented which provided a more defined picture of the development of the programme, however requested further information in relation to the overall financial implications associated with the programme. The Committee were content to accept the three immediate priorities as described.</p> <p>NOTED</p>	<p>Ms Bustillo</p> <p>Dr Armstrong</p> <p>Mrs Grant</p>
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86.	CLYDEBANK FBC ADDENDUM	
	<p>The Committee considered the paper ‘Clydebank Health & Care Centre – Full Business Case Addendum’ [Paper No. 19/47] presented by the Director of Estates and Facilities, Mr Tom Steele.</p> <p>The Committee were asked to approve the Full Business Case Addendum for the Clydebank Health and Care Centre for submission to the NHS Board Meeting on 22nd October 2019 and the Scottish Capital Investment Group Meeting on 12th November 2019.</p> <p>Mr Steele noted that the two outstanding significant risks, outlined at the recent Corporate Management Team Meeting, in respect of liability of the three non-residential owners (including NHSGGC) for service costs and ongoing maintenance of the common areas, restricted to some soft landscaping areas; the spine road; and the marine structures (including the quay walls), had now been resolved. A letter had been received from West Dunbartonshire Council, which outlined its commitment to adopt the marine structures which would effectively remove the obligations on individual owners. An agreement had been provided to ensure that NHSGGC were not exposed to cost risks prior to when adoption occurs. As such, liability for costs in respect of the marine structures and quay walls had been addressed.</p> <p>The other risk was associated with the Deed of Conditions, circulated on 24th September 2019, which set out the rights and responsibilities of each party to ensure that rights were in place for the building and its users to make use of the infrastructure including the site access road and service distribution network. Final drafting issues were being addressed by solicitors, however it was confirmed that there would be no material changes to the agreement.</p> <p>Mr Steele advised that in order to maintain the programme it was necessary to continue design progress in parallel with the FBC Addendum approval process. To do so, the Board were requested to underwrite design fees totalling £164k. These fees were only payable in the unlikely event that the project did not proceed.</p> <p>In summary, the Committee:</p> <ul style="list-style-type: none"> • Approved the FBC Addendum for the Clydebank Health & Care Centre for submission to the NHS Board Meeting on 22nd October 2019 and the Scottish Capital Investment Group Meeting on 12th November 2019. • Noted that the two outstanding significant risks outlined had been satisfactorily addressed. • Approved the underwriting of design fees of £164k to allow continued progress whilst the approval process was underway. <p>APPROVED</p>	
87.	REVENUE AND CAPITAL REPORT	
	<p>The Committee considered the paper ‘NHSGGC Month 5 Finance Report’ [Paper No. 19/48] presented by the Director of Finance, Mr Mark White.</p>	

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The report provided the Month 5 financial position, and included progress and position of the Financial Improvement Programme.

Mr White noted that as at 31st August 2019, the Board reported expenditure levels of £17.2m over budget.

The Financial Improvement Programme (FIP) Tracker recorded projects which totalled circa £16.1m on an FYE and £19.2m on a CYE. Mr White noted a number of areas being progressed to maximise efficiency savings through the FIP. Assessment of the Financial Plan for 2019/20 estimated a predicted financial gap of £29.8m at 31st March 2020, increased from the £20m outlined in the original 2019/20 Financial Plan.

Mr White described the financial position with Acute Directorate which reported an expenditure over spend of £21.3m. This was largely attributable to unachieved savings of £19.5m. £1.6m was associated with non-pay spend. Mr White advised that some success had been realised in relation to pay expenditure and noted that increased control measures had improved the position in both medical and nursing pay spend. He described the pressures associated with increased A&E demand, which had risen by 5% in some sites and the requirement to cover sickness/absence and vacancies via bank and agency spend. The main non-pay pressure was within prescribing which reported an over spend of £0.3m for the first 5 months of the year. The impact of the financial pressures associated with ultra-orphan drugs were beginning to have an impact on the financial position.

HSCPs reported an expenditure under spend of £3.2m and Mr White noted that the main pressure associated with HSCP budgets continued to be prescribing, although no such pressure had emerged at this stage of the year.

He noted that the Corporate Directorate reported an over spend of £9.1m. Whilst pay and non-pay expenditure was close to budget across all Directorates, the Estates and Facilities Directorate reported a significant over spend in property maintenance at this stage of the year. There was an overall shortfall of £4.8m against FIP savings targets, hence the overall position of £9.1m over spend.

Mr White described the emerging financial pressures, those being the 5% reduction of funding in relation to the outcomes framework; ongoing costs associated with contingency arrangements for the uplift and disposal of clinical waste; the medical pay award of 2.5%; property maintenance; access funding; and Cystic Fibrosis drugs.

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

In response to questions from members in respect of the reported under spend within HSCPs and if there was any intention to recover funds to support the overall position, Mr White clarified that there was currently no intention to do so, as there was no recognised method of doing so, however debate continued in relation to the increasing levels of pressure within Acute Services, and how these performance issues would be addressed by IJBs or re-compensated.

Discussion took place regarding emerging financial pressures faced by

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	<p>HSCPs, and Mr White agreed to include the Local Authority information of the HSCP budget within the report. In addition, it was noted that further discussions were required with HSCP colleagues in respect of the approach required to improve delayed discharge performance.</p> <p>It was acknowledged that a number of Board members were members of IJBs, and therefore have knowledge and oversight of the financial position and emerging pressures within HSCPs. However, specific issues vary across partnerships, and it was highlighted that there was a need for increased Board oversight.</p> <p>Committee members wished to note increased concerns about the financial position in light of the emerging pressures described. Members would welcome further discussion with the Executive Team and Scottish Government colleagues. Mrs Grant advised members that the mid-year performance review with the Cabinet Secretary was scheduled to take place in October.</p> <p><u>Financial Improvement Programme</u></p> <p>Mr White provided an overview of actions being undertaken to maximise efficiency savings through the FIP. He noted that although the current FIP financial position was less than reported last year, there were more actual savings realised at Month 5.</p> <p>In response to questions from members in relation to ways in which the programme could be reenergised, Mr White noted that a number of ideas had transformed over the last 6 weeks, and as such, an additional £7m of potential savings had been identified.</p> <p>Discussion took place regarding influencing the public via social media, Ms Bustillo advised that there were 14,000 followers on Twitter, 20,000 followers on Facebook, and currently 70,000 people subscribed to the IPN. In addition, there were 750,000 visitors to the NHSGGC website each month. Ms Bustillo noted that general messages had not stymied attendances at A&E, therefore a more targeted approach was being developed.</p> <p><u>Capital Position</u></p> <p>Mr White noted that the capital position remained stable, with £51.3m of capital allocated. Mr White provided an overview of the key projects and noted that the position would continue to be monitored closely. There remained £5m of unallocated funds, however this may be required to support overall property maintenance.</p> <p>Prof Brown thanked Mr White for the update. The Committee were content to note the report.</p> <p><u>NOTED</u></p>	
88.	PERFORMANCE ARRANGEMENTS	
a)	NATIONAL PERFORMANCE FRAMEWORK	
	<p>The Committee received a presentation by Mr Mark White, Director of Finance, which provided an overview of the National Performance Framework and UN Sustainable Development Goals.</p>	

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	<p>Mr White provided an overview of the purpose of the Framework which applied to all of Scotland. The aim of the Framework was to create a more successful country; provide opportunities to all people living in Scotland; increase the wellbeing of people living in Scotland; create sustainable and inclusive growth; reduce inequalities; and give equal importance to economic, environmental and social progress. Mr White described the values set out by the Framework and noted that all bodies have a role in contributing to the priorities of the Framework. There were 11 outcomes associated with the framework, with 81 indicators underpinning these.</p> <p>The Chair thanked Mr White for the informative presentation and agreed to circulate the presentation to members for information.</p> <p><u>NOTED</u></p>	<p>Secretary</p>
<p>b)</p>	<p>DRAFT NHSGGC PERFORMANCE FRAMEWORK</p>	
	<p>The Committee considered the paper 'NHS Greater Glasgow and Clyde Draft Performance Management Framework' [Paper No.19/49] presented by the Director of Finance, Mr Mark White.</p> <p>The paper detailed the second draft of the NHSGGC Performance Management Framework, and incorporated minor amendments following comments received.</p> <p>In response to questions from members in relation to the indicators detailed, Mr White agreed to include the health indicators within the Public Health scorecard.</p> <p>In summary, the Committee were content to approve the Framework for onward submission and approval of the NHS Board at its meeting on 22nd October 2019, subject to the addition of public health indicators.</p> <p><u>APPROVED</u></p>	<p>Mr White</p>
<p>89.</p>	<p>DELEGATED LIMITS CAPITAL INVESTMENT PROJECTS</p>	
	<p>The Committee considered the paper 'Delegated Limits Capital Investment Projects' [Paper No. 19/50] presented by the Director of Finance, Mr Mark White.</p> <p>Recent communication was received from the Scottish Government (DL2019)5 which detailed the updated delegated limits for capital investment projects, as contained within CEL 32 (2010).</p> <p>Mr White noted that NHSGGC capital investment project limit had been increased from £5m to £10m. The Board did not propose to change the internal process, and proposed to continue to submit all projects over £5m to the Scottish Government Capital Investment Group, to ensure visibility, transparency and appropriate challenge to all significant projects.</p> <p>The Committee were content to agree the proposal to continue to submit all projects over £5m to the Scottish Government Capital Investment Group.</p>	

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	<u>AGREED</u>	
90.	EXTRACT OF CORPORATE RISK REGISTER	
	<p>The Committee considered the paper 'Extract of Corporate Risk Register' [Paper No. 19/51] presented by the Director of Finance, Mr Mark White.</p> <p>Discussion took place in relation to the risk associated with failure to achieve financial balance and it was agreed that consideration was required to increase the rating of the risk. It was agreed that this issue would be remitted to the Risk Management Steering Group for further consideration and amendment.</p> <p><u>NOTED</u></p>	Mr White
91.	UPDATE FROM CAPITAL PLANNING GROUP	
	<p>Mr Tom Steele, Director of Estates and Facilities provided an overview of items discussed at the recent Capital Planning Group. He noted that the Group continued to target areas of high risk in relation to older sites within the Estate.</p> <p>The Committee were content to note this.</p> <p><u>NOTED</u></p>	
92.	UPDATE FROM PROPERTY COMMITTEE	
	<p>Mr Tom Steele, Director of Estates and Facilities, provided an overview of topics discussed at the recent Property Committee meeting. He noted that the Committee had considered the ongoing issues in relation to the disposal of the Stoneyetts site.</p> <p>The Committee were content to note this.</p> <p><u>NOTED</u></p>	
93.	CLOSING REMARKS AND KEY MESSAGES FOR THE BOARD	
	<p>Prof Brown summarised the key messages from the Committee meeting, those being:</p> <ul style="list-style-type: none"> • The Committee received an update on the current position in relation to the legal challenge of the Equality and Human Rights Commission. • The Committee received an update on Ward 6a at the QEUH, which remained closed to new admissions. • A progress update on the Internal Review of the QEUH & RHC was provided. The Committee received an overview of the progress in relation to the three work streams, Clinical Outcomes; Demand and Capacity; and Estates and Facilities. The Committee agreed the governance process for each work stream and would anticipate presentation of the final full report to the NHS Board meeting in December 2019. • The Committee received an update on progress of the Moving Forward Together Programme and welcomed the inclusion of initial financial 	Mrs Grant

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	<p>information. The Committee requested that further consideration be given to the inclusion of financial requirements for each work stream, along with the total financial liability.</p> <ul style="list-style-type: none"> • The Committee approved the Clydebank FBC Addendum and the requirement to underwrite £164k for design costs, to be paid only in the unlikely event that the project did not proceed. • The Committee discussed the Extract from the Corporate Risk Register and agreed that a recommendation be made to the Risk Management Steering Group to consider the increased risk of not achieving financial balance. • The Committee noted that Financial Improvement Programme performance, and efforts to increase flow and pace of savings projects. • The Committee noted the National Performance Framework, and were content to approve the NHSGGC Performance Framework, for onward presentation to the NHS Board in October 2019. • The Committee noted the recent communication from the Scottish Government (DL2019)5 which detailed amendments to CEL 32 (2010) Delegated Capital Investment Limits, from £5m to £10m. The Committee agreed the recommendation to continue to submit all capital investment projects of £5m and over to the Scottish Capital Investment Group. <p>In addition, the Committee agreed that Chairs Reports to the NHS Board would be drafted and circulated to their respective Committees prior to submission to the NHS Board.</p> <p>Prof Brown wished to note thanks to Mrs Grant, the Executive Team and all supporting staff for their continued efforts throughout challenging circumstances.</p> <p>NOTED</p>	
94.	DATE OF NEXT MEETING	
	Tuesday 3 rd December 2019, 09:30am, Boardroom, JB Russell House.	