

FPPC (M) 21/05  
Minutes 59 - 76

## NHS GREATER GLASGOW AND CLYDE

### Minutes of the Meeting of the Finance, Planning and Performance Committee held on Tuesday 7 December 2021 at 9.30 am via Microsoft Teams

#### PRESENT

Mr Simon Carr (in the Chair)

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

#### IN ATTENDANCE

Mr Jonathan Best	..	Chief Operating Officer
Ms Lesley Bairden	..	Director of Finance, East Renfrewshire HSCP (for Item 12b)
Ms Frances Burns		Head of Strategic Planning and Health Improvement, Renfrewshire HSCP (for Item 12a)
Ms Sandra Bustillo	..	Director of Communications and Public Engagement
Mr David Fogg		Strategic Service Improvement Manager, Renfrewshire HSCP (for Item 12a)
Mr John Donnelly		Head of Capital Planning (for Items 7 and 8)
Ms Jennifer Haynes	..	Corporate Services Manager, Governance
Ms Lorna Kelly	..	Interim Director of Primary Care
Ms Christine Laverty	..	Interim Chief Officer, Renfrewshire HSCP
Ms Fiona Mackay	..	Associate Director of Planning
Ms Susan Manion	..	Associate Director of Delivery & Child Surveillance and GP Out of Hours
Ms Fiona McEwan	..	Assistant Director of Finance, Planning and Performance
Ms Liz Maconachie	..	Audit Scotland
Mrs Anne MacPherson	..	Director of Human Resources and Organisational Development
Dr Kerri Neylon	..	Deputy Medical Director Primary Care (for Item 11)
Mr Tom Steele	..	Director of Estates and Facilities
Ms Gillian Duncan	..	Secretariat (Minutes)

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			<b>ACTION BY</b>
<b>59.</b>	<b>WELCOME AND APOLOGIES</b>		
	<p>The Chair welcomed those present to the December meeting of the Committee.</p> <p>Apologies were noted on behalf of Professor Iain McInnes and Cllr Sheila Mechan.</p> <p><b><u>NOTED</u></b></p>		
<b>60.</b>	<b>DECLARATIONS OF INTEREST</b>		
	<p>The Chair invited members to declare any interests in any of the items being discussed. There were no declarations made.</p> <p><b><u>NOTED</u></b></p>		
<b>61.</b>	<b>MINUTES OF PREVIOUS MEETING</b>		
	<p>The Committee considered the minute of the meeting held on 12 October 2021 [Paper No. FPPC(M)21/04], and were content to approve the minute as a complete and accurate record subject to the following amendment:</p> <ul style="list-style-type: none"> <li>- Ms Rona Sweeney had submitted her apologies for the meeting.</li> </ul> <p><b><u>APPROVED</u></b></p>		
<b>62.</b>	<b>MATTERS ARISING</b>		
	<p>The Chair invited members to raise any matters arising from the previous meeting.</p>		
	<b>a) Rolling Action List</b>		
	<p>The Committee reviewed the items detailed on the Rolling Action List [Paper No. 21/32] and were content to close the three actions from the Rolling Action List.</p> <p>It was noted that paper relating to Junior Doctors had formed part of the finance report to the Corporate Management Team. Mr Jonathan Best, Chief Operating Officer, would be meeting with Ms Jacqueline Carrigan, Assistant Director of Finance Acute, to</p>		

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		<b>ACTION BY</b>
	discuss this further and a revised version would be issued to the Committee.	<b>Mr Best</b>
	<b><u>NOTED</u></b>	
<b>63.</b>	<b>URGENT ITEMS OF BUSINESS</b>	
	There were no urgent items of business for discussion.	
	<b><u>NOTED</u></b>	
<b>64.</b>	<b>NORTH EAST HUB FULL BUSINESS CASE</b>	
	<p>The Committee considered the paper North East Hub Full Business Case [Paper No. 21/33] presented by Mr Tom Steele, Director of Estates and Facilities. Mr Steele asked the Committee to approve the Full Business Case (FBC) which would then be submitted to the Scottish Government Capital Investment Group.</p> <p>Mr Steele said that the proposal was to develop an integrated community health and care hub that would include a wide range of primary, community and acute health services, social care services, cultural and leisure services, education and learning activities and provide space for community and voluntary sector organisations.</p> <p>Mr Steele advised that this was a significant milestone for NHSGGC in terms of the scale and aspiration of the project. He reported that there had been no major changes since the Outline Business Case (OBC) had been approved by the Scottish Government in January 2021 but there were some key areas of development in the FBC including:</p> <ul style="list-style-type: none"> <li>- Adjustments had been made to take account of the impact of COVID-19 on the use of infrastructure, for example, social distancing and the use of technology. There had also been further detail included on services which would normally be provided in an acute setting.</li> <li>- Planning consent had been granted and Heads of Terms had been agreed with Glasgow City Council in respect of their contribution to ownership.</li> <li>- Facilities management and lifecycle would be managed by NHSGGC.</li> <li>- A key outcome would be achieving net zero target for sustainability.</li> </ul>	

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	<p>Mr Steele advised that there had been an increase in costs since the OBC was approved but this was within normal parameters and included a 1.5% allowance for risk. Mr Steele said that the final outcome of the NHS Assure process was awaited and this may include some minor changes which would be included as an addendum if required.</p> <p>In response to a query around the building warrant and timescales, Mr Steele clarified that the building warrant process was underway and any risks in relation to this were with the contractor and the design team. Mr John Donnelly, Head of Capital Planning, added that there had been had been discussions with Glasgow City Council throughout the building control process.</p> <p>In response to a query about whether the defect liability period was sufficient, Mr Donnelly said the 12 month period was in line with standard contracts. However, he assured the Committee that if there were any latent defects that only became visible after the 12 month period there would still be a route for recourse as this was a capital project.</p> <p>In relation to the risk allowance, Mr Donnelly advised that all risks sat with the contractor but there was retained optimism bias of 1.5% for two specific areas. The first was in relation to “dark ground” as this could not be fully determined until the demolition of the current building. Mr Steele advised that there was an existing structure on that area and due diligence had been undertaken around the structure so there was a high degree of confidence that there was no cause for concern. The second area was around the final outcome of the NHS Assure process. Mr Donnelly said that there were four items that required further technical work but these were relatively minor and the target was to close these in February 2022.</p> <p>Mr Carr asked about the change in the funding model, Mr Steele advised that the ESA10 regulations for finance projects had changed and there were no new revenue finance models available at the moment for infrastructure.</p> <p>The Committee noted the changes that had been made since the submission of the OBC that had been approved by the Scottish Government in January 2021 and were content to approve the arrangements outlined in Appendix 1; and submission of the FBC to the NHS Board prior to submission to the Scottish Government Capital Investment Group.</p> <p><b>APPROVED</b></p>	

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65.	<b>BISHOPTON HUB STANDARD BUSINESS CASE</b>	
	<p>The Committee considered the Bishopton Hub Standard Business Case [Paper 21/34] presented by Mr Tom Steele, Director of Estates and Facilities. Mr Steele asked the Committee to approve the Standard Business Case (SBC) in line with Section 12.2 of the Standing Financial Instructions.</p> <p>Mr Steele advised that the proposal was for the development of a newbuild satellite facility to supplement the existing Bishopton Health Centre and provide additional capacity to deliver local services to the current and increasing population at Dargavel.</p> <p>Mr Steele explained that a Section 75 developer’s contribution of £1 million, which had formed part of the planning consent for the original housing development, was available along with £1 million match-funding from the Scottish Government which would leave £2.78 million for NHSGGC to fund.</p> <p>Mr Steele advised that this development had been identified as a high priority in the Renfrewshire HSCP Primary Care Property Strategy which had been endorsed by Renfrewshire IJB at its meeting in June 2021.</p> <p>Ms Christine Laverty, Interim Chief Officer Renfrewshire HSCP, said that there was a lack of space and capacity in the existing building which had an impact on the delivery of services and the GPs in the current practice were very supportive of the development. Mr Steele said that this had been identified as the most pragmatic solution which made the best use of existing facilities and was deliverable in the shortest space of time.</p> <p>In response to a query around the prioritisation of projects, Mr Steele advised that there had been a piece of work carried out at the end of 2020 on prioritisation methodology and the process had been agreed across all HSCPs. Mr Steele advised that all HSCPs were due to complete their own project prioritisation by early 2022 Mr Steele said that there was also a wider piece of work on prioritisation that would be undertaken by the end of the next calendar year across all health care estate.</p> <p>Mr Donnelly advised that the project had been discussed with Renfrewshire IJB, the GP practice and politicians and the next stage would be wider engagement with the local community. Mr Donnelly advised that there had been some work on ground</p>	

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	<p>conditions already undertaken by the site owners but NHSGGC would also undertake this as part of the feasibility study. The Committee were content to approve the funding for this project and noted the next steps, including developing a wider engagement and communications plan to involve the local community including local residents and patient groups.</p> <p><b><u>APPROVED</u></b></p>		
<b>66.</b>	<b>QEUH/RHC UPDATE</b>		
	<p>The Committee considered the Queen Elizabeth University Hospital and Royal Hospital for Children update presented by Mr Jonathan Best, Chief Operating Officer and Mr Tom Steele, Director of Estates and Facilities. The update included ongoing work in relation to the Oversight Board and Case Note Review report, the Public Inquiry, the rectification programme and the legal claim.</p> <p>Mrs Grant advised that a meeting was scheduled to take place with Mr Anas Sarwar MSP on 8 December 2021 to discuss concerns following the significant recent political debate. Mrs Grant and Professor John Brown would meet with Mr Sarwar along with Dr Jennifer Armstrong, Medical Director, and some of the clinicians. Mrs Grant advised that a comprehensive Communications Plan to support and reassure patients, families and staff had been produced and she and Ms Bustillo, Director of Communications and Public Engagement, would be meeting with Professor Brown later today to agree this.</p> <p>In terms of the Oversight Board, Mrs Grant reported that the vast majority of recommendations had now been implemented. Three of the remaining actions related to the final structure of Infection Prevention and Control in NHSGGC and there was ongoing discussion with the Scottish Government on these. The further remaining action related to the reopening of Wards 2A and 2B and this was planned for early in the New Year. The process of auditing the recommendations and evidencing that the recommendations had been embedded in ongoing processes had commenced.</p> <p>Mrs Grant advised that the Public Inquiry was continuing. Oral evidence from families and patients had concluded and the closing statement from Lord Brodie was expected to be published within the next week. A meeting with the QC to finalise NHSGGC's closing statement was due to take place shortly.</p>		

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	<p>In terms of the legal claim, Mr Steele advised that Lord Tyre had found in favour of NHSGGC regarding the time-bar and the legal proceedings against Multiplex could move forward.</p> <p>Mr Steele advised work on the rectification programme continued and there had been meetings with Multiplex to try and develop a Settlement Agreement, the outcome of which was awaited. He advised that there were also regular meetings with a wide range of stakeholders, including the Scottish Fire and Rescue Service, Scottish Government and Glasgow City Council Building Standards.</p> <p>Mr Steele advised that Ward 2A/2B was nearing completion. The HEPA filters were in the process of being fitted and these would subsequently be balanced and tested along with the water system following which there would be a full clinical clean.</p> <p>Mr Steele provided reassurance that all work in relation the HSE Notice of Contravention had been completed and the Employment Tribunal had now been sisted until 30 May 2023.</p> <p>Mr Carr thanked Mr Steele for the update and the diligent and systematic way this work was being progressed.</p> <p>In response to a query about how Non-Executive Directors could be involved in working with the Executive Team to ensuring balanced communications around the hospitals, Mrs Grant said that thought would be given to this as part of the Communications Plan. Ms Bustillo said that the key messages were promoting the safety of the hospitals and the high quality of clinical care provided while ensuring ongoing openness and transparency about the extent of the legal process and the rectification work required.</p> <p>In response to a query around Trade Union involvement, Mrs MacPherson, Director of Human Resources and Organisation Development, advised that she met regularly with Trade Union Full Time Officers and she would discuss how staff could be part of that process while also being supported.</p> <p>The Committee were reassured by the significant activity that continued across all of these areas of work.</p> <p><b><u>NOTED</u></b></p>	

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67.	<b>REMOBILISATION PLAN 4</b>	
	<p>The Committee considered Remobilisation Plan 4 (RMP4) [Paper 21/36] presented by Dr Jennifer Armstrong, Medical Director. This was an updated plan covering the period October 2021 to March 2022 and had been approved by the Scottish Government on 19 November 2021.</p> <p>Dr Armstrong advised that RMP4 had afforded the Board the opportunity to revisit key challenges and she outlined that the report was made up of 4 key components:</p> <ul style="list-style-type: none"> <li>- A narrative which described the experience of the first 6 months of the year and the impact on the remaining 6 month;</li> <li>- A winter plan and self-assessment checklist;</li> <li>- Completed delivery templates describing progress against the key RMP3 milestones.</li> <li>- Revised activity projections for the remaining 6 months of the year.</li> </ul> <p>Dr Armstrong said that the Action Tracker for October noted that 193 actions had been completed from RMP3 and significant achievements included the successful implementation of the Flow Navigation Centre and pathways, the opening of the Major Trauma Centre and the two trauma units which were working well and the development of a number of non-COVID pathways.</p> <p>Dr Armstrong advised that the Scottish Government had confirmed that quarterly progress reports should be submitted for the next two quarters, in January and April 2022. Thereafter, a three year operational recovery plan was to be produced by July 2022.</p> <p>In response to a query about redirection, Dr Armstrong advised that this had commenced several weeks ago and a report on this would be produced early in the New Year.</p> <p>The Committee were content to note the final version of RMP4 and the next steps in the strategic planning process. This would be published on the NHSGGC website following the NHS Board meeting on 21 December 2021.</p> <p><b><u>NOTED</u></b></p>	

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<b>68.</b>	<b>GP OUT OF HOURS CONSOLIDATION</b>	
	<p>The Committee considered GP Out of Hours Consolidation [Paper 21/37] presented by Ms Susan Manion, Associate Director of Delivery &amp; Child Surveillance and GP Out of Hours. The paper outlined the proposal to consolidate the GP Out-of-Hours model and remove the business continuity arrangements for the service which had been in place since February 2020.</p> <p>Ms Manion outlined the significant changes and improvements to the service that had been undertaken, in particular the establishment of an appointment system, the increase in GP advice calls that had led to a subsequent decrease in the need for attendance at Centres, maintenance of the patient transport system, the establishment of revised workforce planning, clinical governance and organisational management arrangements which had made the service more sustainable and the reinstatement of the service at the Vale of Leven and the early plans of for a sustainable service in Inverclyde.</p> <p>Ms Manion said that the changes had led to a significant improvement in delivery of the service and the patient pathway but acknowledged there were still challenges to overcome including engaging GPs to work in the service and recruiting Advanced Nurse Practitioners. She advised that both of these were national issues, however, the appointment of salaried GPs was helping to bring stability to the service and there was work underway to bring trainee ANPs into the service. Ms Manion said that the patient feedback on the changes had been positive.</p> <p>Dr Kerri Neylon, Deputy Medical Director Primary Care, added that the demand for the service had been increasing in line with other areas of Unscheduled Care but the service was in a better position than it had been previously and the team were committed to keep improving.</p> <p>Mr Carr thanked Ms Manion and Dr Neylon for the update. He appreciated that there had been considerable improvements in the service and asked about the practicalities of taking it out of business continuity. Ms Manion said that bringing the service out of business continuity provided a starting point for longer term changes to the service, particularly when the configuration was agreed.</p> <p>In response to a query, Ms Manion clarified that salaried GPs had a contract with the service and this provided stability both for the GP and the service.</p>	

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	<p>There was a question about how patient feedback had been received acknowledging that not everyone has access to social media and how it had been ensured that all patients had the opportunity to provide feedback and not just those that had IT access. Ms Bustillo said that there had been a number of different methods used to enable patient engagement in as many different ways as possible while taking cognisance of COVID-19. This had included telephone interviews and sending text messages to patients asking them to participate.</p> <p>In response to a query about GP engagement from established practices, Dr Neylon said that current demand in primary care was significant and the capacity for GPs to work in OOH was challenging but she said that there was a commitment to encouraging GPs in established practices to engage with the service.</p> <p>Professor Brown thanked Ms Manion for the update and recognised the good work that had been undertaken. He said that he was concerned that performance looked to be decreasing and asked if the flow of information was correct given the proposal to close 3 sites. Mr White said that the new performance metrics would now be presented regularly and consistently to the Committee. Ms Manion said that there continued to be significant issues around capacity but fewer people required to attend centres. She said that the more detailed performance framework would provide more detail on capacity and demand and she would work with the performance team on how to report this to the Board.</p> <p>Professor Brown asked if the Scottish Government’s view had been sought on whether this was designated as major service change and whether a period of formal consultation needed to take place. Ms Bustillo said that the view of the Scottish Government had been sought, particularly given the significant engagement that had been undertaken with patients in 2020 and 2021, but this had not been confirmed in writing. Mr Carr agreed that there needed to be formal notification from the Scottish Government on what was required.</p> <p>Professor Brown also asked if there were plans for the management of OOH to move to HSCPs in line with other primary care services and whether this would help resolve some of the challenges. Ms Manion said that there would continue to be challenges in recruitment no matter who managed the service.</p> <p>Mrs MacPherson asked for further clarification on the EQIA as she was concerned that there was one EQIA when all sites were</p>	

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	<p>very different. She also asked for assurance on engagement with BEM communities.</p> <p>Mrs Grant said that she welcomed the debate and she summarised the key issues that had had been raised:</p> <ul style="list-style-type: none"> <li>- There needed to be a decision on the number of services;</li> <li>- The view of the Scottish Government on engagement needed to be sought in writing.</li> <li>- Further work needed to be undertaken to conclude the model in Inverclyde and ensure this was sustainable.</li> <li>- The EQIA work needed further clarification.</li> </ul> <p>It was agreed that the paper would be revised to provide greater assurance on the areas of concern.</p> <p>Mr Carr thanked Ms Manion for the paper and offered his appreciation for the incredible work that had been done over the last 2 years.</p> <p>The Committee asked for some further assurance and information to be provided on some areas of the proposed consolidation model and this would be brought back to the Committee in February 2022.</p> <p><b><u>NOT APPROVED</u></b></p>	<p><b>Ms Manion</b></p>
69.	<b>HSCP STRATEGIC PLANS</b>	
	<b>a) Renfrewshire HSCP Strategic Plan</b>	
	<p>The Committee considered the Renfrewshire HSCP Strategic Plan [Paper 21/38a] presented by Ms Christine Laverty, Interim Chief Officer Renfrewshire HSCP, Ms Frances Burns, Head of Strategic Planning and Health Improvement, Renfrewshire HSCP, and Mr David Fogg, Strategic Service Improvement Manager, Renfrewshire HSCP. The Plan had been developed through a process of engagement with NHSGGC, Renfrewshire Council and key stakeholders.</p> <p>Ms Burns and Mr Hogg provided a brief presentation on the main themes from the Strategy. Ms Burns said that work had commenced in June 2021 to ensure the Strategy was as consultative as possible. There had been extensive feedback and work had been undertaken with the Corporate Planning Team to ensure this was aligned to all NHSGGC strategies and plans. The Plan also included a “plan in a page” which</p>	

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	<p>outlined how the core elements fitted together. She said the plan aligned with NHSGGC’s corporate objectives.</p> <p>Ms Burns advised that the Plan had been presented to the Corporate Management Team on 2 December 2021 and further work was underway with the Corporate Planning Team on including more specific measures and actions against the KPIs.</p> <p>Ms Burns advised that the consultation draft had been approved by Renfrewshire IJB on 19 November 2021, and the formal consultation process had commenced on 1 December 2021 and would run until the end of January 2022. A final Plan would be submitted to Renfrewshire IJB for approval at its meeting on 25 March 2022.</p> <p>In response to a query about whether there could be more standardisation across the IJB plans while ensuring that the local context was not lost, Mr Carr said that the work that Azets were undertaking on how to align strategic plans through IJBs to the Board was expected to be completed in February 2022.</p> <p>Mr Carr asked about metrics and how success would be measured. Ms Burns said that identifying the priorities were a work in progress. She acknowledged that this had been more challenging due to the pandemic as service users principal concerns was more immediate. She said that it had been recommended to bring one year supporting plans for each care group initially and she anticipated year one would be very recovery focused in measuring success. She advised that quantitative and qualitative measuring methods were also being looked at.</p> <p>Mr Carr thanked Ms Burns and Mr Hogg for the clear presentation.</p> <p>The Committee noted that the Plan was now subject to consultation with a revised version to be considered by the Committee in February 2022.</p> <p><b>NOTED</b></p>	<p><b>Ms Laverty/ Ms Burns/ Mr Hogg</b></p>
	<p><b>b) East Renfrewshire HSCP Strategic Plan</b></p>	
	<p>The Committee considered the East Renfrewshire HSCP Strategic Plan [Paper 21/38b] presented by Ms Lesley</p>	

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		<b>ACTION BY</b>
	<p>Bairden, Director of Finance, East Renfrewshire HSCP. The draft Strategic Plan covered the three year period 2022-25 and built on the priorities set out in the one year bridging plan that had been established for 2021-22 incorporating learning from local needs assessment work and an extensive stakeholder engagement exercise.</p> <p>Ms Bairden said that, following the public consultation exercise, changes would be reflected in the final draft plan. She advised that a seminar was planned for the IJB in early 2022 with the final plan taken to the East Renfrewshire IJB in March 2022 for approval.</p> <p>Ms Bairden said that the Plan had also been discussed with the Corporate Management Team on 2 December 2021 and following this discussion more specific KPIs would be developed in conjunction with the Corporate Planning Team and included in the final Plan.</p> <p>Ms Bairden agreed and said that the format of the Plan would be reviewed before the final version to include more graphics as well as the easy read version</p> <p>Mr Carr thanked Ms Bairden for the paper.</p> <p>The Committee noted that this was now subject to consultation with a revised version to be considered by the Committee in February 2022.</p> <p><b><u>NOTED</u></b></p>	<p><b>Ms Bairden/ Ms Murray</b></p>
<b>70.</b>	<b>COVID-19 UPDATE</b>	
	<p>The Chair invited Professor Linda de Caestecker, Director of Public Health, to provide a verbal update on the current position in relation to the COVID-19 pandemic, including the emerging challenges related to the new Omicron variant.</p> <p>Professor de Caestecker reported that the number of cases continued to increase overall but the rates were particularly high in children and young adults. However, she advised that hospital admissions were still low with 130 people currently in hospital under 28 days and 5 in ICU.</p> <p>Professor de Caestecker said that the Omicron variant could only be identified after whole genome sequencing which meant the results were not as quick and the extent of the variant was not yet</p>	

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	<p>clear. She advised that there had been 27 cases confirmed in NHS GGC, with a further 146 possible cases and a number of clusters being investigated, however, there had been no hospital admissions among this group so far. She said it was too early to predict the severity of the Omicron variant and the effectiveness of vaccination against it.</p> <p>Professor de Caestecker reported that at present there were no exceptions to self-isolation being offered for cases of the Omicron and all positive cases were being advised to self-isolate for 10 days which may have implications for staffing in health and social care. However, this may change if Omicron became the dominant variant. Professor de Caestecker reported that work was underway nationally around communication to the public and she suggested considering providing advice to staff on mixing.</p> <p>Mr Carr thanked Professor de Caestecker for the update.</p> <p><b><u>NOTED</u></b></p>	
71.	<b>FINANCE REPORT</b>	
	<p>The Committee considered the paper 'Finance Report' [Paper No. 21/39] presented by Mr Mark White, Director of Finance. The paper provided an overview of the Month 7 financial position, including the position of the Financial Improvement Programme (FIP), and the forecast for COVID-19 expenditure for 2021/22.</p> <p>Mr White advised that the position was broadly similar to the previous update with £33.1 million overspend which was wholly attributable to unachieved savings.</p> <p>Mr White reported that the direct COVID-19 expenditure for the first 7 months of 2021/22 had been covered by allocations from the Scottish Government. An assessment of COVID-19 costs for 2022/23 had been submitted to the Scottish Government and a report on this would be provided to the next meeting in February 2022.</p> <p>Mr White reported that the Financial Improvement Programme had achieved £17.5 million of savings which was an increase of £2.5 million since the previous meeting of the Committee. He said these savings represented 232 schemes with a further 37 additional schemes due to come on stream which would potentially provide a further £2.7 million in savings. He advised that this would be a significant achievement.</p>	

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	<p>Mr White advised that the current forecast core capital resources available to the Board for investment in 2021/22 amount was £95m and the paper summarised the main areas of spend. He advised that this included £1 million of unallocated capital but this could be used to respond to any issues over the winter period. Mr White was confident in achieving capital resource limit balance by the end of the financial year.</p> <p>Mr White said that the Board was predicting a breakeven by the end of the financial year but cautioned that it would be important to focus on the underlying deficit. He said it was also important to identify any COVID-19 recurring expenses and seek to limit these where possible.</p> <p>The Committee were assured that positive progress continued in respect of the Financial Improvement Programme and the capital programme.</p> <p><b><u>NOTED</u></b></p>	
72.	<p><b>CAPITAL PLAN UPDATE - SCOTTISH GOVERNMENT ADDITIONAL CAPITAL GRANT SCHEME ALLOCATIONS</b></p>	
	<p>The Committee considered the paper Capital Plan Update Scottish Government Additional Capital Grant Scheme Allocations [Paper 21/40] presented by Mr Mark White, Director of Finance, and Mr Tom Steele, Director of Estates and Facilities. The paper outlined the proposed investment of additional Capital Funding of £16.9 million that had been offered by the Scottish Government.</p> <p>Mr White advised that a bid had been submitted to the Scottish Government for £16.9 million for IT, backlog maintenance and equipment which had subsequently been approved and work was now ongoing on procurement done and ensuring this was spent by the by the end of the financial year.</p> <p>In terms of backlog maintenance, Mr White said that there was prioritisation documented in the PAMS report but this also had to take account of the need for this to be used for projects that could be spend this financial year. In response to a query about backlog maintenance, Mr White explained that the age of some buildings and the challenge of sustainability and becoming carbon neutral meant it was highly that there would always be some form of backlog maintenance.</p>	

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	<p>Mr White advised that the projects had been identified using a combination of the priority list and what could be achieved within the timescale. He advised that some areas, such as decontamination and laundry, were important investments as these were pressures going into the winter period.</p> <p>The Committee noted the list of proposed projects that would improve and enhance building infrastructure, equipment replacement, and upgrade to PCs and the IT infrastructure. This would also accelerate the capital programme and enable some future capital to be directed towards other priority investment schemes.</p> <p>The Committee were content to approve the programme of work.</p> <p><b><u>APPROVED</u></b></p>	
73.	<b>PERFORMANCE REPORT</b>	
	<p>The Committee considered the paper 'Performance Report' [Paper No. 21/40] presented by Mr Mark White, Director of Finance. The paper provided an overview of the performance against the Key Performance Indicators (KPI) outlined in the Remobilisation Plan 4.</p> <p>Mr White advised that this was a revised report which reflected the outcome of discussions with the Committee Chair and Vice Chair and provided a greater focus on the areas where there were the bigger challenges. He advised that there had been 14 KPIs identified as for the Finance, Planning and Performance Committee and these were outlined in the paper.</p> <p>In response to a query about the variation in how the targets and the confidence limits were defined, Mr White agreed that further context on this could be provided, explaining further in the narrative how the measure had been derived and the reasoning behind that.</p> <p>There was a query about the CAMHS measurements and concern expressed about the target waiting time. Mr White agreed but said that there were weekly performance meetings with all IJBs and it was intended to bring the CAMHS target down in a consistent and effective way and he would ensure this would be more explicit in future versions of the report.</p>	

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		<b>ACTION BY</b>
	<p>Mr Carr said that he noted that there were some issues with the metrics and variation in performance that would be addressed but overall he was content with the direction of the report.</p> <p>The Committee were content to note performance against the 14 KPIs and the work that was underway to improve performance.</p> <p><b><u>NOTED</u></b></p>	
<b>74.</b>	<b>CORPORATE RISK REGISTER</b>	
	<p>The Committee considered the paper 'Corporate Risk Register - Extract' [Paper No. 21/42] presented by Mr Mark White, Director of Finance.</p> <p>Mr White advised that there had been some changes made to the Corporate Risk Register since it had been presented to the previous meeting of the Committee in October 2021 including expansion of the Risk Descriptors and changes to the Risk Appetites.</p> <p>Mr White advised that the Committee was responsible for 7 key risks, 3 of which were significant. He advised that risk around delayed discharges had been reallocated to the Committee from the Clinical and Care Governance Committee.</p> <p>The Committee were content to approve the updated extract from the Corporate Risk Register.</p> <p><b><u>APPROVED</u></b></p>	
<b>75.</b>	<b>CLOSING REMARKS AND KEY MESSAGES FOR THE BOARD</b>	
	<p>Mr Carr closed the meeting by thanking presenters and Members for their contribution to the meeting. He advised that a summary report of the key messages from the meeting would be produced for the NHS Board meeting on 21 December 2021.</p> <p><b><u>NOTED</u></b></p>	
<b>76.</b>	<b>DATE AND TIME OF NEXT SCHEDULED MEETING</b>	
	<p>The next meeting would be held on Tuesday 15 February 2022 at 9:30 am by MS Teams</p>	

BOARD OFFICIAL