

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Finance Planning and Performance Committee
held on Tuesday 13 June 2023 at 9.30 am
via Microsoft Teams**

PRESENT

Ms Margaret Kerr (in the Chair)

Dr Jennifer Armstrong	Rev John Matthews OBE
Prof John Brown CBE	Ms Ketki Miles
Mr Simon Carr	Mr Colin Neil
Mr Alan Cowan	Mr Ian Ritchie
Dr Emilia Crighton	Dr Paul Ryan
Cllr Chris Cunningham	Ms Michelle Wailes
Mrs Jane Grant	Prof Angela Wallace

IN ATTENDANCE

Ms Mehvish Ashraf	Non Executive Board Member
Ms Denise Brown	Director of e-Health
Ms Sandra Bustillo	Director of Communications and Public Engagement
Dr Martin Culshaw	Deputy Medical Director, Mental Health & Addictions (Item 11)
Ms Kim Donald	Corporate Services Manager - Governance
Ms Gillian Duncan	Corporate Executive Business Manager
Mr William Edwards	Chief Operating Officer, Acute Services
Mr Craig Given	Head of Finance, Planning and Resources, Inverclyde HSCP (Item 10)
Ms Alison Hardie	Secretariat Manager (Minute)
Ms Andrina Hunter	Service Manager, Planning, Performance and Equalities (Item 10)
Mrs Anne MacPherson	Director of Human Resources and Organisational Development
Cllr Martin McCluskey	Non Executive Board Member
Ms Fiona McEwan	Assistant Director of Finance - Financial Planning & Performance
Ms Susanne Millar	Chief Officer, Glasgow City HSCP
Dr Kerri Neylon	Deputy Medical Director for Primary Care (Item 8)
Ms Kate Rocks	Chief Officer, Inverclyde HSCP (Item 10)
Mr Francis Shennan	Non Executive Board Member
Ms Caroline Sinclair	Chief Officer, East Dunbartonshire HSCP

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Prof Tom Steele	Director of Estates and Facilities
Mr Allen Stevenson	Interim Director of Primary Care/GP Out of Hours (Item 8)
Ms Elaine Vanhegan	Director of Corporate Services and Governance

		ACTION BY
32.	Welcome and Apologies	
	<p>The Chair welcomed those present to the June meeting of the Committee and noted the Non-Executive Board Members attending to observe the meeting; Ms Mehvish Ashraf, Cllr Martin McCluskey and Mr Francis Shennan.</p> <p>Apologies were noted on behalf of Ms Ann Cameron-Burns, Ms Jacqueline Forbes, Ms Christine Laverty, Prof Iain McInnes, Ms Anne-Marie Monaghan and Ms Rona Sweeney.</p> <p><u>NOTED</u></p>	
	Introductory Remarks	
	<p>The Chair noted that the agenda for the meeting was busy and there were also a number of items of urgent business which would be taken between Items 14 and 15 on the agenda. These would be updates on:</p> <ul style="list-style-type: none"> • Social Listening • GP Out of Hours Service • Laboratory Managed Services Contract • External Audit <p><u>NOTED</u></p>	
33.	Declaration(s) of Interest(s)	
	<p>The Chair invited members to declare any interests in any of the matters being discussed. There were no declarations of interest.</p> <p><u>NOTED</u></p>	
34.	Minutes of Previous Meeting	
	<p>The Committee considered the minute of the previous meeting, Tuesday, 18 April 2023 [Paper No. FPPC(M)23/02] and were content to approve the minute as a complete and accurate record.</p> <p><u>APPROVED</u></p>	

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35.	Matters Arising	
a)	Rolling Action List	
	<p>The Committee considered the Rolling Action List [Paper No. 23/18].</p> <p>The Committee were content to accept the recommendation that five actions were closed.</p> <p>The Committee were content to approve the RAL.</p> <p><u>APPROVED</u></p>	
36.	Urgent Items of Business	
	<p>The Chair asked members if there were any urgent items of business. There were four urgent items of business noted.</p> <p>Item 1: Social Listening The Committee received an update regarding the approach to Social Listening adopted by NHSGGC. The Committee was reminded that action to ensure responsive communications had been recommended by the Scottish Government Oversight Board, with social listening an element of the Communication and Engagement Strategy approved by the NHS Board in December 2020. Assurance was received that appropriate procurement protocols had been observed with regards to the contract with Meltwater.</p> <p>The Committee accepted an apology from the Director of Communications & Engagement for an error in judgement that added a deceased patient's relative. The Committee confirmed that there will not be any further use of individual names in social media searches. The Committee recommended that the weekly update on external media issues to all Board Members should be expanded to include a summary of social media activity relevant to the quality of services delivered by NHSGGC. The Committee also recommended that the induction programme for new Board Members include discussions on existing corporate strategies, including the NHSGGC Communications & Engagement Strategy.</p> <p>The Committee were advised that the NHSGGC Communications & Engagement Strategy was scheduled to be refreshed later in 2023 and there was no recommendation to bring this forward.</p> <p>Item 2: GP Out of Hours Service The Committee noted the discussions with Health Improvement Scotland (HIS) regarding the business continuity that has been in</p>	Ms Bustillo

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	<p>place within NHSGGC since 2020. □The Committee was advised that it was the assessment of HIS that a continuation of this service delivery model would not meet the threshold for a majority service change. The Committee was informed that HIS would remain involved in piloting a new approach to engagement which will be used across NHS Scotland. This would include taking forward the proposal to move out of business continuity arrangements.</p> <p>Item 3: Laboratory Managed Service Contract Mr Colin Neil, Director of Finance, provided an update on the Laboratory Managed Service Contract with a financial value of circa £25m per annum and involved 60 suppliers.</p> <p>Mr Neil advised that following the tender process, a preferred tender had been selected. The contract was now in a standstill period as the existing supplier/unsuccessful bidder had challenged the preferred supplier status.</p> <p>The Committee were assured that appropriate legal guidance had been sought and an update on the outcome of this dispute would be provided in due course.</p> <p>Item 4: External Audit Mr Neil highlighted that, due to SLAs in place with other Health Boards, there was a query regarding the accrual of funds across 2020-21 and 2021-22 from our new auditors EY.</p> <p>Mr Neil assured the Committee that the previous auditors and the Scottish Government fully supported the treatment in place and endorsed the position in the accounts. Mr Neil expected a decision from the current auditors providing a formal position in the near future as they were not in agreement at this stage with the treatment in the accounts.</p> <p>Mrs Grant assured members that she and Mr Neil were very clear of the implications here and noted the meeting with the Ernst & Young on Wednesday, 14 June to discuss further.</p> <p>NOTED</p>	
37.	Public Inquiry Update	
	<p>The Committee considered the ‘Public Inquiry Update’ presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance.</p> <p>Ms Vanhegan reported on the Scottish Hospital Inquiry investigating the construction of both the Queen Elizabeth University Hospital Campus, the Royal Hospital for Children and</p>	

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	<p>Young People (QEUH RHC), Glasgow, and the Department of Clinical Neurosciences, Edinburgh.</p> <p>The Public Inquiry was supported by Counsel, Chaired by Lord Brodie, supported by Counsel to the Inquiry, Ally Duncan KC and Victoria Arnott.</p> <p>Ms Vanhegan noted that the Inquiry would determine the issues relating to the adequacy of ventilation, water contamination and other matters adversely impacting on patient safety and the environment, with a broad terms of reference.</p> <p>Key dates were noted, in particular Hearings scheduled from 12 to 23 June 2023 following week in reserve. Seventeen witness statements had been submitted and 10 staff were scheduled to give oral evidence.</p> <p>Ms Vanhegan referred to the Police Scotland investigation, Operation QUADRIC investigating four deaths at QEUH RHC, announced 2021, and advised a similar process to the Inquiry, to provide information, support staff, and noted the 30 individual civil claims to date, all sisted at this stage.</p> <p>Further Public Inquiries/Investigations were noted; Scottish COVID-19 Inquiry, UK COVID-19 Inquiry and Operation KOPER, and informed members of NHSGGC’s involvement in these inquiries as is every other Board across the UK.</p> <p>In response to the question on when the Inquiry planned to speak to the Senior Executives and Board Members, Ms Vanhegan advised that there was intention to speak to Senior Executives but a timeline had not yet been set by Counsel. It was not clear if Board Members would be required to speak to the Inquiry.</p> <p>In response to a question around a NHSGGCC Submission in response of PPP5 on the Inquiry website, Dr Jennifer Armstrong, Medical Director, noted the importance of providing factual accounts and that 12,500 documents had been submitted. Dr Armstrong assured members that all actions were intent on keeping people safe, and advised that learning had been received from the detailed scientific analysis carried out.</p> <p>The Committee noted the update.</p> <p>NOTED</p>	
38.	Primary Care Improvement Plans	
	<p>The Committee considered the Primary Care Improvement Plans [Paper 23/19] presented by Dr Kerri Neylon, Deputy Medical Director of Primary Care.</p>	

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	<p>Dr Neylon reported on the significant amount of detail on delivery of the plans across each of the six HSCPs, and provided context within Primary Care at the present time.</p> <p>Dr Neylon noted the significant achievement that all vaccinations had been transferred from GP Practices HSCPs. She advised that further work was required on the Vaccination Transformation Programme such as the financial framework, and noted that Travel vaccination would be the last to move over.</p> <p>Another significant achievement was noted, the coverage of Pharmacotherapy in each of the HSCP areas, all working well and with different priorities.</p> <p>Dr Neylon informed members that Community Treatment and Care (CTAC) and Pharmacotherapy were identified as priority areas. She advised on other notable impacts such as availability of accommodation and workforce.</p> <p>Within Primary Care, the practice list sizes have increased by 1.63%, practice numbers had reduced due to mergers, and another 2-3 expected in 2024. She advised that currently, there were no Board run practices within Greater Glasgow and Clyde areas, and this differed from other Boards.</p> <p>Dr Neylon informed the Committee that Public Health Scotland were carrying out exploratory work to illustrate the type of activity information captured within GP Clinical systems.</p> <p>The Committee noted the challenges with current funding, particularly around accommodation, and the shortfall in the allocation for 2023-24, considered the biggest risk going forward.</p> <p>Dr Neylon advised that 750 WTE staff had been recruited to the MDT roles as part of the PCIP. She advised that there had been a reducing number of GP Partners and an increase in the number of salaried employed GPs and locums.</p> <p>In response to the question on the patient evaluation; Dr Neylon confirmed that an update from the patient evaluation results would be brought back to a future meeting. Ms Bustillo advised that initial engagement had been carried out with the Primary Care Service; the public view, what they feel, how to inform of the Primary Care strategy, and feedback had been provided to Mr Allen Stevenson, Interim Director of Primary Care/GP Out of Hours, and colleagues. Further work would be carried out as part of the development moving forward.</p> <p>In response to the questions on the increasing workload of the GP, the rationale and if this was reflected across Scotland, Dr Neylon advised that it was multifactorial; aging population,</p>	<p>Dr Neylon</p>

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	<p>increasing frailty, morbidity, deteriorating conditions during pandemic, 30-40% related to mental health issues, patterns of access looking different, increased number of contacts, wider multidisciplinary team in the practice to support sustainability.</p> <p>Dr Emilia Crighton, Interim Director of Public Health, noted the increased trend in the number of consultations and complexity, since 2012, and a deterioration in health.</p> <p>The Committee were assured by the report.</p> <p>ASSURED</p>	
39.	Laboratory Information Management System Update	
	<p>The Committee considered the Laboratory Information Management System Update [Paper 23/20] presented by Ms Denise Brown, Director of eHealth.</p> <p>Ms Brown reported that a Consortium had been formed with 12 Health Boards in Scotland and that the Scottish Government had agreed to fund the capital costs for the system licences and non-recurring implementation costs for all Boards in the Consortium.</p> <p>Ms Brown noted a number of changes to the early programme plan since award of the contract; a commercial imperative to fast-track implementation in some NHS Boards, re-provisioning of the NHSGGC Laboratories Managed Services Contract, review of the LIMS implementation model to maximise benefit and NHSGGC call-off of the optional Genetics Module.</p> <p>Ms Brown highlighted reconfiguration of the plan; six NHS Boards were served notice by an incumbent supplier to upgrade at cost or move off the system. Three decided to progress with upgrade and three opted for a new system; NHS Orkney, Shetland and Fife and completed by end September 2022.</p> <p>Implementation of LIMS had been rescheduled to 2024 when procurement of the Managed Service Contract had been completed.</p> <p>Ms Brown advised the preferred technical strategy of the selected supplier is to offer their solution as a single instance supplier-hosted service which provides more opportunities to share data and redesign services. LIMS Programme Board had asked its Clinical Design Authority and Technical Design Authority to consider this approach and make recommendations on the best design.</p>	

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	<p>The Genetics Module now formed part of the NHSGGC call-off as national funding was provided by the Scottish Government. Ms Brown noted that this was important because of the Genomics Strategy and other national work happening.</p> <p>In response to the question on points of escalation, Ms Brown noted the complexity in this area; multi-disciplinary teams, caution with data migration, understanding strategies. She advised on the need to spend time planning, monitoring any safety issues and due diligence on an accelerated programme, to build a viable system.</p> <p>In response to the question on the risk that funding was discontinued, Ms Brown noted government funds had been secured, and advised that the business case set out costs of each part of the implementation and would be monitored throughout. Ms Brown did note the risks with data migration and assured members that this was being monitored very closely.</p> <p>In response to the question on the potential risks of the cloud system, Ms Brown advised that matters had been considered and due diligence was being carried out, and conceded that there were risks with the existing systems being hosted in areas that might have their own challenges. She advised that a Technical Design Authority had been set up, managed by ATOS, and regular updates on infrastructure, disaster recovery and costs were reported to the digital leads before being presented to the LIMS Programme Board.</p> <p>The Committee were assured by the report.</p> <p><u>ASSURED</u></p>	
40.	Inverclyde HSCP - Strategic Plan	
	<p>The Committee considered the IJB Strategic Plan - Inverclyde HSCP [Paper 23/21] presented by Ms Andrina Hunter, Service Manager, Planning, Performance and Equalities, Inverclyde HSCP.</p> <p>Ms Hunter reported that the plan had been approved at the Inverclyde IJB March 2023 on the understanding that the paper would be presented to the Finance, Planning and Performance Committee.</p> <p>Ms Hunter noted the refreshed Strategic Plan for 2023-24 and referred to the newly developed Performance Framework that would allow focus on targets and outcomes to be monitored against the Annual Performance Report, and noted the updated finance section.</p>	

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	<p>In response to the question on reporting on the Outcomes Framework, Ms Hunter advised that bi-annual statutory reports would be presented to the IJB and the Scottish Government and it was planned to look at exception reporting.</p> <p>In response to the question on engagement with communities, Ms Hunter informed the Committee that third sector organisations with good relations across the community had been commissioned for two-way communications, and noted that when approved the IJB, the Annual Performance Report would be fed back to the community through formal presentations and group sessions.</p> <p>In response to the comment on strengthening the care commissioning plan, Ms Kate Rocks, Chief Officer, Inverclyde HSCP, noted that a flash report had been developed and noted good progress made on unscheduled care. The Outcomes Framework would be updated January 2024, and this new development would be considered, particularly to measure activities and outputs with a focus on avoiding hospital admissions.</p> <p>In response to the question on the impact of budget challenges on the Strategic Plan, Ms Susanne Millar, Chief Officer, Glasgow City HSCP, noted that the matter was subject to discussions at the Tactical Group with the six Chief Officers. She advised that budget setting remained challenging and assured members of the regular communications with the Director of Finance and his team on the financial impacts.</p> <p>It was agreed that a consolidated paper would be drafted regarding impact of budget challenges on finance, workforce and services across the HSCPs.</p> <p>The Committee were assured by the plan.</p> <p><u>ASSURED</u></p>	<p>Mr Neil/ Mrs Grant</p>
<p>41.</p>	<p>A Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde: 2023 – 2028</p>	
	<p>The Committee considered the A Refresh of the Strategy for Mental Health Services in Greater Glasgow & Clyde: 2023 - 2028 [Paper 23/22] presented by Dr Martin Culshaw, Deputy Medical Director, Mental Health & Addictions.</p> <p>Dr Culshaw referred to the refreshed strategy and noted the linkage with the MFT Strategy. He advised that the Mental Health Strategy had been strengthened over the period of implementation from the learning from COVID-19 and the ongoing</p>	

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	<p>demand and need that related to COVID-19 in terms of mental health.</p> <p>Dr Culshaw noted that in revising the strategy, work had expanded across the whole system and the strategy was now more reflective and included Child and Adolescent Psychiatry.</p> <p>The redraft had been shared with the Mental Health Strategy Programme Board, Corporate colleagues and the six HSCP leads, and as a consequence, changes had been made to policy drivers particularly in relation to the Scottish Government and staff experience. Dr Culshaw noted a main shift in the balance on the care of older people in the community with regards to mental health services and rationalisation of in-patients.</p> <p>Dr Culshaw noted that the strategy proposed a system of stepped/matched care that would allow integration across services to provide a condition-based care approach, shifting the balance of care further into the community, to be more cost effective and meet the needs in the community, to include home based services.</p> <p>Members were informed of the significant number of workstreams and were advised that regular reports would be presented to the Interim Strategy Board on achievements, unscheduled care in mental health, ongoing developments of the mental health assessment unit, roll out of the board wide psychiatry service, acute services and home treatment.</p> <p>In response to the question if there was only one regional Adolescent Inpatient Facility in Scotland, Ms Caroline Sinclair, Chief Officer, East Dunbartonshire HSCP, confirmed that there were three units position in sites with other inpatient services.</p> <p>In response to the question if monies had been secured for Mental Health Assessment Units and if core funding had stabilised, Ms Millar noted that there was evidence that funding was stabilising.</p> <p>Ms Millar referred to bed modelling and commented that stakeholder engagement would be key to future development and advised that there would be no further developments without discussion at this committee. She added that Adult mental health would be looked at after the Older People's element.</p> <p>Dr Culshaw advised that community enhancements would reduce both bed numbers and the average length of stay. Ms Bustillo added that a meeting had been arranged with Healthcare Improvement Scotland to discuss engagement with the strategy.</p>	<p>Dr Culshaw</p>

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	<p>In response to the question on how the strategy would be delivered without secure funding, Ms Millar noted the uncertainty in mental health funding that related to mental health recovery and renewal funding. Ms Millar assured members that work was ongoing with the Director of Finance on the Financial Framework to realise the strategy, and a further paper would be presented to this Committee in due course.</p> <p>The Committee discussed the need for engagement to be included in future iterations of the report, which would be brought to the August Board Meeting.</p> <p>The Committee were assured by the strategy.</p> <p><u>ASSURED</u></p>	
42.	Sustainability Strategy	
	<p>The Committee considered the Sustainability Strategy [Paper 23/23] presented by Prof Tom Steele, Director of Estates and Facilities.</p> <p>Prof Steele reported that the strategy was in response to the Climate Emergency and COP26, and noted that the strategy outlined the governance framework, covered the national policy obligations, the finance and non-financial risks and opportunities that inform NHSGGC’s ‘just transformation’ as part of the overall Sustainability and Value process.</p> <p>The Sustainability Strategy aimed to support NHSGGC to achieve its corporate aims; better workplace, better environment, within five key components to be delivered over a five year period. Prof Steele advised alignment, where possible, with other Board strategies, and on the clear context of sustainability within NHSGGC.</p> <p>Reference was made to Scope 1; direct emissions from NHSGGC’s owned and controlled operations, and the question regarding how NHSGGC would be represented in the wider achievement if greenhouse gas emissions from buildings were reduced by 70% as opposed to the projection of at least 75%. Prof Steele noted that sites adjacent to a water treatment facility, such as QEUH next to the river, provided opportunities for net zero. Other areas noted to support the achievement of projections; an electric fleet of vehicles, staff adoption of other terms of transport and collaboration with other agencies.</p> <p>Ms Wailes, as the Environment and Sustainability Champion of NHSGGC, noted collaboration with other NHS Boards, and drew caution to making considerations in isolation. She advised on the</p>	

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	<p>need to meet the legal targets for 2035, and noted the recurring long-term financial benefit such as reducing costs around waste management.</p> <p>The Committee were assured by the strategy.</p> <p><u>ASSURED</u></p>	
43.	Performance Report	
	<p>The Committee considered the Performance Report [Paper 23/24] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil advised that following agreement with the Chair, the Month 12 Performance Report had been included in the pack to align with the Financial report and he would provide a briefing on the Month 1 performance position.</p> <p>Mr Neil said that the number of CAMHS patients seen under 18 weeks had been 81.3% in April 2023 and there was a targeted focus in terms of long waiting patients. Compliance with Psychological Therapies had been at 85.5% which was slightly below the national target. Alcohol and drugs waiting times also remained positive. Mental health delayed discharges had seen a reduction to 70 in April. The percentage of MSK Physiotherapy patients seen under 4 weeks had reduced but there had been a significant focus on the longest waiting patients as had been described to the Committee previously.</p> <p>In terms of Acute delayed discharges, there had been an increase to 303 in April in comparison to 285 in March. However, this had subsequently reduced and had been at 277 yesterday. Ms Susanne Millar, advised members that this was a complex area in terms of interdependencies. She noted that the focus on delays needed to be on a daily basis.</p> <p>Mrs Grant advised that the performance for MSK Physiotherapy was reflected nationally. Ms Michelle Wailes, as a member of the West Dunbartonshire IJB, assured the Committee of significant focus in this area.</p> <p>Mrs Grant assured the Committee that great efforts were being made to maximise the process for urgent patients, and highlighted two of the most challenging areas; prioritisation and urgent patients.</p> <p>The Committee were assured by the report.</p> <p><u>ASSURED</u></p>	

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44.	Financial Monitoring Report	
	<p>The Committee considered the 'Financial Monitoring Report' [Paper 23/25] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil summarised as at 31 March 2023, the accounts were in line with the projected surplus of £0.56m. The surplus breakdown; pay and non-pay underspend of £0.56m, Acute overspend of £13.58m with Junior Doctors noted as a key pressure area at £10.7m, offset by underspends in Partnerships at £0.76m and Corporate at £13.37m.</p> <p>Members were advised on the utilisation of reserves to cover pressures and the high level of prescribing with an overspend of £12.3m.</p> <p>The total expenditure on remobilisation and delivery of services due to COVID-19 was £73.98m which had been funded in full, split with the Board and Health expenditure in the IJBs.</p> <p>Mr Neil referred to the Sustainability and Value Programme and noted that savings of £54.83m on a full year recurring basis had been achieved, and advised that the Board has surpassed the stated target of £50m in recurring savings as committed to within the financial plan. The Board achieved its stretch target of £54.8m which had resulted in a slightly reduced carry forward deficit position of £119.7m as stated in the 2023-24 financial plan.</p> <p>Mr Neil noted close scrutiny of the Capital position, and advised that the CRL for 2022-23 was £89.6m that provided a budget of £96.3m.</p> <p>2022-23 Year End was at a breakeven position, recurring savings were on target to ensure a solid cash balance. Mr Neil reported a reduction in COVID-19 expenditure of £26m and a solid downturn in trajectory over past six months. Mr Neil noted that the figures were subject to audit on 09 May 2023.</p> <p>Mr Neil advised that the financial plan highlighted a deficit of £71.1m for 2023-24 based on the assumption of £75m of recurring savings and £44.8m of non-recurring relief, and noted the overall recurring challenge of £190.9m.</p> <p>Mr Neil noted the requirement that all Directorates and Partners identify 50% of their savings by the end of June 2023.</p> <p>Mr Neil informed the Committee of the early interactions with the Scottish Government to discuss which allocations could come out earlier to support financial planning, such as the New Medicines Fund that had made a substantial difference.</p>	

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	<p>In response to the query on regular updates on the IJB Reserves, Mr Neil agreed that regular updates would be useful and provided timeously throughout the financial year.</p> <p>In response to the question on whether additional beds were recognised in the accounts, Mr Neil noted that these were covered only on a non-recurring basis.</p> <p>The Committee were assured by the report.</p> <p><u>ASSURED</u></p>	
45.	Corporate Risk Register	
	<p>The Committee considered the 'Corporate Risk Register' [Paper 23/26] presented by Mr Colin Neil, Director of Finance.</p> <p>Mr Neil reported that the Remobilisation Plan - Co-ordination, Capacity and Resource risk score had decreased from 9 to 6.</p> <p>Mr Neil advised that the target date for actions had been reviewed for all risks, controls and mitigating actions, and risk scores reviewed throughout.</p> <p>The Committee were content to approve the paper.</p> <p><u>APPROVED</u></p>	
46.	Terms of Reference	
	<p>The Committee considered the 'Terms of Reference' [Paper 23/27] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance.</p> <p>Ms Vanhegan reported that amendments had been made and a more coherent layout set to incorporate comments received, and noted that the Terms of Reference formed part of the Governance pack.</p> <p>The Committee were content to approve the paper.</p> <p><u>APPROVED</u></p>	
47.	Closing Remarks and Key Messages for the Board	
	<p>The Chair thanked Members for attending and advised on the key messages for the Board:</p>	

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		ACTION BY
	<ul style="list-style-type: none"> • Important strategic items recommended for approval for the NHSGGC Board • Helpful update in terms of finances and performance • Scrutiny of current live issues <p>The Chair thanked the Executive Team, and members for the level of questioning that proved helpful.</p> <p>The Chair closed the meeting.</p> <p><u>ASSURED</u></p>	
48.	Date and Time of Next Scheduled Meeting	
	The next meeting would be held on Tuesday, 01 August 2023 at 9.30 am by MS Teams	