

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the Finance, Planning and Performance
Committee held on Thursday 9 October 2025
at 9.30 am in the Board Room, JB Russell House, and via Microsoft Teams**

PRESENT

Ms Margaret Kerr (in the Chair)

Ms Mehvish Ashraf	Dr Becky Metcalfe
Mr Michael Breen	Ms Ketki Miles
Mr Martin Cawley	Mr Colin Neil
Dr Scott Davidson	Dr Paul Ryan
Mr William Edwards	Mr Charles Vincent
Mr David Gould	Ms Michelle Wailes
Ms Lesley McDonald	Prof Angela Wallace
Professor Iain McInnes	

IN ATTENDANCE

Ms Sandra Bustillo	Director of Communications and Public Engagement
Ms Denise Brown	Director of Digital Services
Ms Beth Culshaw	Chief Officer, West Dunbartonshire HSCP
Ms Kim Donald	Corporate Services Manager, Governance
Ms Gillian Duncan	Corporate Executive Business Manager (Minutes)
Dr Una Graham	Deputy Medical Director, MH & ADRS
Ms Susan Groom	Director of Regional Services
Ms Katrina Heenan	Chief Risk Officer
Ms Ali Marshall	Depute Director of Planning
Ms Elaine Quail	Staff side Partnership Lead
Ms Natalie Smith	Interim Director of Human Resources and Organisational Development
Ms Claire MacArthur	Director of Planning
Ms Fiona McEwan	Assistant Director of Finance- Financial Planning & Performance
Mr Derrick Pearce	Chief Officer, East Dunbartonshire HSCP
Professor Tom Steele	Director of Estates and Facilities
Mr Pat Togher	Chief Officer, Glasgow City HSCP

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83.	Welcome and Apologies		
	<p>The Committee Chair welcomed those present to the October meeting of the Finance, Planning and Performance Committee.</p> <p>The Chair welcomed Ms Elaine Quail who was attending on behalf of Ms Ann Cameron-Burns and Ms Becky Metcalfe who was observing the meeting. She also welcomed the new Director of Finance, Mr Michael Breen and Dr Morven McElroy as a new member of the Committee.</p> <p>Apologies were noted on behalf of Ms Ann Cameron-Burns, Professor Jann Gardner and Dr Lesley Thomson KC.</p> <p><u>NOTED</u></p>		
84.	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>		
85.	Minutes of Previous Meeting held on 7 August 2024		
	<p>The Committee considered the minute of the meeting held on 7 August 2025 FPPC(M)25/05] and were content to approve the minutes as a full and accurate record of the meeting subject to the following amendment:</p> <p><u>Item 76 – Larkfield Unit</u> This would be amended to clarify the that the Committee had approved the paper in August 2025 and it would be presented to the October Board for awareness. The updated status paper was on the agenda for today's meeting for assurance.</p> <p><u>APPROVED</u></p>		
86.	Matters Arising		
	<p>a) Rolling Action List</p> <p>The Committee considered the Rolling Action List [Paper 25/50] presented by Ms Kim Donald, Corporate Services Manager – Governance, for approval.</p>		

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	<p>Ms Donald said that there were three items proposed for closure, all of which were included on the agenda. She said that there was an item from August that had been omitted from the RAL regarding bringing back a paper on medicines costs and the RAL would be updated with the item added to the Annual Cycle of Business.</p> <p>The committee were content to improve the Rolling Action List subject to the amendment outlined above.</p> <p><u>APPROVED</u></p>		Ms Donald
87.	Urgent Items of Business		
	The Chair invited Committee Members to highlight any urgent items of business. There were no issues raised.		
88.	Financial Monitoring Report		
	<p>The Committee considered the Financial Monitoring Report [Paper 25/51] presented by Mr Colin Neil, Director of Finance, for assurance.</p> <p>Mr Neil reported that at the end of month 5, the Board was reporting an overspend of £46 million of which £40.4 million was attributed to unachieved savings with a pay and non-pay overspend of £5.5 million which comprised of an £11.6 million overspend in Acute offset by an underspend in Corporate of £1.8 million and partnerships by £4.2 million. Workforce information reported that in-post remained relatively strong at 93.9%. Total agency spends had decreased in the last year but work was continuing in areas with pressures including nursing enhanced observations and junior doctors. Primary Care prescribing was reporting a potential forecast underspend, but this would be closely monitored until the year end.</p> <p>In terms of Savings & Value, £24.4 million had been achieved at month 5 on a full year recurring basis. In year recurring and non-recurring was at £102.9 million. The recurring forecast was £45 million which was significantly lower than the target in the financial plan of £93.7 million. There had been meetings with all Acute Directorates and Sectors to try and progress this further through month 6.</p> <p>Total capital expenditure incurred to the end of month 5 was £16.4 million which was 20% of the capital budget. 62% of the total capital allocation had commitments and firm orders which amounted to £50.4 million. There was £31.1 million uncommitted across specific projects and £6.4m of the uncommitted balance was unallocated but would be</p>		

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	<p>allocated against business continuity planning through the normal governance.</p> <p>Overall, the yearend forecast remained at a deficit position of £45 million and further work was required to break even.</p> <p>In response to a query about theatre sterilisation spend in the Central Decontamination Unit, Professor Steele explained that, due to the specialist nature of the work, there was no staff bank for the Unit therefore gaps were filled by additional hours from existing staff or agency.</p> <p>In relation to prescribing costs, Mr Neil said that there had been meetings with all IJBs about financial plans which included discussions around prescribing. He said that there had significant work last year on cost savings including polypharmacy and he was not anticipating that the position would change.</p> <p>In response to a query about what was being done to ensure recurring savings, Mr Neil described the whole system approach and the elements that were underway. Mr Edwards said that unachieved savings was most challenged in Acute and there needed to be further work on redesigning how services were delivered and moving away from a Sector approach.</p> <p>In response to a query about capital spend, Mr Neil said that there was always an element of risk around the capacity of progressing a number of schemes, but the Business Continuity Plan ensured there were set priorities and timescales.</p> <p>The Committee noted the financial concerns but were assured by the update on progress.</p> <p><u>ASSURED</u></p>		
89.	Performance Report		
	<p>The Committee considered the Performance Report [Paper 25/52] presented by Mr Colin Neil, Director of Finance, for assurance.</p> <p>Mr Neil highlighted the key areas of challenge. TTG and new outpatients were below trajectory but were closer to target on a year-to-date basis and a number of initiatives were being taken forward between now and the end of the year. A&E compliance was at 70.6% which was similar to the previous month. Acute delayed discharges were 347 in August and Acute bed days lost had increased by 5% from the previous month. Mental health delayed discharges had decreased</p>		

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	<p>to 82 but the number of bed days lost had increased marginally. Psychological Therapies had reduced to 84.6%. In terms of cancer, the 62-day performance had dropped to 68.5% which was below target and the USOC referral position was up 5% on a rolling year from August 2025. Sickness absence had reduced slightly but remained a pressure at 7%. Compliance with Fire Safety training had reduced slightly to 85.9%. In terms of areas of good performance, the number of CAMHS patients seen within 18 weeks was at 100%; Alcohol and Drugs services had performed strongly over the last quarter with 94.3% of patients seen within four weeks. Access to Podiatry services remained above the national target at 95%. Acute activity in relation to diagnostic scopes and imaging had exceeded the planned position for August. The Length of Stay for emergency admissions remained lower than target and inpatient admissions from ED had reduced. Cancer 31-day performance remained on target at 95%. Overall compliance with statutory/mandatory training was at was above the national target.</p> <p>In response to a query about delayed discharges, Mr Edwards said that Ms Carron O'Byrne had been appointed as Director of Whole System Flow and was working closely with our 6 HSCPs as well as neighbouring Partnerships to ensure there were plans in place and regular reporting to Ms O'Byrne and her team.</p> <p>In response to a query about attendance management, Ms Smith said that there was a Board wide action plan and local action plans in place as well as a group that met monthly with staff partnership colleagues.</p> <p>The Committee were assured by the update but remained concerned about the impact of the work on delayed discharges.</p> <p><u>ASSURED</u></p>		
90.	Cancer Performance Report		
	<p>The Committee considered the Cancer Performance Report [Paper 25/53] presented by Mr William Edwards, Deputy Chief Executive, for assurance.</p> <p>Mr Edwards said that cancer performance was an area of focus for the Board and the Scottish Government, and it had been agreed at a previous meeting of the Committee to provide some additional information that went beyond the headline 31 day and 62 day waiting times. Mr Edwards said that the paper described the challenges, the context of the increasing rising demand and the context with the rest of Scotland performance. He said that in order to improve the pathways needed to be redesigned significantly and the paper outlined by cancer type what actions would be required to do that. He said that NHSGGC</p>		

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	<p>saw 27% of the Scottish demand and we needed to build, strengthen and create capacity for that demand. Mr Edwards invited Ms Susan Groom, Director of Regional Services, to provide an overview of the report.</p> <p>Ms Groom said that the front end of the pathway and the diagnostic pathway was causing concern. Performance over the last 12 months had been fairly static but the key driver for performance was in the increase in referral numbers which was up by 76% pre-COVID levels and had seen growth continuing with a 3.9% increase this year. She described the tumour type improvement actions as well as the work with the Scottish Government and NHS Lanarkshire.</p> <p>Ms Groom provided an update on current cancer performance and the actions being taken to meet the cancer trajectories. She also provided a description of the activities taking place within the cancer tracking team and the support from NHS Lanarkshire. She said that some short- and long-term actions had been set with the Scottish Government to improve performance, and these were being worked through.</p> <p>Ms Groom said that the level of demand through USOC was being driven nationally by detect cancer early programmes.</p> <p>The Chair said that it would be helpful to see the risk, direction of travel and finances as one package. Mr Edwards said that they would work to turn the appendix into a set of measures with timescales, setting out deliverables, impact on performance and backlog reduction and will package this up as measurable actions for future Committees.</p> <p>The Committee were assured by the update.</p> <p><u>ASSURED</u></p>		Mr Edwards
91.	IJB Annual Performance Report Summary		
	<p>The Committee considered the IJB Annual Performance Report Summary [Paper 25/54] presented by Mr Colin Neil, Director of Finance, for assurance.</p> <p>Mr Neil said that previously there had been individual reports presented but this year the governance around this had been changed to provide a summary of the key elements of performance, pulling together national indicators, what comes through from MSG, and the Key Performance Indicators which were part of the Assurance Information Framework. This provided a read across the six HSCPs and each individual report was appended for members to review in detail.</p>		

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	The Committee were assured by the report.	
	<u>ASSURED</u>	
92.	Health and Safety Update - Ligature	
	<p>The Committee considered the Health and Safety Update – Ligature [Paper 25/55] presented by Mr William Edwards, Deputy Chief Executive, for assurance.</p> <p>Mr Edwards said that the paper had been discussed at the Inquiries Oversight Sub Committee and was being presented to give an overview of the work progressing, noting that this work was a priority for NHSGGC. Mr Edwards chaired the Executive Oversight Group which was now in place supporting the Suicide and Self Harm Reduction Group. This group would meet monthly ensuring overall visibility and delivery of the improvement plan across the Board. A programme plan had been established to go through the remaining high risk wards setting out actions and timescale; there was a focus around acute EDs and spaces within EDs with Standard Operating Procedures (SOPs) to enable anyone at risk to be placed in safer environment with continuing reassessment to ensure SOPs being adhered to. There were different training requirements for Mental Health and Acute and these continued to be monitored closely acknowledging that the number of Acute staff trained required improvement. Mr Edwards said that the outcome would be an environment that was deemed safer with a clear approach and plan to achieving this.</p> <p>In response to a query, Ms Smith said that the LearnPro module was not currently mandatory in Acute, but this was being reviewed. All areas were reviewing their action plans and reporting data. In terms of compliance, Mr Edwards said that there had been discussions with Chief Nurses and other colleagues across Acute to raise awareness.</p> <p>The Committee were assured by the report.</p> <p><u>ASSURED</u></p>	
93.	Delivery Plan – Q1 Summary Report	
	<p>The Committee considered the Delivery Plan – Q1 Summary Report [Paper 25/56] presented by Ms Claire MacArthur, Director of Planning, for assurance.</p> <p>Ms MacArthur said that the report provided an update on progress to implement the 123 actions in the 2025/26 Delivery Plan and would be</p>	

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	submitted to the Scottish Government. Good progress had been made with 120 actions on schedule with 6 of those completed. There were two actions at risk of not being completed and one action was delayed due to external dependencies.		
	There was significant work across the Board on sickness absence including learning from areas where they had made progress in supporting staff back to work, enhanced support and wellbeing in hotspot areas.		
	Significant actions were being taken forward in delayed discharges; reducing spend on agency staff and increasing staff on bank; identifying patients for virtual clinic appointments earlier in pathway. There were also actions around transport, procuring for telematics and installation of decarbonisation software, but the full impact of these would be next year.		
	In response to a query, Ms MacArthur acknowledged that it was challenging to link this into outputs and she would look at how the report could be refined to be more reflective of the impact and delivery of actions for future iterations.		Ms MacArthur
	The Committee were assured by the report.		
	<u>ASSURED</u>		
94.	Winter Plan 25/26		
	The Committee considered the Winter Plan 25/26 [Paper 25/57] presented by Dr Scott Davidson, Medical Director, and Ms Claire MacArthur, Director of Planning, for endorsement.		
	Ms Marshall said that this was the first full draft of the plan bringing together the significant work that was underway across all programmes and setting out the key priorities and milestones. It was proposed that this was monitored from November 2025 to March 2026 with a focus on the 7 key priorities and their impact on KPIs. Work was underway with the Chief Risk Officer to ensure risks were aligned and captured on the risk management system.		
	In response to a query about COVID changes and whether this would have an impact, this would be discussed at the upcoming Population Health and Wellbeing Committee.		
	In relation to communications, Ms Bustillo said that an important part of the winter plan was public and staff messaging and the team built on the experience and evaluation of previous years to deliver this. She		

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	<p>provided assurance that there was constant activity in how communications plans were developed. She said that the team were working with the Interface Director on the external launch of the campaign recognising that the key message to the public is for them to trust that we would navigate them to the right care in the right place. The Committee discussed the importance of appropriate targeted communication around interface and that Board Members should have input into the comms messaging as it developed.</p> <p>Ms Marshall assured the Committee that the acronyms would be clarified, and the format would be accessible to ensure it was as readable as possible for the Board. The Scottish Government priorities and checklist were awaited, and the Plan would be reviewed and any updates made to ensure the submission reflected the most up-to-date position. It was also agreed that the plan should make it clear that this would also be presented through IJB governance.</p> <p>The Committee were content to endorse the Plan subject to the minor amendments outlined above.</p> <p>ENDORSED</p>		<p>Ms Bustillo</p> <p>Ms Marshall</p>
95.	Adult Mental Health Strategy Annual Update		
	<p>The Committee considered the Adult Mental Health Strategy Annual Update [Paper 25/58] presented by Mr Pat Togher, Chief Officer, Glasgow City HSCP, for endorsement.</p> <p>Mr Togher provided an update on the Strategy, including the inpatient site options appraisal and community engagement. He asked the Committee to support the revised governance arrangements which were now aligned to the Transforming Together Programme. Mr Togher chaired the Mental Health Programme Board which reported to the Portfolio Board chaired by the Deputy Chief Executive. The report outlined work on revised priority workstreams which would drive the Strategy and the next steps would be working up key milestones to ensure delivery on strategic priorities within timescale.</p> <p>In response to a query about the increase in referrals and changes to the pathway for Neurodevelopment Disorders (NDD) and ADHD, Mr Togher said that there was a plan for a revised secondary care criteria approach which he hoped would be in place by the end of the year and would include early intervention and more preventative arrangements. The Committee discussed the importance of ensuring a revised communication plan was in place to support the pathway changes. Dr Graham said that NHS GGC had developed proposals which were in line with the national direction and would prioritise those with significant</p>		

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	<p>impairment and have resources in place for those who would benefit from self-help. Updated proposals would be taken to the IJBs next month with a plan to implement this in December.</p> <p>Mr Togher acknowledged that concerns from the public were expected, and a revised communications plan was being developed as well as support for the workforce in terms of decision-making and changes in practice.</p> <p>The Committee were assured by the paper, and it was clarified that this was not for endorsement and would not require to be presented to the NHS Board in October.</p> <p><u>ASSURED</u></p>		
96.	Disposal of West Glasgow Ambulatory Care Hospital		
	<p>The Committee considered the Disposal of West Glasgow Ambulatory Care Hospital [Paper 25/59] presented by Professor Tom Steele, Director of Estates and Facilities, for endorsement.</p> <p>Professor Steele said that the intention was to formally declare the site surplus to operational requirements and commence the next steps in the disposal process. Although it was acknowledged that this had been approved by the Board in 2014-2015, given the passage of time and public interest it had been agreed that this would require to be re-presented. Professor Steele said that the site had been progressively vacated over the past 18 months with the last 2 remaining services due to vacate the site at the end of this financial year. If approved, the site would be required to go to a SG Trawl process which was an internal mechanism for the public sector assets in Scotland, after which this would go through marketing if no off-market interest was requested. A number of advisors had been appointed to support the Board in this process and there was regular engagement with key stakeholders including Glasgow City Council, Scottish Enterprise and the Scottish Futures Trust. Professor Steele said they were aware of the patient and family sensitivity associated with the site and were engaging where required with local community interest groups and JLL were preparing some overview of site potential and when required would engage with key stakeholders.</p> <p>Professor Steele noted the potential of retaining a small portion of the site for any future primary care requirements. The Committee had a detailed discussion about the governance of this arrangement, noting the Primary Care Strategy had not been reviewed by the Committee since earlier in the year, nor had a proposal been presented to retain any portion of the site. Mr Neil explained that there were no plans to</p>		

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	<p>retain any of the site and the Board would be asked to approve the Trawl process for the site in its entirety.</p> <p>The Committee were in agreement that the land was surplus to requirements and that Board approval was required to trigger the Trawl process, however, they were concerned that the paper had not clearly set out the Trawl process and the Board would need to understand the potential direction of travel if a public body wanted the land and how we would engage on that. The Committee also felt that there was a communication aspect which was different from the marketing communications that also needed further clarity. Ms Bustillo said that there had been processes previously to consult on moving children and maternity services and the Board had discharged its duty to those. There had been services moved to the site from 2015 onwards and this had been communicated at the time as a temporary measure. As we have moved to relocate clinical services on the site, there has been engagement with the patients directly affected. Similarly, there had been full staff engagement with staff affected by the moves. Ms Bustillo said that she understood the emotional connection to site and proposed that in addition to normal process we would carry out a further period of communication and engagement with local communities.</p> <p>The Committee were content that the paper was presented to the NHS Board but said that this needed to be refined to make the Trawl process clearer, provide details on the communication piece and include realistic timetabling.</p> <p>The Committee were therefore content to endorse the Trawl process with the proviso that the modifications above were included in the paper for the Board.</p> <p><u>ENDORSED</u></p>		Professor Steele
97.	Integration Schemes		
	<p>The Committee considered the Integration Schemes [Paper 25/60] presented by Ms Beth Culshaw, Chief Officer, West Dunbartonshire HSCP, for awareness.</p> <p>Ms Culshaw advised that the review of the Integration Schemes was continuing to ensure legal compliance and consistency. She said that there had been two key concerns from a Local Authority perspective, and these were being pursued with the Central Legal Office. A Lead Partnership Governance Group had been established chaired by Ms Culshaw and Ms Vanhegan to oversee financial and performance activity and the requirements of hosted services. The next step would</p>		

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	<p>be for the Board Chief Executive to meet with the six Local Authority Chief Executives to resolve concerns about the proposed changes to hosting arrangements and the financial concerns around this.</p> <p>In response to a query about governance, Ms Culshaw said that this would be taken through Local Authority governance then back to this Committee and the NHS Board before submission to the Scottish Government with implementation expected to be from April 2027. She also provided assurance that the Scottish Government was being kept updated on progress.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>		
98.	Larkfield Unit, Inverclyde Royal Hospital End of PFI Agreement		
	<p>The Committee considered the Larkfield Unit, Inverclyde Royal Hospital End of PFI Agreement [Paper25/61] presented by Professor Tom Steele, Director of Estates and Facilities, for endorsement.</p> <p>Professor Steele said that this was an update on progress prior to concluding the hand back of the Larkfield Unit by the end of the PFI contract period. He advised that all aspects of due diligence had now been completed, and it was expected that the process would be concluded by 31 October 2025. This would provide long-term financial benefits with a potential recurring saving of £1.7 million annually.</p> <p>The Chair said that this was a positive outcome and good news for investment at Inverclyde.</p> <p>The Committee were content to endorse the paper which would now be presented to the NHS Board on 30 October 2025.</p> <p><u>ENDORSED</u></p>		
99.	QEUH Civil Litigation Update – Atrium Wall Linings		
	<p>The Committee considered the QEUH Civil Litigation Update – Atrium Wall Linings [Paper 25/62] presented by Mr Colin Neil, Director of Finance, for assurance.</p> <p>Mr Neil said at the August meeting of the Committee it had been agreed that a group chaired by the Board Chair would meet to review the Executive Team proposal. Mr Neil confirmed that meeting had</p>		

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	taken place, and further updates would be provided to the Committee in due course.		
	The Committee were assured by the update.		
	<u>ASSURED</u>		
100.	Corporate Risk Register		
	<p>The Committee considered the Corporate Risk Register [Paper 25/63] presented by Mr Colin Neil, Director of Finance, for approval. Mr Neil invited Ms Heenan to present an overview of the paper.</p> <p>Ms Heenan said that there were 12 risks assigned to the Committee, 92% of these risks had been reviewed in the last month with no changes to the risk score proposed. There were 9 new actions noted in the paper and there were 9 open actions, 11 complete actions and 18 overdue actions. Actions and risks continued to be reviewed on a monthly basis and there was a detailed update in the paper on each risk and action. Controls were also included in the paper for information and assurance.</p> <p>In relation to the items on the RAL, Ms Heenan said the outpatient risk had been reviewed following the last meeting and continued to be reviewed monthly with no changes to the score proposed with further narrative approved by the Deputy Chief Executive. Ms Heenan provided assurance any additional risks from the legal case would be reflected going forward.</p> <p>Ms Heenan said that additional actions in relation to TTG had been identified and she would ensure this was captured in the next paper to the Committee. She would also review the capital plan with Mr Neil. A piece of work to review the score and actions as part of the policy changes on delayed discharges had been undertaken and Ms Heenan would confirm with Professor Wallace and the Chief Officers that all actions were captured. She would liaise with the planning team also ensure all Annual Delivery Plan risks had been captured.</p> <p>The Committee were content to approve the paper but noted that there were a number of actions that were being reviewed.</p> <p><u>APPROVED</u></p>		Ms Heenan

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101.	Closing Remarks and Key Messages for the Board		
	<p>The Chair advised that this was Colin Neil's last Finance, Planning and Performance Committee and extended her thanks both personally and on behalf of the Committee for his support over the last few years.</p> <p>The Chair said that a report would be prepared for the NHS Board at the end of the month outlining the key topics of discussion from today.</p> <p><u>NOTED</u></p>		
102.	Date and Time of Next Scheduled Meeting		
	The next meeting would be held on Thursday 11 December 2025 at 9.30 am via MS Teams.		