

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Finance, Planning and Performance
Committee on Tuesday 10 June 2025
at 9.30 am hybrid at JB Russell House/via MS Teams**

PRESENT

Ms Margaret Kerr (in the Chair)

Ms Mehvish Ashraf	Ms Lesley McDonald
Ms Ann Cameron-Burns	Ms Ketki Miles
Mr Martin Cawley	Mr Colin Neil
Dr Emilia Crighton	Dr Paul Ryan
Mr David Gould	Dr Lesley Thomson KC
Cllr Chris Cunningham	Mr Charles Vincent
Professor Jann Gardner	Ms Michelle Wailes

IN ATTENDANCE

Ms Sandra Bustillo	Director of Communications and Public Engagement
Ms Beth Culshaw	Chief Officer, West Dunbartonshire HSCP
Dr Scott Davidson	Medical Director
Ms Kim Donald	Corporate Services Manager, Governance
Mr William Edwards	Chief Operating Officer
Ms Katrina Heenan	Chief Risk Officer
Ms Claire Macarthur	Director of Planning (Items 7&8)
Ms Fiona McEwan	Assistant Director of Finance
Mr Fraser McJannett	Director of Primary Care and GP OOH (Item 9)
Mr Derrick Pearce	Chief Officer – East Dunbartonshire HSCP
Mrs Louise Russell	Secretariat Manager (Minutes)
Professor Tom Steele	Director of Estates and Facilities
Ms Natalie Smith	Interim Director of Human Resources and Organisational Development
Mr Scott Wilson	Senior Business and Delivery Manager
Ms Elaine Vanhegan	Director of Corporate Services and Governance

		ACTION BY
52.	Welcome and Apologies	
	The Chair welcomed those present to the June meeting of the Finance, Planning and Performance Committee.	

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	There were apologies noted on behalf of Professor Iain McInnes, Ms Denise Brown and Professor Angela Wallace.	
	<u>NOTED</u>	
53.	Introductory Remarks	
	The Chair informed members that, following discussions with the Clinical and Care Governance Committee and the Inquiries Oversight Sub-Committee, there was now a clearer understanding that the ligature risk, due to be discussed at today's meeting, sat across multiple areas beyond that of estates and facilities. Consequently, it had been decided that a comprehensive paper addressing the risk across the entire Board, rather than an estates focus, would be considered for discussion at a future meeting.	Deputy Chief Executive
	<u>NOTED</u>	
54.	Declaration(s) of Interest(s)	
	The Chair invited members to declare any interests in any of the matters being discussed. There were no declarations of interest.	
	<u>NOTED</u>	
55.	Minutes of Previous Meeting held on 08 April 2025	
	The Committee considered the minute of the meeting held on 08 April 2025 [Paper No. FPPC(M)25/03] and were content to approve the minute as a complete and accurate record pending the following minor amendment: <u>Minute No. 34 – Financial Plan</u> Wording to be amended in the third last paragraph to make it clearer that supply related to uplifts and national insurance.	Mr Neil/Secretary
	<u>APPROVED</u>	
56.	Matters Arising	
	a) Rolling Action List	
	The Committee considered the Rolling Action List (RAL) [Paper No. 25/33] for approval. There were 11 actions on the RAL proposed for closure and 1 action remained open in relation to Business Continuity. An update would be provided at the August meeting.	

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	<p>In response to a question regarding the Netherton Clinic, the Committee noted that this was listed as a disposal and an update on the position would be provided at the August meeting.</p> <p>The Committee were content to approve the RAL.</p> <p><u>APPROVED</u></p>	Prof Steele
57.	Urgent Items of Business	
	<p>Mr Neil provided an update on the status of the Labs Managed Service contract, noting the activity that had taken place due to the extension to the current contract being challenged. Mr Neil reported that this had no impact on the running of the service as a contract was in place, and the Court had agreed that a pause was not required.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>	
58.	ADP Quarterly Summary Report	
	<p>The Committee considered the ADP Quarterly Summary Report [Paper 25/34] presented by Dr Scott Davidson, Medical Director, for assurance. Dr Davidson introduced Ms Claire Macarthur, Director of Planning.</p> <p>The Delivery Plan contained 121 actions derived from the key deliverables in the Delivery Plan which were aligned to each of the national recovery drivers. Overall, 88 actions (72%) were complete, 3 actions were on schedule to be completed by Quarter 1 in 2025/26, 23 actions were delayed, and 7 actions were unable to be progressed in 2024/25 due to external dependencies. All delayed actions had an agreed governance route to ensure monitoring to completion, and 10 of these would continue to be monitored in the Delivery Plan for 2025/26. The Committee noted the position included stretch ambition which impacted on the final outcome.</p> <p>In terms of taking actions forward into next year, a question was raised on whether this impacted on patient outcomes. The Committee noted that the majority of actions were related to improvement redesign work that continued in 2025/26 as opposed to be delivered completely.</p> <p>In response to a question regarding the Discharge without Delay (DwD) programme, the Committee were advised that pre-noon discharge rates had increased from 14.5% baseline to 17%, therefore although the</p>	

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	<p>aspiration of 20% had not been met, progress had been made to increase discharges.</p> <p>In response to a question regarding Psychological Therapies patients waiting more than 52 weeks, the Committee were advised that addressing the long waits remained a challenge, however, there would be a focus in 2025/26 to target the longest waits.</p> <p>The Committee noted the progress on the Delivery Plan and ongoing monitoring.</p> <p><u>NOTED</u></p>	
59.	NHSGGC Draft Delivery Plan 2025/26	
	<p>The Committee considered the NHSGGC Draft Delivery Plan 2025/26 [Paper 25/35] presented by Dr Scott Davidson, Medical Director and Ms Claire Macarthur, Director of Planning, for endorsement for onward Board approval.</p> <p>Ms Macarthur provided an overview of the report, highlighting how the Delivery Plan for 2025/26 had been developed and the vision to transform the way care is delivered over the 3-year timeframe.</p> <p>The Delivery Plan had been developed in an iterative way with input from appropriate service and executive leads and wider whole system leaders. During the winter period, draft sections of the plan were reviewed by the Whole Systems Group, and draft sections were subsequently shared with the Strategic Executive Group for review and feedback prior to collation of the full plan. As part of the plan, a Quality & Performance monitoring framework would be developed to closely monitor the impact as well as the completion of actions. Feedback had been received from the Scottish Government and the approach of Delivery Plan met their expectations. It was noted that the strategic planning context of our Delivery Plan was closely aligned with the national reform and renewal programme.</p> <p>In response to a question regarding cancer diagnostic services, the Committee were assured that part of the work was improving the fundamental components. The Committee were advised that targets would change as the year went on.</p> <p>In relation to population health, specifically what was achievable in changing the behaviours of children, for example vaping, the Committee were assured that work was ongoing with partners. Heath Visitors also played a vital role in identifying needs of young families and providing support. The Population Health and Wellbeing</p>	

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	<p>Committee received reports detailing the work that was being carried out supporting families and young people with healthy eating. Health and Wellbeing Surveys were carried out in order to target activity most needed and reported through the Population Health and Wellbeing Committee.</p> <p>In response to a question regarding funding to deliver on the actions, the Committee noted that a bid had been submitted to the Scottish Government for £21m to reform unscheduled care. The Committee noted that NHSGGC finished the year end on a positive financial position, achieving greater activity, however the challenge was significant, and some areas had to be addressed, for example long waits. The Committee acknowledged that this was the start of a three-year plan, therefore not all elements would be achieved in the first year and external additional funding was critical for the board to deliver the plan.</p> <p>In response to a question regarding the impact of the reduced working week, the Committee were advised that a strategic piece of work was being carried out by the Human Resources and Organisational Development team to understand the impact, along with working closely with the finance department to understand the cost implications. The date set for the additional hour reduction was expected to be take effect from 1st April 2026.</p> <p>The Committee acknowledged the significant piece of work and recognised that the plan was ambitious. The Committee agreed that the timing and process for next year's review would be considered to involve the Board earlier in the process. The Committee would receive quarterly reports to monitor progress and track actions.</p> <p>The Committee were content to endorse the paper for Board approval.</p> <p><u>ENDORSED</u></p>		Ms McArthur
60.	GP OOH One Year Impact		
	<p>The Committee considered the GP OOH One Year Impact [Paper 25/36] presented by Mr Fraser McJannett, Director of Primary Care/Out of Hours, for endorsement for onward Board approval.</p> <p>Mr McJannett provided an overview of the work that had taken place and the impact and performance of service since the decision to move from business continuity arrangements to a revised permanent model for the service as approved by the Board in April 2024. He confirmed that an extensive engagement process was undertaken which was independently assured by Healthcare Improvement Scotland.</p>		

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	<p>Mr McJannett reported that the NHSGGC Patient Experience Team had carried out extensive work with the service, highlighting that feedback received had been positive, with 86% of patients rating their care as good or excellent. The Committee noted that feedback was gathered using a standard approach over a defined period. Contact details were obtained, and individuals were reached within a two-week framework. There was a significant response rate from people contacted online via mobile numbers.</p> <p>The Committee discussed the lower uptake of the feedback survey within Inverclyde and agreed that more detail was required in relation to this area and their engagement with the service.</p>		Mr McJannett
	<p>The service continued to provide free of charge patient transport to all patients that required travel to and from their appointment. Mr McJannett reported that, through engagement, there was recognition that access to transport in the Inverclyde area was challenging. He noted that the percentage of patients that used patient transport and had arrived for their scheduled appointment in time was in keeping with other partnerships across NHSGGC. The Committee requested that further detail on the timing of missed appointments to be included in the report.</p>		Mr McJannett
	<p>Mr McJannett reported that the telephone first approach had been successful, and the Home Visiting Services continue to be reviewed, with a focus on reducing waiting times. Professional to Professional support would be an ongoing area of development within the service to consider patient pathways to increase support to manage people in their homes. Mr McJannett noted that additional work with the Scottish Ambulance Service (SAS) was taking place to review the pathways and track patients from OOH and ensure redirection from the front door.</p>		
	<p>Overall, Mr McJannett noted that the decision to move to the permanent model had provided greater consistency, stability and resilience and enabled the service to meaningfully engage and plan with its stakeholders, including contribution to GGC wide led reforms as well as working closely with external partners such as NHS 24 and SAS.</p>		
	<p>In response to a question regarding whether additional capacity was required as there was no clinical impact included in the paper, Mr McJannett agreed to find out further information on this.</p>		Mr McJannett
	<p>The Committee were assured that NHSGGC were fully engaged in national discussions with other Boards and the Scottish Government regarding OOH via the National Operation Group. The Committee noted that an annual exercise would be carried out to routinely measure satisfaction levels of members of the public which would be</p>		

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	<p>brought back alongside the wider report. Mr McJannett confirmed that a Data Manager would soon be starting in post, presenting an opportunity to develop a more data-driven model. There was also a focus on peer comparison and performance measures, although this was still being fully developed, but it was in progress.</p> <p>In response to a question regarding half of closures being at the New Victoria ACH, the Committee received assurance that there were no specific issues and closures were based on resource.</p> <p>The Committee noted that a report would be submitted to the Committee twice per year and would be part of the Integrated Performance report being developed.</p> <p>Subject to the additional information requests noted above, the Committee was content to endorse the report for onward Board approval.</p> <p><u>ENDORSED</u></p>	
61.	Health and Safety Update (Ligature)	
	<p>It was agreed that this item would be deferred to a future meeting.</p> <p><u>NOTED</u></p>	
62.	Financial Monitoring Report	
	<p>The Committee considered the Financial Monitoring Report [Paper 25/38] presented by Mr Colin Neil, Director of Finance for assurance.</p> <p>Mr Neil informed the Committee that at the end of month 12, there was a reported underspend of £1.7m, with £2.53m attributed to unachieved savings being offset by a total pay and non-pay underspend of £4.25m. Acute was overspent by £24.31m, while corporate areas were underspent by £24.54m for pay and non-pay. Partnerships had a pay and non-pay underspend of £4.02m. The report noted that these figures were provisional and were subject to year-end audit.</p> <p>Mr Neil reported that workforce information showed an overall 94.7% level of workforce against establishment. He noted that Agenda for Change reform information had been included in the report. There had been an improvement in total agency spend, with a 54.1% reduction on the previous years spend. In relation to Nurse Agency spend Mr Neil reported that there has been an increase in spend in month mainly due to high levels of sickness and one to one observations. This outturn was a £19.5m reduction when compared to last year. There was still a need to eradicate agency completely with RMN coverage being the</p>	

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	<p>final substantive element to resolve. He noted that there had been slight movement in Medical Agency spend, particularly with Junior medical spend. An increase on year to date spend on Primary Care prescribing compared to the previous year was noted.</p> <p>In terms of Sustainability and Value, £55.6m had been achieved on a full-year recurring basis, and £226.9m on an in-year basis. Mr Neil reported that total capital expenditure incurred to 31st March 2025 was £73.1m, which amounted to 100% of the capital budget.</p> <p>Finally, Mr Neil reported that the overall position had been reviewed and based on the month 12 information NHSGGC had out turned a provisional surplus of £1.7m. This was still subject to year-end audit; however, this was an improvement on the break-even position forecast last month. The final movement from the approved deficit of £48.3m to a surplus of £1.7m was mainly attributable to the release of the Agenda for Change non-pay reform funding.</p> <p>In response to a question regarding when the financial impact of the redesign would be evidenced, the Committee noted that as part of the phasing an affordable model was required. Improving efficiency, optimising pathways and using innovative digital techniques would be the focus. The £50m funding could potentially be recurring if the impact could be demonstrated, for example performance against funding. The Committee noted that impact of the additional investment would be tracked and reported to the Committee and the Board.</p> <p>The Committee thanked the team for the hard work that had been carried out and were content to note the update.</p> <p><u>NOTED</u></p>	
63.	Performance Report	
	<p>The Committee considered the Performance Report [Paper 25/39] presented by Mr Colin Neil, Director of Finance, for assurance.</p> <p><u>Month 12 – 2024/25</u></p> <p>The Committee were content to note the Month 12 report.</p> <p><u>Month 1 – 2025/26</u></p> <p>Mr Neil provided an overview on performance against some of the key indicators as outlined in the Performance Assurance Framework for the period up to and including April 2025. He noted the new Acute related measures contained within the report and highlighted that the main focus was to reduce the number of long waiting patients. For 2025/26,</p>	

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	<p>the priority was to have no new outpatients waiting over 52 weeks and no more than 13,500 inpatient/daycases waiting over 52 weeks by March 2026. The Board would utilise the additional funding provided by the Scottish Government to help achieve the required reductions. Mr Neil reported that the latest quarterly position for Alcohol and Drugs remained positive at 95.0%, which exceeded the 90% national target. Performance in relation to CAMHS patients continued to exceed the national target with current performance sitting at 98.5%. Acute activity in relation to new outpatients, endoscopy and imaging exceeded the planned position for April 2025. April's compliance with the A&E four hour waits improved further on the previous months position.</p> <p>Mr Neil provided a report on key areas that required improvement. The MSK Physiotherapy waiting times continued to pose challenges, with the April 2025 position reducing compared to the previous month and the longest waiting times remained static. Inpatient/daycase activity was 9% below the planned activity levels for April 2025. The number of acute delayed discharges in April 2025 saw an improvement on the previous month's position, however this was still above the target. The number of acute bed days lost to delayed discharge also improved by 14.3% when compared to the previous months' position reducing from 10,600 in March 2025 to 9,080 in April 2025. The number of Mental Health delays remains a challenge, increasing from 72 in March 2025 to 82 in April 2025. Performance in relation to the Cancer 31 Day waiting times standard saw a reduction on the previous months' position reducing from 96.2% in March 2025 to 94.6% in April 2025, narrowing missing the 95% national target. Performance in relation to the Cancer 62 Day waiting times also reported a reduction on the previous month's position, reducing from 68.3% in March 2025 to 66.9% in April 2025. Overall performance remains challenged due to the continued increase in Urgent Suspicion of Cancer referrals.</p> <p>In response to a question regarding gynaecology 62-day cancer waiting times, the Committee received assurance that a full review of gynaecology was taking place. The team would be bolstered with additional consultants from planned care funding in order to ensure the service was more sustainable to manage demand.</p> <p>The Committee noted concern about the level of outpatients and TTG results which show GGC as an outlier across Scotland. Overall outpatients would need to increase from 284,000 to 309,000, within TTG 64,300 in patient day cases would need to increase to 74,000. From that, a set of action plans had been created looking at speciality level and this would assist with establishing gaps.</p> <p>The Committee discussed recruitment challenges in specific services. In anaesthetics, the Committee noted that there had been a reduction in head count, therefore there had been use of the independent sector.</p>	

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	<p>The Committee acknowledged that recruitment was a key factor to delivery and were assured that the recruitment process continued, with some specialities being easier to fill than others, which was similar to other Boards.</p> <p>The Committee were content to note the performance report and were assured by the progress to date.</p> <p><u>NOTED</u></p>	
64.	Corporate Risk Register	
	<p>The Committee considered the Corporate Risk Register [Paper 25/40] presented by Ms Katrina Heenan, Chief Risk Officer, for approval.</p> <p>Ms Heenan reported that there were 12 risks aligned to the Committee and 100% of the risks had been reviewed in May 2025. There had been 10 new actions proposed, 10 open and 17 completed since the last meeting. She noted that work was ongoing to close overdue actions. Following the risk reviews, there were no changes to risk score.</p> <p>In relation to actions around reporting elements, it was proposed that current actions associated with the risk at present e.g. Fire risk assessment were closed and that these were embedded in compliance reporting going forward rather than separate actions. This would apply of any remaining actions.</p> <p>In response to a question regarding the lack of detail in the impact column for the risk in relation to the adverse public reputation and inspection, the Committee were advised that an assessment was being carried out against the new revised risk category and would be updated on the new impact category and appetite statements.</p> <p>The Committee noted that discussions had taken place regarding medicines cost and risk, noting that although there had been a Board Seminar regarding realistic medicine, but this is an area to be looked at in more detail as there is limited information on actions. The Committee agreed that the action plan should be brought back to a future meeting for further discussion.</p> <p>The Committee were content to approve the paper.</p> <p><u>APPROVED</u></p>	<p>Ms Heenan</p> <p>Ms Heenan</p>
65.	Committee Governance	
	a) Terms of Reference	
	b) 2025/26 Annual Cycle of Business	

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	<p>The Committee considered the Terms of Reference and 2025/26 Annual Cycle of Business [Paper 25/41] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance, for approval.</p> <p>Ms Vanhegan reported that the Terms of Reference had been slightly updated to incorporate the feedback received. The Terms of Reference included the responsibility of the Committee following discontinuation of the Acute Services Committee.</p> <p>The Committee noted the Annual Cycle of Business for information. The Annual Cycle of Business would be updated to incorporate actions from the Committee to ensure they were appropriately tracked and would be submitted to the Committee every second meeting.</p> <p>The Committee were content to approve the paper.</p> <p><u>APPROVED</u></p>		
66.	Closing Remarks and Key Messages for the Board		
	<p>The Chair thanked everyone for attending and contributing to the discussions and closed the meeting.</p> <p><u>NOTED</u></p>		
67.	Date and Time of Next Scheduled Meeting		
	<p>The next meeting would be held on Thursday 7 August 2025 at 9.30am, hybrid at JB Russell House and via MS Teams.</p>		