

**NHS GREATER GLASGOW AND CLYDE**

**Minutes of the Meeting of the Finance, Planning and Performance  
Committee held on Wednesday 13 May 2026  
at 12.30 pm in the Board Room, JB Russell House, and via Microsoft Teams**

**PRESENT**

Ms Margaret Kerr (in the Chair)

Ms Mehvish Ashraf	Mr Jamie Kinloch BEM
Mr Brian Auld	Ms Lesley McDonald
Mr Michael Breen	Dr Morven McElroy
Ms Libby Cairns	Dr Becky Metcalfe
Cllr Jacqueline Cameron	Ms Ketki Miles
Ms Ann Cameron-Burns	Cllr Robert Moran
Mr Martin Cawley	Dr John O'Dowd
Ms Cath Cooney	Dr Paul Ryan
Dr Scott Davidson	Dr Lesley Thomson KC
Mr Giovanni D'Alessio	Mr Charles Vincent
Professor Jann Gardner	Ms Michelle Wailes
Mr Graham Haddock OBE	Professor Angela Wallace

**IN ATTENDANCE**

Mr Russell Coulthard	Deputy Chief Executive/Chief Operating Officer
Ms Gillian Duncan	Corporate Executive Business Manager (Minutes)
Ms Leanne Law	Senior Business Manager – Corporate Governance
Ms Claire MacArthur	Director of Planning
Ms Nicola Munro	PA to Chair
Ms Natalie Smith	Interim Director of Human Resources and Organisational Development
Mr Alan Wilson	Director of Estates and Facilities

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<b>31.</b>	<b>Welcome, Apologies and Introductory Remarks</b>	
	The Committee Chair welcomed those present to this meeting of the Finance, Planning and Performance Committee and thanked members	

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	for making the time to attend. There was one item on the agenda, and the paper had been circulated in advance.		
	Apologies were submitted on behalf of Councillor Chris Cunningham.		
	<b><u>NOTED</u></b>		
<b>32.</b>	<b>Declaration(s) of Interest(s)</b>		
	The Chair invited members to declare any interests in any of the matters being discussed. There were no declarations of interest.		
	<b><u>NOTED</u></b>		
<b>33.</b>	<b>Ward 4B Option Appraisal and Risk Assessment</b>		
	<p>The Committee considered the Ward 4B Option Appraisal and Risk Assessment [Paper 26/18] presented for approval by Ms Claire MacArthur.</p> <p>Professor Gardner thanked the Committee for convening to consider this important matter. Professor Gardner acknowledged the concerns that had been raised in relation to Ward 4B, the Bone Marrow Transplant (BMT) Unit, and said that the proposal was ultimately to transition to a new BMT facility in the future, however, the immediate focus was on evaluating the optimal current location for the service and following the options appraisal and risk assessment process which had input from the GGC multi-disciplinary team, ARHAI and NSD colleagues and a number of external independent experts, the prevailing recommendation was to continue to operate the service in Ward 4B with a phased refurbishment of patient rooms until a new BMT Unit was built and commissioned.</p> <p>Ms MacArthur noted a combined option appraisal and risk assessment process had been undertaken with 27 participants including 17 GGC team members, a clinical advisor and senior planner from our commissioners NSD, and 7 external independent experts. The process has centred on balancing competing risks of the short-listed options. Noting that NHSGGC were committed to building a new BMT Unit which was expected to take at least 2 years.</p> <p>Ms MacArthur explained that a robust process, following Scottish Capital Investment Manual (SCIM) guidance for option appraisal and risk assessment, had been undertaken with input from 27 experts in their field including clinical experts (consultant haematologists,</p>		

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	<p>consultant microbiologist, consultant Infection control doctors) estates, facilities and engineering experts, Infection prevention and control nursing team members, senior operational managers, a clinical advisor and a senior planner from NSD our commissioners, the clinical lead for NHS Assure and ARHAI, and 7 external independent experts.</p> <p>A comprehensive process was undertaken within the full involvement of the team as follows:</p> <ul style="list-style-type: none"><li>• The proposed process and the input from the external was discussed with Silver Command Members including the involvement of external independent experts.</li><li>• The team reviewed and further developed the non-financial benefit criteria which were used to score and differentiate the options.</li><li>• The team supported the development of the long list of options through discussion all potential options were identified and a description of each options key features, benefits and risks were documented, discussions and through a process of questions and answers the team reached the point where all stakeholders had a full understanding of what each option would provide.</li><li>• The team then revisited the non-financial benefit criteria to finalise the criteria to ensure that they would fully enable the differentiation of the options identified</li><li>• As a group the non-financial benefit criteria were ranked and weighted using the recommended 'weighted pairs' approach outlined within the SCIM</li><li>• The long list of options were then reviewed and a feasibility assessment was undertaken to support moving from a long list to a short list of options. The feasibility assessment considered – ability to deliver the technical specifications including ensuite patient rooms, HEPS Filtration, positive pressure patient rooms, minimum air changes per hour, meeting access and co-location standards including JACIE standards, providing sufficient capacity – minimum of 22 beds to support clinical demand, delivery and feasibility – ability to deliver the option clinically and operationally and deliver within a 4 month timeframe.</li></ul> <p>Four options were short listed as follows:</p> <ul style="list-style-type: none"><li>• <b>Option 1</b> - Service to remain within Ward 4B with the Infection Control measures currently in place. Enhanced microbiological support with ongoing monitoring of the built environment.</li><li>• <b>Option 2a</b> - Service remains in Ward 4B with phased programme of refurbishment. Two rooms would be closed and refurbished on a rolling programme. Scale of work to include replacement of all ensuite pipe work, flooring, wall coverings, IPS panel and sanitary</li></ul>		

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	<p>wear, pipework above ceiling in bedrooms. Enhanced microbiological support with ongoing monitoring of the built environment. Use of national approved guidance for asbestos-removal process could be adopted using negative pressure and containment.</p> <ul style="list-style-type: none"> <li>• <b>Option 4a</b> - Autograft and IEC remain in QEUH relocated to Ward 4C (Noting displaced haematology beds would be provided somewhere within the QEUH campus to be agreed). Relocation of allograft service to Beatson Wards B8 &amp; B9.</li> <li>• <b>Option 4b</b> - Autograft and IEC remain in QEUH relocated to Ward 4C. (Noting displaced haematology beds from Ward 4C would be provided somewhere within the QEUH campus to be agreed). Allograft Service - relocate to NHS England Sites.</li> </ul> <p>Participants then individually scored the short-listed option. This was undertaken in two groups:</p> <p>Group 1: GGC, ARHAI and NSD Colleagues Group 2: External Independent Experts</p> <p>The individual scores were then collated by the corporate planning team. Option 1 and Options 2a were the two highest scoring options with minimal difference in scores option 1 scoring 0.3% higher than option 2a overall. Looking at the scoring by group there were key differences in the ranking of the two options:</p> <ul style="list-style-type: none"> <li>• GGC &amp; NSD &amp; ARHAI Colleagues – Option 1 scores 1.9% higher than Option 2a</li> <li>• External Independent Experts – Option 2a scored 8.5% higher than Option 1</li> </ul> <p>The results of sensitivity testing demonstrated that Options 1 and 2a consistently remained the highest scoring options across all tests.</p> <p>The difference between the two options remained small (typically &lt;2%), with a negligible reversal (&lt;1.5%) observed when disruption and timescale criteria were removed and average score by stakeholder group.</p> <p>The outcome of the process was that Ward 4B was the only location capable of delivering the allogeneic transplant service. The process and the participants recognised that none of the options were without risk. The external independent experts scored option 2a 8.5% higher than option 1. The sensitivity testing identified that the ranking of options reversed when disruption and timeline criteria were removed – with Option 2a scoring higher than Option 1.</p>		

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	<p>HAI SCRIBE process was underway to support the rectification work required to support re-opening of 2 currently closed patient rooms. Given the timeline of a minimum of 2 years to build a new BMT unit undertaking a programme of phased refurbishment would support minimising risk until a new build BMT Unit was commissioned. On balance therefore Option 2a was the preferred option.</p> <p>This means that whole service would remain in Ward 4B with a phased refurbishment until a new Unit was built. In tandem a business case for the new BMT Unit was being developed at pace. Noting that all participants recognised that any further changes to the ward 4B environment, fabric or facilities would require the options to be revisited.</p> <p>Dr Davidson added that clinical colleagues had been extremely collaborative, both internally and externally, with good discussion and curious questioning, which had been essential in reaching the preferred option and providing assurance. He said the clear recommendation had been to continue clinical practice in Ward 4B, recognising the impressive standard of work carried out in the Unit. Mr Coulthard added that work continued with the team in Ward 4B on the current operational management of the Unit to ensure any ongoing issues or concerns were identified and resolved, however, he was pleased to note that there had been no new issues or concerns identified during April and May. The team continued to be supported through ongoing monitoring and oversight from the daily 7 day a week Gold, Silver and Bronze command. Professor Wallace noted that the local Microbiologists and Infection Prevention and Control Team (IPCT) had been fully involved in the process with patient experience and safety a significant part of the discussion.</p> <p>The Committee Chair thanked everyone involved for the level of input and the high level of expertise and significant amount of work in producing the paper which would provide considerable assistance in making the decision.</p> <p>The Board Chair also commended the work in this space and asked for further assurance on the scoring and understanding the split of the consensus between Options 1 and 2a. In response, Ms MacArthur outlined the scoring process undertaken by the GGC MDT, which included input from the NSD commissioner and ARHAI colleagues. The scores for Option 1 and Option 2a had been extremely close, with only Option 1 scoring 747.6 points out of a maximum 1,000 and Options 2a scoring 744.8 points out of a maximum of 1,000 points and she acknowledged that Option 2a had been the preferred option from the external experts with the internal team marginally favouring Option 1. In response to a query about how the final decision would be received by</p>		

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	<p>the GGC MDT group, given how closely the options were scored, it was noted that at present, considerable effort was being invested in bringing the two rooms back into use and the challenge remained in securing HAI-SCRIBE. The progress of developing and achieving an approved HAI SCRIBE was underway and was a high priority.</p> <p>The Board Chair emphasised the importance of being able to demonstrate that the options were finely balanced and supported the rationale for selecting a group of external experts to guide the process and the importance of including individuals with no prior involvement or preconceptions in the process to ensure unbiased and independent perspectives. The Committee Chair agreed that the independence of external experts was beneficial and ensured that decisions were made objectively, particularly when the options were closely scored and the difference between them was not substantial.</p> <p>In response to a query about recent media reports on the safety of the QEUH, Professor Gardner said that the Board had previously discussed the different assurance processes and the work that was continuing through the Safety and Public Confidence Oversight Group with updates to Board. There had also been an update from the Chief Executive and Professor Sir Lewis Ritchie at the April Board meeting. Since last summer, additional steps had been taken to describe assurance in every part of our system, including a dashboard that recorded every room in the hospital, and the new Director of Estates and Facilities, Mr Wilson, working with Professor Steele, Professor Wallace and Dr Davidson, had been asked to develop this work to aid the risk assessment of the full site and that would continue to be reported to the Board.</p> <p>Dr Davidson added that the Unit had excellent outcomes in its current location and both internal and external clinicians involved in these discussions would not have agreed that the Unit should remain there if they did not feel it was clinically appropriate and in the best interests of patient outcomes. It was also important to note that patient safety was multifactorial and not only about the building and fabric. Dr Thomson said that everything that NHSGGC was doing in relation to QEUH safety was in the public domain, on the website and in the full Board papers and encouraged Non-Executive Board Members to ensure they were fully up to date on this.</p> <p>In response to a query about the importance of ongoing external scrutiny, Dr Davidson confirmed that external experts would be involved where required and there was an ongoing agreement that the external panel could be approached if required. There would also continue to be external involvement in the Safety and Public Confidence Oversight Group.</p>		

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	<p>In response to a query about the timeline for the new Unit, Professor Gardner acknowledged that there would be challenges and this would be a technical build, but the aim was to complete this within the 2/3 year period. Mr Wilson said that significant preliminary work had been undertaken in advance as part of this process which would be carried forward into the development of a standard business case. In relation to Scottish Government support, Professor Gardner said that the importance of the building a new Unit was understood and support had been given nominally to progress to business case.</p> <p>The Committee Chair asked about feedback to those who had contributed to the process. Professor Gardner said that the paper had been presented to the Corporate Management Team and would be presented to the Acute Clinical Governance Forum followed by feedback to those involved in the scoring with a version taken to the Safety and Public Confidence Oversight Group for information. She said that it was clear that the consensus was that it was safe for the service to remain in Ward 4B until the new Unit was built with additional actions to support the maintenance and monitoring. Patient experience had been considered within the scoring, noting the Safety and Public Confidence Oversight Group has three Portfolios, one of which was Public, Patient and Families Engagement and Communication. Part of the remit of this Portfolio will be to engage with patients and staff, past and present and more detail will follow in this regard. Professor Wallace said that patient safety had been a significant consideration throughout the discussions and while a wide range of options had been explored, the impact on unwell patients having to travel remained a crucial factor in all deliberations and had been at the forefront of the decision-making.</p> <p>The Committee were asked to approve option 2a which would see the whole service remaining within Ward 4B with a phased refurbishment until a new Unit was built with enhanced support as required. Following agreement, the priority would be to progress discussions to agree HAI-SCRIBE for the 2 currently closed rooms within Ward 4B, as well as undertaking a planned rolling programme of refurbishment, and to progress the development of a standard business case for a new BMT unit at pace.</p> <p>Following this discussion and assurance provided, the Committee were content to formally approve Option 2a as the preferred option.</p> <p>In closing, the Committee Chair asked that appreciation on behalf of the Committee be extended to everyone involved in the significant work undertaken to progress this important development.</p> <p><b>APPROVED</b></p>		

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<b>34.</b>	<b>Date and Time of Next Scheduled Meeting</b>		
	The next meeting would be held on Thursday 28 May 2026 at 1.00 pm hybrid in the Board Room, JB Russell House and via MS Teams		