

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the Finance, Planning and Performance
Committee held on Wednesday 25 March 2026
at 9.30 am in the Board Room, JB Russell House, and via Microsoft Teams**

PRESENT

Ms Margaret Kerr (in the Chair)

Mr Brian Auld	Dr Morven McElroy
Mr Michael Breen	Dr Becky Metcalfe
Ms Libby Cairns	Ms Ketki Miles
Mr Martin Cawley	Cllr Robert Moran
Mr William Edwards	Mr John O'Dowd
Ms Dianne Foy	Dr Paul Ryan
Professor Jann Gardner	Dr Lesley Thomson KC
Mr David Gould	Mr Charles Vincent
Mr Graham Haddock OBE	Prof Angela Wallace
Mr Jamie Kinloch	

IN ATTENDANCE

Mr Daniel Connelly	Deputy Director of Public Engagement
Ms Beth Culshaw	Chief Officer, West Dunbartonshire HSCP
Mr Stuart Donald	Head of Performance
Ms Katrina Heenan	Chief Risk Officer
Mr Gordon Love	Head of Property and Asset Management
Ms Claire MacArthur	Director of Planning
Ms Keira McLuskey	Head of Sustainability
Mr Neil McSeveny	Deputy Director of Communications
Ms Jillian Neilson	Corporate Services Manager, Governance/Board Secretary
Mr Derrick Pearce	Chief Officer, East Dunbartonshire HSCP
Mrs Louise Russell	Secretariat Manager (Minutes)
Ms Natalie Smith	Interim Director of Human Resources and Organisational Development
Mr Jonathan Todd	Head of Information Management (Deputising for Denise Brown)

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		ACTION BY
16.	Welcome, Apologies and Introductory Remarks	
	<p>The Chair welcomed those present to the March 2026 meeting of the Finance, Planning and Performance Committee.</p> <p>Apologies were noted on behalf of Professor Tom Steele, Ms Mehvish Ashraf, Ms Ann Cameron Burns, Ms Michelle Wailes, Mr Gio D'Alessio, Professor Iain McInnes, Ms Cath Cooney, Cllr Katie Pragnell, Ms Natalie Smith and Ms Denise Brown.</p> <p>The Chair agreed to take item 12 (Sustainability Strategy Annual Update) earlier in the agenda to enable Ms McLuskey to leave the meeting.</p> <p>The Chair also noted that several members had indicated they would join FPPC later due to the East Renfrewshire IJB meeting taking place today.</p> <p>The Chair also noted that an updated Rolling Action List had been circulated to members.</p> <p><u>NOTED</u></p>	
17.	Declaration(s) of Interest(s)	
	<p>The Chair invited members to declare any potential conflicts of interest. No declarations of interest were made.</p> <p><u>NOTED</u></p>	
18.	Minutes of Previous Meeting held on 29 January 2026	
	<p>The Committee considered the minute of the meeting held on 29 January 2026 [FPPC(M)26/01].</p> <p>The Chair noted an amendment raised outwith the meeting regarding the title of Mr John O'Dowd, now Interim Director of Public Health. The Chair advised that, at the time of the meeting, Mr O'Dowd held the post of Deputy Director of Public Health, therefore no amendment was required.</p> <p>The Committee were content to approve the minutes as a full and accurate record of the meeting.</p> <p><u>APPROVED</u></p>	

		ACTION BY
19.	Matters Arising	
	<p>a) Rolling Action List</p> <p>The Committee considered the Rolling Action List [Paper 26/09] presented by the Chair, for approval.</p> <p>There were 10 items proposed for closure and 5 items remained ongoing.</p> <p>The Committee were content to approve the Rolling Action List.</p> <p><u>APPROVED</u></p>	
20.	Urgent Items of Business	
	<p>The Chair invited Committee Members to highlight any urgent items of business.</p> <p>Professor Gardner provided members with an update on the current status of the Bone Marrow Transplant Service including noting that both Silver and Gold Command meetings were being held daily.</p> <p>Professor Gardner reported that the meeting schedule for the Incident Management Team involving NHSGGC staff, ARHA as well as external input had been changed from weekly meetings to fortnightly. Further updates would be provided in due course as the work progressed.</p> <p>Professor Gardner noted that NHSGGC was part of a new pilot for newborn heel-prick screening which included spinal muscular atrophy (SMA) testing with the NHSGGC laboratory being the only participating laboratory in the UK. Professor Gardner explained that the screening enables diagnosis within 4–5 days with early treatment leading to significantly improved outcomes including longer life expectancy.</p> <p>The Committee received an update on the Healthcare Improvement Scotland (HIS) report for Maternity Services. Mr Edwards advised that NHSGGC had been escalated to Level 1 of the Framework for Maternity services. Mr Edwards noted that further information would be provided in due course.</p> <p><u>NOTED</u></p>	

		ACTION BY
21.	Finance Report (Month 10)	
	<p>The Committee considered the Finance Report at 31 January 2026 (Month 10) [Paper 26/10] which was being presented by Mr Breen for assurance.</p> <p>Mr Breen reported that at Month 10, NHSGGC was reporting a cumulative overspend of -£3.9m which was a substantially improved position from the previous month position of -£43.8m.</p> <p>In relation to Month 10, Acute Services were overspent by -£66.2million with Corporate areas underspent by a combined £62.2million. In relation to the HSCPs the position being disclosed was break-even after reserves adjustments.</p> <p>M Breen in relation to the Sustainability and Value (S&V) programme reported that on an in-year basis £141.3m or 64.8% of the £217.8m overall financial target had been delivered and on a recurring basis £29.7m or 31.7% of the £93.7m recurring target had been achieved.</p> <p>In relation to the Capital Expenditure position, Mr Breen noted that £46.4m had been incurred to Month 10 which amounted to c.52% of the overall 2025-26 Capital budget. Mr Breen explained that a balance of £42.2m had still to be incurred to the 31 March 2026 to fully expend the Capital Budget. However, 92% of the total capital allocation had commitments or firm orders which was in line with expectations.</p> <p>The Committee discussed resident doctors and noted that this was a substantial programme of work extending beyond rota arrangements. The Committee noted that positive progress was being made in relation to the Band 3 rotas, with actions underway to ensure that rota breaches were limited as far as possible.</p> <p>In response to a question in relation to Sustainability and Value, noting that recurring savings had not been consistently delivered, the Committee noted an update from Mr Breen that the intention was to review the overall approach for 2026-27.</p> <p>The Committee were content to note the position at month 10 and acknowledged the month 11 direction of travel.</p> <p><u>NOTED</u></p>	

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22.	a) Integrated Performance and Quality Report (IPQR)	
	<p>The Committee considered the Integrated Performance and Quality Report (IPQR) [Paper 26/11] presented by Mr Michael Breen, Director of Finance, for assurance.</p> <p>Mr Breen presented the second full edition of the newly established Integrated Performance and Quality Report (IPQR) and provided an update on performance against key corporate indicators contained within the IPQR. The paper included two appendices: the Integrated Performance and Quality Report for January 2026 and the Winter Plan update.</p> <p>Mr Breen reported that January 2026 reflected continued progress in several core areas, however there were a number of persistent pressures across the system. The paper provided a summary of key performance indicators by Committee structure. Mr Breen reported that across key performance indicators there were 21 rated green (indicating performance in line with or ahead of agreed trajectories), 10 rated amber (performance had not met trajectory but was within a tolerable range), 13 were rated red (not meeting trajectory and outside of tolerable range) and a number of other trajectories rated grey which were provided for information and context.</p> <p>In relation to a question around Estates and Facilities planned maintenance clarification was sought on whether the Committee could be assured that the momentum of progress would continue. Mr Breen assured the Committee that there was a strong Executive focus on Estates and Facilities. Mr Breen also noted that actions in relation to Estates and Facilities were included within the Rolling Action Log.</p> <p>In response to a question regarding encouraging more Patient Experience feedback Mr McSeveny advised that patients being discharged were provided with a card at the point of discharge and encouraged to provide feedback.</p> <p>In relation to the current projections for diagnostic imaging and the actions that would be taken to mitigate them, it was noted that the MRI position would continue to be supported through the use of mobile vans. Over the last six weeks, a reduction in available vans for a period created operational challenge; however, approximately 3,000 patients had been supported over this period. The service would continue to utilise mobile vans and Golden Jubilee capacity to reduce backlog and support delivery.</p>	

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	<p>The Committee noted the position would be monitored through the usual processes for example weekly monitoring. Risks associated with funding commitments were noted.</p> <p>The Committee noted challenges within the paediatric service. Work was underway to secure additional support from neighbouring Boards. The focus would be on addressing the longest waits and to work collectively to identify and implement solutions.</p> <p>In response to a question regarding the Treatment Time Guarantee (TTG) and inpatient guarantees, and the work being carried out to get back on trajectory, the Committee noted that there had been a significant reduction from 14,000 1 year ago, to c.7500. The position continued to be monitored on a weekly basis.</p> <p>In terms of unscheduled care and meeting the 4-hour target, the Committee noted that work remained ongoing to improve the overall position.</p> <p>The Committee also discussed the 62-day cancer performance and noted that there had been an improvement from the January 2026 position. Further sensitivity analysis had been undertaken to understand the type of referrals. The Committee noted the March 2026 position was 73%, which was a slight improvement based on the February 2026 position of 70.9%.</p> <p>The Committee also discussed the presentation of the 62-day trajectories with an expectation set of actual performance of 80% as the norm.</p> <p>The Committee were content to note the report.</p> <p><u>NOTED</u></p>	
23.	Draft 2026-27 Formula Capital Allocation and Expenditure Proposals	
	<p>The Committee considered the Draft 2026-27 Formula Capital Allocation and Expenditure Proposals presented by Mr Breen for awareness.</p> <p>Mr Breen provided an overview of the draft 2026-27 Formula Capital Allocation and Expenditure proposals, noting that they had been developed within NHSGGC's existing governance structures and scrutinised by the Capital Planning Group and Corporate Management Team. The paper detailed the expected level of Formula Capital Funding for 2026-27. Mr Breen advised that other capital allocations</p>	

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	<p>from the Scottish Government would continue to be received for particular projects.</p> <p>It was assumed that NHSGGC's formula Capital allocation for 2026/27 would remain at £41.259m. In line with standard practice, a number of previously approved schemes had priority on the 2026/27 formula capital funding. At mid-February 2026, £15.669m of project costs were expected to be carried over from 2025/26 to 2026/27. The paper included a list of these schemes and their estimated funding requirement in 2026/27. After accounting for these schemes, and the established £3m annual capital to revenue transfer, Mr Breen advised that £22.590m remained unallocated. The allocation of the uncommitted formula capital funding to each of the 7 high-level investment areas used within NHSGGC was included in the paper.</p> <p>The Committee noted that the business-as-usual capital allocation remained a Board challenge, balancing funding across small estates projects and routine activity (excluding new builds/major projects). Allocation was overseen via the Capital Planning Group and informed by a risk-based approach.</p> <p>Mr Breen reported that over the next 9-10 months there would be a move towards a 3–5-year planning horizon which would align with the Estates Strategy.</p> <p>The Committee were content to note the update.</p> <p>NOTED</p>	
24.	Transforming Together – GGC Way Forward Portfolio Status Report	
	<p>The Committee considered the Transforming Together – GGC Way Forward Portfolio Status Report [Paper 26/13] presented by Ms Claire MacArthur for assurance.</p> <p>Ms MacArthur noted the report covered the period 16 January 2026 to 13 February 2026, with status updates provided at Transforming Together Portfolio Board meetings. The recent data indicated that portfolio progress was positive.</p> <p>Ms MacArthur reported that progress continued with electronic triage, with all sites confirmed and that QEUH was agreed as the first site for implementation.</p>	

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	<p>In the North Sector, the discharge to scan general medicine hot clinic had been developed and launched to support patients to avoid admission.</p> <p>In terms of wider work, the OPAT Service, which supports over 200 patients per month, was live in all sectors.</p> <p>Ms MacArthur provided an update on Interface and Urgent Care, reporting that as at 22 March 2026, there were 276 patients in virtual beds and the numbers continued to increase. Work remained ongoing and the clinical leads and specialist groups continued.</p> <p>Considerable progress was reported in Primary Care in relation to the transfer to the Vision system. Three GP practices had been successfully onboarded, with a further 14 anticipated by the end of the month. Ms MacArthur advised that approvals to access GP practice data continue to increase, with 46 practices having now approved data sharing and further approvals expected. This would support the development of a whole-system Primary Care information dashboard. The next phase was expected to comprise 2–3 months of initial data extraction, followed by targeted initiatives. The Committee noted that plans for the GP Walk-in Centre remained on track for June 2026</p> <p>Significant work was ongoing in Mental Health Services with supported opt-in appraisal recognised. A Two-stage process was anticipated for May/early June 2026. Progress updates would be shared and used to inform consultation planned for summer. The Work was expected to be completed by September/October 2026.</p> <p>Further information was provided on Cancer and Planned Care, with an update provided on the Urology review. The Committee noted that work had been carried out through the Access Team regarding GP Biopsies, to increase activity.</p> <p>The Neonatal Hospital at Home service continued to make progress, with an average of 35 babies per month supported within the virtual hospital, and an expectation that this figure would increase. With regard to recruitment within Maternity Services, 34 additional midwives had been appointed: 15 were currently in post and 16 were progressing through the recruitment process, with all expected to be in post no later than April and a Consultant Midwife had been appointed. Ms MacArthur noted that the Maternity Services redesign was ongoing, following the successful Women and Children's Hackathon.</p> <p>It was suggested that a public message should be developed and targeted publicity increased. The Committee noted that external communications work was being initiated for Interface. It was agreed</p>	

		ACTION BY
	<p>that the communications work plan that had been carried out with the Communications team and external advisers to strengthen public engagement would be submitted to the next meeting.</p> <p>Action: Communications Strategy for Interface to be presented to the next meeting.</p> <p>In response to a question regarding monitoring the performance and assessing the impact of virtual beds on wider organisational performance, including clinical outcomes, and where this was currently being evidenced, the Committee noted that the Acute Clinical Governance Forum maintained close oversight, with the Board Wide Clinical Governance Forum providing further scrutiny. The high numbers of patients being discharged to scan was noted.</p> <p>The Committee were content to note the report.</p> <p>NOTED</p>	Mr McSeveny
25.	Disposal of West Glasgow Ambulatory Care Hospital Site (Update)	
	<p>The Committee considered the Disposal of West Glasgow Ambulatory Care Hospital Site (Update) [Paper 26/14] presented by Mr Gordon Love, Head of Property & Asset Management, for assurance.</p> <p>The West Glasgow Ambulatory Care Hospital (WGACH), also known as the former Yorkhill Hospital site, was declared surplus following the relocation of services and Board approval in October 2025. In accordance with statutory requirements, the Scottish Government internal trawl process had concluded, with no formal expressions of interest received, thereby enabling NHS Greater Glasgow and Clyde to proceed to open market disposal.</p> <p>Mr Love advised that activity to support the proposed disposal was at an advanced stage and was being undertaken with external advisors and the Central Legal Office. He reported that engagement with Glasgow City Council had also confirmed a clear planning and development framework to inform future redevelopment, which was anticipated to be mixed-use and residential led, with a strong emphasis on the delivery of social and affordable housing. Mr Love advised that the site was within a catchment area in which student accommodation was not permitted; consequently, this option would not be supported at the planning stage.</p>	

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	<p>The Committee noted that consideration was being given to demolition of the site in advance of the sale, in order to improve marketability, reduce risk, and maximise value.</p> <p>It was raised that the disposal position was previously presented that the site would be marketed “as is,” with no intention to demolish, therefore clarification was required on whether approval could be granted and whether the Committee could approve the request. The Committee received assurance that there had been no agreement to demolish at this stage. Members were advised that demolition was a new matter and the Committee had no delegated authority to approve the proposal. Under the scheme of delegation, the NHSGGC Board must be the decision maker and should approve the proposed direction of travel.</p> <p>The Committee noted that engagement with the Scottish Government had progressed, with a Scottish Government case prepared; however, there was no funding secured for demolition. Demolition would require Scottish Government funding or support from an acquiring body. A clear decision request would be presented to the next Board meeting, including a proposed timeline. Clarification of the governance requirements for disposal under the Capital Transactions Manual would be discussed with Professor Tom Steele.</p> <p>Action: Update paper to be taken to the NHSGGC Board meeting in April 2026 which should outline clearly the approval sought at this stage.</p> <p>The Committee noted the potential for community and family-oriented events, which should be considered as part of planning.</p> <p>In summary, the Committee noted that engagement activity had been helpful, particularly in linking decisions to value-for-money obligations.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>	Professor Steele
26.	Public Dental Service	
	<p>The Committee considered the Public Dental Service [Paper 26/15] presented by Mr Derrick Pearce, Chief Officer, East Dunbartonshire HSCP, for assurance.</p> <p>Mr Pearce provided an overview of the Oral Health/Special Dental Care service and the current operating position, noting delivery across multiple sites and an intention to progress a review of the future service</p>	

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	<p>model. While PDS is a delegated services to East Dunbartonshire IJB the paper was being submitted to the Committee for consideration as the service was a Board-wide clinical service. Mr Pearce confirmed the proposal would also be submitted to the next East Dunbartonshire IJB meeting for consideration.</p> <p>In response to a question regarding the EQIA, the Committee noted that the temporary closure of four sites and consolidation of service delivery were not assessed as part of an EQIA of the service change. An EQIA would be required as part of the service review.</p> <p>However, any future changes were expected to be classified as major, given the nature of the service and the sites affected.</p> <p>It was suggested that future communications should reflect the similarities with the previous out-of-hours (OOH) changes. While this may change or reduce aspects of the service, the message should emphasise sustainable capacity to provide support when it is needed. Mr Pearce reported that this would form part of the wider service engagement process. However, there were material differences from the OOH changes and some important nuances.</p> <p>The Committee noted that the paper was intended to clarify the proposed future service model and its impacts, including how it would be discussed and reviewed internally. If this constituted a major service change, it would require engagement with HIS and formal steps at a later stage. At this point, the priority was to understand what the proposed model would look like in the initial phase.</p> <p>The Committee noted that the ability to sustain the service was a clear and present challenge. A full-service review was required to determine whether a major service change was needed.</p> <p>The Committee were content to approve the paper, noting that a paper would be submitted to a future meeting and to the NHSGGC Board as the review develops.</p> <p><u>APPROVED</u></p>	

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27.	Sustainability Strategy Annual Update	
	<p>The Committee considered the Sustainability Strategy Annual Update [Paper 26/16] presented by Ms McLuskey for assurance.</p> <p>Ms McLuskey advised that it was a Scottish Government requirement for the Sustainability Strategy to be published and publicly available.</p> <p>Ms McLuskey noted that there had been positive progress on energy reduction, particularly across clinical areas. Other work included climate adaptation planning and acceleration of the estate programme. The report would be submitted to the next NHSGGC Board meeting for approval and thereafter for onward circulation to the Scottish Government.</p> <p>The Committee noted that Sustainability was identified as a corporate risk. In response to a question regarding NHSGGC position compared with other public sector bodies of a similar scale, what were we doing, and was it proportionate, Ms McLuskey acknowledged that the scale of NHSGGC was significant. The approach was proportionate however she noted that we were slightly behind the curve. She provided assurance that plans were in place to improve and to continue to progress, noting the enthusiasm and motivation of staff to improve sustainability across NHSGGC. The Chair noted that momentum would build alongside the wider transformation programme and she looked forward to seeing further progress.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>	
28.	Corporate Risk Register	
	<p>The Committee considered the Corporate Risk Register [Paper 26/17] presented by Mr Breen for approval. Mr Breen invited Ms Heenan, Chief Risk Officer, to present an overview of the paper.</p> <p>Ms Heenan reported that the information presented in the paper covered the period December 2025 to February 2026. Ms Heenan highlighted the new format of the report, noting that all Corporate Risks had been scored against the new NHS Scotland Scoring Matrix. This had resulted in changes to 5 risk scores.</p> <p>Ms Heenan noted that the Environment & Sustainability risk had undergone a detailed review with the new Head of Sustainability, approved by the Director of Estates, and the revised risk was presented</p>	

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	<p>for approval. Ms Heenan further noted that the Finance Risks (Capital and Revenue) had been separated into “in year” and “medium-term risks,” increasing the overall number of Finance risk from two to four risks.</p> <p>Ms Heenan proceeded to provide an update on actions noting there were 53 actions; 10 completed, 17 new actions, 14 open and 12 overdue, however progress was being made and a significant number were expected to be closed within the next couple of months.</p> <p>The Committee noted that the revised document was evolving and were encouraged to provide feedback to Ms Heenan.</p> <p>A question was raised regarding whether the risk score for Climate Change and the Sustainability Strategy was appropriate, noting that the risk was current as well as long-term. Ms Heenan advised that the definition of the “initial score” had changed and was now the inherent risk score. A further scoring review would be undertaken, and she would liaise with Estates and Facilities and include this in future updates.</p> <p>Action: “Climate Change and Sustainability Strategy” risk score to be reviewed</p> <p>In response to a question regarding the downgrade of Risk 3816 (Public Inquiries) from red to amber, noting the risk remains severe and controls do not reflect the current position (changed in December 2025), Ms Heenan agreed to take this forward and discuss with the risk owner to agree the approach.</p> <p>Action: Risk 3186 to be reviewed with Risk Owner</p> <p>The Committee were content to approve the paper.</p> <p><u>APPROVED</u></p>	<p>Ms Heenan</p> <p>Ms Heenan</p>
29.	Closing Remarks and Key Messages for the Board	
	<p>The Chair thanked Committee members for their contribution to today’s meeting.</p> <p><u>NOTED</u></p>	
30.	Date and Time of Next Scheduled Meeting	

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			ACTION BY
	The next meeting would be held on Thursday 28 May 2026 at 1.00pm via MS Teams.		