

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the Finance, Planning and Performance
Committee held on Thursday 11 December 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	Professor Iain McInnes
Mr Michael Breen	Dr Becky Metcalfe
Ms Ann Cameron-Burns	Ms Ketki Miles
Mr Martin Cawley	Dr Paul Ryan
Dr Scott Davidson	Dr Lesley Thomson KC
Mr William Edwards	Mr Charles Vincent
Professor Jann Gardner	Ms Michelle Wailes
Mr David Gould	Prof Angela Wallace
Ms Lesley McDonald	

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
Mr Giovanni D'Alessio		Non Executive Board Member (observing)
Ms Kim Donald		Corporate Services Manager, Governance
Ms Gillian Duncan		Corporate Executive Business Manager (Minutes)
Ms Katrina Heenan		Chief Risk Officer
Ms Jillian Neilson		Programme Manager – Public Inquiries
Ms Claire MacArthur		Director of Planning
Mr Derrick Pearce		Chief Officer, East Dunbartonshire HSCP
Professor Tom Steele		Director of Estates and Facilities
Ms Natalie Smith		Interim Director of Human Resources and Organisational Development
Ms Elaine Vanhegan		Director of Corporate Services and Governance
Ms Janice Watt		Interim Director of Pharmacy (for Item 113)

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		ACTION BY
104.	Welcome and Apologies	
	<p>The Committee Chair welcomed those present to the December meeting of the Finance, Planning and Performance Committee.</p> <p>The Chair welcomed Mr Gio D'Alessio who was observing the Committee. Apologies were noted on behalf of Dr Emilia Crighton.</p> <p><u>NOTED</u></p>	
105.	Introductory Remarks	
	<p>The Committee Chair noted that all papers had been circulated and confirmed that members had the opportunity to read these in advance.</p> <p><u>NOTED</u></p>	
106.	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>	
107.	Minutes of Previous Meeting held on 9 October 2025	
	<p>The Committee considered the minute of the meeting held on 9 October 2025 [FPPC(M)25/06] and were content to approve the minutes as a full and accurate record of the meeting.</p> <p><u>APPROVED</u></p>	
108.	Matters Arising	
	<p>a) Rolling Action List</p> <p>The Committee considered the Rolling Action List [Paper 25/64] presented by Ms Kim Donald, Corporate Services Manager – Governance, for approval.</p> <p>Ms Donald said that there were six items proposed for closure, all of which were included on the agenda. The following update was provided:</p>	

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	<p><u>Item 95 - Winter Plan</u></p> <p>It was noted that the communication plan was also an open action on the Board RAL Ms Bustillo said that the standard winter campaign was up and running and a new campaign to inform the public about interface, the virtual hospital and the role of FNC+ was being worked on with some focus groups being undertaken with members of the public as part of that. As discussed previously, Ms Bustillo would be in touch with those Non Executives who had expressed an interest in being involved in communications campaigns. It was agreed that this would remain on the RAL for the time being and would be changed to ongoing.</p> <p>The Committee were content to approve the Rolling Action List subject to the amendment above.</p> <p>APPROVED</p>	Secretariat
109.	Urgent Items of Business	
	The Chair invited Committee Members to highlight any urgent items of business. There were no issues raised.	
110.	Financial Monitoring Report	
	<p>The Committee considered the Financial Monitoring Report [Paper 25/65] presented by Mr Michael Breen, Director of Finance, for assurance.</p> <p>Mr Breen reported that at the end of month 7, the Board was reporting an overspend of £45 million of which £49.9 million was attributed to unachieved savings with a pay and non-pay overspend of £15.7 million in Acute Services offset by an underspend in Corporate areas of £12.1 million and an underspend in Partnerships of £4.5 million. The workforce establishment position remained positive with 93.5% of posts filled. Agenda for Change reform funding was included. Total agency spend continued to follow a downwards trend compared to the previous year and although there had been some positive work on Junior Doctors, this remained an area of focus. Primary Care prescribing continued to report a potential forecast underspend, but this was being closely monitored.</p> <p>Sustainability and Value (S&V) remained an area of challenge with £123.5 million of the overall £217.8 million achieved at month 7, which was about 56% of the total target. £26.8 million had been achieved at month 7 on a full year recurring basis which was significantly lower than</p>	

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	<p>the target in the financial plan of £93.7 million. Mr Breen said that a number of programmes had not delivered the elements of savings required and this was a key area which would be reviewed in more detail. There was also a need to accelerate the blueprint work. The Finance team were working closely with teams across all areas on what further savings could be identified in year while ensuring this would not affect performance. A full review of accruals was being undertaken to identify if there were any areas of financial management that could be improved. Mr Breen provided assurance that there was significant work underway across the Board both in relation to this year's financial position but also to ensure that a stronger programme was in place at the start of the next financial year with robust monitoring.</p> <p>Total capital expenditure incurred to the end of month 7 was £27.3 million which was 30% of the total, however, 62% of the total capital allocation had commitments or firm orders which was in line with expectations to achieve full capital expenditure at year end as set out in the capital plan.</p> <p>Overall, the year end forecast had moved to a deficit position of £40 million, which was an improvement from the £45 million that had been forecast over the previous few months, and this was largely due to further financial management work during month 7 in combination with additional expected income from other sources, e.g. SLAs with other NHS Boards. However, despite this positive shift, Mr Breen said that over the next 6-7 weeks further non-recurring initiatives needed to be identified to enable breakeven at the end of the financial year. There were also a number of national elements of funding still to be finalised, including the NRAC share of CNORIS improvement and the New Medicines Fund, and significant work was therefore underway to target breakeven by the end of the financial year.</p> <p>In response to a query on Junior Doctors Band 3 rotas, Mr Breen said that there had been significant work on this in the last 18 months. Mr Edwards added that there was a monitoring process for Junior Doctor rotas and there had been significant effort made to ensure rotas were compliant and for each rotation it was important to ensure the same disciplines were in place. There were also a number of rotas where additional resources and recruiting appropriate staff to ensure sustainability were required. Dr Davidson said that there had been positive discussions with the British Medical Association on the importance of breaks and ensuring wellbeing and resilience.</p> <p>In relation to a query on prescribing costs, Mr Breen said that this appeared to be a trend across all our IJBs and NHS Scotland, but it would continue to be monitored.</p>	

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	<p>To provide further assurance, Mr Breen described the elements of work that were underway as part of the S&V programme but said it was recognised that more robust project management was required as well as further resources to support S&V and these were being considered for 2026/27 as well as looking at multi-year financial planning. Mr Breen also set out the potential national financial elements that he was working with the Scottish Government on.</p> <p>In relation to slippage where additional funding had been provided and whether some funding may have to be returned, Mr Breen said that the planned care allocation was on track, however, there was a potential risk in unscheduled care as the funding had been allocated relatively late. However, this was being tracked closely and there were significant initiatives underway to improve unscheduled care performance. This was subject to ongoing discussions with the Scottish Government, but Mr Breen provided assurance that the intention was to ensure there was significant spend over the next few months on unscheduled care programmes that would have an impact and could be delivered by the financial year end.</p> <p>Professor Gardner provided assurance on the work that was underway to improve the financial position and said that there were opportunities local and nationally to do so, including discussions with the Scottish Government around Mutual Aid and the subnational work. She said that the expectation was that NHSGGC would breakeven and, although there were a number of different elements that would be required to do so, this was not being flagged as a concern at the moment.</p> <p>It was agreed that more insight on this would be helpful once there had been further progress on the S&V work and Mr Breen agreed that there would be more opportunities in the New Year to spend more time as a Committee on strategic discussions and the S&V programme. The Committee were also keen to have some further deep dives into specific areas, for example, Junior Doctor rotas as discussed earlier.</p> <p>The Committee were assured by the update.</p> <p><u>ASSURED</u></p>	M. Breen
111.	a) Performance Report	
	The Committee considered the Performance Report [Paper 25/66] presented by Mr Michael Breen, Director of Finance, for assurance.	

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	<p>Mr Breen drew the Committee's attention to the performance up to the end of month 7, noting the move into IPQR at some point early in the new year.</p> <p>The Committee Chair asked if A&E performance included all unscheduled care and how this was monitored. Mr Edwards said that this only included A&E as required by the Scottish Government, but it was possible to provide data on other areas of unscheduled care and to the Committee. Dr Davidson said that there was a fundamental difference in patient types, for example, those being seen at AAU should have seen a clinician before attending hospital. Professor Gardner said that both in Glasgow and nationally there was work to look at the flow of patients from an HSCP level, considering how many were presenting via GP and where they were being sent to which would help identify different behaviours in how those pathways work across HSCPs. A piece of work would be brought back unpacking this and outlining the different elements to understand the data at a more granular level. A deeper dive would be brought to the Committee outlining this as well as what services were at the front door now and what would be there in the future. It was agreed that this paper providing an explanation beyond the statutory targets would be accompanied by a communications plan which could be presented to the Board and the public.</p> <p>In response to a query about whether the focus on reducing absence management was having the required impact, Ms Smith said there had been a small reduction in absence from 7.8% to 7.7% in November 2025. She acknowledged that further work was required and a proposal had been presented to the last S&V Programme Board seeking approval for a spend of £450K to support this which would generate an expected saving of £5.9 million. In relation to the robustness of data analysis and sharing in observing patterns and tackling absence management as well as supporting managers and teams to address this, Ms Smith said that the HR Support Unit and HR managers worked with local areas to look at trends and themes and discuss improvements with local management teams with a focus on long-term absence while being cognisant of staff wellbeing and how to support staff back to work.</p> <p>Ms Culshaw acknowledged the ongoing concerns surrounding MSK Physiotherapy performance. A range of improvement initiatives were actively underway, however, over the past year, there had been an increase in referrals of more than 20%, but despite this the overall number of people waiting had reduced by 1,000. She said that when people were referred, a variety of accessible information was provided, including web-based resources and opt-in letters sent directly to</p>		W. Edwards

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<p>patients. She noted that the current performance in NHSGGC was among the best in Scotland. Ms Culshaw also highlighted the ongoing collaboration with orthopaedic colleagues to explore a more integrated approach at the initial point of patient contact and suggested that providing a more joined-up service could make a significant difference in efficiency and patient experience. Professor McInnes asked for a more detailed briefing on MSK physiotherapy, particularly in light of concerns that extended waiting times could diminish the usefulness of physiotherapy interventions, and he would pick this up with Ms Culshaw outwith the meeting.</p> <p>Dr Davidson provided an update on the challenges associated with vaccine uptake among staff. He outlined a variety of initiatives aimed at improving participation, including targeted advice distributed through the core brief and the Board's website. Staff were also able to receive vaccinations without the need for a pre-booked appointment at community clinics and there was ongoing collaboration with public health colleagues on engagement initiatives. There had been an increase staff uptake in recent days. For next year, one of the key learnings was the need to encourage staff to be vaccinated earlier in the season to maximise protection and impact.</p> <p>Mr Edwards said the system reset that had taken place between 20 November to 8 December 2025 had helped decompress the sites slightly, at the same time as there had been a rise in flu cases and ward closures. There was significant learning from this, and a paper was being prepared which would be brought through future governance. The January reset was in the process of being shaped to maximise benefits.</p> <p>The Committee were assured by the report, noting that there were a number of areas of ongoing work.</p> <p><u>ASSURED</u></p>		B. Culshaw
	b) Cancer Performance Report	
<p>The Committee considered the Cancer Performance Report [Paper 25/67] presented by Mr William Edwards, Deputy Chief Executive, for assurance.</p> <p>Mr Edwards provided a detailed update, building on the previous deep dive that had been presented to the Committee in October 2025, with a particular emphasis on the 62-day cancer pathway performance. He reported that the provisional figures for the 31-day pathway was currently at 95.7. For the 62-day pathway, performance in November</p>		

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	reached 70.9%, and the current performance, subject to validation, was 73.2%.	
	<p>Mr Edwards highlighted several areas showing improvement, specifically head and neck, lung, upper gastrointestinal (GI), and urology. These pathways represented the highest volume specialist routes and accounted for 48% of the 62-day pathway caseload. Ongoing areas of focus included targeted actions by tumour groups, efforts to increase capacity and addressing the rise in Urgent Suspicion of Cancer (USOC) referrals. The cancer performance team was also expanding, with additional resources allocated to support this. In urology, strategies such as vetting patients directly to MRI were being used to reduce backlog. For colorectal cancer, there were changes to QFIT and revised thresholds for colonoscopy aimed at prioritising patients at highest risk, alongside improvements in CT reporting. In cervical cancer, efforts were on achieving a two-week turnaround by building greater capacity. In summary, Mr Edwards noted that although the position had improved, the team were aware that the current status was not satisfactory and remained committed to ongoing work to deliver targeted actions for each tumour group.</p> <p>Professor Garnder said that the trajectories and maintenance of performance were important and a commitment had been made to achieving the agreed improvement. She said that she understood the concerns of the Committee and the Board and while the NHSGGC position was good in comparison to other Boards, no-one was content with performance, but more time would be required to demonstrate the improvements were working. However, she noted that a 5% shift in this space over the last 3 months had been a great achievement,</p> <p>The Committee Chair said that while there was still work to be done, the Committee could take confidence from this improvement in performance and resilience, particularly given the pressures the whole system was under.</p> <p>Dr Thomson thanked Mr Edwards for providing assurance on the work that was being done and acknowledged the significant improvements that were being made. This would be presented to the Board next week, although she expected that it was still too early for the Board to be fully assured.</p> <p>The Committee were assured by the update.</p> <p><u>ASSURED</u></p>	

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112.	Finance Plan (2026-2027) Update	
	<p>The Committee received a presentation on the Finance Plan (2026-2027) Update the presented by Mr Michael Breen, Director of Finance, for assurance.</p> <p>Mr Breen set out the expectation for the process next year. He advised that the Scottish Government budget was due to be announced on 13 January 2026 and a funding letter was expected to be issued from the Director of Finance, Health and Social Care on the same day which would set out funding agreed and any changes to the draft financial assumptions. Mr Breen set out the expected timeline for formal governance approval and submission of the financial plan noting that version one (based on Scottish Government assumptions) would be prepared for 7 January 2026 with the updated plan based on the Scottish Government letter completed by 16 January 2026 with final submission to the Scottish Government by 2 February 2026. He said that the timeline was tight and noted a proposed timeline for governance processes, but it was agreed that this would be further refined this to ensure that the plan was reviewed by the full Board in advance of submission. Dr Thomson suggested that this was presented to a private meeting of the Board in February 2026 following the public meeting.</p> <p>Mr Breen also noted the recent DL on Subnational Planning and Delivery and the requirement that a draft consolidated plan would be produced.</p> <p>The Committee were assured by the presentation.</p> <p><u>ASSURED</u></p>	M. Breen
113.	Strategies to Improve the Cost Effective Use of Medicines in NHSGGC	
	<p>The Committee considered the Strategies to Improve the Cost Effective Use of Medicines in NHSGGC [Paper 25/66] presented by Ms Janice Watt, Interim Director of Pharmacy, for awareness.</p> <p>Ms Watt highlighted that primary care medicines costs had not increased as much as originally anticipated, however, other costs continued to rise year on year. She provided assurance that there were well-established governance arrangements in place for monitoring medicines expenditure. Within primary care, a proactive approach was being taken towards managing medicines costs and delivering efficiencies which included a focus on data-driven decision-making.</p>	

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	<p>Scriptswitch was used across primary care and had proven to be highly effective. Data was also used to identify areas where medicine switches would be desirable and to identify patients who would benefit from a polypharmacy review. There was particular attention on care homes with a significant focus on medicines management. In Acute, the use of data was more complex, but efforts were underway to review national contracts as well as opportunities for patient switches through national programmes. The team was also assessing how medicines were supplied, with an aim to increase the use of homecare and community pharmacy routes for medicine delivery. Other approaches in Acute included using data to identify variations in medicines use across different sectors and where variation existed, work was ongoing to determine if there were actions that could be taken to reduce these.</p> <p>Addressing medicines waste remained a key priority, including a focus on prescribing and ordering processes, as well as the development of a communications strategy to encourage patients to take greater ownership of their own medicine supplies. Ms Watt also discussed the development of strategies to share medicines cost information to support prescribing decisions. In addition, she provided detail on specific savings plans for both acute and primary care this year, including the targets set and the savings achieved to date.</p> <p>In response to a query about medical appliances, Ms Watt acknowledged that the anticipated savings had not been made and said that this was being looked at in detail to understand why this had been the case.</p> <p>In relation to the Scottish Medicines Consortium (SMC), Ms Watt said that there were established processes in place and there were a number of NHS GGC members on the SMC. Most SMC decisions were made around Scottish Government policy to facilitate access to medicines. The New Medicines Fund supported some of the prescribing, however, there were also service delivery pressure in relation to some of these new medicines. An SMC forward look report was produced every year on medicines coming through in the financial year so that those costs could be planned for.</p> <p>Professor McInnes commented on the differences in medicines management across sectors and offered his support to assist in work aimed at resolving these issues, emphasising that targeted efforts could both improve patient outcomes and generate cost savings, and he would link directly with Ms Watt on this. There was also a query about whether the savings achieved when patients participated in clinical trials were taken into account, as well as a suggestion that</p>	

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	<p>increasing the number of patients entering clinical trials should result in reduced expenditure by the Board on some high cost medications. Ms Watt confirmed that clinical trials were actively tracked and that the financial impact was substantial given the significant number of patients involved and she could report this to the Committee.</p> <p>Ms Watt said that there were a number of factors in relation to primary care prescribing costs and, despite a projected growth in medicines costs in primary care based on volume increase, this had not been seen across Scotland, but it was too early to confirm that and this continued to be tracked.</p> <p>In relation to care homes, a new pharmacy lead with responsibility for care homes was starting in January 2026 and an important part of their role would be developing systems and processes in care homes for the management of medicines.</p> <p>Medicines of low clinical value had been looked at again in more detail and a further letter about lidocaine plasters, which was the greatest cost in this area, was about to be sent to prescribers. Prescribing of other medicines in this category were quite small and tended to be for specialist patient groups, however, the team continued to look in detail at individual medicines to see if there was more that could be done to reduce these.</p> <p>Ms Watt said that there was also work underway to reinforce realistic medicine across prescribers and this was also part of initial training, and more work would be done with the realistic medicine leads. In relation to polypharmacy, Ms Watt said that this was a continued area of focus.</p> <p>The Committee Chair said that it was key that public perception was that changes to services were not just about cost savings but that these were leading to better outcomes for patients and ensuring that patients were accessing appropriate medicines needed to flow through all conversations.</p> <p>The Committee were content to note the report, and Ms Watt would arrange to update the Committee on specific points raised.</p> <p><u>NOTED</u></p>	J. Watt

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114.	Delivery Plan – Q2 Summary Report	
	<p>The Committee considered the Delivery Plan – Q2 Summary Report [Paper 25/69] 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 submitted to the Scottish Government. At the end of Quarter 2, positive progress had been made, and we were where we expected to be. At the end of Quarter 2 in September 2025, positive progress was reported and was broadly where it was expected to be at this stage in the year and aligned with previous years. Although the majority of actions were complete, there were a small number of actions that had either been delayed or were at risk. However, Ms MacArthur provided assurance that all necessary steps were being taken to mitigate these delays and bring actions back on track. An additional eight actions were due to be completed shortly. For the actions that were delayed or not yet meeting their intended impact, a narrative had been included to explain the reasons for delay and outline the measures being implemented to resolve outstanding issues.</p> <p>A notable achievement during this period had been receiving £50,000 in funding from the Scottish Government to support work identifying patients suitable for discharge to community eyecare. Significant work was ongoing in this area, with additional actions and funding now in place.</p> <p>The performance target for 18-week Referral to Treatment (RTT) was currently at 87.3%. In Mental Health, the actions appraisal was now scheduled to take place by the end of the year, although this was not as early as initially hoped. Smoking cessation remained an area of focus, although there was significant improvement, the programme remained behind schedule but there were actions underway on this. There had also been substantial work on transforming urgent care and significant impact from the system reset on criteria-led discharge work, there had been further considerable progress since the report had been written.</p> <p>At present, there had not been clear guidance received from the Scottish Government regarding delivery plans for next year. Development of a subnational plan for Scotland West was underway, and it is likely this would extend into the first quarter of next year.</p> <p>In relation to the regional CAMHS Adolescent IPCU, Mr Pearce said that work was underway across the West of Scotland region and it had</p>	

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	been agreed with the Scottish Government that the unit would not open this year as this was part of a wider look from a strategic perspective. The Committee would be kept updated on the siting of the unit in due course.	
	The Committee were assured by the report.	
	<u>ASSURED</u>	
115.	Transforming Together - GGC Way Forward Report	
	<p>The Committee considered the Transforming Together - GGC Way Forward Report [Paper 25/70] presented by Ms Claire MacArthur, Director of Planning, for endorsement.</p> <p>Ms MacArthur said that the report reflected work up to the end of November across the portfolio. All six programmes now had established milestones, and the overall portfolio was maintaining a positive trajectory, with all programmes currently on track. Ms MacArthur set out the key highlights from the programme achievements and milestones including the launch of the Outpatient Parenteral Antimicrobial Therapy (OPAT) Service at Glasgow Royal Infirmary (GRI); and the launch of Point-of-Care Rapid Testing in the South. The Interface Team was working with colleagues to further develop virtual hospital pathways, supported by significant recruitment. Three new virtual pathways had been launched which had resulted in over 100 patients being discharged to scan helping to improve patient flow and three neonatal patients had utilised paediatric Hospital at Home. A full evaluation of the system reset was underway, which will inform future work in phase two. Overall, there had been a great deal of positive progress, with numerous initiatives underway and further work planned for the coming months.</p> <p>Mr Edwards confirmed that, as requested, an interim review had been submitted to Healthcare Improvement Scotland (HIS) on 24 November 2025 regarding the Accident & Emergency (A&E) review. He also noted that the GGC Way Forward governance meeting scheduled for tomorrow would provide an opportunity to take stock and reflect on the system reset. He acknowledged there were ongoing challenges at some sites, particularly at the front door and with ward closures.</p> <p>In response to a query about messaging, Ms Bustillo said that she was co-sponsoring a piece of work with Professor Wallace around how to systematically get feedback from patients and they were working to develop a standardised approach to capture feedback and evaluate people's experiences. This would also involve Public Health</p>	

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	<p>colleagues and the Director of Research and Innovation, Professor Jesse Dawson, who had expressed an interest from an innovation perspective. There had been a number of focus groups on language and how to ensure public understanding and any barriers. Results from this were being collated but she said that people recognised virtual care and there was strong support for this and FNC+. She said that as they were working to develop public messages this would include Board Members that had expressed an interest in being part of those discussions. It was noted that the communications plan was still a work in progress. Ms Bustillo, Professor Wallace and Ms MacArthur would come back setting out the phasing and the communications plan. It was also proposed to get some expert advice from outside the NHS to build a strong communications plan.</p> <p>There were concerns raised regarding the lack of clarity and visibility on the primary care premises strategy, whether the strategy would be brought to governance committees and the need for assurance about the areas that were being prioritised and those where there were risks and it was agreed that there needed to be a better understanding of the estate, its utilisation, and the related risks. Professor Gardner proposed that there should be a more substantial discussion on estates and facilities, linking this to the Integrated Performance and Quality Report (IPQR) and the broader strategic agenda as this would have a significant impact going forward. Mr Breen said that he would also be keen for the financial information in that area could be enhanced.</p> <p>In relation to Neurodevelopmental Disorders, Professor Gardner said that this had been discussed at the NHS Board Chief Executives meeting and a piece of work looking across the Boards was being undertaken, this would be presented to the next meeting of the Committee.</p> <p>In response to a query, Professor Gardner said that the feedback from the Paediatric Hospital at Home was that there had been a hugely positive impact on the patients and their families, noting there was more to come in that space. Mr Edwards, Dr Davidson and Professor Wallace were looking at a new leadership structure to start to diminish some of the Sector differences while being cognisant that there were differences in demographics across the system.</p> <p>The Committee were content to endorse the report which would be presented to the NHS Board on 18 December 2025.</p> <p><u>ASSURED</u></p>	<p>S. Bustillo</p> <p>T. Steele</p> <p>J. Gardner</p>	

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116.	Corporate Risk Register	
	<p>The Committee considered the Corporate Risk Register [Paper 25/71] presented by Mr Michael Breen, Director of Finance, for approval. Mr Breen invited Ms Katrina Heenan, Chief Risk Officer, 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 and one decrease in score from 25 to 20 was proposed which reflected the presentation earlier in the meeting on the reduction in deficit during the period and working to achieve within 1% of balance. This was being reviewed on a regular basis, and the score would be changed appropriately moving forward.</p> <p>There were 25 overdue actions with updates points reflecting ongoing work since the last meeting. Risks associated with inpatient and outpatient areas were being addressed through the Senior Management Group (SMG) and the Corporate Management Team (CMT) with future updates to these groups. Dates had been set, for Diagnostics and Workforce Services to review related risks and these would also discuss areas from the system reset. With respect to medicines costs, a further meeting was scheduled for the first week of January to examine points raised in the paper and Ms Heenan would ensure these were reflected in the risk register.</p> <p>A recent meeting had been held on ongoing legal matters with additional meetings planned to progress the relevant actions and ensure these were captured in the risk register.</p> <p>Mr Breen suggested the score for finance was split into two distinct time periods, current and in-year mitigations – to better reflect risk. He also was aiming to develop and present a clearer indication of risks in the short, medium, and long term, rather than applying a single score.</p> <p>In relation to a query, Ms Heenan confirmed that the actions in relation to ligature requirements were focused on governance around compliance with requirements. Mr Edwards reported that all actions had been reviewed at CMT and there was a commitment that by tomorrow, all Directors will have worked through and evaluated their respective actions.</p> <p>The Committee were informed that East Renfrewshire Council had declared a health and social care emergency yesterday and there were concerns raised regarding communication around this matter which the Committee formally noted. It was further noted that several Local</p>	<p>K. Heenan</p> <p>M. Breen</p>

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	<p>Authorities across the country had adopted similar approaches which would affect the health system's ability to respond directly.</p> <p>As Chair of the Audit and Risk Committee, Ms Wailes raised concerns that the retrospective risk report primarily addressed internal factors and questioned how external factors were considered as these may introduce new risks or impact existing ones and asked for greater visibility of external influences to be included in future risk reports. In relation to the medicines costs paper discussed today, she asked whether the risk score accurately reflected the current position, noting that further discussion was required.</p> <p>It was noted that the corporate objectives were not aligned with the matrix and Directors would double-check for consistency. Mr Breen said that he had recently received a risk management report and he would speak to Ms Heenan offline about horizon scanning and integrating the paper. He would also consider how external factors could be included in the report.</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>		M. Breen/ K. Heenan
117.	Closing Remarks and Key Messages for the Board		
	<p>The Committee Chair said that there had been a significant volume of data and assurance at today's meeting and thanked the senior team for their work on this. A report would be prepared for next week's NHS Board outlining the key topics of discussion from today.</p> <p><u>NOTED</u></p>		
118.	Date and Time of Next Scheduled Meeting		
	<p>The next meeting would be held on Thursday 29 January 2026 at 9.30 am via MS Teams. This was subject to approval of the revised Board calendar at the NHS Board meeting on 18 December 2025.</p>		