

NHS Greater Glasgow and Clyde	Paper No. 26/120
Paper Title	Standing Committee Chair's Board Report
Meeting:	NHSGGC Board Meeting
Date of Meeting:	27 August 2026
Purpose of Paper:	For Assurance
Classification:	Board Official
Name of Reporting Committee:	Finance, Planning and Performance Committee
Date of Reporting Committee:	6 August 2026
Committee Chairperson:	Ms Margaret Kerr

1. Purpose of Paper

The purpose of this paper is to: inform the NHS Board on key items of discussion at the NHSGGC Finance, Planning and Performance Committee.

2. Recommendation

The Board is asked to note the key items of discussion at the recent meeting of the Finance, Planning and Performance Committee on 6 August 2026 as set out below and seek further assurance as required.

3. Key Items of Discussion

3.1 NHSGGC Finance Report – Month 3 (June 2026)

- The Committee received a paper for awareness.
- The Committee was advised that as at 30 June 2026 NHSGGC was reporting an overspend of circa £(29.9) million. The Acute Division was overspent by £(21.9) million and there were overspends in Other Board Corporate of £(3.2) million and Estates and Facilities of £(3.6) million. The HSCPs were reporting a breakeven position following the transfer of reserves.

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- The Sustainability and Value programme had delivered £43.4 million on an in-year basis which was 22.8% of the overall financial challenge of £194.7 million. On a recurring basis just over 11% of the recurring target had been achieved. The Committee noted that there needed to be a continued focus on accelerating the delivery of existing programmes, together with the development of further transformational and service redesign opportunities, to meet the financial plan position of breakeven and see sustained improvement in the underlying recurring deficit.
- The Committee noted that the total capital expenditure incurred to 30 June 2026 was £13.2 million, which amounted to 13.9% of the capital budget. To date only 39% of the total capital allocation had been allocated.
- The Committee was advised that at month 3 the projected deficit forecast for 2026/27 was just over £(58) million and noted that immediate action was required across all areas, but particularly the Acute Division, to reduce costs.
- The Committee noted the update.

3.2 Integrated Performance and Quality Report (IPQR) – May 2026

- The Committee received a paper for assurance.
- The Committee noted the update on performance against key performance indicators contained within the IPQR. The Committee was advised that the planned review of the measures contained within the IPQR would be circulated to the Committee for comment before being presented to the August NHS Board.
- The Committee was assured by the update.

3.3 Urgent and Unscheduled Care Performance Reporting and Demand

- The Committee received a paper for assurance.
- The Committee received an update on urgent and unscheduled care performance and activity including the demand, flow and system pressures as well as an overview of the contribution and impact of Emergency Department (ED) flow and attendance patterns; Health and Social Care Partnership demand; and interface activity. The Committee noted the importance of clear and consistent communication and were advised that there was work underway around education and culture change on urgent and unscheduled care pathways.
- The Committee was assured by the update.

3.4 Sustainability & Value Programme Deep Dive 2025-26 Acute Division Outturn Analysis

- The Committee received a presentation for awareness.
- The presentation provided a comprehensive analysis of the Acute Division's financial performance and challenges during 2025-26 as well as the scale of the financial challenge in 2026-27 noting the key areas of financial risk and the

immediate actions that were required to achieve financial balance. The Committee noted that the Acute Division had been £(60.1) million overspend in 2025-26. The main areas of overspend were staffing, drugs and surgical sundries costs. The Committee was advised that Transforming Together was continuing to make an impact and would be taken forward alongside the financial sustainability plan for 2026/27. The Committee welcomed the clearer understanding of the pressures and the actions required to reduce the deficit.

- The Committee noted the update.

3.5 Update Interface Communications and Engagement Plan

- The Committee received a paper for assurance.
- The Committee noted that the Plan had been updated following discussion at the previous meeting of the Committee and set out the proposed approach to awareness and implementation as well as the impact of the Virtual Hospital and Interface pathways. The Committee welcomed this consistent approach to ensuring clear messaging; demonstrating impact; and capturing experience while ensuring that people were directed to appropriate care.
- The Committee was assured by the update.

3.6 2025-26 Annual Delivery Plan and 2026-27 Board Delivery Plan

- The Committee received two papers for assurance.
- The Committee noted that at the end of the 2025-26 reporting period, 92 of the 123 actions had been completed; 16 actions were delayed and these would either continue to be monitored through the 2026-27 delivery plan or other governance routes; and 11 actions had not been able to be progressed due to external factors.
- The Committee was also advised on the actions taken in response to feedback received on the draft 2026-27 NHSGGC Delivery Plan which had informed changes to the final Plan submitted to the Scottish Government.
- The Committee was assured by the update.

3.7 Transforming Together Portfolio & GGC Way Forward Programme

- The Committee received a paper for assurance.
- The Committee noted that during the reporting period overall portfolio progress had been positive. The Committee was advised of the key achievements including the completion of installing the eTriage kiosks in all EDs; an increase in the number of patients admitted to the virtual hospital; the launch of a protocol to maximise the use of available theatre capacity across all sites; the launch of a digital dermatology pilot; an increase in the number paediatric and neonatal Hospital at Home patients; the launch of a video interpreting pilot in maternity services at the QEUH; and an increase in the number of GP practices signed up to the data sharing agreement.
- The Committee was assured by the report.

3.8 Procurement Strategy 2025-28 Annual Update

- The Committee received a paper for assurance.
- To Committee noted the significant achievements made in implementing the Procurement Strategy as well as strong performance against the Key Performance Indicators. The Committee was advised that moving forward there would be further detail provided on NHSGGC's impact economically and support for local procurement.
- The Committee was assured by the report.

3.9 Strategies to Improve the Cost-Effective Use of Medicines in NHSGGC

- The Committee received a paper for awareness.
- To Committee was advised on progress with the Medicines Sustainability and Value programme across Acute and Primary Care and the scale of the financial challenge; the savings plans already in place; the key risks to delivering the programme; and the governance arrangements required to support this work. The Committee noted that progress would continue to be closely monitored.
- The Committee noted the report.

3.10 Research and Innovation Strategy 2024-29 – 3 Year Progress Update

- The Committee received a paper for assurance.
- To Committee received an update on progress on the objectives in the Research and Innovation Strategy as well as a summary of the key operational plans for 2026-27. The Committee discussed the challenges in ensuring all groups were represented in research studies and the work that was ongoing to improve this.
- The Committee was assured by the update.

3.11 Primary Care Strategy 2024-29: Annual Update

- The Committee received a paper for assurance.
- The Committee was updated on the implementation and progress of the Strategy including the rollout of the new GP IT system and it was agreed that further information on the challenges and timescale would be included in the paper for the NHS Board meeting. The Committee also noted that the GP walk-in centre had now opened and further detail describing the model and the work required to analyse patient outcomes would also be included in the paper for the NHS Board meeting.
- The Committee was assured by the update.

3.12 2025-26 Primary Care Improvement Plans Annual Update

- The Committee received a paper for assurance.

- The Committee noted the update which was part of the regular reporting arrangements to provide assurance on progress in delivering the Primary Care Improvement Plans based on tracker returns submitted to Scottish Government by each HSCP. The Committee noted good progress overall across the HSCPs with achievements in pharmacotherapy services, Community Care and Treatment (CTAC) services and vaccination programmes. The barriers to progress in some workstreams were also noted.
- The Committee was assured by the update.

3.13 Review on Update of Integration Schemes

- The Committee received a paper for assurance.
- The Committee noted the ongoing work in relation to the six Integration Schemes which was due to be concluding during this shadow year. The updated Integration Schemes would be submitted for approval to the six Integration Joint Boards followed by this Committee in January 2027 and the NHS Board in February 2027.
- The Committee was assured by the update.

3.14 Corporate Risk Register – June 2026

- The Committee received two papers for approval.
- The Committee noted that at the end of June 2026 there were 14 risks aligned to the Committee and 100% of risk reviews had been completed with no proposed changes to the risk scores and two risks were undergoing review. 12 actions were proposed for closure and 7 actions had been completed since the last update to the Committee and there were 21 open actions.
- The Committee was also asked to approve the closure of Corporate Risk 3816 – Public Inquiries, Police Investigations, Fatal Accident Inquiries, Other Reviews, and Inspections and create two successor risks which would better reflect and monitor this risk. The Committee approved the inclusion of these new risks within the Corporate Risk Register and these were allocated to the Committee for ongoing oversight and assurance.
- The Committee was content to approve the two papers.

4. Issues for referral to other Standing Committees or escalation to the NHS Board

There were no issues for referral to other Standing Committees or escalation to the NHS Board.

5. Date of Next Meeting

The next meeting of the Finance, Planning and Performance Committee will take place on Thursday 24 September 2026.