

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the Finance, Planning and Performance
Committee held on Thursday 28 May 2026
at 1.00 pm in the Board Room, JB Russell House, and via Microsoft Teams**

PRESENT

Ms Margaret Kerr (in the Chair)

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

IN ATTENDANCE

Mr Russell Coulthard	Deputy Chief Executive/Chief Operating Officer
Ms Gillian Duncan	Corporate Executive Business Manager (Minutes)
Mr Alistair Graham	Director of Digital Services
Ms Leanne Law	Senior Business Manager – Corporate Governance
Mr Gordon Love	Head of Property and Asset Management (for Item 45)
Ms Claire MacArthur	Director of Planning
Mr Fraser McJannett	Director of Primary Care and GP OOH Service (for Item 44)
Ms Nicola Munro	PA to Chair
Ms Natalie Smith	Interim Director of Human Resources and Organisational Development
Professor Tom Steele	Director of Strategic Infrastructure Planning and Delivery
Mr Alan Wilson	Director of Estates and Facilities

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			ACTION BY
35.	Welcome, Apologies and Introductory Remarks		
	The Committee Chair, Ms Margaret Kerr, welcomed those present to the May meeting of the Finance, Planning and Performance Committee. Ms Kerr also welcomed Mr Alan Wilson, Director of Estates and Facilities, and Mr Alistair Graham, Director of Digital Services, to their first full meeting of the Committee since joining NHSGGC, Apologies were submitted on behalf of Mr Jamie Kinloch, Dr Paul Ryan, Ms Karen Turner and Professor Angela Wallace <u>NOTED</u>		
36.	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>		
37.	Minutes of Previous Meetings		
	a) Minutes of Meeting held on 25 March 2026 The Committee considered the minute of the meeting held on 25 March 2026 [FPPC(M)26/02] and were content to approve the minutes as a full and accurate record of the meeting subject to adding Ms Mehvish Ashraf to the list of apologies. b) Minutes of Meeting held on 13 May 2026 The Committee considered the minute of the additional meeting held on 13 May 2026 [FPPC(M)26/03] and were content to approve the minutes as a full and accurate record of the meeting. <u>APPROVED</u>		
38.	Matters Arising		
	a) Rolling Action List		

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	The Committee considered the Rolling Action List [Paper 26/18] presented by Mr Michael Breen, Deputy Chief Executive/Director of Finance, for approval. The Committee Chair advised that she and Mr Breen had reviewed the Rolling Action List to clarify the actions and understand the expectations ensuring that the appropriate actions were captured. There were 7 items proposed for closure and 3 items remained ongoing and the Committee were content to approve the Rolling Action List. <u>APPROVED</u>		
39.	Urgent Items of Business		
	The Chair invited Members to highlight any urgent items of business. Ms Claire MacArthur, Director of Planning, advised that the 2026/27 Annual Delivery Plan (ADP) was in the process of being finalised. Due to the Scottish Government guidance being published later this year, the ADP would run from July 2026 – March 2027 and the 2025/26 ADP would now have quarter 5 report which would cover the period from April – June 2026. The combined Quarter 4 and Quarter 5 report would be submitted to the August meeting of the Committee. The 2026-27 Draft ADP was being presented to the Corporate Management Team (CMT) early next week and, subject to CMT approval, this would then be issued to Committee members on 3 June 2026 for feedback and comments, seeking virtual approval in advance of the NHS Board on 25 June 2026. There was no requirement to share the Plan with the Scottish Government this year but it was expected that actions against the plan would require to be evidenced at the health Board's mid-year and annual reviews. The Annual Delivery Plan would continue to be monitored on a quarterly basis with reports provided to the Committee for assurance. The Committee were content with the approach. <u>NOTED</u>		Ms MacArthur

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40.	Finance Report 31 March 2026 (Month 12)		
	The Committee considered the Finance Report as at 31 March 2026 2025 [Paper 26/19] presented by Mr Michael Breen, Deputy Chief Executive/Director of Finance, for assurance. Mr Breen reported that at Month 12, NHSGGC was reporting a cumulative position of £2.5 million which was an improved position from the previous month position of a deficit of £1.2 million. Acute services were overspent by £60.1 million with Corporate areas underspent by £62.9million. The HSCPs were reporting a combined small deficit of £0.3 million after the utilisation of reserves. In relation to the Sustainability and Value (S&V) programme, Mr Breen reported that on an in-year basis £217.8 million or 100% of the overall financial target had been delivered at Month 12, however, on a recurring basis only £30.8 million or 32.8% of the £93.7 million recurring target had been achieved and the overall breakeven position had relied on non recurring savings. In relation to the Capital Expenditure position, Mr Breen noted that the final capital position was £85.2 million which represented 100% of the final capital budgets after adjustments and agreement with Scottish Government. Mr Breen noted the final 2025/26 position was subject to year end audit. The Committee asked about the longer term strategy for high cost agency spend on posts that were harder to fill. Mr Breen noted that part of the S&V work for next year would be to work with Dr Davidson, Medical Director, on the medical staffing model and further reports would be provided throughout the year. Dr Davidson acknowledged that there were some highly pressurised areas where recruitment was challenging and there were a number of solutions being considered including developing the CESR pathway, working to develop junior grade staff and ensuring that NHSGGC was seen as an attractive place to work when recruiting to posts. In response to a query regarding income and financial sustainability, non-pay overspend and cost control and capital positions and variances, Mr Breen advised that a new monthly finance report was being developed which would be presented to CMT initially for Month 2.		

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	The revised monthly Finance Report would include further detail on income and would ensure clearer reporting moving into this financial year. In terms of the adjustment to the final capital figure, Mr Breen provided assurance that the core capital budget had been expended. 2025-26 Sustainability & Value Programme Final Report and Approach for 2026-27 Mr Breen provided a short presentation which set out the final position on the delivery of the 2025/26 programme and the approach to addressing the financial challenges in 2026/27 including the further development of the wider S&V framework. Going forward there would be a deeper dive on a specific topic at each Committee meeting and this would be programmed into the Annual Cycle of Business. Mr Breen set out the final position for 2025/26 and, as noted above, the target of £217.8 million had been fully met, however, this had not provided a significant recurring benefit and would not change the financial deficit moving into future years. The 2026/27 challenge was £194.7 million and there had been considerable work through the CMT as well as discussions with service and finance teams on taking this forward including some immediate actions, which were a reduction of 5% of budgets on a non-recurring basis across all corporate areas; a minimum of 4% savings from Estates and Facilities budgets; and a minimum of 3% savings across Acute Services, excluding drugs as there was a programme approach being taken for drugs management within hospitals that would be reported separately throughout the year. Mr Breen discussed the key components in taking the programme forward and set out the governance model, noting that the CMT would have overall responsibility with reporting into this Committee and the NHS GGC Board. A number of Responsible Officers were being appointed who would be accountable for ensuring the structures and systems were in place to deliver this in their area. In response to a query, Mr Breen said that the S&V reports for this year would include more detail on the underpinning assumptions and ensure that any slippage in the financial plan was clear and evidenced. Mr Breen acknowledged the request to provide more details on the		

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	correlation between savings and additional income. In relation to the savings in Estates and Facilities, the importance of ensuring value from spending was acknowledged while recognising challenges within an ageing estate which was a key corporate risk. In this regard, he would work with Professor Steele, Director of Strategic Infrastructure Planning and Delivery and Mr Wilson, Director of Estates and Facilities. In response to a query about how the 3% savings target in Acute would be achieved without having an impact operationally, Mr Breen explained there was significant work already taking place across Sectors and as part of the Transforming Together agenda and this was focused on redesigning services and would be risk assessed to ensure there was no impact on patient safety or staffing levels. It would also be important to take account of the Population Health Framework and prevention agenda. However, Mr Breen also noted that the clear expectation is that Acute Services require to reduce there overall deficit. Mr Breen also set out the approach of the Finance team in taking forward this agenda, ensuring that the S&V staff were working across the organisation and investigating areas where savings could be made to ensure NHSGGC was in a sustainable position for the future. The Committee were assured by the Finance Report and the S&V presentation. <u>ASSURED</u>		
41.	Integrated Performance and Quality Report IPQR (March 2026)		
	The Committee considered the Integrated Performance and Quality Report IPQR March 2026 [Paper 26/20] presented by Mr Michael Breen, Deputy Chief Executive/Director of Finance, for assurance. Mr Breen reported that across Key Performance Indicators there were 22 rated green (indicating performance in line with or ahead of agreed trajectories), 9 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. Mr Breen noted good performance in meeting the Treatment Time Guarantee (TTG), outpatients/day-cases, CAMHS and podiatry. However, further work was required in the red areas particularly Delayed Discharges, Mental Health and ED attendances.		

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	In response to a query, Mr Alan Wilson, Director of Estates and Facilities, advised that workforce shortages in professional trades were common throughout Scotland and there was a national piece of work on these challenges. There was also work ongoing locally with Estates Teams on different solutions, for example, upskilling staff, career progression and apprenticeships. In response to a query about the Mental Health Service Bed Manager post, Mr Pearce, Chief Officer, East Dunbartonshire HSCP noted that this was part of the wider programme of work on adult mental health bed management and it was his understanding that an appointment had been made, and he would confirm the start date. Mr Coulthard provided context on the use of private contractors and locums noting that independent contractors and insourcing providers were used as part of range of measures agreed with the Scottish Government across the year with a suite of measures tailored to individual specialties. There would continue to be discussions with the Scottish Government around the Sub-National element with NHS collaboration a significant focus in some areas. In response to a question, Mr Pearce reflected that the measure used for CAMHS in the report was the wait for first appointment and he would amend the wording to clarify that. Mr Pearce also advised that the analysis from the benchmarking exercise against other Boards was almost complete and the learning from this would be considered. In response to a query about sickness absence, Ms Smith, Interim Director of Human Resources and Organisational Development noted that reducing the trajectory to 6% was a target for the 2028/29 financial year but the team was working towards a month-on-month decline in 2026/27. Ms Smith also provided reassurance that the dedicated absence team referred to in the paper would be completely focused on absence management. The Board Chair, Dr Lesley Thomson KC, advised that the new Cabinet Secretary had indicated that there would be a renewed focus on unscheduled care highlighting that emergency medicine performance had remained low over the last year. Dr Thomson acknowledged the huge amount of effort that continued in this area, but NHSGGC emergency medicine figures remained below local and national trajectories. Dr Thomson anticipated that this would be raised at the NHS Board meeting in June where it would be important to provide detailed explanation on the position and the work required to realise improvements in this area.		Mr Pearce

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	The Committee were assured by the update. <u>ASSURED</u>		
42.	Interface Communications and Engagement Plan		
	The Committee considered the Interface Communications and Engagement Plan [Paper 26/21] presented by Mr Neil McSeveny, Interim Director of Communications and Public Engagement, for assurance. Mr McSeveny provided a short presentation outlining the key themes from the report. The Committee welcomed the programme of communications and public engagement but asked for the key messages to be refined. Mr McSeveny agreed that refinement to the key messages was required. Dr Davidson, Medical Director added that it was important to ensure that the message was positive and being directed to the right service was a clinical decision with the best outcome for the patient at the forefront. In relation to how this fitted with realistic medicine, Dr Davidson advised that clinical consultations should always be a two-way discuss to build realistic and values based healthcare into the key messages and this would be built into the approach. In response to a query about how to ensure that other frontline areas were able to provide the right information, for example, GP practices and pharmacies, Mr McSeveny responded that there was already considerable work taking place to raise awareness of pathways and build up understanding. There was a dedicated Communications Group with representation from all HSCPs. In relation to a budget for promotion, Mr Breen emphasised there had been time spent working with the team to put together a three-year Interface Business Plan with agreed resources. Mr Breen noted that further budget resources would be considered for communication purposes within a robust benefit and impact led approach. In response to a query, Mr McSeveny noted that there were a number of ways in which awareness and feedback would be audited to help shape a wider understanding of patient experience and attitudes. There was also close working with the Equalities Team to ensure inclusivity and identify any barriers to engagement, for example,		

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	producing material in different languages or in physical format for people who had no access to digital services. The Committee also discussed the requirement to ensure our partner agencies, for example, the Scottish Ambulance Service, NHS24 and NHS Inform, were also aligned in terms of language and consistency of information. The Committee welcomed the report as a starting point, and it was agreed that Mr McSeveny would produce a reframed proposal building on the points raised by the Committee. Professor Gardner added that an important piece of work on the recommissioning of the Virtual Hospital Interface from now until next summer was underway and the communications messages would also align with that. The Committee were assured by the update. <u>ASSURED</u>		Mr McSeveny
43.	Transforming Together GGC Way Forward Portfolio Status Report		
	The Committee considered the Transforming Together GGC Way Forward Portfolio Status Report [Paper 26/22] presented by Ms Claire MacArthur, Director of Planning, for assurance. Ms MacArthur highlighted that the data represented the period to 27 April 2026 and provided an update on key highlights. It was noted that of the 193 actions, 163 were now complete and there was still good progress being made and highlighted a number of key areas of progress across the programmes. Progress in implementing the GGC Way Forward programme continued with Electronic Triage Kiosks were now in place in the Queen Elizabeth University Hospital (QEUH) and the Royal Alexandra Hospital (RAH) with installation underway in Glasgow Royal Infirmary (GRI); two campus police officers were now in post to support security at GRI.; the Home Frailty Response Service to support patients at risk of being admitted to hospital was now in place 7 days a week at the QEUH and GRI with recruitment underway at the RAH; and rapid Troponin testing was in place at GRI with preparations underway to launch this in Clyde. The Interface and Urgent Care Programme also continued to make progress with over 1,100 patients discharged on flow pathways including OPAT referrals, Discharge to Scan and Hospital at Home; the		

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	Virtual Hospital continued to expand and there had been significant work this month on how to further scale up some of the higher volume pathways before winter; there also continues to be positive work on Adults with Incapacity (AWI) with numbers reducing in a sustainable way and a slight reduction in bed days lost being seen. In Primary Care, GP IT migration was continuing with a further 18 practices in the next tranche; 51% of practices had now signed up to the data sharing agreement and recruitment would take place over the summer to develop the Primary Care Information Dashboard, recruitment is also underway for the GP walk-in centre which would be opening during June 2026. In Mental Health, developments included work to support the next phase of inpatient bed reconfiguration with an Options Appraisal before full public consultation. The aim was for the preferred options to be agreed by the end of April 2027. Cancer and Planned Care work was continuing including the digital pre-op assessment tool to assist with streaming into low, medium and high risk pathways to help maximise theatre utilisation. 30 new Midwives and Consultant Midwives were in post in Women and Children's Services. There was also agreement for a pilot for new gynaecology testing with an evaluation by the end of the year on how it might improve access for patients as well as avoid unnecessary invasive procedures and reduce waiting times. Hospital at Home for paediatric and neonatal patients continued to remain strong in terms of activity and enthusiasm. Finally, Ms McArthur noted that she would welcome feedback from the Committee on the content of the report as the intention was to have a review over the summer on the presentation of information and impacts. It was agreed that for the NHS Board meeting it would be helpful for some particular key messages to be highlighted. The Committee Chair asked about how this work was being tracked across all sites to ensure that there was an impact across NHSGGC. In response, Professor Gardner emphasised that work at site and sector level was being mapped and described the significant progress that had already been made on the Virtual Hospital indicating that that there had been a recent meeting to set out the plans over the next 12 months. The data would be reviewed as the model evolved and triangulated with other areas of work, for example, staffing challenges and site maintenance, to set out a Blueprint for more resilient systems.		Ms McArthur

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	Professor Gardner advised that a more detailed plan on the Virtual Hospital should be available by the next meeting of the Committee along with its connection to the Blueprint and Financial Plan and work on communications.		
	The Committee were assured by the update.		
	<u>ASSURED</u>		
44.	GP Out of Hours Service-Annual Report		
	The Committee considered the GP Out of Hours Service Annual Report [Paper 26/23] presented by Mr Fraser McJannett, Director of Primary care and GP OOH service, for assurance. Mr McJannett provided a short update on areas of significant progress and also noted that he was seeking a view from the Committee moving forward about whether there was a requirement to continue the reporting cycle in relation to the GP Out of Hours Service. Mr McJannett reported that there had been further significant progress made last year and patient feedback remained high with 93% of the attendees surveyed saying that their needs had been met and 88% reporting that their care had been good or excellent which was an improvement from the previous year, However, Mr McJannett acknowledged that there had been a reduction in patient satisfaction in the Inverclyde area. Activity had been broadly static to previous years, although there had been an increase in telephone advice and professional-to-professional calls. Direct booking for Scottish Ambulance Services and Community Pharmacy colleagues had been activated meaning they could directly book patients into OOH Centres. There had been a further reduction in site closures with only 2 this year as opposed to 9 last year and none over the festive period. The Patient Transport Service continued to be provided. There had been a rise in DATIX activity, but this had been actively promoted for governance and learning and there had been a reduction in complaints received. The priorities for this year included the opening of the GP Walk-In Centre and further engagement with the workforce in the service with a continued focus on home visiting, telephone first, professional-to-professional calls and work with Acute Sector colleagues to maximise the transfer of patients between services.		

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	The Committee noted that Inverclyde was a significant outlier in relation to satisfaction with the service compared to the other five HSCPs, with concerns around travel highlighted. When last year's paper had been presented to the Board, it had been agreed that there would be further work on the impact on Inverclyde residents and, given the lower percentage of satisfaction, when the paper was presented to the NHS Board this year it was agreed that there needed to be a further outline of what specific activity would to be undertaken in Inverclyde to change the perception and direction of travel. In response to a query about the number of patients referred from Community Pharmacy, Mr McJannett highlighted that there had been an initial test of 12-14 practices from 1 April 2025 before this was fully rolled out in August 2025 therefore the figures in the report did not reflect the full year and he expected this would increase this year. Additionally, there had been work with the Communications Team around media statements and publicity of the pathway. Mr McJannett noted that this had been well received in GPOOH and by colleagues in Community Pharmacy but would look at what else could be done to publicise and promote this. The Committee also asked if there had been analysis around areas of deprivation and whether there was data available on the connection between ED presentations and GPOOH. It would also be helpful to report back next year on any impact from the new GP Walk-In Centre. Mr McJannett agreed to refine next year's report based on the feedback received and would also work with the Public Health Team to commission a deeper analysis on deprivation. The Committee Chair noted that although there was regular headline reporting through the IPQR, this would not have picked up the issues discussed today and advised that although the service had improved significantly and was now very sustainable with full time staff, there needed to be further feedback provided to the Committee, particularly around Inverclyde and the impact of the new GP Walk-In Centre and it was agreed that ongoing reporting was still required and therefore it would not be appropriate to stop the annual reporting at this stage. The Committee were assured by the report which would continue to report annually to the Committee. <u>ASSURED</u>		Mr McJannett

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45.	Disposal of West Glasgow Ambulatory Care Hospital Site		
	The Committee considered the Disposal of West Glasgow Ambulatory Care Hospital Site [Paper 26/24] presented by Professor Tom Steele, Director of Strategic Infrastructure Planning and Delivery, for approval. Professor Steele advised that this was the first of the agreed further papers to provide scrutiny at each stage of the disposal process and to consider key decisions, recognising that final approval was with the NHS Board. The report set out the governance arrangements, the disposal approach, the marketing approach, the likely route to market and the timelines to disposal through to 2028. The final move of staff from the site was due to take place week commencing 29 June 2026 and, although this was behind the original schedule the considerable work that had taken place to accommodate staff across the estate was recognised. Professor Steele emphasised that the professional advice from detailed assessment of the disposal options was to optimise market interest by progressing with a demolition led approach concurrent with marketing and asked the Committee to consider progressing a demolition led approach subject to warrant and full coverage of financial resources being in place. Professor Steele set out the marketing approach and advised that phase 1 of public and stakeholder engagement was now complete and there was a clear aspiration to secure a lasting legacy on the site. Professor Steele confirmed that engagement activities were still underway with a dedicated Remembrance Day still in planning a planning stage for late summer to enable those with memories of the site to have access. Professor Steel confirmed the governance around the disposal process was in line with the requirements set out in the Property Transaction Handbook and that there is a prescribed annual audit completed for assurance. In response to a query about financial risk around a demolition led approach, Professor Steele advised that any demolition approach would be subject to full Scottish Government funding and there had been initial dialogue with Scottish Government finance colleagues about the availability of resources if this was the preferred option of the NHS GGC Board.		

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	In response to a query about the future use of the site including community benefit, Professor Steele advised that as part of the planning process NHS GGC would be a statutory consultee and would be able to influence the inclusion of community benefits which could include a legacy to the previous use of the site being incorporated. In response to a query, Mr Gordon Love, Head of Property and Asset Management, noted that discussions were taking place with advisers on what weightings could be added to the tender process around design, quality and regeneration benefits and how this supported public health and the Anchor Strategy tying in with community wealth building. The specific weightings were still being assessed and would be presented to this Committee for agreement in due course. The Committee were content to approve the way forward on the basis that the demolition led approach was subject to a formal commitment from the Scottish Government to underwrite the full value of the demolition process. It was emphasised that while this Committee could signal a direction of travel final decision on this matter would be subject to NHS GGC Board approval. <u>APPROVED</u>		
46.	Committee Governance		
	The Committee considered the Committee Governance report [Paper 26/25] presented by Mr Michael Breen, Deputy Chief Executive/Director of Finance, for approval. The report included the draft 2025-26 Annual Report; draft 2026-27 Terms of Reference Update; and the draft 2026-27 Annual Cycle of Business for the Committee. Members were asked to feedback any comments by email to Mr Breen and the Committee Chair by Wednesday 3 June 2026. Thereafter, these reports would feed into the overall Annual Governance report which would be presented to the NHS Board on 25 June 2026. The Committee were content to approve the report subject to any feedback received by 3 June 2026. <u>APPROVED</u>		

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47.	Corporate Risk Register (April 2026)		
	The Committee considered the Corporate Risk Register April 2026 [Paper 26/26] presented by Mr Michael Breen, Deputy Chief Executive/Director of Finance, for approval. Mr Breen invited Ms Katrina Heenan, Chief Risk Officer, to present an overview of the paper. Ms Heenan confirmed that there were 14 risks aligned to the Committee and reported that 100% of risk reviews had been completed with no proposed increases to risk scores. However, Risk 3816 - Public Inquiries, Police Investigations, Fatal Accident Inquiries, and other Inspections - had being reviewed to ensure the current risk reflected controls in place and it had been agreed this should remain at 16 (high) but the target score had been reduced to 9 (medium). Additionally; Risk 2055 – Unscheduled Care – had reduced from 20 (very high) to 16 (high) to take account of the reduced impact as patients were redirected away from hospital sites; Risk 3057 – Delayed Discharges – had reduced from 20 (very high) to 15 (high) reflecting that the 20225/26 target of 239 had been met on several occasions; and, Risk 2054 – Inpatient Day Case Treatment Time Guarantee – had reduced from 15 (high) to 5 (medium) to 5 reflect targets that had been achieved. Of the 8 overdue actions noted at the last meeting of the Committee, 3 actions were proposed for closure utilising the new action closed protocol form; 2 would be completed by the end of June; 2 would be completed by the end of July; and there was one remaining overdue action was being progressed by Estates and Facilities colleagues. The Board Chair asked if Risk 3816 had taken account of police investigations as these had not been captured in the narrative. Mr Breen said that this risk had been updated but he would take an action to review it further for the next meeting of the Committee. In relation to Risk 3051 – Ageing Infrastructure – Ms Heenan advised that this had been documented, and she would ensure the risk was fully captured as part of the next review. The Committee were content to approve the Corporate Risk Register. <u>APPROVED</u>		Mr Breen Ms Heenan

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48.	Closing Remarks and Key Messages for the Board		
	The Committee Chair invited Professor Jann Gardner, Chief Executive to provide an update on the Maternity Services Safe Delivery of Care Unannounced Inspection by Healthcare Improvement Scotland (HIS) to the Queen Elizabeth University Hospital on 27-28 January 2026. Professor Gardner confirmed that the report was due for publication on 4 June 2026. All Board Members would be provided with a copy of the report when it was available and a briefing session to discuss the Inspection Report and Action Plan would be arranged before the Board Meeting at the end of June. In closing, the Committee Chair asked Members to look out for the communication on the Annual Delivery Plan and provide comments by the due date. The Committee Chair also reminded Members to provide comments on the Terms of Reference, Annual Report and Annual Cycle of Business by 3 June 2026. <u>NOTED</u>		Ms Law
49.	Date and Time of Next Scheduled Meeting		
	The next meeting of the Committee would be held on Thursday 6 August 2026 at 9.30 am.		