

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Finance, Planning and Performance
Committee on Tuesday 11 February 2025
at 9.30 am via MS Teams**

PRESENT

Ms Margaret Kerr (in the Chair)

Ms Mehvish Ashraf	Mr Colin Neil
Ms Ann Cameron-Burns	Dr Paul Ryan
Mr Martin Cawley	Dr Lesley Thomson KC
Dr Emilia Crighton	Mr Charles Vincent
Cllr Chris Cunningham	Ms Michelle Wailes
Professor Jann Gardner	
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
Dr Scott Davidson	Medical Director
Ms Kim Donald	Corporate Services Manager, Governance
Mr William Edwards	Chief Operating Officer
Ms Ann Forsyth	Head of Primary Care Support (for item 16)
Ms Katrina Heenan	Chief Risk Officer
Mr James Huddleston	Head of Capital Projects (for item 11)
Ms Christine Laverty	Chief Officer, Renfrewshire HSCP
Ms Ali Marshall	Depute Director of Planning
Mrs Anne MacPherson	Director of Human Resources and Organisational Development
Ms Claire MacArthur	Director of Planning
Ms Fiona McEwan	Assistant Director of Finance- Financial Planning & Performance
Mrs Louise Russell	Secretariat Manager (Minutes)
Professor Tom Steele	Director of Estates and Facilities
Mr Scott Wilson	Senior Business and Delivery Manager
Ms Elaine Vanhegan	Director of Corporate Services and Governance

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		ACTION BY
06.	Welcome and Apologies	
	<p>The Chair welcomed those present to the February meeting of the Finance, Planning and Performance Committee.</p> <p>There were apologies noted on behalf of Ms Ketki Miles and Mr David Gould.</p> <p><u>NOTED</u></p>	
07.	Introductory Remarks	
	<p>The Chair noted that there were a number of items on the agenda for approval, therefore there would be a focus on moving through the agenda to allow sufficient time for discussion.</p> <p><u>NOTED</u></p>	
08.	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>	
09a.	Minutes of Previous Meeting held on 10 December 2024	
	<p>The Committee considered the minute of the meeting held on 10 December 2024 [Paper No. FPPC(M)24/06] and were content to approve the minute as a complete and accurate record.</p> <p><u>APPROVED</u></p>	
09b.	Minutes of Previous Meeting held on 23 January 2025	
	<p>The Committee considered the minute of the meeting held on 23 January 2025 [Paper No. FPPC(M)25/01] and were content to approve the minute as a complete and accurate record pending the following minor amendments:</p> <ul style="list-style-type: none"> • Christine Lavery to be amended to Chief Officer of Renfrewshire under the attendance section. • Add Mr Martin Cawley to the list of those members present. <p><u>APPROVED</u></p>	

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		ACTION BY
10.	Matters Arising	
	a) Rolling Action List	
	<p>The Committee considered the Rolling Action List (RAL) [Paper No. 25/02] for approval. The Committee noted the following update:</p> <ul style="list-style-type: none"> - <u>Minute No 103 – Draft Business Continuity & Essential Investment Infrastructure Plan (BCEIIP)</u> <p>The Committee was advised that a plan was being drafted, and this item would be progressed when BCEIIP had been agreed. The Committee were content for this item to remain ongoing.</p> <p>The Committee was content to accept the other items as closed and approved the RAL.</p> <p><u>APPROVED</u></p>	
11.	Urgent Items of Business	
	<p>There were no urgent items of business raised.</p> <p><u>NOTED</u></p>	
12.	Financial Monitoring Report	
	<p>The Committee considered the Financial Monitoring Report [Paper 25/03] presented by Mr Colin Neil, Director of Finance for assurance.</p> <p>Mr Neil informed the Committee that at the end of month 9, there was a reported overspend of £25.86m, with £32.7m attributed to unachieved savings offset by a pay and non-pay underspend of £6.51m. Acute was overspent by £24.9m, while Corporate areas were underspent by £29.12m. Partnerships had a pay and non-pay underspend of £2.28m following utilisation of reserves. Mr Neil highlighted that an improvement in the run rate could be seen again in Month 9 when compared to the previous month, particularly around the nursing pays position. The Committee noted that there had been a substantial drop in Agency spend, with the full year forecast of total Agency spend of £20.3m, which was a 58.7% reduction on the previous year spend. Mr Neil reported that there was a year to date overspend in Primary Care Prescribing of £11.4m, however noted that positive work had taken place to get to that position.</p>	

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	<p>Agenda for Change reform information was included in the report and showed that £2.1m had been spent on the Reduced Working Week for the period April to December 2024 for transitional allowance. Mr Neil provided an update on the Band 5 to 6 evaluation and reported that approximately 1000 applications had been received. Some applications had been evaluated and were awaiting second validation. A further £6.6m of non-recurring funding had been received to cover the year end accrual.</p> <p>In terms of Sustainability and Value, £48.6m has been achieved on a full-year recurring basis, and £181.2m on an in-year basis. Forecast pipeline savings were £183.9m against the £226.9m challenge, with £55.6m identified on a recurring basis against the £128.6m target. Mr Neil reported that at month 9, 76% of the total capital allocation had firm orders or incurred spend which was in line with expectations. The Committee noted that funding for the radionuclide project of £5m was agreed with Scottish Government for 2024/25 which had allowed the Corporate Management Team to prioritise further spend, with the requirement that this had taken place by 31st March 2025.</p> <p>Finally, Mr Neil reported the forecast had been reviewed and based on the month 9 position the forecast deficit had been reduced to £28.8m from the original finance plan of £48.3m. He noted that work needed to continue to maintain the reduction in pressures. He noted that Agenda for Change would play a part in landing the overall position.</p> <p>In response to a question regarding pay and non pays and the underspend of £29m, assurance was provided that there was no impact being placed on services.</p> <p>In relation to the improvement in Agency spend, the Committee noted that there was still progress to be made. There were still posts that were challenging to fill, however this was experienced nationally. The Committee noted that the Band 5 nursing position was stabilising. The Committee were assured that work also continued with the IJB's to mitigate pressures and create opportunities as much as possible. The Committee were advised that there would be a wider focus on building on the Reform agenda.</p> <p>The Committee were content to note the update.</p> <p>NOTED</p>	
13.	Financial Plan 2025-26	
	The Committee considered the Financial Plan 2025-26 [Paper 25/04] presented by Mr Colin Neil, Director of Finance, for approval.	

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	<p>The Scottish Government had requested that a draft 3-year plan was submitted by the 27th of January 2025, with a final version submitted by the 17th of March 2025. The recurring financial challenge noted was £203.1m with an additional £7.1m of non-recurring pressures giving an overall financial challenge of £210.2m. This was a reduction from £224.1m presented in December 2024 and had reduced primarily due to the increased receipt of New Medicines Fund. The plan highlighted a deficit of £47.5m for 2025/26 and a deficit of £43.9m and £2.0m for the subsequent years. This required NHS GGC to maximise all recurring and non-recurring opportunities in order to improve the position.</p> <p>Mr Neil highlighted that assumptions had been used in the compilation of the plan. This included a baseline uplift of 3% for each of the 3 years, that recurring savings of £55.6m were achieved in 2024/25, that the Reduced Working Week and Band 5-6 Review were fully funded and that the IJB's would be break even, however this was a risk factor as the financial plans were still being finalised.</p> <p>Mr Neil provided details of the recurring deficit brought forward, noting that the deficit in 2025/26 had increased to £162.8m. This assumed that £55.6m recurring savings were achieved in 2024/25. The recurring savings target set within the financial plan for 2025/26 is £93.7m which equates to 3% of the baseline budget provided directly from the Scottish Government.</p> <p>In order to address the scale of the 2025/26 financial challenge the Sustainability and Value programme would be required to deliver £93.7m of recurring savings from a combination of well-established processes and further targeted initiatives. The opportunities that had been identified through the 15-box grid National Programme of work were being pursued.</p> <p>In response to a question regarding supplier costs, the Committee was advised that work remained ongoing to utilise opportunities for savings. This included reviewing contract prices for energy, energy reduction schemes, and site sales.</p> <p>Prof Gardner highlighted the importance of setting a clear financial plan and the impact of Reform on these decisions.</p> <p>The Committee were content to approve the paper.</p> <p><u>APPROVED</u></p>	

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		ACTION BY
14.	Draft Capital Plan 2025/26 - 2027/28	
	<p>The Committee considered the Draft Capital Plan 2025/26 – 2027/28 [Paper 25/05] presented by Mr Colin Neil, Director of Finance, for approval.</p> <p>Mr Neil provided an overview of the paper which detailed the estimated available capital resources for 2025/26 - 2027/28 and advised on progress with allocation of capital in the initial 3-year plan. The initial Capital Plan had been developed in line with the assumptions outlined to Boards by the Scottish Government on 4th December 2024. It included details on Scottish Government capital funding, GG&C capital funding assessment, impact on expenditure plans, breakdown between core capital and additionally funded schemes, and business continuity planning allocations.</p> <p>Mr Neil reported that Formula Capital for all Boards would be increased by 5% on 2024/25 levels. This represented an increase to NHSGGC of £1.965m taking the total Formula Capital budget to £41.259m in 2025/26. All contractual commitments relating to Scottish Government approved projects under construction would continue to be funded.</p> <p>In response to a question regarding how capital was determined, the Committee was advised that a proportion was made across all Boards and was reviewed on size; it had remained static in NHSGGC over the years, therefore the 5% increase was welcomed.</p> <p>In response to a question regarding disposal receipts, the Committee noted that a paper outlining all major capital transactions be provided in due course. It was agreed that upcoming property transactions would be included in future iterations of the plan.</p> <p>The Committee were content to approve the paper.</p> <p>APPROVED</p>	Mr Neil
15.	Performance Report	
	<p>The Committee considered the Performance Report [Paper 25/06] presented by Mr Colin Neil, Director of Finance, for assurance.</p> <p>Mr Neil provided an overview on performance against some of the key indicators as outlined in the Performance Assurance Framework for the period up to and including December 2024. He noted that CAMHS performance continued to exceed the national target, with current performance sitting at 99.6%. The latest quarterly position for Alcohol and Drugs Partnership remained positive at 94.8%. The Committee</p>	

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	<p>noted that Podiatry continued to exceed the national target and GP Out of Hours shifts that remained opened continued to exceed the local target.</p> <p>Mr Neil went on to report on some key areas that required improvement, which included Psychological Therapies performance, which was below the national target. The MSK Physiotherapy waiting times performance remained a challenge with the focus remaining on reducing the longest waiting times. The number of acute bed days lost to delayed discharge increased by 7% when compared to the previous months' position. Mental Health remained a challenge, and the number of mental health bed days lost increased by 4% when compared to the previous month.</p> <p>In response to a question regarding Psychological Therapies slipping under target and the causes of the dip, the Committee noted that there had been challenges for example with staffing and gaps. It was agreed that it would be helpful include narrative to the report to draw out drivers of any changes in trends.</p> <p>The Committee were content to note the performance report.</p> <p><u>NOTED</u></p>	Mr Neil
16.	<p>Business Case QEUH Rectification Programme QEUH/RHC Heating Manifold</p>	
	<p>The Committee considered the Business Case QEUH Rectification Programme QEUH/RHC Heating Manifold [Paper 25/07] presented by Professor Tom Steele, Director of Estates and Facilities, for approval.</p> <p>Professor Steele provided an overview of the QEUH/RHC Heating Manifold Business Case, explaining that the Scottish Government had previously committed to provide financial support to deliver the remediation projects with a further paper outlining the value of the construction costs to be submitted to secure funding.</p> <p>Prof Steele explained that the BCP was a risk assessment of the NHSGGC estate to inform a risk based prioritisation programme. When the BCP work commenced, the QEUH/RHC remediation work was to be excluded from the assessment and remain as a stand-alone programme of work. In August 2024 the Scottish Government position changed and requested that remediation works be included within BCP and appropriately ranked against other projects. On 9th August 2024 the Business Case was submitted advising the total project value as £9.8m inc. VAT, fees and development costs spent to date.</p>	

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	<p>Prof Steele reported the Manifold project was risk assessed within this programme and highlighted as the Board's top risk as a priority for Scottish Government funding. On 29th October 2024, the Scottish Government provided confirmation, in principle, that they would fund the QEUH Manifold project in its entirety. Funding for this project spans financial years 24/25, 25/26 finishing in 26/27.</p> <p>The Committee noted the order of the timing and Members agreed it should have been submitted to the Committee earlier.</p> <p>The Committee were content to approve the paper.</p> <p>APPROVED</p>	
17.	Winter Plan – Update	
	<p>The Committee received a presentation on the Winter Plan Update presented by Dr Scott Davidson, Medical Director and Ms Ali Marshall, Director of Planning, for assurance.</p> <p>Ms Marshall reported that a number of Whole System Actions were moving to complete or were on schedule to be completed. The completion of actions and whether actions delivering the intended impact were being measured. Ms Marshall highlighted that a small number of actions remained at risk which included delivering the Winter Vaccination Programme and reducing direct referrals to the Emergency Department from NHS24. The Committee were assured that work continued with NHS24 to address this.</p> <p>Ms Marshall provided an overview reducing conveyance and ED attendance, the OPAT at the RAH was expected to go live early Feb, Hospital @ Home was operational in Glasgow City on 27th Jan 25 and Renfrewshire on 13th Jan 25. Three Surge Wards were opened on 3rd January 2025 (48 beds) and learning would be taken for the next Winter Plan.</p> <p>The Committee discussed the Reform agenda and noted that work was underway. It was acknowledged that the plan was assisting in meeting targets, and for the week ending 26th January NHSGGC finished above the Scottish national average.</p> <p>The Committee were content to note the update.</p> <p>NOTED</p>	

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		ACTION BY
18.	Delivery Plan 2024/25 Q3 Progress Summary Report	
	<p>The Committee considered the Delivery Plan 2024/25 Q3 Progress Summary Report [Paper 25/08] presented by Dr Scott Davidson, Medical Director, and Ms Claire MacArthur, Director of Planning, for assurance.</p> <p>The Committee received an overview on the progress in delivering the 2024/25 Annual Delivery Plan. Overall, 83% of actions were completed or on schedule to be completed. A detailed review continued to be carried out to assess the impact of the actions that were ongoing. All services were working to mitigate potential delays and bring actions not meeting the fully intended impact back on track. The Committee noted that the plan would be submitted to the Scottish Government to demonstrate the progress that had been made.</p> <p>The Committee were content to note the update.</p> <p>NOTED</p>	
19.	Digital Strategy Update	
	<p>The Committee considered the Digital Strategy Update [Paper 25/09] presented by the Ms Denise Brown, Director of Digital Services, for assurance.</p> <p>Ms Brown provided an overview of the NHSGGC Digital Health & Care Strategy (Digital on Demand) 2023-2028, detailing the progress, challenges, and future plans. The Strategy was approved by the Board in December 2022, and significant progress had been made in various areas including patient-facing digital appointment notifications, Cancer MDT support solutions, digital Ophthalmology patient records, workforce digital skills, remote and virtual pathways, AI evaluations, inpatient Digital Clinical Notes, and digital pathology services.</p> <p>The 2024/25 plan includes 154 projects and programmes grouped into 12 strategic areas. Key challenges include national programme delays, financial constraints, workforce capacity, and technical complexities, for example the GP IT system.</p> <p>In response to a question in regarding Safer Use of Medicines, the Committee were advised that the Pharmacy Stop system and HEPMA had been integrated and the data from that would be used to inform future projects.</p> <p>It was agreed that the paper would be amended to ensure read across from 2024 prior to being presented at Board.</p>	<p>Ms Brown</p>

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		ACTION BY
	The Committee were content to note the paper. NOTED	
20.	GP IT System Update	
	<p>The Committee considered the GP IT System Update [Paper 25/10] presented by Ms Denise Brown, Director of Digital Services, for assurance.</p> <p>The paper provided an overview on the impact and risks from national GP IT system supplier entering administration. As part of the national GP IT systems reprovisioning programme led by NSS, all Boards were in the process of migrating GP practices to the new Vision system provided by Cegecim. An administrator-led sales process was underway with a national incident team in place. The Committee noted that regular meetings were held with the incident team, however, no further detail was available at this stage.</p> <p>In response to a question regarding access to data and whether legal arrangements were in place, the Committee were assured that data would not be lost. In relation to legal arrangements, the Committee noted that discussions were taking place with the Scottish Government in this regard.</p> <p>In response to a question regarding support for the future, the Committee noted that the EMIS contract was due to expire 26/27, therefore discussions were taking place regarding a possible extension to the contract.</p> <p>It was agreed that the changes to risk scores would be considered and fed through, if required.</p> <p>The Committee were content to note the update. NOTED</p>	Ms Brown
21.	Primary Care Improvement Plan Update Report	
	<p>The Committee considered the Primary Care Improvement Plan Update Report [Paper 25/11] presented by Ms Ann Forsyth, Head of Primary Care Support, for assurance.</p> <p>Ms Forsyth provided an update on General Practice and the Primary Care Improvement Plans (PCIPs) for the 6 Health and Social Care</p>	

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		ACTION BY
	<p>Partnerships (HSCPs). There were an increasing number of patients registered with a reducing number of GP practices.</p> <p>The paper summarised the highlights from the GP practice and PCIP Oversight group including the 6 HSCPs implementation tracker returns to Scottish Government. Ms Forsyth reported some of the ongoing challenges, including financial challenges.</p> <p>The Committee discussed the financial challenges and were advised that PCIP had received non-recurring funding from the Scottish Government, however, discussions were taking place regarding making that funding baseline.</p> <p>The Committee acknowledged the challenges and were content to note the update.</p> <p><u>NOTED</u></p>	
22.	IJB Integration Schemes Update	
	<p>The Committee considered the IJB Integration Schemes Update [Paper 25/12] presented by Ms Beth Culshaw, Chief Officer, West Dunbartonshire for assurance.</p> <p>Ms Culshaw provided an update on the ongoing actions and next steps in relation to the review of IJB Integration Schemes. A detailed review of the six draft Schemes was carried out to identify all areas where wording needs to be revised. The Legal Team had agreed the wording, and this would be shared with the Local Authority Legal Team.</p> <p>In response to a question regarding any potential risks, the Committee were assured that no challenge was anticipated.</p> <p>The Committee were advised that a further update would be provided with the expectation that the Integration Schemes going to the June Board.</p> <p>The Committee were content to note the paper.</p> <p><u>NOTED</u></p>	
23.	Corporate Risk Register	
	<p>The Committee considered the Corporate Risk Register [Paper 25/13] presented by Ms Katrina Heenan, Chief Risk Officer, for approval.</p>	

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		ACTION BY
	<p>Ms Heenan reported that there were 8 risks that related to the Committee and 100% of these had been reviewed each month since the previous meeting. Ms Heenan reported that 1 new action had been added in relation to the Public Inquiry. She reported that 2 actions had been completed since the last meeting and any overdue actions continued to be progressed with the Risk Leads. A Corporate Risk detailed review had been completed in relation to Medicine Costs and funding availability, the score had been reassessed against the criteria and was increased from 8 to 9.</p> <p>A detailed discussion took place regarding a review of what risks were included in the corporate risk register. It was agreed that further consideration would be given on addition of risks or whether particular issues would be escalated to ensure that the risk register was not diluted. It was agreed that updates would be provided against overdue items in future iterations of the register.</p> <p>The Committee were content to approve the recommendations set out in the paper and noted that further discussions would take place.</p> <p><u>APPROVED</u></p>	Ms Heenan
24.	Acute Services Committee Governance Approach	
	<p>The Committee considered the Acute Services Committee Governance Approach [Paper 25/14] presented by Ms Sandra Bustillo, Director of Communications and Public Engagement, for approval.</p> <p>Ms Bustillo provided an overview on the governance approach to discontinuing the Acute Services Committee, with business being delegated to other committees following agreement that an Equality and Diversity and Inclusion Committee would be set up following discussion at the Board Development Day.</p> <p>The proposal had been considered and approved by the Acute Services Committee and would be presented to the Board for approval.</p> <p>The Committee were content to approve the paper.</p> <p><u>APPROVED</u></p>	
25.	Closing Remarks and Key Messages for the Board	
	<p>The Chair thanked everyone for attending and contributing to the discussions and closed the meeting.</p> <p><u>NOTED</u></p>	

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			ACTION BY
26.	Date and Time of Next Scheduled Meeting		
	The next meeting would be held on Tuesday 8 April 2025 at 9.30 am via MS Teams.		