

NHS Greater Glasgow and Clyde	Paper No. 26/150
Paper Title	Standing Committee Chair's Board Report
Meeting:	NHSGGC Board Meeting
Date of Meeting:	29 October 2026
Purpose of Paper:	For Assurance
Classification:	Board Official
Name of Reporting Committee:	Finance, Planning and Performance Committee
Date of Reporting Committee:	24 September 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 24 September 2026 as set out below and seek further assurance as required.

3. Key Items of Discussion

3.1 NHSGGC Finance Report – Month 4 (July 2026)

- The Committee received a paper for awareness.
- The Committee were advised that as at 31 July 2026 NHSGGC was reporting a deficit of approximately £39.6 million which meant that the position had fallen below 1% of the Revenue Resource Limit (RRL). The majority of the overspend related to Acute Services (£30.5 million) and Estates and Facilities (£6.2 million) which was consistent with the trend over recent months. The HSCPs were reporting a breakeven position following the transfer of reserves although

underlying financial pressures were acknowledged and it was noted that there were regular discussions with HSCPs.

- The Sustainability and Value programme had delivered approximately £52 million on an in-year basis which was 27% of the overall financial challenge. In-year recurring savings of £16.5 million had been achieved with a full-year effect of £17.5 million. There was currently no identified route to breakeven and work continued to address the deficit.
- The Committee noted that the total capital expenditure incurred to 31 July 2026 was £16.7 million and the expectation was that the full capital allocation would be spent.
- The Committee were advised that at month 4 the projected deficit forecast for 2026/27 remained at just £58 million and immediate action was required across all areas to reduce costs. More savings plans were in development and being implemented than in previous years, however, the underlying deficit had grown and there was limited confidence that breakeven could be achieved without system redesign which would have an impact on future years. Engagement with the Scottish Government would continue, recognising that pressures in Acute Services were being experienced across Scotland and were not unique to NHSGGC.
- The Committee noted the update.

3.2 Sustainability and Value Programme Deep Dive – Cross Boundary Flow

- The Committee received a presentation for awareness.
- The Committee noted the demand placed on NHSGGC services by the volume of activity undertaken for residents of other NHS Boards with every NHS Board in Scotland using NHSGGC services, although the volume and type of activity varied. In recent years the profile of patients had changed, and specialist demand was becoming more prominent, particularly in oncology and paediatrics while orthopaedic and trauma activity had also changed over the period and cross-boundary delayed-discharge bed days had also more than doubled since 2017/18. Although traditional service-level agreements were in place, NHSGGC did not recover the full cost of all activity. The Committee noted the significant pressures this placed on NHSGGC and that this was central to the NHS simplification work.
- The Committee noted the update.

3.3 Integrated Performance and Quality Report (IPQR) – July 2026

- The Committee received a paper for assurance.
- The Committee noted the update on performance against key performance indicators contained within the IPQR and welcomed the inclusion of patient experience stories. The Committee discussed key areas including reactive maintenance, SAERS figures, MRI scanners, the care of young people and outpatient activity. The Committee also noted that urology performance was having a significant effect on cancer treatment statistics due to the volume of cases and wider national challenges.
- The Committee were assured by the update.

3.4 Transforming Together Portfolio and GGC Way Forward Report

- The Committee received a paper for assurance.

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- The Committee noted that the report had been revised and now linked activity and planned changes to their intended impact; set out priorities for the next 70 days; and included trend analysis where appropriate. Links to sustainability and value benefits had also been added and would become more prominent as the report matured.
- The Committee were advised that during the reporting period overall portfolio progress had been positive and received updates on each of the key areas.
- The Committee were assured by the report.

3.5 2026/27 Operational Resilience and Seasonal Preparedness Framework

- The Committee received a paper for assurance.
- To Committee were advised that the Framework set out a whole-system approach to maintaining service resilience and, as no additional winter funding would be available this year, the focus would be on maximising the impact of existing programmes including Transforming Together and the Annual Delivery Plan. The framework identified seven priorities and targeted system support, informed by intelligence from public health colleagues, would be a key feature this year. Progress would be monitored monthly through the IPQR with additional updates and narrative included to provide assurance. Any emerging issues would be escalated promptly and appropriately.
- The Committee were assured by the report.

3.6 Estate Assessment and Strategic Direction Report 2026

- The Committee received a paper for awareness.
- The Committee were advised that the estate had been assessed over the past five years and the report provided an overview of the current estate and how it should be managed in future to target investment, minimise risk and improve business continuity. The next stage would bring the strategic and capital elements together to determine how facilities should be used in future and bringing clinical priorities and capital requirements together.
- The Committee noted the report.

3.7 Radionuclide Project Update (September 2026)

- The Committee received a paper for awareness.
- To Committee received an update on the RND project noting that the planned building handover had been delayed by approximately five months due to technical or supplier-related events, however, the building should still be delivered within budget.
- The Committee noted the update.

3.8 Corporate Risk Register (August 2026)

- The Committee received a paper for approval.
- The Committee noted that at the end of August 2026 there were 15 risks aligned to the Committee with 4 rated very high, 7 high, and 4 medium. All risks were regularly updated, reviewed, and aligned with Board and Committee oversight to ensure accuracy and relevance. Two risk scores had increased: financial medium-term revenue risk and in-year capital plan delivery reflecting concerns over forecast deficits and uncommitted capital spend.

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- The Committee were content to approve the Corporate Risk Register.

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 26 November 2026.

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the Finance, Planning and Performance
Committee held on Thursday 6 August 2026
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	Ms Lesley McDonald
Mr Brian Auld	Dr Morven McElroy
Mr Michael Breen	Dr Becky Metcalfe
Ms Libby Cairns	Ms Ketki Miles
Mr Martin Cawley	Cllr Robert Moran
Mr Giovanni D'Alessio	Cllr Katie Pragnell Lees
Ms Dianne Foy	Dr Paul Ryan
Mr David Gould	Dr Lesley Thomson KC
Mr Graham Haddock OBE	Ms Karen Turner
Mr Jamie Kinloch	Mr Charles Vincent
Cllr Colette McDiarmid	Ms Michelle Wailes

IN ATTENDANCE

Mr Russell Coulthard	Deputy Chief Executive/Chief Operating Officer
Ms Lorraine Cowie	Director of Interface
Dr Scott Davidson	Medical Director
Professor Jesse Dawson	Director of Research and Innovation (for Item 65)
Mr Stuart Donald	Head of Performance
Mr Gary Dover	Head of Primary Care Support (for Items 66 and 67)
Ms Gillian Duncan	Corporate Executive Business Manager (Minutes)
Mr Alistair Graham	Director of Digital Services
Ms Katrina Heenan	Chief Risk Officer
Ms Leanne Law	Senior Business Manager – Corporate Governance
Ms Claire MacArthur	Director of Planning
Professor Sir Lewis Ritchie	Co-Chair of the SPCG
Mr Neil McSeveny	Interim Director of Communications and Public Engagement
Ms Natalie Smith	Interim Director of Human Resources and Organisational Development
Professor Tom Steele	Director of Strategic Infrastructure Planning and Delivery
Mr James Thomson	Deputy Director of Finance – Financial Services and Payroll
Professor Angela Wallace	Nurse Director

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Ms Janice Watt		Interim Director of Pharmacy (for Item 64)
Mr Stuart Wilson		Deputy Director of Finance - Financial Planning & Performance

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50.	Welcome, Apologies and Introductory Remarks		
	The Committee Chair, Ms Margaret Kerr, welcomed those present to the August meeting of the Finance, Planning and Performance Committee. Ms Kerr also welcomed Councillor Colette McDiarmid to her first meeting of the Committee since rejoining the NHS Board on 25 July 2026 and Professor Sir Lewis Ritchie who was observing the meeting online. Apologies were submitted on behalf of Ms Cath Cooney, Professor Jann Gardner, Dr John O'Dowd and Mr Derrick Pearce. The Committee Chair advised that there had been discussions on changes to the membership of the Committee to ensure it was clear and consistent with other Standing Committees and similar Committees across NHS Scotland and this would be presented to the NHS Board meeting on 27 August 2026. <u>NOTED</u>		
51.	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>		
52.	Minutes of Previous Meeting held on 28 May 2026		
	The Committee considered the minute of the meeting held on 28 May 2026 [FPPC(M)26/04] and were content to approve the minutes as a full and accurate record of the meeting. <u>APPROVED</u>		
53.	Matters Arising		
	a) Rolling Action List The Committee considered the Rolling Action List [Paper 26/27] presented by Ms Leanne Law, Senior Business Manager – Corporate Governance, for approval.		

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	Ms Law advised that all items were now closed with the exception of Item 115 as the Estates and Facilities strategy would now be presented to the September meeting of the Committee. The Committee were content to approve the Rolling Action List. <u>APPROVED</u>		
54.	Urgent Items of Business		
	The Chair invited Members to highlight any urgent items of business. There were no urgent items of business raised. <u>NOTED</u>		
55.	NHSGGC Finance Report – Month 3 (June 2026)		
	The Committee considered the Finance Report as at 30 June 2026 [Paper 26/28] presented by Mr Michael Breen, Deputy Chief Executive/Director of Finance, for awareness. Mr Breen reported that as at 30 June 2026, NHSGGC was reporting an overspend of just under £(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. The Sustainability and Value (S&V) 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. At the end of month 3, there was a projected year end overspend of £(58) million. The financial sustainability risk remained at 20. 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 total capital expenditure incurred to 30 June 2026 was £13.2 million, which amounted to 13.9% of the capital budget. Only 39% of the total capital allocation had been allocated to date and work was ongoing to ensure the remaining funds are allocated to reflect NHSGGC's priorities. In response to a query regarding property maintenance, in particular at Glasgow Royal Infirmary (GRI), Mr Breen acknowledged the challenges associated with the age of the GRI estate noting that there were some		

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	emerging costs related to rectification works and the significant upkeep required for a listed building. Mr Breen indicated that the wider strategy for the GRI site would require to be considered further through the S&V deep dive and advised that targeted action was required. In response to a query around cost control measures in Acute Services, Mr Breen advised that there were a number of areas where this could be improved and emphasised the need to move quickly, identifying clear areas of focus and setting out trajectories for improvement. The Committee sought clarification regarding the overspend relating to Acute senior medical and nursing staff. Mr Breen noted that there was a need to better understand the underlying workforce model and the nature of the challenge advising that there were significant costs associated with supplementary staffing, some of which related to sickness absence, vacancies and enhanced observations. In response to a query regarding the definition of 'other corporate expenditure', Mr Breen explained that when the financial plan was prepared, provision had been made for items such as inflation and central savings targets, including corporate vacancy management. These are monitored centrally and used to manage the flow of funding that had not yet been allocated to other budgets. Mr Breen advised that this could be brought out more in future reports. Mr Breen explained that the £(58) million projected overspend was the first element of the year-end forecast. The forecast was not evenly distributed across the year and included some elements such as winter pressures as well as assumptions already built into the financial plan. The S&V programme would continue to work alongside Transforming Together to identify areas where trajectories were expected to improve financial performance. The Committee Chair thanked Mr Breen for the report, particularly the additional detail which had helped to build a clearer overall picture. The Committee were content to note the report. <u>NOTED</u>		
56.	Integrated Performance and Quality Report IPQR - May 2026		
	The Committee considered the Integrated Performance and Quality Report IPQR - May 2026 [Paper 26/29] presented by Mr Michael Breen, Deputy Chief Executive/Director of Finance, for assurance.		

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	Mr Breen advised that a paper proposing a number of updates to the measures within the IPQR was being presented to the Corporate Management Team on 10 August 2026. Subject to endorsement, the updated paper would be circulated for review in advance of the NHS Board meeting on 27 August 2026. The Committee received assurance from Mr Coulthard that the 78-week outpatient trajectory was being maintained. Mr Coulthard confirmed that there were no patients waiting over 78 weeks for appointments and clarified that patients with appointments booked were included in that figure. Mr Coulthard provided an update on cancer performance noting that the reported position covered all eligible specialties and that the national cancer reporting did not separately identify all skin cancers. The Committee sought assurance on progress in the expansion of the virtual hospital programme and whether the target of 1,000 virtual hospital patients by October 2026 was achievable, Mr Coulthard advised that the current number was just under 500 however additional pathways continued to come on stream weekly with a clear route to reaching 1,000 within the planned timeline. It was agreed that a communications strategy to publicise this milestone and the impact achieved would be developed. In response to a comment from the previous meeting, the Committee Chair confirmed that the agreed revised narrative in the CAMHS section would be captured in the comments and feedback as part of the IPQR refresh. The Committee noted consideration of the revised Care Opinion response measure from seven days to five days. The Committee Chair advised that this was within the remit of the Clinical and Care Governance Committee and would be followed up there. In response to a query relating to delayed discharges, Mr Coulthard advised that a programme of work was in progress, Mr Coulthard noted that relationships with non-GGC partnerships would continue to be developed and that around 10% of emergency admissions related to people from outwith GGC, and acknowledged the challenges associated with supporting people to return to their localities. The Board Chair also noted that cancer performance was reviewed weekly and asked that the trajectory and narrative were clear that the trajectory had been met.		

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	The Committee Chair requested members review the updated measures when they are circulated following the CMT on 10 August 2026 and provide comment on these. The Committee were assured by the update. <u>ASSURED</u>		
57.	Urgent and Unscheduled Care Performance Reporting and Demand		
	The Committee considered the Urgent and Unscheduled Care Performance Reporting and Demand [Paper 26/30] presented by Mr Russell Coulthard, Deputy Chief Executive/Interim Chief Operating Officer, for assurance. Mr Coulthard noted that the paper had been developed following discussion at the previous meeting and that statutory A&E reporting was not fully capturing the breadth of urgent and unscheduled care activity across the system. The paper described the wider demand, patient flow and system pressures beyond the 4-hour Emergency Access Standard including understanding ED flow and attendance patterns, demand by Health and Social Care Partnership, interface activity and additionality, FNC+ pathways and the impact of current and future front door services. Dr Davidson advised that EDs continued to experience significant pressure. Dr Davidson noted that the main challenge remained the ability to admit patients, particularly medical patients, within 4 hours and while there had been improvement, Dr Davidson emphasised that sustained focus was required to reduce occupancy levels to around 90% and improve admission pathways. In response to a query regarding prevention, Dr Davidson described work on both primary and secondary prevention. Dr Davidson highlighted COPD monitoring and self-management as an example, noting that continued engagement and follow-up using technology was being targeted within SIMD1 populations and the challenge was to make these approaches part of standard care so that every eligible patient was able to access remote monitoring. Dr Davidson also highlighted ongoing work on obesity, including the potential use of GLP1s for higher-risk patients in an equitable way, recognising the predicted uptake and cost. Dr Davidson also noted that preventing admissions from care homes, including “call before convey”, was being actively progressed as a priority pathway to support care at home where appropriate.		

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	Dr Davidson noted that FNC+ and GP calls had the potential to reduce attendance at ED, particularly where senior decision-makers were able to support alternatives to admission, such as being able to provide outpatient appointments. Mr Coulthard advised that the 4-hour ED wait performance was expected to improve through interface work noting that while streaming lower-acuity patients away from ED may have a short-term detrimental impact on the 4-hour performance measure, reducing inpatient occupancy would improve ED flow. Dr Davidson highlighted considerations in relation to how people engaged with services, particularly where they were used to more traditional routes of access. Dr Davidson advised that these issues had been discussed at the national flow meeting and emphasised the importance of clear and consistent communication, education and culture change, with consistency of approach across the country. Work was also taking place with ED teams to support understanding that patients do not always need to see a doctor and that, in some cases, alternative routes may be more appropriate. There was also consideration on how to engage with patients from non-GGC areas and encourage them to use their own local NHS Boards where appropriate. It was noted that getting flow right was central to patient experience, including ensuring that patients know where they are going and when they are likely to get there. The Committee Chair noted that the discussion had covered a broad range of issues and had provided a clearer understanding of the work underway. This would support further scrutiny and inform related conversations taking place through partnerships and other Committees. The Committee were assured by the report. <u>NOTED</u>		
58.	Sustainability & Value Programme Deep Dive 2025-26 Acute Division Outturn Analysis		
	The Committee received a presentation on the Sustainability & Value Programme Deep Dive 2025-26 Acute Division Outturn Analysis by Mr Michael Breen, Deputy Chief Executive/Director of Finance, for assurance. 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. This included 12 grip and control actions		

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	being taken forward. The Committee noted that the Acute Division had been £(60.1) million overspent in 2025-26. The main areas of overspend were staffing costs, drugs and surgical sundries costs. The Committee were 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 Board Chair supported progressing the 12 grip and control actions set out in the presentation, while recognising NHSGGC's role nationally and the need for appropriate recompense and recognition for activity delivered on behalf of other areas. Dr Thomson also noted that there would be implications from the ongoing Sub-National work considering wider NHS reform. The Committee agreed to progressing the work as outlined in the presentation reporting back once the Programme for Government was clearer. There also need to be further clarity given to future meetings on the benefits expected from Transforming Together and what proportions of financial impact would be seen this year or next. It was agreed that future reporting should continue to have a clear focus on progressing the work and demonstrating impact with a clearer understanding of where the financial pressures sit within Acute. It was also noted that finance teams and managers had an important role in enabling acute staff to identify savings. Finance teams would not be solely responsible for achieving the savings but would be required to challenge overspends and hold budget holders to achieving financial balance on their budgets. In response to a query around focusing on decisions and prioritisation, Mr Breen advised there was an opportunity to review the system in more detail and further identify the grip and control actions required. Mr Breen noted the need to understand NHSGGC's position within the developing Sub-National model and to be clear with the Scottish Government about the work NHSGGC undertakes on behalf of Scotland as a whole. Mr Breen stressed that annual grip and control actions remained essential however the next few months must also clarify the timeline, financial impact and expected benefits of Transforming Together. Mr Breen expressed confidence in the overall strategy and the team's ability to translate the financial challenge into system action, while cautioning against an overly narrow focus on stopping activity. Further information would be provided to the Board and through future finance reports.		

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	The Committee were content to note the update.		
	<u>NOTED</u>		
59.	Interface Communications and Engagement Plan		
	The Committee considered the Interface Communications and Engagement Plan [Paper 26/31] presented by Ms Lorraine Cowie, Director of Interface, for assurance. Ms Cowie presented the updated Plan, which set out the proposed approach to supporting awareness, implementation and impact of Virtual Hospital and Interface pathways across NHSGGC. This built on the previous paper and reflected discussions at the previous Committee meeting on public communications regarding ED attendance. The approach focused on simple messaging, clear local information and reinforcing the principle of receiving the right care, in the right place, at the right time. In response to a query regarding consistency with national messaging, Ms Cowie advised that there was ongoing national work on the direction of travel and the use of EDs with NHS24 and the Scottish Ambulance Service. Further work was also underway locally to develop accessible information which would complement the wider work and help ensure consistency. The Committee were assured by the update. <u>ASSURED</u>		
60.	2025-26 Annual Delivery Plan: Quarter 5		
	The Committee considered the 2025-26 Annual Delivery Plan: Quarter 5 report [Paper 26/32] presented by Ms Claire MacArthur, Director of Planning, for assurance. Ms MacArthur provided an update on progress in implementing the actions associated with the 2025/26 Delivery Plan which had been rolled into Quarter 5, reflecting the development of the first Sub-National Plan and the late publication of Scottish Government guidance. Ms MacArthur reported 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		

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	able to be progressed due to external factors. A further 16 actions were delayed and would continue to be managed and monitored. Ms MacArthur clarified that delayed actions did not necessarily indicate a lack of progress, however some had not been delivered in the way originally described in the Delivery Plan. The Committee noted that outstanding and delayed actions would continue to be monitored to ensure they remained visible and were not lost from the reporting process. The Committee were assured by the report. <u>ASSURED</u>		
61.	2026-27 Board Delivery Plan Update		
	The Committee considered the 2026-27 Board Delivery Plan Update [Paper 26/33] presented by Ms Claire MacArthur, Director of Planning, for assurance. Ms MacArthur provided an update on the actions taken in response to feedback from Committee members on the draft NHSGGC Delivery Plan 2026/27, which had been circulated on 3 June 2026. The comments received from members had been shared virtually and the paper provided a summary of the key feedback and the actions taken in response. The Committee Chair advised that it was important for governance for this update to be formally reported to the Committee and thanked members who had provided comments and feedback noting that this demonstrated appropriate scrutiny of the draft Plan. The Chair also thanked Ms MacArthur and her team for their work in reviewing and responding to the feedback. The Committee were assured by the update. <u>ASSURED</u>		
62.	Transforming Together GGC Way Forward Portfolio Status Report		
	The Committee considered the Transforming Together GGC Way Forward Portfolio Status Report [Paper 26/34] presented by Ms Claire MacArthur, Director of Planning, for assurance. Ms MacArthur noted that the report was being reviewed to strengthen the links between delivery, impact, quality and performance		

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	improvement and further alignment with the financial plan. This would be reflected in the next scheduled report in September 2026.		
	Ms MacArthur noted that overall performance remained steady, with 177 of 193 actions complete and during the reporting period overall portfolio progress had been positive. The Committee were 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 of 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. In response to a query around how the priority project at Port Glasgow had been identified and what progress had been made, Ms MacArthur advised that she would provide an update after the meeting noting that the Scottish Government would confirm the relevant timelines and further detail. The Committee noted the update regarding eTriage and that volunteers were in place at Glasgow Royal Infirmary to support the use of the system and barriers to uptake and this would continue to be monitored. Regarding the scope for further use of technology and how quickly this could be rolled out, Ms MacArthur advised that video interpreting was currently being used within Women's and Children's Services. Further evaluation was required, after which the approach would be worked through and scaled as appropriate. The Committee welcomed the planned updates and looked forward to receiving the revised versions through the next reporting cycle. The Committee were assured by the update. <u>ASSURED</u>		
63.	Procurement Strategy 2025-2028: Annual Update		
	The Committee considered the Procurement Strategy 2025-2028: Annual Update [Paper 26/35] presented by Mr Michael Breen, Deputy Chief Executive/Director of Finance, for assurance. Mr Breen presented an update on progress in implementing the Procurement Strategy 2025–2028 and on performance against the Key Performance Indicators set out in the Strategy. Mr Breen highlighted		

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	the good work undertaken by the Procurement Team and asked Members to note the strong performance shown through the KPIs within the report. In response to a question on whether there had been consideration of informal apprenticeships or other entry-level routes, Mr Breen advised that there were good examples of Modern Apprenticeship programmes. Mr Breen noted the importance of ensuring a range of routes into procurement roles and supporting people to progress once appointed. Mr Breen added that this work had developed well over recent years and there was an opportunity to scale it further. In discussing the local procurement target and NHSGGC's role as an anchor organisation, Mr Breen acknowledged that this remained an area of focus. Mr Breen noted that whilst there were challenges associated with procurement frameworks there are however also opportunities to engage more effectively with SMEs and trade organisations. Further support could help companies navigate the complex process of submitting bids and it was noted that although the SME target had not been met, good progress had been made in relation to engagement and community benefit, and it was acknowledged that this work could be more actively recognised and promoted. Mr Breen also noted the opportunity to demonstrate more clearly the economic impact of NHSGGC's procurement activity and to consider how this could be communicated more effectively to staff and other stakeholders. Mr Breen advised that the new Director of Procurement would take up post on 17 August. The Committee were assured by the update. <u>ASSURED</u>		
64.	Strategies to Improve the Cost-Effective Use of Medicines in NHSGGC		
	The Committee considered the Strategies to Improve the Cost-Effective Use of Medicines in NHSGGC [Paper 26/36] presented by Dr Scott Davidson, Medical Director, and Ms Janice Watt, Interim Director of Pharmacy, for awareness. Dr Davidson noted that this was Ms Watt's last meeting before retirement and the Committee wished her well for the future. Ms Watt outlined the scale of the financial challenge, the savings plans already in place, the key risks to delivery, and the governance arrangements being used to support progress.		

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	In response to a query on how work on appliances and sundries was being progressed, given that Scottish Government funding had not been approved, Ms Watt confirmed that this remained an area of focus. Ms Watt advised that the next step would be to liaise with HSCP Chief Officers, as this related to the primary care medicines and appliances budget. Discussions would consider whether an invest-to-save approach could be taken, recognising that subject-matter expertise would be required to support the development of guidelines. The Committee considered the achievability of the £17 million savings target for the current year, noting that £4.3 million had been achieved in the previous year, Ms Watt acknowledged the significant increase. However, explained that the previous year had included a particular set of circumstances, including new contracts in quarter four that had been delayed and carried forward into the current financial year. Ms Watt also noted the challenge of delivering savings alongside high-volume clinical care and advised that invest-to-save arrangements had been introduced in acute services to support medicine switches. Ms Watt advised that contract changes had been implemented earlier in the year and that she was relatively confident the target was credible, with work continuing to support delivery. The Committee discussed the importance of ensuring that prescribing decisions continued to support the use of the most cost-effective medicines, while recognising that a small number of patients may require specific treatments. In relation to lidocaine, Ms Watt explained that an initial broad approach had been taken; however, a number of patients had since undergone clinical review and had been restarted on the medicine where this was clinically appropriate. Use would continue to be reviewed as prescribing remained significantly higher than in other areas. The Committee also discussed the relationship between savings plans at IJB level and local delivery plans, and the need for a shared understanding of targets. Ms Watt advised that the primary care governance process was being strengthened through the Primary Care Management Group and Chief Officers, to support two-way communication and ensure greater awareness of the overall plan. The Committee were content to note the report. <u>NOTED</u>		

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65.	Research and Innovation Strategy 2024-29 – 3 Year Progress Update		
	The Committee considered the Research and Innovation Strategy 2024-29 – 3 Year Progress Update [Paper 26/37] presented by Dr Scott Davidson, Medical Director and Professor Jesse Dawson, Director of Research and Innovation, for assurance. Professor Dawson provided an update on progress against the objectives set out in the Research and Innovation Strategy 2024–2029 and summarised the key operational plans intended to support delivery of the Strategy over the coming year. There was a query in relation to the development of a quality monitoring tool in partnership with the Equality Team and how the organisation was assuring itself that particular groups were not under-represented in research studies. Professor Dawson explained that under-representation of certain groups was a recognised and persistent issue within academic research. Professor Dawson noted that this was being actively considered with initial work focused on identifying simple and practical ways to collect relevant data through the EDGE clinical management system adding fields that would allow clinical information to be benchmarked and used across studies. This work was at an early stage with a focus on establishing a baseline and identifying a small number of achievable deliverables to support ongoing progress. The Committee were assured by the update. <u>ASSURED</u>		
66.	Primary Care Strategy 2024-29: Annual Update		
	The Committee considered the Primary Care Strategy 2024–2029: Annual Update [Paper 26/38], presented by Mr Gary Dover, Head of Primary Care Support, for assurance. Mr Dover provided an update on the implementation and progress of the Strategy setting out progress during the first year of implementation, including workstreams focused on communication and engagement, workforce, the new GP IT system and development of the dashboard. The paper also outlined priorities and described the next stage of delivery through the agreed workplan. In response to a query regarding the rollout of the new GP IT system and the transfer of practices from EMIS to Vision, Mr Dover explained that there was a national deadline of June 2027 to transfer all practices		

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	from EMIS to Vision. Due to challenges around the transition and aspects of system functionality, including the formulary management tool, which is still being developed and is expected to be rolled out and noted the pace of transfers had been reduced to two per week to allow additional support from local eHealth colleagues and Primary Care Support. Following further discussion, the programme was expected to increase to three transfers per week, however, the programme was likely to exceed the June 2027 deadline and that this had been flagged with the Director of Digital Services. It was agreed that further clarity would be included before the report was presented to the Board. Further clarity was also requested on levels of patient utilisation of walk-in centres and what was being rolled out, particularly in relation to the cluster model. It was explained that the walk-in centre served approximately 44,000 patients in the local area and detailed evidence gathering and analysis were being undertaken to understand what worked and how the model operated in practice. This pilot should be allowed to continue for a further period so that the evidence can be properly assessed. Dr Davidson added that walk-in centre models varied across Scotland and noted that the walk-in centre and cluster practices were working well together, with activity increasing. Dr Davidson noted that the national work was still developing, however the current local approach was controlled and involved close collaboration between the base clusters and the walk-in centre. It was agreed that this section of the paper would also be expanded before going to the Board to be clear that further work and analysis would follow and that appropriate controls were in place. The Committee were assured by the update, subject to the additional clarity requested before the report is submitted to the Board. <u>ASSURED</u>		
67.	2025-26 Primary Care Improvement Plans Annual Update		
	The Committee considered the 2025-26 Primary Care Improvement Plans Annual Update [Paper 26/39] presented by Mr Gary Dover, Head of Primary Care Support, for assurance, Mr Dover advised that the annual progress report collated information from the six Integration Joint Board trackers submitted to the Scottish Government in May 2026. The Scottish Government also collated this information and published an annual national report. There had been good progress overall across the HSCPs with achievements in		

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	pharmacotherapy services, Community Care and Treatment (CTAC) services and vaccination programmes. The barriers to progress in some workstreams were also noted.		
	In response to a query relating to whether the low number of practices with access to chronic disease monitoring correlated with higher ED attendance, Mr Dover confirmed chronic disease management data could be mapped across relevant areas if that would be helpful. Mr Dover also confirmed that vaccination uptake was monitored continuously through regular reporting to the Population Health and Wellbeing Committee. The Committee were assured by the update. <u>ASSURED</u>		
68.	Update on Review of Integration Schemes		
	The Committee considered the Update on Review of Integration Schemes [Paper 26/40] presented by Ms Beth Culshaw, Chief Officer, West Dunbartonshire HSCP, for assurance, Ms Culshaw provided an overview of ongoing work in relation to the six Integration Schemes which was due to be concluding during this shadow year. It was noted that Mr Breen would be taking on responsibility for this work going forward. In response to a query around the timescale, Ms Culshaw advised that there was sufficient time to progress the Schemes through the six IJBs, this Committee and then onto the NHS Board in February 2027, however, this was dependent on the decisions made by the IJBs. The Committee were assured by the update. <u>ASSURED</u>		
69.	Corporate Risk Register		
69.1	Corporate Risk Register – June 2026		
	The Committee considered the Corporate Risk Register - June 2026 [Paper 26/41] 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.		

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	Ms Heenan advised 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 noted two risks were undergoing review. 12 actions were proposed for closure, and 7 actions had been completed since the last update to the Committee, there were 21 open actions. In response to a query regarding the risk related to the ageing estate and the impact on the financial position, Mr Breen noted that there would be a paper presented to the next meeting of the Committee which would provide a comprehensive overview of the size and scale of the estate. Mr Breen confirmed that Professor Tom Steel, Director of Strategic Infrastructure Planning and Delivery would use the report to inform the corporate risk on the estate and the risk score. In response to a query around achieving statutory compliance regarding fixed wiring, Ms Heenan would ask for further detail and clarify this in future edits of the risk register. The Committee Chair noted that there were a number of overdue estates risks and asked if there could be a focus on closing those. The Committee were content to approve the Corporate Risk Register. <u>APPROVED</u>		
69.2	Risk in Review 3816 The Committee considered the Risk in Review 3816 [Paper 26/42] 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 noted that the paper sought approval for the closure of Corporate Risk 3816- Public Inquiries, Police Investigations, Fatal Accident Inquiries, Other Reviews, and Inspections on the basis that the risk was more appropriately reflected through two successor risks. The two new risks and their controls and actions were fully detailed in the paper. Subject to Members’ approval, these new risks would be included in the Corporate Risk Register and allocated to the Committee for ongoing oversight and assurance. The Committee were content to approve the closure of risk 3816 and approve the two new risks. Members noted that there would be the opportunity for ongoing review of these risks as part of the Corporate Risk Register discussions at future meetings.		

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	The Committee were content to approve the risk. <u>APPROVED</u>		
70.	Closing Remarks and Key Messages for the Board		
	The Committee Chair thanked Members for attending and closed the meeting. <u>NOTED</u>		
71.	Date and Time of Next Scheduled Meeting		
	The next meeting of the Committee would be held on Thursday 24 September 2026 at 12.30 pm hybrid in the Board Room, JB Russell House, and via MS Teams.		