

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the Finance, Planning and Performance
Committee held on Thursday 29 January 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	Mr David Gould
Mr Michael Breen	Mr Jamie Kinloch
Ms Libby Cairns	Dr Becky Metcalfe
Mr Martin Cawley	Ms Ketki Miles
Ms Cath Cooney	Cllr Robert Moran
Cllr Chris Cunningham	Mr John O'Dowd
Mr Giovanni D'Alessio	Dr Paul Ryan
Dr Scott Davidson	Dr Lesley Thomson KC
Mr William Edwards	Mr Charles Vincent
Ms Dianne Foy	Ms Michelle Wailes
Professor Jann Gardner	Prof Angela Wallace

IN ATTENDANCE

Ms Denise Brown	Director of Digital Services
Mr Russell Coutthard	Deputy Chief Operating Officer
Ms Beth Culshaw	Chief Officer, West Dunbartonshire HSCP
Ms Katrina Heenan	Chief Risk Officer
Ms Jillian Neilson	Corporate Services Manager, Governance/Board Secretary
Ms Claire MacArthur	Director of Planning
Mr Derrick Pearce	Chief Officer, East Dunbartonshire HSCP
Mrs Louise Russell	Secretariat Manager (Minutes)
Ms Natalie Smith	Interim Director of Human Resources and Organisational Development
Ms Elaine Vanhegan	Director of Corporate Services and Governance

		ACTION BY
01.	Welcome, Apologies and Introductory Remarks	
	<p>The Committee Chair welcomed those present to the January 2026 meeting of the Finance, Planning and Performance Committee, noting that the membership had now expanded to include all Board members. The Chair also welcomed Mr John O'Dowd, Deputy Director of Public Health, who was attending on behalf of Dr Emilia Crighton.</p> <p>Apologies were noted on behalf of Mr Graham Haddock OBE, Ms Lesley McDonald, Professor Tom Steele, Professor Iain McInnes, Ms Morven McElroy and Dr Emilia Crighton.</p> <p>The Chair invited Dr Lesley Thomson KC, NHSGGC Board Chair, to provide introductory remarks. Dr Thomson expressed her support for the Committee's expanded membership.</p> <p>The Chair agreed to take item 9 (Transforming Together – GGC Way Forward Report) and item 10 (National Benchmarking – Neurodevelopmental Disorder (NDD) Services) earlier in the agenda to allow Ms Claire MacArthur to leave the meeting. It was also noted that both the Chief Executive and NHSGGC Board Chair were unable to stay for the full meeting.</p> <p><u>NOTED</u></p>	
02.	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>	
03.	Minutes of Previous Meeting held on 11 December 2025	
	<p>The Committee considered the minute of the meeting held on 11 December 2025 [FPPC(M)25/07] and were content to approve the minutes as a full and accurate record of the meeting.</p> <p><u>APPROVED</u></p>	
04.	Matters Arising	
	a) Rolling Action List	

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	<p>The Committee considered the Rolling Action List [Paper 26/01] presented by Ms Jillian Neilson, Corporate Services Manager – Governance, for approval.</p> <p>There were 2 items proposed for closure.</p> <p>The following update was provided:</p> <p>Progress had been made in relation to minute 111a in relation to MSK performance, noting that a MSK Briefing had been drafted and was under review. The briefing would be circulated imminently following review.</p> <p>Progress on communications actions related to minute 94 and 115 had been delayed due to staff absence.</p> <p>The Chair acknowledged the volume of open actions which reflected the complexity of topics and provided assurance that actions continued to be monitored through the agenda setting process.</p> <p>The Committee were content to approve the Rolling Action List.</p> <p><u>APPROVED</u></p>		Secretary
05.	Urgent Items of Business		
	<p>The Chair invited Committee Members to highlight any urgent items of business. There were no issues raised.</p>		
06.	Finance Report as at November 2025 (Month 8)		
	<p>The Committee considered the Finance Report as at 30 November 2025 [Paper 26/02] presented by Mr Michael Breen, Director of Finance, for assurance.</p> <p>Mr Breen reported that at the 30th November 2025 (Month 8), the Board was reporting an overspend of £42.7m of which £55.7 million was attributed to unachieved savings with a pay and non-pay overspend of £17.6 million in Acute Services, offset by an underspend in Corporate areas of by a combined £25.7 million and an underspend in Partnerships of £4.9 million.</p> <p>The workforce establishment position remained positive with 95.2% of posts filled. Medical and nursing workforce increased in month with the main reduction within admin causing an overall slight reduction.</p>		

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	<p>Agenda for Change reform funding was included, however the financial impact of Band 5 to 6 had still to be confirmed for this financial year. Total Agency spend was £11.1m in the first eight months of the year, with an average spend per month of £1.4m, which was a 26.1% reduction on the prior year average monthly spend of £1.9m. Primary Care Prescribing continued to report a potential forecast underspend, with prescribing volumes and pricing lower than budgeted, therefore this would be closely monitored over the remainder of the year.</p> <p>The Committee noted that Sustainability and Value (S&V) remained an area of challenge, with an in-year basis of £126.1m or 57.9% of the £217.8m overall financial challenge delivered as of Month 8 and on a recurring basis £26.8m or 28.63% of the £93.7m recurring target had been achieved. Based on the position to Month 8, the current rate of project identification and pipeline growth within the Sustainability & Value Programme would not be sufficient to address the required level of 2025-26 savings and as such other non-recurring initiatives were being identified to mitigate the overall financial deficit.</p> <p>The total capital expenditure incurred to the end of month 8 was £31.5 million which was 35% of the capital budget, however, 80% of the total capital allocation had commitments or firm orders which was in line with expectations.</p> <p>Due to timing of the monthly financial reporting cycle, Mr Breen then presented a brief summary overview of the Month 9 position being the 31st December 2025. He reported a Month 9 overspend of £43.8 million, of which £67.6 million was attributed to unachieved savings. He noted that the Acute position had deteriorated, with additional expenditure in Month 9 increasing to £22 million. There was slight movement in terms of Sustainability and Value. Mr Breen updated the Committee on the revised forecast position at Month 9 to 31st March 2026 which was a significant improvement with the anticipated position moving from a projected deficit of £39.6m to £18.4m.</p> <p>In response to a question regarding the use of HSCP reserves to address current financial pressures, the Committee noted that information was routinely provided to Chief Financial Officers on areas such as prescribing. Mr Breen acknowledged that each of the Integrated Joint Boards within NHS GGC were at different stages, with some potentially able to draw on earmarked reserves to mitigate financial pressures.</p> <p>In relation to the Junior Medical overspend, it was noted that the budget position required further refinement. Efforts had been made to reduce expenditure, and reference was made to the successful impact of nurse</p>		

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	<p>agency usage. Mr Breen suggested that a clearer understanding of the base budget issues were required. Several pressures were highlighted across medical staffing and some nursing areas, all of which would require focused attention as part of next year's financial plan.</p> <p>Mr William Edwards reported a reduction in non-compliant Band 3 rotas, noting that only one non-compliant Band 3 rota remained. He advised that achieving budget alignment required addressing the pressure driven largely by Band 3 costs.</p> <p>Mr Davidson further explained that trainee numbers were currently appointed on a headcount basis, without always being aware of requests for less-than-full-time working. This played an important role in supporting staff wellbeing; however this also had a substantial impact on rota coverage. He advised that a move towards recruiting on a whole-time-equivalent (WTE) basis for junior doctors would be transformational.</p> <p>The Committee discussed prescribing reserves across the IJBs, noting that each IJB was in a slightly different position, with particular pressures evident in East Renfrewshire. Mr Breen advised that most IJBs were experiencing a positive financial impact in relation to prescribing costs this financial year; however, consistent benchmarking would be valuable in understanding the variation. Mr Breen indicated his willingness to meet to explore in more detail why East Renfrewshire's position differed and to consider how best to progress this work.</p> <p>The Committee were content to note the position at month 8 and acknowledged the month 9 direction of travel taken assurance.</p> <p>The Committee were assured by the update.</p> <p><u>ASSURED</u></p>		Mr Breen
07.	a) Performance Report		
	<p>The Committee considered the Performance Report [Paper 26/03] presented by Mr Michael Breen, Director of Finance, for assurance.</p> <p>Mr Breen drew the Committee's attention to the performance against the key indicators as outlined in the Performance Assurance Information Framework (AIF) up to the end of month 8, noting the new Integrated Performance Quality Report would be brought to the next meeting of the NHSGGC Board and thereafter to FPPC and other agreed committees.</p>		

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	<p>As at the end of November 2025, 16 of the measures contained within the report were currently delivering against trajectory, 9 were rated amber and the remaining 10 were red.</p> <p>In response to a question regarding performance against waiting times for Child and Adolescent Mental Health treatment, the Committee noted that the report outlined performance against the 18-week referral to treatment standard for referral to first appointment. It was further noted that the waiting times for referral to second appointments had improved significantly following deployment of a dedicated team funded through non-recurring reserves, operating across Greater Glasgow & Clyde.</p> <p>The Committee noted the significant work underway to provide assurance on the reporting approach, while recognising that longer-term performance improvement remained the responsibility of the delegated service. Dr Davidson advised that he had engaged with clinical colleagues, who were satisfied with the reporting. The Committee further noted that the national work being progressed was an important adjunct to the NDD programme and would be reported back in due course.</p> <p>The Committee noted a slight reduction in sickness absence, although an increase was anticipated in December. A question was raised regarding additional funding to support the management of absence. Ms Natalie Smith, Interim Director of Human Resources and Organisational Development, advised that a paper would be submitted to the Corporate Management Team in early February, with an update to the Committee to follow.</p> <p>The Committee discussed training compliance, in particular in relation to the Fire Safety Training statistics. In response to a question regarding actions being taken to address performance, the Committee received assurance that improving compliance remained a priority and that measures to increase performance trajectories were under consideration. It was also noted that the IPQR would continue to highlight such areas for discussion and assurance</p> <p>An observation was raised regarding Emergency Department activity, noting that despite the work undertaken to date, attendance levels continued to exceed the target.</p> <p>Mr William Edwards highlighted some key areas of improvement within the report. He noted that performance against the Cancer 62 Day standard improved in November 2025, increasing to 73.7% from 70.9% in October, getting closer to trajectory of 74.8% and over 52 week waits for both new outpatients had reduced.</p>	Ms Smith	

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	<p>Mr Edwards went on to note special thanks to the Central Decontamination Unit. The team had recently provided additional support to NHS Grampian. The Committee agreed that a visit to the decontamination unit should be on the schedule of Board member visits.</p> <p>In response to a question regarding patient experience, Professor Angela Wallace, Nurse Director, advised that time had been dedicated to engaging with patients and families to gather feedback. The Committee noted that consideration would be given to the use of this rich data to support forward planning, with a formal update to be provided to the Committee in due course.</p> <p>The Committee were assured by the report.</p> <p><u>ASSURED</u></p>		Secretary
08.	Finance Plan (2026-2027) v1 (January 2026) (Revenue and Capital)		
	<p>The Committee received a presentation on the Finance Plan (2026-2027) V1 January 2026 (Revenue and Capital) presented by Mr Michael Breen, Director of Finance, for awareness.</p> <p>Mr Breen provided an overview of the 2026-27 Scottish Government budget published on 13 January 2026, and the impact of this on NHSGGC. He provided an overview of the NHSGGC Draft 2026-27 V1 Financial Plan, including the main planning assumptions and developments to date, noting that the V1 'abridged' Financial Plan return would be submitted to Scottish Government by 2 February 2026.</p> <p>The revised NHS Scotland RRL baseline for 2026–27 was approximately £17.4 billion, representing an overall increase of around £1.5 billion. Of this, approximately £841 million reflected previously received funding now incorporated into the baseline. The remaining £660.6 million comprised a 2% uplift to baseline funding and £32.8 million in NRAC parity adjustments for six NHS Boards. NRAC parity ensured no Board was more than 0.6% below its target. Mr Breen highlighted that no brokerage would be available to support overspends, as this was only available for Boards in escalation.</p> <p>NHS Boards were required to deliver a break-even financial position, which remained the statutory responsibility of the Accountable Officer. Non-recurring sustainability funding of £150 million would be allocated to Territorial Boards on an NRAC basis. A further £100 million of</p>		

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	<p>Operational Improvement Plan funding would be made available in 2026–27 (compared with a combined £185 million in 2025–26).</p> <p>Mr Breen noted that NHS Boards at Stage 2 Intervention and above for finance would still receive additional support in 2026–27 to strengthen their financial sustainability. The 3% recurring savings requirement was reaffirmed. Sub-National Plans addressing the Part 2 objectives must be submitted by 31 March 2026. There was a commitment to reduce the volume of policy-related allocations and to issue these earlier in the financial year.</p> <p>Mr Breen provided an overview of the 2026-27 budget position for NHSGGC. He noted that the revised NHSGGC baseline for 2026–27 was approximately £3.365 billion, which reflected an overall increase of £241.1 million. Of this, £141.1 million related to the baselining of 2024–25 allocations, including prior-year pay awards. The net funding uplift is £100.2 million, inclusive of HSCP allocations.</p> <p>Mr Breen provided an update on the NHSGGC Board Budget. He advised that Month 8 data had been used as the basis for the NHSGGC SG V1 Financial Plan, with subsequent adjustments applied to reflect the key planning assumptions underpinning the 2026–27 V1 Plan. He also highlighted several high-level expenditure budgets recorded within the Month 8 financial ledger.</p> <p>Mr Breen highlighted the Main Planning Assumptions for income: Inclusion of SG funding allocations (confirmed values) and SLA's increase 2% and the main planning assumption for expenditure: 3.75% Pay Award for 2026-27 (2% for 2027-28 and 2028-29), variable Non-Pay Inflation rates (2.2% to 10%) and inclusion of Infrastructure, Local and National & Regional developments.</p> <p>In relation to Capital Planning, Mr Breen reported that £41.2m of National Formula Allocation was expected. He noted that the finalised Capital Plan was being developed through the Capital Planning Group and Corporate Management Team. The 2026-27 Capital Plan approved by the Corporate Management Team would be included within the 'final' V2 2026-27 Financial Plan.</p> <p>In relation to the Sustainability and Value Programme, the initial core areas of S&V identified totalled £108.3m. This equated to approximately 45% of the overall V1 financial challenge and the values were based on historic areas of S&V focus. He highlighted the areas of programme and advised that a revised approach was required for 2026-27 and beyond in order to meet the overall financial challenge.</p>		

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	<p>In summary, Mr Breen reported that the V1 'abridged' Financial Plan, had to be submitted to Scottish Government by 2 February 2026, identified a remaining financial challenge in 2026-27 of approximately £129m, with indicative positions for the subsequent two years aligned to current planning assumptions. He confirmed that work would continue on version 2 of the Financial Plan with the aim of delivering a break-even position for 2026-27. He also noted that urgent work would be progressed with the Corporate Management Team to revise the approach to S&V and to develop a robust implementation plan for 2026-27.</p> <p>In response to a request for greater clarity on how budgeting aligned with the new blueprints and baseline budget reviews, Mr Breen noted the scale of the ambitions and emphasised the need for a multi-year development of the blueprint. The update had outlined the building blocks already established e.g. GGC Way Forward and the importance of aligning plans across workforce, estates, and finance. Mr William Edwards reflected on the varied estate and the need to establish an appropriate management structure, noting current inconsistencies across sites. He stressed the importance of ensuring the right resources were in place to deliver plans year-on-year. He added that the blueprint represented a longer-term, system-wide approach, acknowledging that progress would follow multiple workstreams.</p> <p>Mr Breen responded to a question regarding whether the Scottish Government guidance permitted multi-year budgeting beyond the 3 year period to support longer-term financial planning and advised that this was possible if we applied our own assumptions based on the best available information. He highlighted that long-term planning was essential, however variation remained a key challenge and at this stage a 3 year financial plan period would be produced. It was acknowledged that approximately 66% of overall costs relate to staffing, reinforcing the importance of considering workforce requirements over the coming years.</p> <p>In terms of prescribing practices, it was highlighted that this should be considered more broadly. The Committee discussed the importance of ensuring staff understood the current financial challenges and the shared responsibility required to address them.</p> <p>The Committee were assured by the presentation.</p> <p><u>ASSURED</u></p>		

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09.	Transforming Together – GGC Way Forward Report	
	<p>The Committee considered the Transforming Together – GGC Way Forward Report Delivery Plan [Paper 26/04] presented by Ms Claire MacArthur, Director of Planning, for assurance.</p> <p>Ms MacArthur reported that portfolio progress was positive. A new project focused on Robotic Assisted Surgery (RAS) had been added to the Cancer & Planned Care Programme this period. This would focus on the optimising of current RAS systems, ensuring equitable access to RAS, improving cancer performance and developing the future vision, including expansion to other specialities.</p> <p>Key highlights from the report in relation to the GGC Way Forward indicated that 154 of 193 actions had been completed, representing an increase of eight since the previous reporting period. All projects remained on schedule across both whole-system and sector-specific action plans. Notable progress included the completion of electronic triage, which had advanced at pace and entered the implementation phase, with initial rollout scheduled for the QEUH. In addition, further questions were incorporated into the ED Patient Experience Survey to evidence Realistic Medicine approaches.</p> <p>In relation to the Interface & Urgent Care Programme, Ms MacArthur reported that overall the programme continued to be on track. Recruitment and implementation of the Interface Division clinical workforce model continued. There remained gaps for nursing, medical and non-clinical roles which was affecting service readiness and delivery. As a result, a priority focus had been placed on delivery of both the clinical workforce model and high-volume virtual pathways. This was being driven forward with enhanced clinical leadership in partnership with the Interface Divisional Team to support implementation of these priority pathways.</p> <p>An expression of interest to develop a Primary Care walk-in centre was submitted to the Scottish Government on 3 December. Feedback received on 23 December requested a revised bid by 9 January 2026, and further feedback was awaited. Approval to access GP practice data was progressing, enabling the development of the Primary Care Information Dashboard to support demand and capacity planning. Ms MacArthur reported that 43 of 223 practices had signed up to share data.</p> <p>The Committee noted that focussed work had been undertaken to re-engage HSCP's in the Mental Health Strategy and refreshing the priorities for the programme going forward. This had included the planning and delivery of a series of reset sessions, the latest of which</p>	

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	<p>finalised the vision and values for the service going forward to In Patient Bed Reconfiguration.</p> <p>Ms MacArthur reported that development of the Transformational Blueprint, aligned with the Transforming Together GGC Way Forward portfolio, had commenced. The work would outline the optimal future configuration of services and support the Board's financial sustainability plans. Initial activity focused on orthopaedics and was being progressed collaboratively with clinical and operational teams. With regard to Women and Children's Services, Ms MacArthur advised that 15 additional midwives had been appointed. She further noted that three paediatric patients had been admitted to the Hospital at Home virtual wards. Since the launch of Neonatal Hospital at Home on 20 November, babies from all three maternity units had accessed the service, with 28 admissions recorded in December 2025. A Women and Children's Hackathon was planned to support the development of virtual pathways.</p> <p>In summary, Ms MacArthur reported that overall, the implementation the Transforming Together & GGC Way Forward Portfolio of transformation had been positive, with the programmes progressing well.</p> <p>Dr Scott Davidson reported continued positive progress in relation to accessing GP data, noting an increasing number of practices participating. He confirmed that the Board was working closely with the LMC and GP Subcommittee to support this initiative. The Committee further noted that a review of data quality may assist in identifying priority areas for focus.</p> <p>Mr William Edwards, Deputy Chief Executive, reported that a number of cancer performance actions had been progressed. There had been an increase in Emergency Department progress compared to last year and a number of initiatives within the programme had created additionality.</p> <p>The Committee acknowledged the positive impact of Hospital at Home within Maternity and Children's Services, noting its benefits for family life, keeping the family unit together, associated financial efficiencies and delivering safe, effective and person-centred care. In response to a query on communicating the human impact, the Committee noted that work would take place with the Communications Department to develop a piece of work highlighting the positive impact.</p> <p>In response to a query on the alignment of the transformational blueprint with existing strategies, the Committee noted that the blueprint was developed to reform service delivery. Its initial focus was Orthopaedics, aiming to optimise case flow and move from the current</p>		

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	three-sector model and creating Centres of Excellence. The Committee further noted that this model could be applied to other specialties and represented the beginning of a wider programme of change.	
	The Committee were assured by the report.	
	<u>ASSURED</u>	
10.	National Benchmarking – Neurodevelopmental Disorder (NDD) Services	
	<p>The Committee considered the National Benchmarking – Neurodevelopmental Disorder (NDD) Services [Paper 26/05] presented by Ms Claire MacArthur, Director of Planning, for awareness.</p> <p>Ms MacArthur reported that there had been a significant increase in demand for NDD assessment in both Children and Young People and Adult services across Scotland. This had resulted in increased patient waiting times for first assessment and treatment.</p> <p>A short national benchmarking piece of work was being undertaken, led by NHS Chief Executive, Mr Gary Jenkins, to ascertain each Boards current position in relation to NDD patient waiting times for first assessment and treatment, in addition to access and service provision. A questionnaire was issued to all territorial Health Boards on Friday 16 January by The Chief Executive of NHS Highland in her role as Co-Chair of the Children and Young People’s Neurodevelopment Taskforce which focuses on the provision of NDD services. Health Boards had been asked to respond by 6 February 2026, following which an analysis of feedback would be undertaken.</p> <p>A second questionnaire would be developed as part of a wider CAMHS benchmarking exercise to understand the national context, triage processes and to look at improving patient access. This was expected to be finalised in the coming weeks.</p> <p>Ms MacArthur said that summary findings would be shared through the Board Chief Executives Group and an update submitted to the Committee in due course.</p> <p>In regard to public communication, the Committee noted that an update would be finalised and issued in the coming weeks.</p> <p>In response to a question raised regarding HSCP relationships, the Committee noted that the action looking at managing NDD waiting times had been locally delegated to East Dunbartonshire. In relation to</p>	Ms MacArthur/ Secretary

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	adults, the responsibility would be taken forward within every HSCP, however strategically it would lead by Glasgow City.	
	The Committee were content to note the update.	
	<u>NOTED</u>	
11.	Disposal of West Glasgow Ambulatory Care Hospital Site (Update)	
	<p>The Committee considered the Disposal of West Glasgow Ambulatory Care Hospital Site (Update) [Paper 26/06] presented by Mr Michael Breen, Director of Finance, on behalf of Professor Tom Steele, Director of Estates and Facilities for awareness.</p> <p>The property was declared formally surplus, following the guidance within the NHS Scotland Property Transactions Handbook in 2015/16, however given the passage of time since those decisions were made and the sites re-occupation, the site was put forward for declaring surplus to operational requirements in 2025. The declaration of the site being surplus to operational requirements was confirmed at the NHSGGC Board meeting on 30 October 2025.</p> <p>As a Scottish Government holding body, the Board was required to follow the NHS Scotland Property Transactions Handbook and declare an asset surplus when it was non-operational, or when it remained operational but was expected to become non-operational within approximately 18 months. Once declared surplus, the Board must undertake the Trawl process in line with Scottish Government guidance, notifying the Scottish Government Property Division (SGPD) so the asset could be internally advertised.</p> <p>After, the NHSGGC Board approved the surplus declaration for the site on 30 October 2025, the internal advert was submitted to SGPD on 31 October 2025 and circulated on 6 November 2025. Mr Breen reported that Scottish Government sponsored bodies had one month to express interest, however no declarations of interest had been received. Mr Breen noted however, under SPFM/Property Transactions Handbook guidance, public bodies may still submit proposals until the disposal was legally concluded.</p> <p>The Committee noted the current position and emphasised the importance of development of a clear public communication strategy. The Committee noted that further updates would be provided at the next meeting.</p>	

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	The Committee were content to note the update.	
	<u>NOTED</u>	
12.	Digital Strategy Annual Update	
	<p>The Committee considered the Digital Strategy Annual Update [Paper 26/07] presented by Ms Denise Brown, Director of Digital Services, for assurance.</p> <p>Ms Brown reported that good progress was being made on the delivery of the NHSGGC 2023-2028 Digital Strategy. There was positive engagement with services and patients to progress the Strategy and key short-term challenges relating to national programme dependencies were being managed.</p> <p>The Committee noted that 2025/26 represented the midpoint of the Digital Strategy period. Ms Brown reported that key developments over the past year included progress in digital enablement, the introduction of new models of healthcare delivery, and the continued strengthening of digital capability across NHSGGC services and the wider population, evidenced by the uptake of the Patient Hub programme. She further highlighted work to reduce the innovation gap, advance virtual care aligned to FNC+ and Interface ambitions, secure efficiency and performance gains through technology, and maintain critical infrastructure and system lifecycles to ensure compliance across NHSGGC.</p> <p>Ms Brown provided an overview of the delivery of the Digital Strategy, highlighting key impacts including e-triage, enhanced care supported by the large-scale rollout of digital care plans across Glasgow, greater value achieved through the adoption of AI-enabled voice recognition within Women and Children's Services which had reduced correspondence turnaround times from 29 days to 1 day, and a more efficient workplace supported by the introduction of Copilot and robotics.</p> <p>Looking ahead to 2026/27, Ms Brown reported on the programme of transformation and service redesign, including sub-national opportunities for FNC+, Planned Care, and LIMS; the scaling of AI pilots and automated technologies; the introduction of new digital technologies for Community Services; the development of a new Digital Contact Centre; the implementation of real-time data and information streaming; and the design and development of new digital systems for Public Protection and eObservations.</p>	

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	<p>The Committee thanked Ms Brown for the positive report and congratulated her on recent UK award.</p> <p>In response to a question regarding the impact of national delays on patient care, Ms Brown reported that the most significant was in relation to the GP system, however GP IT implementation had now re-commenced in NHSGGC and Ms Brown provided assurance that there had been no impact on patient care as existing systems had been supported.</p> <p>The wider level of innovation was recognised, however assurance was sought on the risk associated with new systems, for example increased opportunities for cyber-attacks. Ms Brown noted that a highly skilled team was in place and staff were fully trained and skilled. Ms Brown recognised that implementing new technology required support and HEPMA was a positive example of that.</p> <p>The Committee acknowledged the need to prioritise programmes that deliver the greatest impact and noted the dependence on services to support effective implementation. The importance of robust change management was emphasised, including the role of Ms Brown's team in alleviating operational pressures, and the need to remain cognisant of the level of change that services can reasonably accommodate when determining next steps.</p> <p>The report would be submitted to the next NHSGGC Board meeting.</p> <p>The Committee were assured by the report.</p> <p><u>ASSURED</u></p>		
13.	Corporate Risk Register		
	<p>The Committee considered the Corporate Risk Register [Paper 26/08] presented by Mr Michael Breen, Director of Finance, for approval. Mr Breen invited Ms Katrina Heenan, Chief Risk Officer, to present an overview of the paper.</p> <p>Ms Heenan confirmed that there were 12 risks aligned to the Committee. The information within the paper was presented to the Corporate Management Team in January 2026 based upon December monthly updates. In addition, a further request was made for action update status, therefore, the paper included a further update on actions, noting subsequent updates and actions closed. Ms Heenan reported that 100% of risk reviews were completed in December 2025 and no changes were proposed.</p>		

BOARD OFFICIAL

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	<p>There were 38 actions; 17 completed and the updated statistics were included in appendix 1 of the report, 13 actions were overdue, 7 remained open and there were 4 new actions, although some had been completed.</p> <p>Ms Elaine Vanhegan, Director of Corporate Services and Governance, advised that a further review of the FAI risk had been undertaken and that the Committee should expect revisions in the next version of the report.</p> <p>The Committee noted the lack of progress in relation to the ageing infrastructure and regulatory compliance risks. In light of current proceedings, the Committee sought assurance on compliance and a wider look capital projects. Ms Heenan agreed to pick actions up with the action owners in order to move outstanding actions forward. The Committee also agreed that a more comprehensive look across the estate was required to explore the highest risks. A full update would be provided at the next meeting.</p> <p>The Committee were content to approve the paper.</p> <p><u>APPROVED</u></p>		Ms Heenan/Mr Edwards
14.	Closing Remarks and Key Messages for the Board		
	<p>The Chair thanked Committee members for their contribution to today's meeting and asked members to consider providing comments on the format and flow of the proceedings directly to her.</p> <p>A summary of today's meeting would be submitted to the next NHSGGC Board Meeting.</p> <p>The Chair highlighted that the next meeting would take place in the afternoon, commencing at 1pm.</p> <p><u>NOTED</u></p>		
15.	Date and Time of Next Scheduled Meeting		
	The next meeting would be held on Thursday 26 March 2026 at 1.00pm via MS Teams.		