

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Finance, Planning and Performance
Committee on Tuesday 7 August 2025
at 9.30 am hybrid at JB Russell House/via MS Teams**

PRESENT

Dr Paul Ryan (in the Chair)

Ms Mehvish Ashraf	Ms Lesley McDonald
Ms Ann Cameron-Burns	Ms Ketki Miles
Mr Martin Cawley	Mr Colin Neil
Dr Emilia Crighton	Dr Lesley Thomson KC
Mr David Gould	Mr Charles Vincent
Professor Jann Gardner	Ms Michelle Wailes
Ms Margaret Kerr	Professor Angela Wallace

IN ATTENDANCE

Mr Andrew Baillie	Assistant Director - Infrastructure Planning and Delivery (Item 09)
Ms Denise Brown	Director of Digital Services
Ms Sandra Bustillo	Director of Communications and Public Engagement
Ms Beth Culshaw	Chief Officer, West Dunbartonshire HSCP
Dr Scott Davidson	Medical Director
Mr Jesse Dawson	Director of Research and Innovation (Item 11)
Ms Kim Donald	Corporate Services Manager, Governance
Mr William Edwards	Chief Operating Officer
Mr Robert Gardner	General Manager Laboratory Medicine (Item 10)
Ms Katrina Heenan	Chief Risk Officer
Ms Fiona McEwan	Assistant Director of Finance
Mr Paul McKenna	Head of Financial Improvement
Mr Derrick Pearce	Chief Officer – East Dunbartonshire HSCP
Mrs Louise Russell	Secretariat Manager (Minutes)
Mr Chris Sanderson	Head of Procurement (Item 10)
Ms Elaine Vanhegan	Director of Corporate Services and Governance

		ACTION BY
68.	Welcome and Apologies	
	The Chair welcomed those present to the August meeting of the Finance, Planning and Performance Committee.	

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	There were apologies noted on behalf of Cllr Chris Cunningham, Professor Tom Steele and Ms Natalie Smith. <u>NOTED</u>	
69.	Introductory Remarks	
	None. <u>NOTED</u>	
70.	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>	
71.	Minutes of Previous Meeting held on 10 June 2025	
	The Committee considered the minute of the meeting held on 10 June 2025 [Paper No. FPPC(M)25/04] and were content to approve the minute as a complete and accurate record. <u>APPROVED</u>	
72.	Matters Arising	
	<p>a) Rolling Action List</p> <p>The Committee considered the Rolling Action List (RAL) [Paper No. 25/42] for approval. There were 8 actions on the RAL proposed for closure and 2 actions remained open with the following updates:</p> <p><u>Action 103 - Draft Business Continuity & Essential Investment Infrastructure Plan (BCEIIP)</u> The Committee noted that a response was awaited from the Scottish Government, however, the Transforming Together action plan would encompass Business Continuity Planning. The Committee agreed to close the action.</p> <p><u>Action 64 – Corporate Risk Register</u> The Committee noted that an update on the costs action plan would be provided under the Corporate Risk Register item on the agenda.</p>	

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	<p>In addition, Mr William Edwards, Deputy Chief Executive, provided an update on the ligature work. He noted that a Suicide and Self Harm Group had been established, which met regularly. An update would be provided to the Inquiries Oversight Subcommittee at the end of August. The Committee noted that discussions remained ongoing regarding the appropriate governance routes for this item.</p> <p>The Committee noted that information on the Netherton Clinic had been included in the finance report.</p> <p>The Committee were content to approve the RAL.</p> <p><u>APPROVED</u></p>	
73.	Urgent Items of Business	
	<p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>	
74.	Financial Monitoring Report – Month 3	
	<p>The Committee considered the Financial Monitoring Report [Paper 25/43] presented by Mr Colin Neil, Director of Finance for assurance.</p> <p>Mr Neil informed the Committee that at month 3, there was a reported overspend of £42.7m, of which £35.7m related to unachieved savings, and there was a pay and non-pay overspend of £7m. Acute was overspent by £8.5m, corporate areas were underspent by £1.1m for pay and non-pay and partnerships had a pay and non-pay underspend of £4m.</p> <p>Additional information had been included covering some of the key cost areas which have been under rolling review. This included workforce information that showed an overall 94.3% level of workforce against establishment. Information on Agenda for Change reform was also included in the report. The Committee were advised reviews in relation to the bands 5 and 6 were taking place on a weekly basis.</p> <p>There was a total Agency spend of £4m in the first three months of the year, which was a 31.6% reduction on the prior year average monthly spend, however, the Committee noted that further work was required to negate agency spend where possible.</p> <p>Regarding Primary Care Prescribing, the Committee were advised of a potential forecasted underspend; but this would be monitored closely.</p>	

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	<p>In terms of Sustainability and Value, £19.9m had been achieved on a full year recurring basis. On an in-year basis (recurring and non-recurring) £75.9m had been achieved. The recurring forecast was circa £45m which was significantly short of the recurring target of £93.7m. The Committee noted that both delivery and identification of savings must be accelerated to meet the Boards targets.</p> <p>The total capital expenditure incurred to 30th June 2025 was £10.0m. At month 3, 57% of the total capital allocation had firm orders or incurred spend which was in line with expectations for the start of the year. In summary, Mr Neil highlighted the overall financial challenge for NHSGGC in 2025/26, noting that the position was continually being reviewed. Based on the position at Quarter 1 the decision had been taken to revise the current forecast from a balance position to show a deficit of £45m. The Committee received assurance that a series of meetings had been undertaken with acute sectors to discuss the position, as well as embarking on a wider blueprint of change.</p> <p>In response to a question regarding the overspend in acute medical and nursing salaries, and whether this indicated limited opportunities over the rest of the year, the Committee were advised that betterment was expected in a number of these areas. In relation to senior medical, it was expected that key posts would see a downturn and although the Junior doctor position was more challenging, options were being reviewed to mitigate spend. There had been a slight rise of nursing agency spend during the winter period; however, this had now reduced. A positive impact was also expected when newly qualified nurses were in post. The Committee were assured that a deep dive of staffing levels overall was taking place, ensuring that there were safe staffing levels, looking at it from an affordable position, for example efficiently staffing the number of beds in a safe way.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>	
75.	Performance Report	
	<p>The Committee considered the Performance Report [Paper 25/44] 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 June 2025. He reported that the latest quarterly position for Alcohol and Drugs for January to March remained positive at 90.5%, which exceeded the 90% national target. Mr Neil noted that compliance with the A&E four hour wait target was 70.4%, and although this had reduced against the previous months' position,</p>	

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	<p>performance continued to exceed the 2025-26 Whole System Plan target of 69.0%. He also noted that the emergency average length of stay and unscheduled care occupied beds days had reduced based on the same period the previous year. The Committee were advised that performance in relation to the Cancer 31 Day waiting times standard saw an improvement on the previous months' position and had increased to 95.9% in June 2025, exceeding the 95% national target.</p> <p>Mr Neil provided an update on key areas that required improvement. The MSK Physiotherapy waiting times remained a challenge, with the April 2025 position reducing compared to the previous month and the longest waiting times remained static. There remained a focus on the longest wait times, currently 17 weeks. The Committee noted that inpatient/day case activity was below the planned activity levels for the period April to June 2025, however it was expected that incoming investment would have a positive impact. The number of acute delayed discharges in June 2025 increased compared to the previous month's position and remained above the target. Mr Neil highlighted that performance in relation to the Cancer 62 Day waiting times reported a marginal improvement on the previous month's position, however, overall performance remained challenged due to the continued increase in Urgent Suspicion of Cancer referrals.</p> <p>In response to a question regarding the Cancer 62 day waiting times and whether there was a link between performance and scanning capacity, the Committee were advised that diagnostics remained a key area of challenge due to a significant increase in the demand for diagnostic capacity. The Committee received assurance that work had been undertaken to look at demand and capacity profiles and additionality. Engagement with the Scottish Government remained ongoing and support was being received from NHS Lanarkshire. The Committee received assurance that weekly meetings continued to take place to discuss the position. The Committee agreed that the current position of 64.4% against the 70% target was unacceptable and sought assurance on how improvement would be made. The Committee were advised that there would be a focus on cervical and urology services initially, and rapid deep dive work had already commenced in these areas. It was noted that improvement in performance in these areas would improve the overall position. The Committee requested a comprehensive breakdown per speciality.</p> <p>The Committee acknowledged that Glasgow had very specific issues, therefore further investment was required. This included focussed recruitment, developing advanced practitioners, a refreshed programme of work, more efficient tracking of patients and further opportunities in the endowment space would be considered for additionality. A revised target of 75% as a minimum had been set for the end of the year.</p>	Mr Edwards

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	<p>The Board Chair highlighted that she had not received assurance from the update, however, the Committee would continue to receive comprehensive updates at future meetings.</p> <p>The Committee were content to note the performance report.</p> <p><u>NOTED</u></p>	
76.	Larkfield Hospital	
	<p>The Committee considered the Larkfield Hospital [Paper 25/45] presented by Mr Andrew Baillie, Assistant Director, Infrastructure Planning & Delivery, for assurance.</p> <p>Mr Baillie provided an overview of the current position with respect to the progress being made in the end of contract process, to bring the Larkfield Unit fully into NHSGGC's ownership on the expiry of the current Private Finance Initiative (PFI) contract on the 31st of October 2025 and an overview of the compliance of the site against various technical and statutory standards.</p> <p>The Committee were advised that negotiations had settled at £6.8m. The Committee discussed compliance and lifecycle costs and received assurance that estate compliance was positive. Following discussion, the Committee agreed that the NHSGGC Board should make a formal decision due to the significant value and reputational considerations.</p> <p>In response to a question regarding VAT risk, the Committee received assurance that conversations had taken place with legal colleagues, and an automatic process was in place with HMRC.</p> <p>The Committee were content to approve the paper noting that it would be reviewed by the Board for awareness in October.</p> <p><u>APPROVED</u></p>	
77.	Labs Managed Service Contract	
	<p>The Committee considered the Labs Managed Service Contract [Paper 25/46] presented by Mr Chris Sanderson, Head of Procurement, for approval.</p> <p>The Committee received an overview on the extensive evaluation process that had been undertaken since October 2024 following the receipt of tender bids. The Labs Managed Service contract was a significant contract which, if awarded fully for 20 years (10 years with the option to extend for a further 10 years which was in keeping with</p>	

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	<p>the laboratory life cycle) made it one of the largest contracts within NHS GGC and one of the largest Labs Managed Service contracts within the UK and possibly Europe.</p> <p>The Committee were assured that NHSGGC had observed the 10-day standstill period and there was no challenge during the standstill period and the 30-day period, therefore assurance had been provided that there was no legal obstacle to stop progression of awarding the contract.</p> <p>The Committee agreed that from an operational point of view it was important to progress as soon as possible in order to mature the level of savings. The Committee noted that the standstill period was fully satisfied and there was a risk if not progressed.</p> <p>The committee were content to endorse the paper for onward Board approval.</p> <p><u>ENDORSED</u></p>	
78.	Research & Innovation Strategy 2024-29 Update	
	<p>The Committee considered the Research and Innovation Strategy 2024-29 [Paper 25/47] presented by Dr Scott Davidson, Medical Director and Professor Jesse Dawson, Director of Research and Innovation, for assurance.</p> <p>The Committee received an overview on the progress on five strategic objectives and the key operational plans to further the objectives in the following year. The Committee were assured that efforts to improve inclusivity and data management were ongoing, with an emphasis on AI innovation and alignment with population needs.</p> <p>The need to embed research into workplace culture by allowing dedicated time in job plans had been recognised. Reducing research barriers could happen through stronger networks, more support, and increased ownership. The Committee noted that successes could be communicated more effectively, and this would be a focus over the next 12 months.</p> <p>In response to a question regarding diversity and capturing demographic data, the Committee were advised that demographic data was not widely recorded across the UK, creating challenges in measuring ethnicity and the case management system does not collate ethnicity data separately, leading to gaps and assumptions. Discussions had taken to place to address this process issue.</p>	

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	<p>The Committee acknowledged the importance of ensuring alignment with NHSGGC's organisational goals. The Committee noted the need for a strategic overview, considering population requirements and how best to align and support continued investment in key initiatives. For areas affected by deprivation, a more collaborative approach should be considered.</p> <p>The Committee were advised that collaborative efforts generated significant amounts of data, such as through virtual hospital initiatives, and there was ongoing consideration regarding how this data could be leveraged for research purposes. Efforts were being made to operationalise digital solutions, with an emphasis on scaling these into effective services. The integration of AI into these services remained a key area of focus.</p> <p>The Committee acknowledged the change in the landscape, requiring exploration of various opportunities. There were significant prospects to generate revenue in different ways in the coming year, which should be approached purposefully. This space would continue to develop, ensuring alignment with the organisation's population needs and strategic objectives.</p> <p>The Committee were content to note the paper and were assured by the update provided.</p> <p><u>NOTED</u></p>	
79.	QEUH Legal Claim Update	
	<p>The Committee considered the QEUH Legal Claim Update [Paper 25/48] presented by Mr Colin Neil, Director of Finance for awareness.</p> <p>The Committee received an update on the current status of the litigation process following the summons lodged in March 2022 in relation to the internal cladding (QEUH Atrium Wall Linings). The claim was that the internal cladding panels in the QEUH atrium were not of the required contract standard.</p> <p>The opinion was released on 27 June 2025, and the findings were not in NHSGGC's favour. The decision outcome was that NHS GGC were time barred from pursuing the claim in relation to the atrium wall linings on the basis that NHSGGC should have known the incorrect product was installed more than five years before the Court action was raised (the relevant statutory time limit for raising proceedings), which was contrary to NHSGGC's opinion and that of our legal representation. A meeting was held with Morton Fraser MacRoberts (MFMac) to review the decision and discuss progress towards providing further updates, advice, and available options. The deadline for appeal was set for 18</p>	

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	<p>July 2025, and during this period legal representatives evaluated the viability of pursuing an appeal. A joint counsel advice note was delivered on 16 July 2025 and although it indicated that the prospects of success were limited, counsel identified grounds for submitting a reclaiming motion.</p> <p>The court required submission of a reclaiming motion, with notification of our intention to appeal within three weeks of the decision. NHSGGC's decision to proceed, coinciding with the receipt of legal advice on 16 July 2025. This step enabled MFMac to inform the defenders in advance as stipulated by court procedures. The reclaiming motion was subsequently lodged with the Court on Friday, 18 July and confirmation from the court regarding the timetable for the appeal process was awaited. The estimated the cost of the appeal was approximately £100,000.</p> <p>Given the tight timescales, the Board Chair would take responsibility in consultation with the CEO Senior Executive Team and the members of Inquiries Oversight Subcommittee, including the Chair of FPPC.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>	
80.	Corporate Risk Register	
	<p>The Committee considered the Corporate Risk Register [Paper 25/49] presented by Ms Katrina Heenan, Chief Risk Officer, for approval.</p> <p>Ms Heenan reported that there were 12 risks aligned to the Committee and 100% of the risks had been reviewed. There had been 6 new actions proposed, 14 open and 8 completed since the last meeting. There were 5 actions that continued to be overdue, and work remained ongoing to close these actions. Following the risk reviews, there was 1 change proposed to risk score in relation to financial sustainability from 20 to 25, subject to CMT approval, due to the financial forecast as the end of the financial year was a deficit of £45million due to operational pressures and the slow delivery of savings through the S&V Programme.</p> <p>In response to a question regarding the delayed discharges risk score, the Committee noted that although the score remained high, the strategic plan aimed to reduce this quickly. The Committee were assured that Chief Officers were collaborating with the Deputy Chief Executive and a Whole System Flow Director had been appointed. The Committee noted that various initiatives were underway, aligned with Lothian's work on bed numbers per partnership, offering a healthier approach to system management. In addition, the Committee noted</p>	

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	<p>that 30 additional beds in the community would be opened to support complex changes. Fifteen had been opened to date.</p> <p>In response to a question on whether we were confident that any additional risks from pursuing the legal case were reflected in the register at this point, the Committee were advised that any decision would reflect our view of where risk lies in the wider element of litigation. This would be revisited at the October meeting when more information was available.</p> <p>The Committee also queried the risk score relating to Outpatients, reflecting on the funding received, and whether this score should be updated. Ms Heenan advised she would review the risk and update the Committee at the next meeting.</p> <p>The Committee were content to approve the paper.</p> <p><u>APPROVED</u></p>		<p>Ms Heenan</p> <p>Ms Heenan</p>
81.	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>		
82.	Date and Time of Next Scheduled Meeting		
	<p>The next meeting would be held on Thursday 9 October 2025 at 9.30am, hybrid at JB Russell House and via MS Teams.</p>		