# **Approved Minutes**

**Finance and Performance Committee**

**Tuesday 13 May 2025, 14:00 hours**

**MS Teams Meeting**

**Members**

Stephen McAllister Non-Executive Director *(Chair)*

Callum Blackburn Non-Executive Director

Jane Christie-Flight Employee Director

**Core Attendees**

Carolynne O’Connor Director of Operations and Deputy Chief Executive

Carole Anderson Director of Transformation, Strategy, Planning and Performance

Jonny Gamble Director of Finance

**In Attendance**

Nicki Hamer Head of Corporate Governance and Board Secretary

Catherine Sinclair Head of Research (Item 4.4)

Zaid Tariq Deputy Director of Quality, Performance, Planning and Programmes

**Apologies**

Lindsay MacDonald Non-Executive Director

Rebecca Maxwell Non-Executive Director

Susan Douglas-Scott Board Chair

Gordon James Chief Executive

**Minutes**

Liam Hanlon Senior Corporate Administrator

**1 Opening Remarks**

**1.1 Wellbeing Pause and Chair’s Introductory Remarks**

The Chair welcomed everyone to the meeting and all participated in a Wellbeing Pause.

**1.2 Apologies**

Apologies were noted as above.

**1.3 Declarations of Interest**

There were no declarations of interest to note.

**2. Content Agenda Items – Approval Only**

There was no Consent Agenda items for Approval.

**3 Updates from last meeting 11 March 2025**

**3.1 Unapproved Minutes**

Callum Blackburn advised that a paragraph in section 4.3 had been repeated and requested removal of this.

Minutes from the meeting held on 11 March 2025 were then approved as an accurate record pending the recommended amendment.

**3.2 Action Log**

Carolynne O’Connor advised action FPC250311/01, Operational Performance – Performance Report, that a section of the report would be added within future reports as standard to include a shortlist of risks and how they would be mitigated.

Finance and Performance Committee agreed to close action FPC250311/01.

**3.3 Matters Arising**

There were no matters arising.

**R4. Operational/Financial Performance Review**

**4.1 Operational Performance**

Carolynne O’Connor provided a detailed paper that outlined the operational performance for Month 11. In summary, performance targets had been met across the Board despite some challenges. The salient points highlighted for Heart, Lung and Diagnostics (HLD) Division were:

**Heart, Lung and Diagnostics**

Carolynne O’Connor advised that Heart, Lung and Diagnostics (HLD) Division was reported at 2% behind the Annual Delivery Plan (ADP) with some challenges that had affected performance including staffing in Cardiology Theatres which had impacted on delivery. However, Cardiology had generally over performed and therefore the impact on the target had been reduced.

Electrophysiology was behind plan. The waiting list had increased but some mitigations and planning measures had ensured that there were no patients waiting longer than 52 weeks. Plans had been put in place to adopt weekend working to help bring the waiting list down further.

The salient points highlighted for National Elective Services (NES) Division were:

**National Elective Services**

Carolynne O’Connor reported National Elective Services (NES) Division was reported at 3% under target which had been a good result considering the challenges that had been experienced. Four joint delivery had remained high and the 65% target had been achieved and with the scheduled opening of Theatre 8, would make 75% an achievable target for next year.

Other points raised were:

* There had been a high number of patients on mechanised intervention.
* There had been an increase in short term sickness absence in Transcatheter Aortic Valve Implementation (TAVI). 461 TAVI procedures had been delivered.
* The 31-day cancer target had been met with performance in this area remaining consistently high for the previous three years at 95%.
* Nurse Delivery had been 4% behind target although this had since increased to 3% behind target.
* There had been difficulty in obtaining ophthalmologists, but locums had now been secured to start in August.

The Committee commended the operational teams for their efforts in maintaining a high-performance output despite the challenges.

Stephen McAllister noted the challenges within the Surgical Centre but was pleased to hear that overall performance of the teams remained positive considering the challenges faced.

Jane Christie-Flight added that on the day surgery activity in Orthopaedics had been excellent which also deserved recognition.

Carolynne O’Connor added that on the day surgery had gained a very positive reputation nationally and NHS England had been in contact to enquire for advice on this method. Carolynne O’Connor and her team had been in the process of developing a presentation to celebrate and promote this success.

Finance and Performance Committee approved the Operational Performance Report.

**4.2 Financial Summary Report**

Jonny Gamble reported on the Month 12 position, highlighting that NHS GJ had met all the expected financial performance targets as had been outlined in the paper. It was also noted that the format of the report would be refined going forward. The new method of reporting would provide a summary position which would focus more on key deliveries and forecasts.

The current year end surplus (subject to Audit and year end changes) was £83k. This surplus has been driven by over delivery of the Achieving the Balance programme.

There was a discussion around the level of non-recurring savings with Jonny Gamble stating that recurring savings remain the focus for the Achieving the Balance programme.

There was also discussion on the level of non-recurrent funding in the Board which the Board are working with Scottish Government to increase the levels of recurring funding.

In year there was a large impairment cost on the new build due to the costs incurred in the build being higher than the current market value. However, this was a common factor for new builds.

Stephen McAllister commended the great work which had gone into achieving this breakeven position. It had also been good to hear the proactive approach being taken for next year.

Callum Blackburn agreed adding that in the coming years, with increased demand, it would be harder to maintain savings and therefore a surplus was a positive position to be in.

Jonny Gamble stated that though expenditure had steadily increased, the increase in patient service demands would make it more difficult to deliver savings hence the importance of the Achieving the Balance programme.

Finance and Performance Committee approved the Financial Summary Report.

**4.3 Capital Plan Update**

Jonny Gamble outlined that the core Capital Plan reported represented the recurrent capital funding position. However NHS GJ had been provided with increased capital funding from various sources resulting in capital spending forecast of £15.1m for 2024/25. This represents an underspend of c£1m which the team had been working with Scottish Government to carry forward to 2025/26

There had been an influx of capital spending at the end of the year and this had required significant effort from the teams to accommodate new equipment that had arrived on site quickly. The work on CT3 and associated work on existing CT scanners remained on track for completion in Quarter 3 of 2025/26 which will have a positive impact on patient outcomes, throughput and staff morale.

Callum Blackburn commented that it was a shame the slippage in relation to the Energy Efficiency Projects was returned to SG, although it had been understandable due to the late release of monies.

Jonny Gamble agreed that energy efficiency equipment would have a short return on investment. The new LED lighting for example had paid its cost back in savings within 2-3 years.

Finance and Performance Committee had approved the Capital Plan update.

**4.4 Golden Jubilee Research Institute Annual Report**

Catherine Sinclair reported on the main points of the Golden Jubilee Research Institute Annual Report as follows:

* Sponsors by organisation had increased.
* There had been 39 principal investigations, which had been the most for any previous year.
* There had been 121 active projects, up from 100 the previous year.
* Cardiology had had the biggest increase in number of projects; the other areas had remained stable.
* Cardiology also had had the biggest increase in participant recruitment.
* The portfolio had expanded due to assistance from the new Deputy Head of Research.
* The main challenges had been that staff numbers had been low and risks associated with maintaining income levels.

Stephen McAllister asked if it had been possible for non-medical staff to lead on a project.

Catherine Sinclair advised that only Doctors could lead on projects which had associated regulations. However, non-medical staff could lead on other projects such as MRI, CT Scanning or hosted trials.

Carolynne O’Connor commended the healthy position noting a high number of ongoing studies and the staff and patient involvement.

Finance and Performance Committee approved the Golden Jubilee Research Institute Annual Report.

**4.5 Year End Activity Report**

Carole Anderson provided an overview of the Year End Activity Report which set out the performance against planned levels of patient activity agreed in the Annual Delivery Plan for 2024/25.

Carole Anderson highlighted the salient points of the report noting the positive revision to the NES target, despite the challenges and the over achievement of the target. Some of the challenges during this period had been quite difficult including the progression of Phase 2 and Storm Eowyn.

A particularly notable achievement had been that the performance on four joints being the highest it had ever been at 61%.

Carole Anderson highlighted other salient points such as:

* The 31-day cancer target had been achieved.
* Knee arthroplasty same day rate stood at 3.8%.
* Hip same day rate had been very close to the 5% target.
* Cataract surgery had been at 6.9% against a 7.35% target.

Jane Christie-Flight commended that performance had remained good especially in light of a high increase in number of patients.

Stephen McAllister recommended that the paper should also be presented at the board meeting.

Finance and Performance Committee discussed the Year End Activity Report.

**R5. Strategic Planning Update**

No items to discuss.

**R6 Corporate Governance**

**6.1 Strategic Risk Register**

Jonny Gamble advised the Committee on the key points of the Strategic Risk Register and highlighted that Kevin McMahon, Head of Risk and Clinical Governance, had already made a positive impact in Risk Management and Clinical Governance since his recent appointment. One of the main positives had been the reestablishment of the Executive Risk Management Group (ERMG). One of the pieces of work would be align risks to the new Board Strategy.

Jonny Gamble advised there were 10 Risks for the Committee to review with no new risks being added and highlighted the closure of the following risks:

* Financial Planning risk was closed for 2024/25. However, as this was a constant risk for the organisation. it would be entered on the Register for 2025/2026 with the mitigations updated.
* eHealth Risk had been closed as the outstanding post had been filled.
* Board Strategy risk was closed.
* The Cyber Incident Risk had been reduced as the mitigations had been audited by NIS who assessed this area had been strengthened.

Stephen McAllister advised that Rebecca Maxwell had asked about the Risk S11 around expansion, in that now Phase 2 was completed, should the risk be reduced. Also in relation to the Diagnostic Centre, was this a risk that should be raised as well.

Jonny Gamble advised that though Phase 2 building was completed, there was still a number of expansion works ongoing.

Carolynn O’Connor added that the Theatres upgrade was due to commence now that Medical Physics had moved location.

Stephen McAllister requested that the updated information should be added to the Risk S11 to reflect the ongoing works.

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| **Action No.** | **Action** | **Lead** | **Deadline** |
| FPC250513/03 | **Strategic Risk Register** – Action S11 to be updated to include latest information on the ongoing works. | Jonny Gamble | 13/08/2025 |

In relation to the Diagnostics Centre, Carole Anderson explained that work had been ongoing and there was a deadline to Scottish Government at the end of May. The Diagnostics Risk would only be added to the Risk Register if this piece of work proceeded further.

Rebecca Maxwell raised when the mitigation for SR245, Health and Safety Risk could be completed.

Jonny Gamble reported that a new Compliance Manager was in the process of being appointed for Health and Safety and this role would develop the Health and Safety Strategy to further assess and define the Risks.

Finance and Performance Committee approved the Strategic Risk Register.

**6.2 FPC Annual Governance Report for 2024/25**

Nicki Hamer highlighted the Finance and Performance Committee Annual Governance Report for 2024/25 noting the successful delivery of the annual governance workplan and that the Committee had fulfilled its obligations for 2024/2025 as per the Committee’s Terms of Reference.

Jonny Gamble added that this was a good example of healthy practice as the Finance and Performance Committee had always been well attended by both Executives and Non-Executives.

Carole Anderson stated she had found the Annual Report a very useful document when reflecting on the year.

Finance and Performance Committee approved the FPC Annual Governance Report for 2024/25.

**7 Consent Agenda Items**

No items to discuss.

**8 Update to the Board**

* The Committee reflected, approved and commended the Operational teams for their efforts in maintaining a high-performance output despite the challenges.
* The Committee approved the Financial Summary Report and noted the proposed new style of reporting for 2025/26.
* The Committee approved the Capital Plan Update.
* The Committee approved the update for Golden Jubilee Research Institute and commended the healthy position noting a high number of ongoing studies with staff and patient involvement.
* The Committee discussed the Year End Activity Report and noted the positive achievements made.
* The Committee approved the updated Strategic Risk Register and were pleased to see the movement within the Risks. The Committee also welcomed the reinstatement of the Executive Risk Management Group.
* The Committee approved its Annual Governance Report for 2024/25.

**9. Any Other Competent Business**

There was no other competent business.

**10. Date and Time of Next Meeting**

Wednesday 13 August 2025, 14:00, MS Teams.