# **Approved Minutes**

**Finance and Performance Committee**

**Wednesday 13 August 2025, 14:00 hours**

**MS Teams Meeting**

**Members**

Stephen McAllister Non-Executive Director *(Chair)*

Callum Blackburn Non-Executive Director

Jane Christie-Flight Employee Director

Lindsay Macdonald Non-Executive Director

Rebecca Maxwell Non-Executive Director

**Core Attendees**

Carole Anderson Executive Director of Transformation, Strategy, Planning and Performance

Carolynne O’Connor Chief Executive

Jonny Gamble Executive Director of Finance

Lynne Ayton Executive Director of Operations

**In Attendance**

Nicki Hamer Head of Corporate Governance and Board Secretary

Susan Douglas-Scott Board Chair

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

**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.

The Committee offered their congratulations to Carolynne O’Connor as the new Chief Executive and Lynne Ayton as the new Director of Operations.

**1.2 Apologies**

No apologies had been received.

**1.3 Declarations of Interest**

There were no declarations of interest to note.

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

There were no items for approval.

**3 Updates from last meeting 13 May 2025**

**3.1 Unapproved Minutes**

Minutes from the meeting held on 13 May 2025 were approved as an accurate record.

**3.2 Action Log**

Jonny Gamble advised that action relating to risk S11, though the remedial work had been completed, this was not significant enough to affect the risk rating.

The Committee agreed to close this action.

The remaining action was not due for completion until October 2025 and was therefore not discussed at the meeting.

The Committee approved the Action Log.

**3.3 Matters Arising**

There were no matters arising.

**R4. Operational/Financial Performance Review**

**4.1 Operational Performance Q1**

Lynne Ayton provided an update on the Operational Performance for Quarter One across the Divisions.

**Heart, Lung and Diagnostics**

Lynne Ayton reported that Heart and Lung activity was 0.8% behind plan with Diagnostics being 9% ahead of plan.

Some of the successes noted:

* The third CT scanner was on track for early implementation and could be operational by the middle of August.
* Day of Surgery Admission (DOSA) rates in Cardiac and Thoracic were improving.
* NHS Blood Transfusion (organ donation and transplant activity) Letter recognised the 100% transplant activity from GJ organ donors and the Specialist Nurse for Organ Donation referral rates.

Some of the challenges noted:

* Reaching the target of no patients waiting more than 52 weeks.
* Laboratory workforce review was ongoing but being mitigated by support of locums.
* Challenges in Critical Care and Cardio Theatre staffing with vacancy and unplanned absence which was being mitigated through locum support.

Cardiac activity was reported at 7.4% above target with no waits of more than 52 weeks, however, one remained in SACCS. Thoracic surgery activity was ahead of plan at 3.4% with no breaches for the 31-day cancer targets. Cardiology activity was 2.7% behind plan. TAVI activity was also behind plan as we awaited formal notification of funding. The Regional plan for Electrophysiology had stalled as demand far outstripped supply. Radiology activity was reported just ahead of plan at 9% with the regional CMR waiting list providing challenges (demand -v- capacity) with additional activity planned from July.

**National Elective Services**

Lynne Ayton reported that National Elective Services (NES) were 14% ahead of target at the end of Month 3. TURAS completion rate was 76.8% in June against a Board completion rate of 64.5%. There continued to be a high rate of sickness absence in both long and short term absence that impacted on activity.

Orthopaedic activity was report at 4% behind target and year to date mainly due to long term absence of a Foot and Ankle surgeon and Arthroplasty surgeon availability. Joints were currently 7% behind in month due to operator unavailability. This led to Foot and Ankle being 36% behind in month due to operator availability. Enhanced Recovery After Surgery (ERAS) received an award for a poster presented to the British Association of Day Surgery conference in Manchester.

Theatre audits were now completed in Cardiac and Orthopaedic Theatres with the outcomes in green for both areas. The five Steps to Safer Surgery programme audit commenced 30 June 2025 and this work aimed to reduce variation and improve teamwork and communication, as well as reducing the risk of errors and adverse events.

Ophthalmology activity was reported at 48% ahead of plan with the cancellation rate at 3%, reduced to 1% as 81% of patients were replaced on the day.

Endoscopy activity was reported at 9% ahead of plan with the overall deficit reduced to 3%. JAG Inspection was undertaken on 17 June 2025 and accreditation awarded for 1 year. The outstanding feedback noted that the service had an exceedingly high standard of patient environment and care, staff training and development and positive endoscopy culture within the UK.

General Surgery had a 0% cancellation rate in June 2025, marking a notable improvement from the previous month.

Carolynne O’Connor clarified that Electrophysiology was an area of focus with the Scottish Government pledge for no one waiting over 52 weeks by March next year. It was recognised this was a challenging area and the Executive Leadership Team had funded a plan to support delivery, but this would not be without risks and any major risks would be highlighted.

Callum Blackburn asked if this was a national issue in relation to increased demand.

Lynne Ayton advised this was a regional issue with NHS Lothian and NHS Grampian experiencing similar issues, with an under delivery across all centres with no increased capacity to meet demand. This would require a regional solution and all three organisations were working together on this.

Carolynne O’Connor added that Ophthalmology had also seen good improvements and had exceeded expectations, advising that Locums would remain in place to support absence. Carolynne O’Connor advised she had a meeting with the First Minister the following week to highlight this area of good practice and the success of Ophthalmology treatment on the day appointments.

Susan Douglas-Scott added she was delighted with the performance and Ophthalmology was a good news story for the First Minister and would be easily adopted at pace across all National Treatment Centres.

Jonny Gamble added that Transcatheter Aortic Valve Implantation (TAVI) funding had been an issue, and a discussion had taken place with Scottish Government in which funding had been agreed to provide an additional service.

Carolynne O’Connor complimented the achievements outlined in the report of both divisions. Carolynne O’Connor added that herself and Susan Douglas-Scott had visited the Radiology Department this week and the enthusiasm from staff was evident.

Rebecca Maxwell complimented the layout of Lynne Ayton’s report and highlighted that there had been another report shared which had shown figures on inpatient admissions and outpatients appointed within 12 weeks which had not been included within this report.

Carole Anderson apologised for any confusion regarding recent reports and explained the nuance around national targets on waiting times, of which NHS GJ did not control. Patients who came to NHS GJ from other Boards may have already breached waiting times targets within their own Health Board, but the figures reported the total time waited and not waits specific to NHS GJ. NHS GJ was committed to the 12-week period once referred but the patient may be in excess of that, which is why some of the outcomes are red in the Board report.

Lindsay Macdonald pointed out that the algorithms around target control limits were too wide. The same day hip target, for example, was 50% and indicated a red KPI but the level of assurance was noted as moderate and would these limits be fine-tuned as the reporting progressed.

Carole Anderson suggested there may be some discrepancy in the rating as these were improvement stretch targets but expected to see these improving during Quarter 3 and 4. Carole Anderson advised this was an important point and would look at the data visualisation to ensure levels of assurance are provided through all papers and aligned with definitions within the Board report document. The Committee agreed this should be discussed further at Board level.

Finance and Performance Committee approved the Operational Performance Report.

**4.2 Financial Summary Report – Month 3**

Jonny Gamble highlighted that the financial position year to date at Month 3 showed a £171k surplus with a breakeven forecast position at year end. As highlighted within the Operational Performance, NHS GJ was over delivering on the Annual Delivery Plan demonstrating improved year on year efficiency. This would be an area for discussion at a future Board Seminar.

Jonny Gamble provided an update on the financial risks stating that the TAVI funding had been resolved, Electrophysiology remained an area of concern along with the funding of the SACCS service and the West of Scotland Service Level Agreement uplift not yet resolved.

Jonny Gamble advised that consideration was being given to how revenue could be transferred to support some of the potential areas identified for capital funds which would then be considered through the appropriate governance route.

Rebecca Maxwell raised the non-confirmed income and revenue for core and non-core spending and asked if there were any areas of concerns.

Jonny Gamble advised that the position at Month 3 with regards to non-confirmed funding was normal compared to previous years. There were no material change or concern as early forecasts showed a confident breakeven position.

The Committee approved the Financial Summary Report – Month 3 Report.

**4.3 Capital Plan 2025/26**

Jonny Gamble reported the importance of ensuring plans were delivered within the financial year and provided assurance that plans were in place to ensure this was achieved.

Jonny Gamble advised that the Strategic Capital Planning Group (SCPG) had agreed on the areas of commitment for Capital spend, including Phase 2 development, medical equipment, multi-year commitments and areas of sustainability.

Jonny Gamble reported that Appendix three of the paper laid out the capital spend and highlighted risks of failure within quality and patient care, workforce and financial.

Lindsay Macdonald complimented Jonny Gamble on the submitted report and endorsed the approach of over allocating to ensure full year end spend

Rebecca Maxwell commented that there appeared to be no priorities around eHealth therefore had not benefitted from any capital spend.

Jonny Gamble advised that eHealth had received £500k of priorities but this was revenue rather than capital. In addition, there was a concern around the Hotel as the risk of not investing was difficult to determine when compared to clinical risks and further consideration would be given to how funding requirements could be supported.

Susan Douglas Scott agreed there should be a plan made around discretionary funding for the Hotel

Finance and Performance Committee approved the Capital Plan 2025/26 update including the “over allocation” of £350k.

**5 Strategic Planning Update**

**5.1 Annual Delivery Plan Update Quarter One Review 2025/26**

Zaid Tariq presented the Annual Delivery Plan (ADP) Quarter One review for 2025/26. ADP was monitored through the Delivery Planning template and quarterly reporting to Scottish Government was no longer required.

Zaid Tariq provided an overview of the 12 deliverables. Five had amber status and the remaining 7 were on track with a slight improvement expected for Quarter 2.

Finance and Performance Committee approved the Annual Delivery Plan Update Quarter 1 Review 2025/26.

**6. Corporate Governance**

**6.1 Strategic Risk Register**

Jonny Gamble presented the Strategic Risk Register and referenced the discussion held at Board Seminar on risk appetite work and advised on the ongoing work. In addition, the Executive Leadership Team Risk Group would continue to collectively assess each risk which supported a better understanding on the strategic risk position for the organisation.

Jonny Gamble advised the main updates included risk SR244, Capital Infrastructure had reduced from a rating of 16 to 12. The Cyber Security risk S1O had been reduced from high to medium and Risk S11, Expansion Programme, had been updated but the score had remained the same. Lindsay Macdonald challenged the scoring of the Cyber Risk given the risk environment and recent cyber attacks on commercial organisations. Jonny Gamble agreed to re-visit the cyber risk description; mitigations and subsequent scoring

Finance and Performance Committee approved the Strategic Risk Register.

**6.2 Digital Services Annual Report 2024/25**

Jonny Gamble advised the Digital Services Annual Report was presented as a result of the ambitious Digital Delivery Plan for 2024/25 and highlighted areas within the Plan which had been updated. NIS Audit had been a success story for the team as we work toward being fully compliant against the standards.

Susan Douglas Scott commended the digital improvements and highlighted that, during a recent visit to Radiology, the inability to link to a national radiology system was raised that resulted in manual working and asked if there was a solution to this issue.

Jonny Gamble acknowledged this issue had been highlighted at the Confirm and Challenge meetings and the Digital Steering Group would look to identify a solution.

Callum Blackburn commented that it would be good to see the themes and narrative of the Freedom of Information requests and understand the issues being raised.

Jonny Gamble agreed, adding this would be beneficial to Audit and Risk Committee and agreed to summarise the themes to present at the next meeting of that Committee.

Finance and Performance Committee approved the Digital Services Annual Report 2024/25.

**6.3 Procurement Strategy Annual Review for 2024/25 and Procurement Annual Report**

**Procurement Strategy Annual Review for 2024/25**

Claire Aliyar was welcomed to the meeting and explained that the Procurement Strategy was part of the Public Reform Act and there was a requirement for an annual review to ensure alignment with the Strategy.

Claire Aliyar highlighted the added value, collaborative and sustainable working of the Procurement Annual Review. Compliance with local and national tender waivers had been included in the new framework and report as a recent audit had highlighted some non-complaint areas. Joint procurement ventures with NHS Greater Glasgow and Clyde had been established which resulted in shared effective processes and saving opportunities.

NHS GJ were now an affiliated member of the Supplier Development Programme which resulted in the ability to contract with small and medium enterprises.

Carolynne O’Connor thanked Claire Aliyar for a comprehensive presentation and passed on thanks to the Procurement Team for the progress made to date.

Rebecca Maxwell also commended the achievements detailed within the report, especially in the ability to conduct business with small enterprises.

Jonny Gamble thanked Claire Aliyar for her leadership and development of the team and agreed both would work on adding community benefits to the report.

**Procurement Annual Report**

Claire Aliyar advised the Procurement Annual Report had been produced as a requirement in line with the Procurement Reform Act and highlighted the areas of Procurement activity.

Callum Blackburn asked if the Transport and BioDiversity Groups would be given the opportunity to be involved in/consulted on the transport related tenders and ground maintenance contracts, from a sustainability aspect.

Claire Aliyar explained the Ground Maintenance contracts had been selected as Category One which offered the highest sustainability rating and the Biodiversity Group had already been consulted.

Lindsay Macdonald added it was good to note the commitment and enthusiasm of the team and if there were plans to create a set of targets for procurement.

Claire Aliyar advised that a new Procurement Steering Group was being established where progress on Key Performance Indicators would be progressed.

Rebecca Maxwell asked in relation to community benefit, what was the policy on when we approach the local community.

Claire Aliyar advised that it was standard practice for all tender documents to include a section on Community Benefits and contract opportunities were advertised on the Community Benefit Gateway.

Finance and Performance Committee approved the Procurement Strategy Annual Review for 2024/25 and Procurement Annual Report.

**6.4 Corporate Objectives**

Carole Anderson presented the Corporate Objectives 2025/26, advising these were significantly different to previous years and now aligned to both the Board Strategy and Annual Delivery Plan. These had designed around the four key thematic areas of Better Care, Better Collaboration, Better Workplace and better Value.

Susan Douglas-Scott added this was an excellent piece of work especially as it aligned to the whole organisation and thanked everyone who had been involved.

Finance and Performance Committee approved the Corporate Objectives 2025/26.

**7 Consent Agenda Items – For Awareness Only**

There were two Consent Agenda Items presented for awareness.

**7.1 Climate Change and Sustainability Steering Group Update**

**7.2 NHS GJ Draft Annual Delivery Plan 2025/26**

Callum Blackburn highlighted that the Annual Reports regarding Climate Change were on track but flagged there were constant changes on requirements.

Finance and Performance Committee noted the Consent Awareness Items.

**8 Update to the Board**

The Committee reflected on the excellent operational performance whilst noting the earlier projections for the third CT Scanner becoming operational and the reduction in the number of people waiting more than 52 weeks for Cardiac and Thoracic surgery.

The Committee noted that an area of good practice would be included in an upcoming Board Chief Executives meeting with the First Minister. This related to on the day Ophthalmology appointments.

The Committee was pleased to note the year to date financial performance was ahead of financial plan. The committee noted the over commitment at this stage against the Board’s capital funding to account for slippage in year.

The Committee welcomed the presentation on the Digital Services Annual Report and noted some of the successes which included upgrades to security and compliance, storage capability, Trakcare and HEPMA.

The Committee approved the Corporate Objectives for 2025/2026.

Finance and Performance Committee approved the Strategic Risk Register.

The Committee approved the Procurement Strategy for 2024-2027.

**9. Any Other Competent Business**

None.

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

Thursday 13 Nov 2025, 14:00-16:00, MS Teams.