Report from the June 2026 meeting of NHSGGC Board (17 July 2026, 12.40pm)

The NHS Board met on Thursday 25 June 2026. The full set of papers are here.

This summary sets out key issues considered at the meeting.

Chair's Report

Dr Lesley Thomson, KC, provided an overview of her recent activities, meetings and visits, which are available on the NHSGGC website.

She highlighted one visit in particular - to the Cook Freeze Unit at Inverclyde Royal Hospital, where dedicated staff demonstrated how patient experience sits at the heart of everything they do in preparing a range of meals for all hospital sites across NHSGGC, every day of the year.

The Chair noted her recent national engagement has focused on public sector reform and transformation within the NHS under the new Scottish Government, with further detail to follow in the period ahead.

Chief Executive's Update

Professor Jann Gardner highlighted several items, including the Board seminar held in mid-May, which reflected on the One Year Summit, and considered the way forward for the 2026–27 plan, and an introductory briefing session for local MSPs on 5 June.

The Chief Executive noted continued progress with the Safety and Public Confidence Oversight Group, and significant ongoing work across Sub-National West and East on both planned and unscheduled care, with trade union colleagues becoming more closely involved over the summer. She formally welcomed recent appointments to the Executive team: Alan Wilson as Director of Estates and Facilities, Alistair Graham as Director of Digital Services, and Colin Lauder, who joins on a fixed-term basis as Director of Projects and will chair the new bone marrow transplant work.

She also highlighted a new Priority Executive Programme, which will take a focused view of areas that need additional attention to ensure they achieve their intended outcomes, with more information to follow in due course.

Safety and Public Confidence Oversight Group

Professor Jann Gardner, Chief Executive, and Professor Sir Lewis Ritchie, co-chairs of the Safety and Public Confidence Oversight Group (SPCG), updated the Board around progress made across the portfolio areas within the group. The group - set up to improve confidence in the safety of the Queen Elizabeth University Hospital and Royal Hospital for Children - brings together families, a whistleblower representative, external experts, partners including Healthcare Improvement Scotland and Public Health Scotland, ARHAI and NHSGGC executives.

The SPCG has now met three times (11 March, 8 April and 21 May), and a report from the co-chairs has been submitted to the Scottish Hospitals Inquiry in May.

In addition to the agreed cycle of meetings, Additional focus groups for people to ask questions and receive feedback will take place in July and August before the final report from the Phase One work is completed.

Work is progressing across the three portfolios: family, staff and public engagement and learning; environmental, microbiology and infection control; and professional relationships, leadership and culture. To allow sufficient time for expert input and for findings to be shared and digested, the timeline for the final Phase One reports has moved from the end of June to the end of August, with the full reports expected at the September meeting and detailed Board consideration to follow.

Co-Chair Sir Lewis Ritchie recorded thanks to all participants in the Group, particularly given the challenging and complex nature of the work.
The Board was assured by the progress being made and echoed the comments of the co-chairs.

The full paper is available here.

Patient story - Volunteers' Week

Professor Angela Wallace, Executive Nurse Director, introduced a patient story which this month celebrated the contribution of NHSGGC's volunteers, marking Volunteers' Week in early June.

Last year, 232 volunteers gave more than 40,000 hours of their time, supporting patients, families and staff across a wide range of settings - complementing, but never replacing, the work of staff.

The Board heard from Linda, a welcome guide at the Queen Elizabeth

University Hospital for ten years, and Shavez, a rehabilitation support volunteer at the Royal Alexandra Hospital, who each described the difference volunteering makes both to those they support and to themselves. The Board recorded its thanks to all volunteers working across NHSGGC.

Transforming Together

Good progress continues across the portfolio, with all six programmes reported as on track. The GGC Way Forward actions are substantially complete, with 175 of 193 actions delivered, and key operational improvements progressing across urgent care, virtual care, primary care, mental health, planned care and women's and children's services.

Key areas of progress include:

- **GGC Way Forward:** e-triage kiosk implementation is progressing across acute sites; 7-day Home First Response Service (HFRC) is live at QEUH and GRI; AHP 7-day working has commenced at GRI; and troponin testing is live in GRI ED.
- **Interface and urgent care:** Virtual Hospital activity has reached its highest level to date, with 303 patients in a virtual bed on 31 May and 21 June. Work is accelerating towards the revised 1,000-bed target by October 2026.
- **Primary care:** GP IT migration continues, with 33 practices transferred by 23 June and further migrations planned. The Cardonald GP Walk-In Centre opened on 29 June.
- **Mental health:** inpatient bed reconfiguration timescales have been revised, with options appraisal planned for autumn 2026 and formal public consultation expected December 2026 to March 2027.

- **Cancer and planned care:** peri-operative demand and capacity work has concluded; orthopaedic target operating model work is progressing; and urology diagnostic capacity continues to expand.
- **Women and children's:** paediatric and neonatal Hospital at Home activity continues to grow, maternity workforce recruitment is progressing well, and new triage and women's health pathways are being tested.

Overall, the report demonstrates continued delivery against the agreed transformation priorities, with clear progress in pathway redesign, digital enablement, workforce models and whole-system flow. Some areas, particularly mental health reconfiguration and delayed discharge performance, remain complex and will require continued oversight and a sustained delivery focus.

The full paper is available here.

Research and innovation - PHOENIX trial

Dr Scott Davidson, Medical Director, introduced an innovation story on genomics and pharmacogenomics - using genetic information to guide more individualised, better-tolerated treatment. The Board heard about the PHOENIX Trial, a pioneering study run by NHSGGC and the University of Glasgow, based at the Queen Elizabeth University Hospital.

Led by Chief Investigator Professor Sandosh Padmanabhan and Dr Stephanie Lip, PHOENIX uses a simple cheek swab to generate a pharmacogenomic report that helps clinical teams choose the most suitable medicine and dose.

Embedded within real NHS prescribing pathways, the trial has reached 2,000 patients in just 13 months - around seven every working day - demonstrating that precision medicine can be delivered at scale, with the potential to reduce avoidable harm from medicines and improve value for the NHS.

HIS Review updates

- **Emergency Departments**

Russell Coulthard provided an update on progress against the Emergency Department Improvement Programme 12 months on from the HIS review. Since November 2025, 175 of 193 actions have been completed, with 15 of the 30 recommendations assessed as achieved and the remaining 15 partially achieved or ongoing. Recommendations are only considered achieved where there is evidence that actions have delivered the intended impact.

The Board recognised the significant efforts of Emergency Department staff, who continue to provide care in the face of sustained operational pressures and high demand.

It was made clear that the improvement programme must be evidenced through meaningful and lasting improvements in how services operate and in the experience of patients and staff.

The Board also heard that patient experience continues to improve, with feedback from more than 600 patients showing higher ratings across key measures including dignity, involvement in decisions and feelings of safety.

Overall, more than 88% of patients now report a good or very good experience, an increase from 75%.

The Board recognised however that improvements had not translated consistently into improved staff experience. The Board noted that the experiences of staff in ED continued to be challenging and workload pressures

remained significant. The Board agreed it was important to maintain executive focus on this work including the ability to identify and respond promptly to emerging issues and staff needed to see visible evidence of progress and improvement.

The Chair summarised that there is a direction of travel to improve for patients and staff and while she recognised there had been a clear level of engagement, she also recognised that not all staff across the three sites were yet experiencing the impact of changes. Flow remained a particular issue. It was agreed that a more detailed consideration should be undertaken at individual sites to establish specific issues, impact on staff, patient experience outcomes, and the trajectory of improvement. This is to be brought back to Board through Board governance committees setting out each site level position.

The full paper is available here.

- **Maternity**

Russell Coulthard and Professor Angela Wallace presented the findings of the Healthcare Improvement Scotland announced inspection of maternity services at the Queen Elizabeth University Hospital, carried out on 27–28 January and published on 4 June. The inspection identified six areas of good practice alongside four recommendations and 26 requirements, themed around workforce, culture and professional practice.

A detailed action plan is in place, supported by £4 million of investment in maternity staffing (including £1.5 million recurring), with 62 whole-time-equivalent qualified midwives coming into post and additional safety and clinical governance roles. A cultural deep dive and survey have been undertaken, and the work has been designed around the voices of more than 300 women and their families. A dedicated improvement group, co-chaired by the Deputy Chief Executive and the Executive Nurse Director is being established, with weekly executive oversight from July.

The Chair spoke on behalf of the Board, acknowledging that earlier assurances had not fully prepared members for the inspection findings, and that confidence had been shaken - but emphasising the Board's collective determination to restore it. She noted the positive statement issued by AMMA Birth Companions, and the national review of midwifery training that NHSGGC will contribute to. The Board approved the recommendations and the additional governance arrangements set out.

The full paper is available here.

Annual Delivery Plan

Russell Coulthard presented the Draft Delivery Plan, developed as a whole-system reform and delivery plan covering July 2026 to March 2027. Shaped

through engagement across executive, clinical, operational and corporate teams and wider system partners, the plan sets out eight priority areas and 65 specific delivery actions, and aligns with Scottish Government operational priorities, public sector reform and the first 100-day Health and Social Care commitments.

Priorities include access and waiting times, planned care, cancer and diagnostics, primary care and mental health, women's and children's services, people and culture, and digital and innovation - alongside a strong focus on productivity, value and financial sustainability. Quarterly monitoring arrangements will support oversight through the year. The Board approved the plan.

The full paper is available here.

Cancer deep dive

As part of the Integrated Performance and Quality Report (IPQR), Russell Coulthard presented a deep dive on cancer performance—an area in which the Board had previously raised concerns. Cancer performance continues to show improvement. The 31-day treatment standard remained strong at 96.1%, exceeding both national and local expectations, while 62-day performance improved to 79.6%, above the local trajectory and representing continued recovery from previous performance levels, however challenges remain. Despite an 8.3% reduction in urgent suspicion of cancer referrals compared with the same point last year, treatment activity across both pathways has increased, with 31-day activity up 9.5% and 62-day activity up 7.7%.

The full IPQR paper is available here

Whistleblowing

Michael Breen, Deputy Chief Executive/Director of Finance, and Brian Auld, Whistleblowing Champion, presented the Whistleblowing Quarter 4 and annual report alongside the action plan update. The annual report recorded 24 concerns received during the year, with strong performance at stage one and stage two performance improvement identified as a focus for 2026–27.

An action plan, developed following an internal audit, is strengthening guidance, tracking and alignment to national standards. The Board discussed the importance of organisational culture and of encouraging staff to raise concerns early and with confidence. A dedicated Board seminar and deep dive on whistleblowing will take place on 13 August, with the aim of agreeing a more coordinated plan and clear ownership going forward. The Board provided assurance.

The full papers are available here.

To view all papers presented to the Board visit:
www.nhsggc.scot **> About Us > NHSGGC Board**

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A full archive of printable PDFs are available on the website