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NHSGGC (M) 25/05
Minutes: 139 - 177

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the NHS Greater Glasgow and Clyde Board held on Thursday
30 October 2025 at 09:30 am hybrid at
Stobhill Hospital and via Microsoft Teams (recorded for GGC website).**

PRESENT

Dr Lesley Thomson KC (in the Chair)

Ms Mehvish Ashraf	Cllr Collette McDiarmid
Mr Brian Auld	Ms Lesley McDonald
Mr Michael Breen	Dr Morven McElroy
Ms Libby Cairns	Cllr Michele McGinty
Cllr Jacqueline Cameron	Prof Iain McInnes
Mr Martin Cawley	Dr Becky Metcalfe
Dr Emilia Crighton	Ms Ketki Miles
Mr Gio D'Alessio	Cllr Robert Moran
Dr Scott Davidson	Mr Colin Neil
Mr William Edwards	Cllr Katie Pragnell
Ms Dianne Foy	Dr Paul Ryan
Professor Jann Gardner	Ms Karen Turner
Mr David Gould	Mr Charles Vincent
Mr Graham Haddock OBE	Ms Michelle Wailes
Ms Margaret Kerr	Professor Angela Wallace
Mr Jamie Kinloch BEM	

IN ATTENDANCE

Ms Denise Brown	Director of Digital Services
Ms Sandra Bustillo	Director of Communications and Public Engagement
Ms Alexis Chappell	Chief Officer, East Renfrewshire HSCP
Ms Mandy Crawford	Corporate Services Manager – Complaints and Public Affairs
Mr Russell Coulthard	Deputy Chief Operating Officer
Ms Beth Culshaw	Chief Officer, West Dunbartonshire HSCP
Prof Jesse Dawson	Director of Research and Innovation
Ms Sandra Devine	Director of Infection Prevention and Control
Ms Kim Donald	Board Secretary (Minutes)
Dr Owen Forbes	Clinical Lead for General Paediatrics
Ms Claire MacArthur	Director of Planning
Mr Billy McClean	Chief Officer, Renfrewshire HSCP

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Ms Nicola Munro	PA to Chair
Mr Derrick Pearce	Chief Officer, East Dunbartonshire HSCP
Ms Katrina Phillips	Head of Mental Health, Inverclyde HSCP
Mr Jamie Redfern	Director of Women and Children
Ms Natalie Smith	Interim Director of Human Resources & Organisational Development
Ms Paula Spaven	Director of Corporate Governance
Professor Tom Steele	Director of Estates and Facilities
Mr Pat Togher	Chief Officer, Glasgow City HSCP
Ms Elaine Vanhegan	Director of Corporate Services and Governance

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139.	Welcome and Apologies		
	<p>The Chair, Dr Lesley Thomson KC, welcomed those present to the October 2025 meeting of NHS Greater Glasgow and Clyde Board.</p> <p>The meeting combined members joining via video conferencing and a gathering of some members within Stobhill Hospital. The Chair also welcomed members of the public who had taken up the invitation to attend the Board meeting as non-participant observers.</p> <p>Apologies were recorded on behalf of Ms Cath Cooney and Councillor Chris Cunningham.</p> <p>The Chair welcomed Mr Jamie Kinloch to his first Board as an appointed Non-Executive Board Member. She also confirmed that Ms Ann Cameron-Burns had been reappointed as Employee Director and would serve a second term.</p> <p><u>NOTED</u></p>		
140.	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 made.</p> <p><u>NOTED</u></p>		
141.	Minute of Meeting held on 21 August 2025		
	The Board considered the minutes of the NHS Greater Glasgow and Clyde Board Meeting held on 21 August 2025 [Paper No. NHSGGC(M)25/05] presented for approval and on the motion of Ms		

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	<p>Margaret Kerr and Mr Graham Haddock, the Board were content to accept the minutes as a complete and accurate record.</p> <p><u>APPROVED</u></p>		
142.	Matters Arising		
	<p>The Board considered the 'Rolling Action List' [Paper No.25/118] presented for approval.</p> <p>The Board noted that there were 5 actions noted for closure, noting action 126 cancer deep dive was incorporated into the Performance Report and would be discussed later in the agenda.</p> <p>The Board were content to approve the Rolling Action List.</p> <p><u>APPROVED</u></p>		
143.	Chair's Report		
	<p>The Chair has completed a report of her activity between the June and October Board Meetings which would be circulated to Board Members for information and added to the GGC website. She indicated that she was going to use the update to pay tribute to Mr Colin Neil, Director of Finance, as it was his last meeting prior to his retirement on 31st October 2025. The Chair thanked Mr Neil for his financial stewardship, support and expertise, and on behalf of the Board wished him well in his upcoming retirement.</p> <p>The Chair attended a Black History Month Event on 25 October 2025 at the Royston Community Centre with Ms Mehvish Ashraf, Ms Cath Cooney, Ms Dianne Foy and Ms Natalie Smith, Director of Human Resources and Organisational Development. The Chair commended our BAME Forum colleagues for a successful event as well as ensuring that diversity and inclusion was embedded across the Board.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		Board Secretary
144.	Chief Executive's Report		
	<p>Professor Gardner, Chief Executive, opened by extending her sincere gratitude to colleagues for their continued support and focus during a</p>		

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	<p>period of increasing demand, noting the extraordinary work being carried out by colleagues in reducing the planned care backlog.</p> <p>Since the August Board, Prof Gardner had attended the Modern Apprenticeship Celebration and Award event, celebrating young people coming through the system with a view to working within health and social care. Prof Gardner had also attended the Annual Review with Board colleagues which was held on 8 September 2025 and led by Ms Jenni Minto, MSP and supported by Ms Christine McLaughlin, Chief Operating Officer and Deputy Chief Executive, NHS Scotland. Prof Gardner highlighted the announcement of the national roll out of the ECG Patch, an innovation taking place within healthcare where she recognised that that NHSGGC was leading the way in this space. Prof Gardner had also attended the Scottish Hospital Inquiry on 9 October 2025 to provide evidence, which had concluded the following day.</p> <p>Prof Gardner advised that the Board were anticipating a visit from the First Minister to the Queen Elizabeth University Hospital (QEUH) in the coming weeks to review the work undertaken by colleagues with regards to planned care.</p> <p>There were two Hackathons planned across November and December, the first would focus on whole system social care which would provide a collaborative approach to looking at upcoming challenges and creating transformation plans. The second would provide a focus on culture, she advised there had been much learning over the past year which would be brought together with a focus on improving services for our patients and staff.</p> <p>Prof Gardner echoed the Chair's gratitude to Mr Neil for his support and commitment as Director of Finance prior to his retirement. She welcomed Mr Michael Breen, incoming Director of Finance, and Mr Russell Coulthard, Deputy Chief Operating Officer, to the Board.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		
145.	Urgent Update		
	The Chair highlighted the urgent statement made by the Cabinet Secretary regarding Maternity and Neonatal Services and took the opportunity to insert an urgent agenda item to ensure the Board		

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	<p>received an updated position. She invited Professor Angela Wallace, Nurse Director, to provide additional information to the Board.</p> <p>Prof Wallace acknowledged the BBC Disclosure documentary, noting that there were two NHSGGC families who had taken part in the documentary. Prof Wallace, on behalf of the Health Board, extended sincere condolences to the families for the loss of Freya and Mason. She reflected on importance of listening and learning from experiences, as well as reviews. Prof Wallace confirmed that Board Members would receive a briefing on 5 November 2025. She assured the Board that Maternity and Neonatal Services had been a significant focus of improvement over the past two years which had included engagement from BAME women, the introduction of a new triage system as well as increasing the number of midwives across our sites. Prof Wallace welcomed the national Maternity and Neonatal Taskforce announcement as well as the consultation on the National Maternity Standards. She confirmed further detail on both would be provided to Board Members at the Board Briefing.</p> <p>The Chair confirmed that the Board Briefing agenda had been amended following the announcement to ensure that a timely update was received by Board Members. It was agreed that an update on NHSGGC Maternity and Neonatal improvement programmes would be brought back to the December Board.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		
146.	Patient Story		
	<p>The Nurse Director, Professor Angela Wallace, introduced a short video for awareness which focused on Cancer and Older People's Services.</p> <p><u>NOTED</u></p>		
147.	Board Activity Update		
	<p>The Board considered the Board Activity Update [Paper 25/119] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance, for awareness.</p>		

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	<p>Ms Vanhegan acknowledged the level of activity out with Board Meetings, noting attendance at the induction Bus Tours which had received positive feedback from both Board Members and staff.</p> <p>The Chair was pleased to note the increasing level of information captured within the report and highlighted that the 2026 programme of visits would be confirmed in due course. She noted that she would continue to invite one Non-Executive Board Member on her visits as Chair, and an additional programme outlining 10 visits for two Non-Executive Board Members would be developed to ensure that most sites were captured.</p> <p>The report highlighted that one ministerial visit had been accommodated since the last Board meeting.</p> <p>The Board were content to approve the paper.</p> <p><u>NOTED</u></p>		Ms Bustillo
148.	Key Updates from Standing Committees		
	<p>The Board considered the Key Updates from Standing Committees [Paper 25/120] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance, for awareness.</p> <p>Ms Vanhegan provided an outline of key topics of discussion across the Standing Committees since the August Board Meeting.</p> <p>Ms Vanhegan confirmed that the Patient Private Funds had been scrutinised and approved by the Audit and Risk Committee on 18 September 2025 in line with the Scheme of Delegation. She noted the significant activity undertaken to support Speak Up Week which had been captured within the People Committee held on 25 September 2025. The People committee also discussed the Supreme Court Ruling actions and had held their first Development Session to confirm their priorities moving forward. The Winter Plan and Cancer Deep Dive had been a focus of the Finance Planning and Performance Committee held on 9 October 2025.</p> <p>The Board were content to note the paper.</p> <p><u>NOTED</u></p>		
149.	Governance and Board Member Responsibilities - Update		

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	<p>The Board considered the Governance and Board Member Responsibilities Update [Paper 25/121] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance, for approval.</p> <p>Ms Vanhegan highlighted the fast pace of change across healthcare and to ensure robust and agile governance within the Board there was a proposal to create a Planning, Performance and Resources Committee (PPRC) which would include all Board Members and take place alternate months to the Board. She noted that a Terms of Reference would be created and brought back to the Board for approval subject to the PPRC being approved for development.</p> <p>Ms Vanhegan also confirmed the following changes:</p> <ul style="list-style-type: none"> • Mr Gio D'Alessio would join the Clinical and Care Governance Committee • Mr Jamie Kinlochan would join the Population Health and Wellbeing Committee <p>The Board were content to approve the paper.</p> <p><u>APPROVED</u></p>		
150.	Board Annual Cycle of Business		
	<p>The Board considered the Board Annual Cycle of Business [Paper 25/122] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance, for approval.</p> <p>The Annual Cycle of Business described the timetable of topics/discussion for 2025/26, the business items that will be considered, and their Corporate Objective alignment and the Seminar Annual Cycle of Business outlined the timetable of topics/discussion for 2025/26 with some topics to be confirmed acknowledging the changing landscape and ensuring flexibility to update our members with key information.</p> <p>The Board noted that this was a dynamic process, and thoughts were welcomed from members.</p> <p>The Board were content to approve the paper.</p> <p><u>APPROVED</u></p>		

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151.	Board Calendar of Meetings 2026/27		
	<p>The Board considered the Board Calendar of Meetings [Paper 25/123] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance, for approval.</p> <p>Ms Vanhegan advised that the final calendar would be brought back to the December Board including the proposed PPRC dates. The Chair highlighted that a further review of dates was required to ensure the appropriate governance pathways and timings were considered.</p> <p>The Board were content to approve the paper.</p> <p><u>APPROVED</u></p>		Ms Vanhegan
152.	Communication and Public Engagement Update		
	<p>The Board considered the Communication and Public Engagement Update [Paper 25/124] presented by Ms Sandra Bustillo, Director of Communications and Public Engagement, for assurance.</p> <p>Ms Bustillo noted the further engagement work undertaken regarding virtual consultations with 70% of those surveyed having had an experience of virtual consultations which was an increase from last year's survey. Work was ongoing with Digital Service colleagues regarding increasing engagement and education within the virtual space.</p> <p>Ms Bustillo advised that there was increasing involvement with service users within Maternity Services and there had been a meeting with AMMA Birth colleagues regarding future collaboration.</p> <p>With regards to staff vaccinations, Ms Bustillo highlighted that 6000 colleagues had been vaccinated to date which was an increase of 2000 from the same period last year. She continued to work closely with Public Health regarding promoting the staff vaccination programme.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		
153.	FAI Update		

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	<p>The Board considered the FAI Update [Paper 25/125] presented by Dr Scott Davidson, Medical Director who invited Dr Owen Forbes, Clinical Lead for General Paediatrics, and Mr Jamie Redfern, Director of Women and Children's Services, to talk the paper.</p> <p>Dr Forbes extended his sincere condolences to the families of Sonny Campbell, Cailyn Newlands and Sophia Smith for their loss. He explained that Sonny and Cailyn had both died on the same day; however, the investigation found that both children had been treated by different doctors and had not come into contact with each other during their admission. The outcome of the combined FAI for both Sonny and Cailyn concluded that there were no recommendations or precautions, however, there was one precaution regarding admission to the Clinical Decisions Unit (CDU). Dr Forbes outlined the changes to the multidisciplinary team interface since 2016, including the presence of senior staff at huddles, a robust nursing triage system and escalation plan, greater Consultant presence at both the Emergency Department and CDU as well as a new pathway being developed for patients reattending within 72 hours of discharge. Dr Forbes also confirmed that Sonny and Cailyn's deaths had resulted in Significant Adverse Event Reviews (SAERs) being commissioned with all recommendations implemented and addressed.</p> <p>Mr Redfern also extended his sincere condolences to Sonny, Cailyn and Sophia's families for their loss. Mr Redfern provided the Board with an update on Sophia's FAI outcome, confirming that the investigation concluded that there were no defects in the system that would have contributed to Sophia's passing. He advised that there were two recommendations noted, which NHSGGC have acknowledged, and a response confirming action will be submitted to the Sherrif.</p> <p>The Chair thanked Dr Forbes and Mr Redfern for their presentations. She extended the Board's sympathies to the families of Sonny, Cailyn and Sophia; and acknowledged the significant length of time the families had to wait for the outcome of the inquiries. She indicated that timescales of Board internal reviews had substantially improved and should lead to less delay. She noted that in the Sophia Smith FAI, the Sheriff had made recommendations and had also taken the opportunity to make observations. She advised that NHSGGC would treat observations in the same way as any recommendations and ensure they are actioned accordingly.</p> <p>The Board agreed to delegate the oversight of the recommendations and observations to the Clinical and Care Governance Committee</p>		

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	<p>and they would receive progress updates via the Chair's Report and minutes of the Committee.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		
154.	Corporate Risk Register		
	<p>The Board considered the Corporate Risk Register [Paper 25/126] presented by Mr Colin Neil, Director of Finance, for assurance.</p> <p>Mr Neil highlighted that the Corporate Risk Register was reported monthly via the Corporate Management Team, and the risks were subsequently delegated for review to the associated standing committee for scrutiny. He confirmed that there were no changes proposed to the scores.</p> <p>The Board were content to note the paper.</p> <p><u>NOTED</u></p>		
155.	Risk Management Strategy and Risk Management Policy		
	<p>The Board considered the Risk Management Strategy and Risk Management Policy [Papers 25/127] presented by Mr Colin Neil, Director of Finance, for approval.</p> <p>Mr Neil advised that the Risk Management Policy was last presented to the Board in 2022, with the proposal that subsequent reviews take place every two years as opposed to three. Mr Neil confirmed that both the strategy and policy apply to all individuals working on behalf of NHSGGC and a communications plan had been developed alongside the Comms team. He noted that significant engagement had been carried out during the production of the documents, including scrutiny from the Audit and Risk Committee.</p> <p>The Board were content to approve the Risk Management Strategy and the Risk Management Policy.</p> <p><u>APPROVED</u></p>		
156.	Innovation (Video)		

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	<p>The Medical Director, Dr Scott Davidson, introduced a short video for awareness which focused on the use of artificial intelligence (AI) in reporting chest x-ray images.</p> <p>In response to a question regarding scaling up the use of AI, Ms Brown highlighted that AI solutions within diagnostics was more evolved and scalable than other areas. She confirmed that her team were exploring working with other services on integrating technology across the whole system.</p> <p>Prof Gardner confirmed that the Board would be updated under Transforming Together regarding the work underway within research and innovation.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		
157.	Transforming Together - GGC Way Forward Portfolio Report		
	<p>The Board considered the Transforming Together - GGC Way Forward Portfolio Report [Paper 25/128] presented by Ms Claire MacArthur, Director of Planning, for assurance.</p> <p>Ms MacArthur outlined the governance framework of the Transforming Together programme, confirming that Mr Edwards remained the Chair to ensure oversight of the sector-based groups and their progress. She confirmed that the six programmes noted were on track with the milestones being met as expected.</p> <p>Ms MacArthur advised that there was significant improvement underway, with the recruitment of A&E nurses, additional Clinical Fellows and the analysis of the training needs of staff to ensure that the teams were fully supported within their role. She noted the whole system improvement plan regarding additional beds for complex discharge patients, 7-day discharge and criteria led discharge to support system flow. One of the key elements of the Winter Plan was the introduction of the Escalation/Decompression Group who review key metrics and manage the system on an hourly basis. Ms MacArthur confirmed that the Interface Division had been set up and a Chief of Medicine, Chief Nurse and Director were now in place.</p> <p>Ms MacArthur also outlined the progress in Hospital at Home within Women and Children's Services, the OPAT Home Service and the Neonatal Jaundice Pathway which was expected to be in place before</p>		

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	<p>Christmas. She highlighted the Cancer and Planned Care Programme which was being taken forward through the Annual Delivery Plan actions to support transformation and optimisation of how we deliver services.</p> <p>In response to a question regarding the reliance and sustainability on additional resource, Mr Edwards advised that the teams were in place with Advanced Nurse Practitioners working alongside clinicians to support additionality within FNC + and we continued to recruit to additional new posts that had been approved to create further capacity. Dr Davidson confirmed that the core group of staff were already in place supporting FNC and this was an expansion with greater capability that we would be developing under FNC +. Prof Gardner confirmed that this work was a substantive part of our programme and we continue to build towards a virtual hospital system. Dr Davidson highlighted that this would not be a short-term plan, but how the Board intends to develop care.</p> <p>Concerns were raised regarding access to intermediate care beds within care homes. Ms Culshaw highlighted the importance of tracking overall improvement while remaining agile to meet the needs of our patients.</p> <p>The Chair advised that the Board was working towards transformative change to ensure that our service users receive the right care, at the right time, in the right place.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		
158.	NHSGGC Board Performance Report		
	<p>The Board considered the Board Performance Report [Papers 25/129] presented by Mr William Edwards, Deputy Chief Executive, for assurance.</p> <p>Mr Edwards provided a summary of performance against the respective KPIs outlined in the Assurance Information Framework (AIF) and based on the measures contained in the 2025-26 Delivery Plan (DP) and the 2025-26 Whole System Plan targets approved by the Scottish Government alongside key local and national performance measures.</p>		

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	<p>As at August 2025, 7 measures were rated green, 8 were rated amber, 10 have been rated as red and the remaining measures with no target were rated grey and were reported for information.</p> <p>Mr Edwards then provided an update on the key areas of performance improvement. The latest quarterly position for Alcohol and Drugs was performance of 94.3%, which exceeded the national target of 90%. The acute activity in relation to new outpatients, endoscopy and imaging exceeded the planned position for August 2025. The performance in relation to the number of CAMHS patients seen in under 18 weeks of referral remained positive, with current performance exceeding the national target. There was a slight decrease in performance in relation to the Cancer 31 Day waiting times standard on the previous months' position, however, remained above target.</p> <p>Mr Edwards highlighted some key challenging areas, including performance in relation to the percentage of MSK Physiotherapy patients seen in under 4 weeks and performance in relation to the Cancer 62 Day waiting times. There had been a marginal reduction on the previous month's position, decreasing from 69.2% to 68% in June 2025 across the 62 day position.</p> <p>In response to a question regarding the level of delayed discharges, Mr Edwards highlighted the additional funding available to HSCTs and that the intermediate care bed additional capacity was being extended across the system, although we were not currently witnessing the level of easing anticipated at this stage. Mr Togher reinforced Glasgow City HSCT's commitment to reducing the number of delays against the £5.6m additional funding received to support the reduction of this position.</p> <p>With regards to the CAMHS referral pathway, Mr Pearce confirmed that there had been no change to the criteria for patients being referred to CAMHS.</p> <p>The Chair highlighted the A&E performance, which provided the Board with context regarding the pressures within the system before winter. Dr Davidson reinforced that the pressures remain significant, and a lot of the solution lay out with A&E, noting the importance of FNC+ and redirecting people to the right areas for care in turn supporting flow across our hospitals. Prof Gardner advised that the data demonstrated there was a significant number of patients coming into the system that do not require acute hospital care, and the strategic work underway to build trust with our wider communities regarding messaging and access to the right support and care. Prof</p>		

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	<p>Gardner assured the Board that the executive team were aware that each number represented a person and they remained committed to a patient centred approach.</p> <p>Mr Edwards introduced the Cancer Deep Dive appendix which outlined an ambitious trajectory to March 2026. He confirmed that the deep dive had also been scrutinised by the Finance, Planning and Performance Committee. He assured the Board that dedicated workstreams had been created with oversight from the Director and relevant clinical leads for each cancer type to work towards improving performance. Mr Coulthard had also been appointed from NHS Lanarkshire, a Health Board which had been noted as having a positive performance in this area. Mr Edwards outlined a number of initiatives underway to increase additionality.</p> <p>In response to a query regarding the increase in urgent suspicion of cancer (USOC) referrals, Mr Coulthard reflected that the increase was not necessarily negative, however, the high volume in specific areas demonstrated the need to implement changes to the service to meet the needs of patients.</p> <p>The Chair reminded Board Members that at the August Board Meeting they were not assured by the 62-day cancer performance. She highlighted that the increasing number remained challenging, and the Board were required to plan accordingly. The Chair advised that, regrettably, performance had not improved in the last 12 months, and we should reflect on the performance of other Boards who do better. She advised the Board that she was not prepared to recommend that they were assured by the information received at today's meeting; and a further update would be brought to the December Board.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		Mr Edwards
159.	NHSGGC Whole System Winter Plan 2025/26		
	<p>The Board considered the NHSGGC Whole System Winter Plan 2025/26 [Paper 25/130] presented by Mr William Edwards, Deputy Chief Executive, for approval.</p> <p>Mr Edwards provided an overview of the Plan, the additional capacity expected to be stood up across the winter period, including the</p>		

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	<p>support from FNC+ and the whole system approach to enabling reduction of demand across key access points at the front door.</p> <p>The Board noted that the Plan had been scrutinised at the Finance Planning and Performance Committee. The Committee had discussed the different requirements of communication plans across public and staff regarding FNC+, with a view to making the messaging as simple as possible. Prof Gardner reflected that in the next 12 months the landscape could look very different, particularly with the introduction of the digital front door, and the work underway with the Scottish Ambulance Services and NHS24 regarding streamlining current processes to reduce delays. She advised that the communications plans would need to be phased to reflect the evolving model.</p> <p>Ms Bustillo highlighted messaging around FNC+, the ABC Campaign, as well as targeting demographics and being mindful of language. She advised that there had been three focus groups in which there had been testing around tailored messaging surrounding virtual care. She also noted the engagement with Primary Care through the GP Subcommittee and the importance of working with other Boards with regards to national developments. Ms Bustillo confirmed that redirection messaging remained in place with the public being supported to alternative services should A&E not be the correct pathway. It was recognised that the transformation agenda had moved at pace and the importance of keeping the public up to date with current messaging. The Chair requested that Board Members were actively involved in the development of the communications strategy, reflecting the importance of how messaging is received by the public.</p> <p>In response to a query regarding cancer and planned care during the winter period, Mr Edwards highlighted the work underway regarding insourcing to increase additional planned care capacity across surgical specialties, decompression plans and additional winter capacity coming on stream as part of the winter plan. He advised that the Board would receive an update at the Board Briefing on 5 November regarding the planned Whole System Reset, an area of focus to reduce pressures across the sites and accelerating discharges. With regards to insourcing, he noted that the majority of insourcing was across Gartnavel General, New Victoria and Inverclyde Royal Hospitals which was supporting trajectory within the planned care targets.</p> <p>The Board were content to approve the Winter Plan.</p>		Ms Bustillo

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160.	Significant Adverse Event Reviews (SAER) Performance Delivery, Oversight and Monitoring		
	<p>The Board considered the Significant Adverse Event Reviews (SAER) Performance Delivery, Oversight and Monitoring [Paper 25/131] presented by Dr Scott Davidson, for assurance. Dr Davidson invited Ms Paula Spaven, Director of Clinical Governance, to provide an update</p> <p>Ms Spaven outlined the significant progress and ongoing journey to improve the position of overdue, and potential, SAERs within the Board as a result of ongoing focussed work. She acknowledged the dedication and support from the wider teams to support the position. Ms Spaven confirmed the Adverse Event Oversight Groups were in place locally and corporately and there was an iterative review of all SAERs from commission to quality assurance to better track actions.</p> <p>The Chair queried when the full SAER Policy was due to be approved by the Board. Ms Spaven confirmed that the SAER Policy would be brought back to the December Board for consideration and approval.</p> <p>With regards to quality assurance processes, Dr Davidson reflected the streamlining of the previous processes which was done in conjunction with the Chair of the Quality Assurance Group. Ms Spaven confirmed that an audit had been performed on a random selection of SAERS that had been completed using the interim model and the results would be available in the coming weeks. She also advised that work was ongoing with existing quality assurance groups to review the overall process and embed the process at an earlier stage of the SAER.</p> <p>Prof Gardner reflected on the previous number of overdue SAERS, reinforcing that the backlog was unacceptable. She commended the robust work undertaken by the team to reduce the number of overdue SAERs and the importance of ensuring that the new approach is sustained.</p> <p>The Chair said that this was a significant update for the Board as it demonstrated the Board's commitment, and accomplishment, in reducing the backlog allowing the process to be more effective and timely moving forward. She reflected the work done to date involved the team prioritising the SAER backlog and working together in a shared space to drive down the overdue SAERs. She extended her</p>		

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	<p>gratitude to the executive team for their commitment and dedication in this area.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		
161.	Healthcare Associated Infection Report		
	<p>The Board considered the Healthcare Associated Infection Report [Paper 25/132] presented by Professor Angela Wallace, Nurse Director, for assurance. Professor Wallace introduced Ms Sandra Devine, Director of Infection Prevention and Control, who provided a short overview of the paper.</p> <p>Prof Wallace opened by thanking the Infection Prevention and Control team, and wider teams across the system, for their ongoing focus on this area.</p> <p>The paper covered the period July and August 2025. The report included the Scottish Government Standards on Healthcare Associated Infections Indicators for Staphylococcus aureus bacteraemias (SAB), Clostridioides difficile infections (CDI), E. coli bacteraemias (ECB), which were within the control limits and required no escalation. Ms Devine noted that the data from October demonstrates that NHSGGC remained below the indicator for the three infections.</p> <p>Ms Devine reported that the rate for CDI and ECB were below the target and the SAB rate was within the control limits but above the national rate. Ms Devine advised there was a clear focus on reducing infection and the report detailed the actions being taken forward.</p> <p>Ms Devine highlighted Infection Prevention and Control Week held in October with information and engagement activity issued to colleagues via the Core Brief.</p> <p>The Board were content to note the paper.</p> <p><u>NOTED</u></p>		
162.	IJB Whole System Report		

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	<p>The Board considered the IJB Whole System Report [Paper 25/133] presented by Mr William Edwards, Deputy Chief Officer, for assurance.</p> <p>The Chair explained that the report had been produced to provide an overview of IJB activity and included the individual Lead IJB Non-Executive Board Members for each of the IJBs. She highlighted that the integrated performance quality report (IPQR) was in development, and she was hopeful that the IPQR would encompass the detail within the Performance Report and IJB Whole System Report together. The Chair advised that the purpose of the level of IJB detail provided to the Board was to demonstrate the considerable work that remains ongoing in relation to the IJBs and the dedication to the whole system approach.</p> <p>Mr Pearce noted a correction to the paper, highlighting that East Dunbartonshire IJB's audited accounts had not been received. The Chair advised that this would be corrected, and the paper would be replaced on the website.</p> <p>Mr Togher provided an overview of Glasgow City's investment and activity, including the additional qualified social workers, the integrated discharge team, number of discharges into community with packages of care into the community, care alarm visits, care home provision and supporting patients with complex needs. He highlighted the financial challenges associated with the savings plan. Mr Togher also noted the risks associated with homelessness and the challenges faced by the IJB regarding the numbers in temporary in the city centre.</p> <p>Mr McClean noted the positive performance within Renfrewshire HSCP regarding delayed discharge, expressing his gratitude to the teams for their dedication in this area. He reinforced challenges with regards to the savings plan and potential impact on the positive performance within the IJB.</p> <p>Ms Chappell outlined the positive performance within East Renfrewshire HSCP with regards to discharge without delay, noting the development with regards to integrated discharge and supporting decompression. She advised there was an ongoing focus on shifting the balance of care, as well as the contribution to the Promise, with an enhanced uplift in place to support children in foster care or with kinship carers.</p> <p>Mr Pearce confirmed that there were too many people receiving care in the wrong place, with 6% of inpatients from East Dunbartonshire</p>		Board Secretary

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	<p>being delayed in discharge. He assured the Board of the ongoing work and collaboration with acute colleagues to expedite discharge and prevent unnecessary admissions.</p> <p>Ms Phillips echoed the financial challenges within Inverclyde, and highlighted the risk regarding care home capacity, noting closures and the relocation of residents.</p> <p>Ms Culshaw highlighted the ongoing work within West Dunbartonshire HSCP regarding care home access.</p> <p>In response to a query regarding the financial challenges faced by the IJBs, Mr Neil advised that the assumptions made were based on the IJBs breaking even and he met with Chief Officers and Chief Finance officers regularly regarding mitigations.</p> <p>In response to a query regarding the reduction in care home capacity, and difference in care across council and private care homes, and the subsequent impact on delayed discharges, Prof Gardner highlighted the need to review the care home capacity across the IJBs and outline aggregated risk associated with overall demand. It was agreed that this detail would be added to a future report.</p> <p>The Chair thanked the Chief Officers for their contributions, noting the detail with regards to risk had been documented within the report and therefore in the public domain.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		Ms O'Byrne
163.	NHSGGC Finance Report		
	<p>The Board considered the NHSGGC Finance Report [Paper 25/134] presented by Mr Colin Neil, Director of Finance, for assurance.</p> <p>Mr Neil presented the month 5 position, August 2025. He reported an overspend of £46m, of which £40.4m was attributed to unachieved savings being offset by a pay and non-pay overspend of £5.5m. Mr Neil noted elements of betterment across non-recurring savings and reduction in agency spend. Acute was overspent by £11.6m in pay and non-pay and corporate areas were underspent by £1.8m for pay and non-pay. Partnerships had a pay and non-pay underspend of £4.2m; he noted in broader terms this equated to a breakeven position.</p>		

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	<p>Mr Neil referenced the planned care investment of £38.6m, unscheduled care investment of £21m and the supplemented £2.6m investment for Hospital at Home, noting that some of the schemes would not become visible within the report for up to 12 months while they matured.</p> <p>In terms of Sustainability and Value, £24.4m had been achieved on a full year recurring basis. On an in-year basis (recurring and non-recurring) £102.9m has been achieved. The recurring forecast was c£45m which was significantly short of the recurring target of £93.7m.</p> <p>Mr Neil reported that the total capital expenditure incurred to 31st August 2025 was £16.4m, and this amounted to 20% of the capital budget. At month 5, 62% of the total capital allocation had firm orders or incurred spend. Due to slippage, £6.4m had become available for allocation. This money was being considered by the Capital Planning Group and would be allocated against the priorities within the Business Continuity Plan.</p> <p>Mr Neil reported that the overall financial challenge for NHSGGC in 2025/26 was £217.8m. With regards to the Finance Plan, approved by the Board in April, Mr Neil highlighted that he was forecasting a £45m deficit due to ongoing pressures. This was based on the IJBs breaking even. Mr Neil confirmed that he and his colleagues were working with Acute Directors and IJB Chief Officers regarding mitigating key areas of pressure.</p> <p>The Chair queried the additional funding and the allocations to each IJB. Mr Neil explained that the original interface against the Scottish Government portfolio of schemes had been considered and moving forward work was required to evaluate the outcomes.</p> <p>The Board were content to note the update.</p> <p>NOTED</p>		
164.	Larkfield Unit, Inverclyde Royal Hospital - End of PFI Agreement		
	<p>The Board considered the Larkfield Unit, Inverclyde Royal Hospital - End of PFI Agreement [Paper 25/135] presented by Professor Tom Steele, Director of Estates and Facilities, for awareness.</p> <p>Prof Steele outlined the process undertaken to acquire the Larkfield unit, including the comprehensive technical assurance exercises, with</p>		

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	<p>both internal and external expertise ensuring the facility's compliance and good condition prior to the transfer to NHSGGC ownership.</p> <p>The acquisition, funded directly by the Scottish Government, brings the facility in-house, ending a 25-year PFI contract and enabling recurring savings and operational benefits for the board, including the retention of services in the Inverclyde campus.</p> <p>The Board recognised the extensive communication, engagement, and governance processes followed during the acquisition and agreed to publicise the positive outcome as a good news story for the organisation.</p> <p>The Chair confirmed that the paper was presented for awareness and assurance following approval by the Finance, Planning and Performance Committee. She thanked Prof Steele for sharing the positive outcome with the Board and noted that the end of the PFI contract would be publicised.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		
165.	Disposal of West Glasgow Ambulatory Care Hospital Site		
	<p>The Board considered the Disposal of West Glasgow Ambulatory Care Hospital Site [Paper 25/136] presented by Professor Tom Steele, Director of Estates and Facilities, for approval.</p> <p>Prof Steele outlined the process for declaring the West Glasgow Ambulatory Care Hospital site surplus to the Board's operational requirements. He explained that the site was being decommissioned, there were small clinical services on site, but they would be completed by the end of the financial year. He highlighted the complexities within the process as a result of the size of the site, and that the Board had sought expert advice and external oversight of the process. He mentioned engagement with a number of key stakeholders, including Glasgow City Council, who had been key in understanding where the site would sit within the development plans for the city.</p> <p>Prof Steele confirmed that the Board had been engaging with the public as clinical services have been displaced from the site across the past 12m. He advised that extensive engagement would take place during the marketing phase, and in line with the statutory planning process. He advised that it would be the intention to begin</p>		

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	marketing formally by the end of the financial year, with regular updates to Finance, Planning and Performance Committee, and the Board.		
	<p>The Chair noted the importance of clarifying the ask of the Board. Prof Steele confirmed that a previous NHSGGC Board had approved the site surplus, however, to reflect the length of time that had passed it was agreed that this would be put to the Board again for approval. He also requested the Board approval to commence the trawl process, noting the outcome of this process would then decide the disposal strategy. The Chair confirmed that there was insufficient information available to the Board to approve anything above the trawl process, and it was agreed that when the trawl process had concluded, an update would be taken to the Finance, Planning and Performance Committee for consideration.</p> <p>In response to a query regarding public engagement, the Chair highlighted the emotional significance of the site to the community, and the importance that the public know the intention of the site, and to be part of that decision, as far as possible. Ms Bustillo outlined plans for extensive community engagement, including the collaboration with local housing associations and councils to ensure engagement with wider networks. She also confirmed joint engagement with the successful bidder.</p> <p>The Board formally approved the declaration of the site as surplus to requirements and agreed to commence the trawl process, as mandated by the Scottish Government's Property Transactions Handbook, to determine if any public sector body wishes to acquire the site. The Board agreed that further decisions on disposal would follow the outcome of the trawl process, with regular updates to the Finance, Planning and Performance Committee and the Board.</p> <p>Then Board were content to approve the paper.</p> <p>APPROVED</p>		
166.	NHSGGC Clinical Governance Annual Report		
	The Chair confirmed that the Board had been given the opportunity to submit questions in advance across the Annual Reports on the agenda, and that these questions would be put on screen for the public to view.		

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	<p>The Board considered NHSGGC Clinical Governance Annual Report [Paper 25/137] presented by Dr Scott Davidson, Medical Director, for approval for publication to the NHSGGC website. Dr Davidson invited Ms Paula Spaven, Director of Clinical Governance, to highlight key points.</p> <p>Ms Spaven highlighted improvements in SAER management and performance, an increased focus and improvement, ongoing work to enhance learning systems and reporting accuracy, as well as the launch of the QI network.</p> <p>In response to a question regarding changes to TrakCare and the impact on SAER themes, Ms Brown explained that a basic spellcheck was available across the system but there was an option for an enhanced spellcheck on patient letters. This was off as default, and the Digital Services team were discussing this with InterSystems to make this option available.</p> <p>With regards to breached guidelines, Dr Davidson offered assurance that no negative impacts on patient care were identified and the ongoing work to reduce guideline breaches in Women and Children's services through local Clinical Governance groups. He advised that further work within this area was ongoing and that further updates would be made available to the Board.</p> <p>The Board were content to approve the report for publication.</p> <p><u>APPROVED</u></p>		
167.	NHSGGC Duty of Candour Annual Report		
	<p>The Board considered NHSGGC Duty of Candour Annual Report [Paper 25/138] presented by Dr Scott Davidson, Medical Director, for approval for publication on the website. Dr Davidson invited Ms Paula Spaven, Director of Clinical Governance, to provide an overview of the report.</p> <p>The Duty of Candour report identified 24 incidents triggering the duty, the increase was linked to increase in treatment, of the 24 incidents the report outlined good compliance. Ms Spaven highlighted that the Duty of Candour Policy was out for consultation with an extended timeline to March 2026 for the policy to be updated in line with the most recent Scottish Government guidelines as well as the Board's updated approach to managing SAERs.</p>		

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	<p>In response to a question regarding cases managed out with the SAER process and compliance with Duty of Candour, Dr Davidson noted that there were 2 incidents reviewed as part of complaints process that did comply with Duty of Candour.</p> <p>In response to a query regarding the timing of the report and requirement for a later addendum to capture the full number of incidents, Dr Davidson highlighted that there was a national update in March 2025 with all Boards receiving a template for the annual report and addendum report. There is a national deadline for annual report submission, however, he explained that the improvement work within SAERs should see a positive influence on the numbers of Duty of Candour incidents recorded within the annual report.</p> <p>With regards to capturing learning evidence, he confirmed that the team would consider how the report could be enhanced moving forward.</p> <p>In response to a query regarding incident reviews, Dr Davidson advised that incident management reporting was the responsibility of every staff member, incidents were logged on Datix and managed by local teams. Local management teams should also ensure rapid communication across the organisation to ensure learning.</p> <p>The Board were content to approve the report for publication.</p> <p><u>APPROVED</u></p>		
168.	Public Protection Strategy Annual Report		
	<p>The Board considered Public Protection Strategy Annual Report [Paper 25/139] presented by Prof Angela Wallace, Nurse Director, for assurance. Prof Wallace invited Dr Deirdre McCormack, Chief Nurse, to provide an overview.</p> <p>Dr McCormack outlined the progress on the strategy in line with the NHS Accountability and Assurance Framework, all Boards had been issued with a survey issued by the Scottish Executive Nurse Directors Group regarding their progress against the framework. All Boards had reported varying levels of implementation, NHSGGC provided detail demonstrating significant progress with 53 measures RAG rated green, 42 amber and 3 red.</p> <p>In terms of activity, she outlined neglect being the main reason for children coming through the system and the improvement activity to</p>		

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	support practice across school age children. She noted that the IRDs data demonstrates that they are benefiting children and families and reducing harm.		
	Dr McCormack highlighted the introduction of TrakCare alerts, SCI Gateway for partner agencies, and a pilot project to integrate social work, police, and health data on a single platform, supported by additional funding and nearing completion.		
	In response to a question regard to further information being shared with the Board surrounding performance, Prof Wallace confirmed that a detailed delivery plan was in place and information regarding the priorities could be shared with the Board.	Prof Wallace	
	With regards to the timeframe associated with child exploitation, Dr McCormack highlighted that the increase noted in the report was representative of the past 12 months and was multifactorial. She confirmed that the Public Protection groups consider this in great detail, and the trajectory would be tracked to assist with the development of improvement plans.		
	With regards to the shared data app pilot noted within the report, which was based in West Dunbartonshire, Dr McCormack confirmed the pilot was not complete but was hopeful the final testing phase would be completed in September 2026.		
	Then Board were content to note the update.		
	<u>NOTED</u>		
169.	Department of Research and Innovation Annual Report		
	The Board considered the Department of Research and Innovation Annual Report [Paper 25/40] presented by Dr Scott Davidson, Medical Director, for assurance. Dr Davidson invited Professor Jessie Dawson, Director of Research and Innovation, to provide an overview of the report.		
	Prof Dawson highlighted the launch of the Commercial Research Delivery Centre, increased clinical trial enrolment, major funding successes, and plans for infrastructure investment and strategy refinement. He noted the increased enrolment in commercial clinical trials, with a goal to exceed 500 participants per year. Prof Dawson was pleased to note funding received from the National Institute for Health and Care Research (NIHR) for two Glasgow led studies within		

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	<p>stroke. He also confirmed that the Biorepository had received ISO accreditation, noting this was one of the few sites across Europe that has full accreditation.</p> <p>Prof Dawson highlighted that there was work underway with regards to refining the Research and Innovation Strategy, with greater focus on the innovation space and alignment to Board priorities. He advised there was a scoping exercise regarding major imaging infrastructure investment to bring the latest MRI and imaging technology into the Board, which was expected to conclude in the next financial year.</p> <p>He noted that there had been a temporary decline in non-commercial trial recruitment which was attributed to post-COVID effects, with expectations of recovery as new large-scale academic trials commence.</p> <p>In response to a question regarding accelerating investment, Dr Davidson confirmed investment was being accelerated through the specific initiatives which will provide an approximate £8m investment to the Board. He noted the goal was to grow activity substantially over the next 4 years, and the Board continued to pursue opportunities.</p> <p>With regards to the new research facility within the Royal Alexandra Hospital, Dr Davidson advised a feasibility study identified potential space and approximate costs associated with conversion. He advised that there were issues with external plant room and ventilation and work with Estates and Facilities with regards to this was ongoing.</p> <p>A query was raised with regards to the personalised cancer immunotherapy vaccine for colorectal cancer; Dr Davidson advised that there was a study that could be shared with the Board for information, however, noted that the vaccination was personalised to patients.</p> <p>In response to a query regarding commercial monies associated with the Biorepository, Prof Dawson noted a high number of multinational collaborations to use the resource and the Board works on a cost recovery basis.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		Dr Davidson
170.	Feedback, Comments, Concerns, Compliments and Complaints Annual Report 2024/25		

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	<p>The Board considered the Feedback, Comments, Concerns, Compliments and Complaints Annual Report 2024/25 [Paper 25/141] presented by Professor Angela Wallace, Nurse Director, for assurance. Prof Wallace invited Ms Mandy Crawford, Corporate Services Manager – Complaints and Public Affairs, to provide an overview.</p> <p>Ms Crawford noted an increase in the number of complaints by 7%, with 58% managed at stage one and an overall resolution performance of 74%, exceeding the national target; she advised that the majority of Scottish Public Sector Ombudsman referrals were not taken forward, indicating satisfaction with internal investigations.</p> <p>Ms Crawford was pleased to highlight that NHSGGC became the first Board in Scotland to receive over 3,000 care opinion stories in a year, driven by a 30% increase in submissions, and launched new initiatives such as Care Opinion Bear to engage young people. With regards to notable themes, Prof Wallace highlighted an increase in upheld/partially upheld complaints relating to clinical treatment, communication and delays in patients receiving test results. She reinforced the Board's focus on planned care which should have a positive impact on these outcomes.</p> <p>In response to a question regarding inclusivity, Prof Wallace advised that the Board adopts a person-centred approach which is used to support patients and families for whom English is not the first language, with tailored plans, interpreter services, and accessible information in multiple languages and formats.</p> <p>With regards to system-wide learning, monitoring and reporting, Prof Wallace offered assurance that efforts are ongoing to develop a whole system learning approach, with feedback themes shared across services, regular dashboard updates, and quarterly reports to governance committees, aiming to ensure that learning from feedback leads to system-wide improvements. Prof Wallace advised the feedback is themed and shared with services, weekly updates are shared with the senior management teams and team reports across each sector. Quarterly reports are also shared with the Clinical and Care Governance Committee. The Chair confirmed that work was underway with regards to system-wide learning reporting which would come back to the Board.</p> <p>In response to a query regarding proactively promoting Care Opinion, Ms Bustillo confirmed physical promotion across all of the sites via banners, posters and leaflets. She highlighted there was a dedicated page on the website and there was regular promotion through social</p>		

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	<p>media. Ms Bustillo also noted the active programme of training for Care Opinion responders. Care Opinion Bear had also been launched with a programme of promotional activity scheduled at the Royal Hospital for Children in November.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		
171.	Finance, Planning and Performance Committee		
	<p>a) Chair's Report of meeting held on 9 October 2025 b) Approved Minute of meeting held on 7 August 2025</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		
172.	Audit and Risk Committee		
	<p>a) Chair's Report from Meeting 18 September 2025 b) Approved Minute of meeting held on 17 June 2025</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		
173.	Area Clinical Forum		
	<p>a) Chair's Report from Meeting 9 October 2025 b) Approved Minute of meeting held on 14 August 2025</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		
174.	Clinical and Care Governance Committee		
	<p>a) Chair's Report from Meeting 4 September 2025 b) Minutes from Meeting 3 June 2025</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		

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175.	Population Health and Wellbeing Committee		
	<p>b) Chair's Report from Meeting 23 October 2025 b) Minutes from Meeting 17 June 2025</p> <p>Mr Vincent requested that engagement with Staff Flu Vaccine and communication be escalated to the Board for oversight.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		
176.	People Committee		
	<p>a) Chair's Report from Meeting on 25 September 2025 b) Minutes from Meetings 200 May and 13 August 2025</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		
177.	Date and Time of Next Meeting		
	<p>The next meeting would be held on Thursday 18 October 2025 at 9.30 am via MS Teams.</p> <p><u>NOTED</u></p>		