

NHSGGC (M) 25/04  
Minutes: 72-110

## **NHS GREATER GLASGOW AND CLYDE**

**Minutes of the Meeting of the NHS Greater Glasgow and Clyde Board held  
on Tuesday, 24 June 2025 at 10:00 am hybrid at  
JB Russell House and via Microsoft Teams and recorded for GGC  
website.**

### **PRESENT**

**Dr Lesley Thomson KC (in the Chair)**

Ms Mehvish Ashraf	Cllr Michele McGinty
Ms Libby Cairns	Prof Iain McInnes
Mr Martin Cawley	Dr Becky Metcalfe
Ms Cath Cooney	Ms Ketki Miles
Dr Emilia Crighton	Cllr Robert Moran
Cllr Chris Cunningham	Mr Colin Neil
Dr Scott Davidson	Cllr Katie Pragnell
Mr William Edwards	Dr Paul Ryan
Ms Dianne Foy	Mr Charles Vincent
Professor Jann Gardner	Ms Michelle Wailes
Ms Margaret Kerr	Professor Angela Wallace
Ms Lesley McDonald	

### **IN ATTENDANCE**

Ms Denise Brown	Director of Digital Services
Ms Sandra Bustillo	Director of Communications and Public Engagement
Dr Isabelle Cullen	Clinical Director, Out of Hours
Ms Beth Culshaw	Chief Officer, West Dunbartonshire HSCP
Ms Mary Ross-Davie	Director of Midwifery
Ms Sandra Devine	Director of Infection Prevention and Control
Ms Kim Donald	Corporate Services Manager Governance/Board Secretary
Mr William Edwards	Chief Operating Officer, Acute Services
Ms Claire McArthur	Director of Planning
Mr Fraser McJannett	Director of Primary Care and GP OOH
Mr Mathew Pay	Head of HR Strategic Development
Mr Derek Pearce	Chief Officer, East Dunbartonshire HSCP
Mr Jamie Redfern	Director of Women and Children's Services
Mr Michael Shiels	Head of Financial Services

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Ms Natalie Smith		Interim Director of Human Resources & Organisational Development
Ms Paula Spaven		Director of Clinical Governance
Professor Tom Steele		Director of Estates and Facilities
Mr John Thomson		Assistant Director of Finance
Mr Pat Togher		Chief Officer, Glasgow City HSCP
Ms Elaine Vanhegan		Director of Corporate Services and Governance

			<b>Action</b>
<b>72.</b>	<b>Welcome and Apologies</b>		
	<p>The Chair, Dr Lesley Thomson KC, welcomed those present to the April 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 JB Russell House. 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 Jacqueline Cameron, David Gould, Graham Haddock, Colette McDiarmid, Lesley Rousselet and Karen Turner.</p> <p><b><u>NOTED</u></b></p>		
<b>73.</b>	<b>Declaration(s) of Interest(s)</b>		
	<p>The Chair invited members to declare any interests in any of the matters being discussed. There were no declarations made.</p> <p><b><u>NOTED</u></b></p>		
<b>74.</b>	<b>Minute of Meeting held on 25 February 2025</b>		
	<p>The Board considered the minutes of the NHS Greater Glasgow and Clyde Board Meeting held on 23 April 2025 and 29 April 2025 [Paper No. NHSGGC(M)25/02 and NHSGGC(M)25/03] presented for approval and on the motion of Ms Margaret Kerr seconded by Ms Ketki Miles, the Board were content to accept the minutes of both meetings as a complete and accurate record.</p> <p><b><u>APPROVED</u></b></p>		

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<b>75.</b>	<b>Matters Arising</b>		
	<p>The Board considered the 'Rolling Action List' [Paper No.25/62] presented for approval.</p> <p>The Board noted that there were 6 actions noted for closure and were content to approve the Rolling Action List.</p> <p><b><u>APPROVED</u></b></p>		
<b>76.</b>	<b>Chair's Report</b>		
	<p>The Chair acknowledged that it had been a particularly busy period since the last Board Meeting. Both the Chair and Chief Executive had been present for the First Minister's speech, which was held at the Queen Elizabeth University Hospital on 16<sup>th</sup> June 2025, where there had been emphasis on the Public Sector Reform Strategy. She stated that its clear we need to do things differently and to work in partnership to ensure across public sector everything we do has as its centre the citizens we serve. The Chair reinforced the role of NHSGGC nationally in both leadership and collaboration.</p> <p>The Chair highlighted the importance of agile and robust governance during this period of change. Our May Seminar focussed on governance and allowed our Board Members the opportunity to consider the changing landscape within the public sector, and how the Board ensured appropriate oversight. The Chair noted the change in the format of the Board's agenda to demonstrate how we will be approaching governance moving forward and welcomed Board Member feedback on the new structure of the agenda. More work would be done on the format going forward.</p> <p>The Chair had also attended numerous meetings since the last Board Meeting, including the West Dunbartonshire Trauma Informed Justice Conference. The Chair said that this was a very positive day with colleagues and partners reflecting on community justice and how the public sector can contribute within this space. She indicated that her view on the day was that there was more the NHS could do.</p> <p>Lastly, the Chair announced that Dr Lesley Rousselet's tenure as Board Member and Area Clinical Forum Chair was coming to an end on 30<sup>th</sup> June 2025. The Chair expressed gratitude for her service and extended best wishes for her future endeavours.</p> <p>The Board were content to note the update.</p>		

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<b>77.</b>	<b>Chief Executive's Report</b>		
	<p>Professor Gardner, Chief Executive, continued to visit key services with executive colleagues. She had also attended a visit with the Permanent Secretary to the Glasgow Royal Infirmary which provided a great opportunity to demonstrate the excellent work being done within our Blossom Service supporting vulnerable women.</p> <p>Professor Gardner had also attended the Queen Elizabeth University Hospital where the First Minister Speech outlined the renewal framework. She also attended Easterhouse Health Centre with the First Minister and Ms Jenny Minto MSP, as well as the Glasgow Royal Infirmary Gynaecology Services with Mr Ivan McKee MSP.</p> <p>Professor Gardner reflected on the renewal framework and the work underway within the Board to align with the reform agenda. She had received positive feedback from Hackathon 2 which had been attended by 200 clinicians and leaders across the system.</p> <p>Professor Gardner noted the significant work under way with regards to GGC The Way Forward, working across the whole system with a focus on culture, values and focussed improvement.</p> <p>Lastly, Professor Gardner was pleased to note that there had been successful recruitment into a number of key posts across the system:</p> <p>Deputy Chief Executive – William Edwards  Director of Access – Melanie McColgan  Director of Interface – Lorraine Cowie  Chief of Medicine (Interface) – Neil Ritchie  Chief Nurse (Interface) – Leanne Connell  Chief Officer Renfrewshire – Billy McLean  Chief Officer East Renfrewshire – Alexis Chappel</p> <p>Professor Gardner highlighted the importance of these roles in driving forward the renewal agenda and launching FNC+ from 1<sup>st</sup> August 2025.</p> <p>The Board were content to note the update.</p> <p><b>NOTED</b></p>		

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<b>78.</b>	<b>Patient Story</b>		
	<p>The Nurse Director, Professor Angela Wallace, introduced a short video for awareness which focused on the Palliative Care Accelerated Design Event.</p> <p><b><u>NOTED</u></b></p>		
<b>79.</b>	<b>Board Activity Update</b>		
	<p>The Board considered the Recording of NHSGGC Board Activity Update [Paper 25/63] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance, for awareness.</p> <p>Ms Vanhegan reinforced the importance of agile governance and ensuring transparency surrounding overall Board activity. She noted that since the papers had been issued both Ms Martin Cawley and Ms Cath Cooney had attended a national Board Sponsorship event.</p> <p>Ms Vanhegan said that the May Board Seminar allowed the Board to develop a further action plan against the Blueprint for Good Governance which would be brought back to the August Board for ratification.</p> <p>The Board were content to approve the paper.</p> <p><b><u>NOTED</u></b></p>		Ms Vanhegan
<b>80.</b>	<b>Key Updates from Standing Committees</b>		
	<p>The Board considered the Key Updates from Standing Committees [Paper 25/64] 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 April Board Meeting. The Chair highlighted the importance of transparency in discussion and that this paper offered the opportunity for the public to have oversight of committee scrutiny.</p> <p>Ms Vanhegan noted that, following approval at the April Board Meeting, the People Committee had met, and work was underway to develop a culture map across the organisation to allow the People Committee to focus on key areas. The Committee also received an update following the Judgement for Women Scotland Supreme Court</p>		

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	<p>Ruling and were assured of the operational actions already being undertaken across the campus.</p> <p>The Inquiries Oversight Sub-Committee had met three times since the April Board Meeting and a process had been established for the Sub-Committee to escalate actions to staff or standing committees, where appropriate. During discussion the Chair noted that from Inquiries and Reviews ongoing, it is clear that what the Board records in writing rather than meeting discussions was relied on as the record and its intention to have more recorded in writing.</p> <p>The Board were content to note the paper.</p> <p><b><u>NOTED</u></b></p>		
<b>81.</b>	<b>Annual Review of Governance</b>		
	<p>The Board considered the Annual Review of Governance [Paper 25/65] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance, for approval.</p> <p>Ms Vanhegan advised that the document would be updated throughout the year to ensure it remained aligned to the reform agenda and that the Board's governance remained agile and robust. She highlighted amendments to the document following the FM speech, noting that reference to transformation, equality, diversity, inclusion and culture had been included.</p> <p>In response to a question regarding what policies should be considered by the Board, Ms Vanhegan agreed to bring back the Policy Development Framework.</p> <p>The Board were content to approve the paper.</p> <p><b><u>APPROVED</u></b></p>		Ms Vanhegan
<b>82.</b>	<b>Review of Governance Committee Membership and IJB Membership</b>		
	<p>The Board considered the Review of Governance Committee Membership and IJB Membership [Paper 25/66] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance, for approval.</p>		

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	<p>Ms Vanhegan confirmed that, due to national commitments of the Chief Executive and senior management team, the Board's business days had been amended from a Tuesday to a Thursday.</p> <p>Ms Vanhegan was pleased to note that recruitment for the two Non-Executive Board Members was underway, and they would likely take up post in August. The document would be updated to reflect movement of Committee membership to reflect our additional members.</p> <p>The Board were content to note the paper.</p> <p><b><u>NOTED</u></b></p>		
<b>83.</b>	<b>Board Annual Cycle of Business</b>		
	<p>The Board considered the Board Annual Cycle of Business [Paper 25/67] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance, for approval.</p> <p>Ms Vanhegan confirmed that the document remained dynamic to ensure that the Board's discussions and focus were in keeping with the agreed aims. She highlighted that the cycle of business was considered at each Board, and any amendments would be documented.</p> <p>The Board were content to approve the paper.</p> <p><b><u>APPROVED</u></b></p>		
<b>84.</b>	<b>Communications and Public Engagement Update April 2025</b>		
	<p>The Board considered the Communications and Public Engagement Update April 2025 [Paper 25/68] presented by Ms Sandra Bustillo, Director of Communications and Public Engagement, for awareness.</p> <p>Ms Bustillo provided an overview of the annual overview report which outlined the engagement that had taken place across corporate services and local areas. She was pleased to note that strong engagement had been demonstrated, and feedback reinforced our aim that the Board listened to staff and was keen to involve stakeholders.</p>		

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	<p>Ms Bustillo advised that there had been positive feedback from the Celebrating Success event, and Volunteers had been a focus as a result of the national Volunteers Week campaign.</p> <p>The Board requested that future iterations of the report include stakeholder engagement across the IJBs to ensure whole system oversight.</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		Ms Bustillo
<b>85.</b>	<b>Stakeholder Engagement SLWG Update</b>		
	<p>The Board considered the Stakeholder Engagement SLWG Update [Paper 25/69] presented by Ms Sandra Bustillo, Director of Communications and Public Engagement, for approval.</p> <p>Ms Bustillo advised the Board that the SLWG had met five times and included Libby Cairns, Martin Cawley, David Gould, Grahan Haddock, Iain McInnes, Julie Murray, Derek Pearce and Lesley Rousselet. The main focus of the SLWG was to review the function of the Board in engaging stakeholders</p> <p>An action plan was created and circulated to the Board at the May Seminar for consideration. The actions were agreed, and the recommendations will be included in the wider action plan being brought back to the August Board for ratification.</p> <p>The Board were content to approve the paper.</p> <p><b><u>APPROVED</u></b></p>		
<b>86.</b>	<b>FAI Update</b>		
	<p>The Board considered the FAI Update [Paper 25/35] presented by Dr Scott Davidson, Medical Director, for awareness.</p> <p>Dr Scott Davidson provided an update on the determination of the FAI into the death of Freya Murphy, published 30 May 2025. Dr Davidson extended sincere condolences to the family of Freya for their loss. Dr Davidson introduced Ms Mary Ross-Davie, Director of Midwifery, and Mr Jamie Redfern, Director of Women and Children's Services, to talk the Board through the actions that had been set out.</p>		



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	<p>On behalf of the service, Mr Redfern and Ms Ross-Davie passed on unreserved apologies and condolences to the family of Freya.</p> <p>The Sherrif Court determined that there was no accident resulting in Freya's death; that the cause of death was Global ischemic brain injury associated with acute chorioamnionitis. The findings also concluded that there were no precautions which could have been taken that would have resulted in Freya's death being avoided.</p> <p>There were two recommendations made:</p> <ul style="list-style-type: none"> <li>• NHSGGC should review staffing levels across all shifts to ensure that its labour wards, post- natal wards, maternity assessment units and other hospital maternity related areas are adequately staffed at the weekend and in the evening such as to allow, in the case of an emergency where two patients require admission to theatre at the same time, for the opening of a second operating theatre, within a suitably expeditious time and where such a second theatre is available.</li> <li>• NHSGGC should formerly request that the United Kingdom National Screening Committee (UKNSC) give urgent consideration to a review of whether pregnant women routinely be offered screening for Group B Streptococcus.</li> </ul> <p>Ms Ross-Davy confirmed that a new national staffing tool was due to be tested in July, and the outcome of the tool would be going through due Board governance and processes. She assured the Board that staffing was continually reviewed and recognised that NHSGGC was an outlier with regards to the staffing of maternity theatres which were staffed by midwives as opposed to scrub nurses.</p> <p>With regards to the second recommendation, Ms Ross-Davy noted that routine screening for Group B Streptococcus was not recommended based on the evidence available. She highlighted that many women are carriers, but most babies are born safely. Those who are born with Group B Streptococcus are born prematurely, and therefore out with the screening age range.</p> <p>At the conclusion of discussion, the Chair expressed sincere condolences to the family on behalf of the Board that lost a baby only 8 days old in the circumstances in the FAI. She also expressed regret at the length of time of 7 years that the family and staff had to wait and that its important NHSGGC actions are timely so we do not add to the length of time and impact on those involved.</p> <p>The Board were content to note the update.</p>		

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<b>87.</b>	<b>Corporate Risk Register</b>		
	<p>The Board considered the Corporate Risk Register [Paper 25/71] presented by Mr Colin Neil, Director of Finance, for assurance.</p> <p>Mr Neil assured the Board that the Corporate Risk Register was considered at each Standing Committee with the full element of the register being considered by Audit and Risk Committee for assurance. It was noted that the committee agendas are formulated to focus on risk, with deep dives scheduled where necessary.</p> <p>It was agreed that risk 3060 if the Corporate Risk Register would be amended to the People Committee as the owner.</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		Mr Neil
<b>88.</b>	<b>NHSGGC Board Performance Report</b>		
	<p>The Board considered the NHSGGC Board Performance Report [Paper 25/72] presented by Mr Colin Neil, Director of Finance, for assurance.</p> <p>Mr Neil provided a summary of performance against the key indicators as outlined in the Performance Assurance Framework. Key points included: Alcohol and Drugs continued to meet the national waiting times target. Acute activity concerning new outpatients, inpatient/day cases, and imaging surpassed the planned position for April. The number of CAMHS patients seen within 18 weeks of referral remained above the national target. Access to Podiatry Services was also above the national target.</p> <p>Mr Neil went on to provide an overview of the current challenges, highlighting the Cancer 31 Day waiting times standard showed a slight reduction to 94.6%, narrowly missing the 95% national target. Performance in relation to the cancer 62 remained challenged due to the significant increase in urgent suspicion of cancer referrals since the pandemic. Compliance with the A&amp;E four hour waits remained below target. Mr Neil reported that the acute and mental health delayed discharges remained a challenge.</p>		

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	<p>The Chair acknowledged the amended agenda focussing on GGC The Way Forward, Transforming Together and Planned Care. She highlighted that future iterations of the report would embed IJB performance, and asked Mr Edwards to outline the work underway with each of the focussed areas.</p> <p><u>GGC The Way Forward – progress on Emergency Medicine</u></p> <p>Mr Edwards advised the Board that the Executive Oversight Group had been convened and had representation from both Health Improvement Scotland and a Non-Executive Board Member as well as other from the corporate executive team. He said that a number of improvements had already been agreed, and additionality had been arranged to further support the teams, including increasing middle grade resource at the Queen Elizabeth University Hospital. In addition, recruitment was underway for emergency department nursing staff at both the North and Clyde sectors.</p> <p><u>Transforming Together</u></p> <p>Mr Edwards assured the Board that there had been significant investment as part of recent government funding to support enhancing frailty at the front door over a seven-day period. In addition, funding for integrated care beds to divert pressure from acute hospital site to community step down had also been agreed. Work was already underway with setting up the virtual hospital, with FNC+ due to commence in August. Mr Pearce assured the Board that the HSCPs were stepping up community models at pace, with Chief Officers working closely together to extend capacity with prevention being a focus.</p> <p><u>Planned Care</u></p> <p>Mr Edwards advised that there was a focus on ensuring efficiency and optimising delivery as well exploring additionality and creating capacity in the system; this included seeking support from other Health Boards as well as private sector insourcing and outsourcing. Operationally, Mr Edwards meets with the sector directors on a weekly basis, with Prof Gardner updating the Scottish Government weekly with regards to our progress. The team are committed to delivering our agreed trajectories and this is under active review,</p> <p>In response to a question regarding Gynaecology outpatient delays, Mr Edwards confirmed that overall demand had been significant since the pandemic and increase in referrals. He assured the Board that</p>		Mr Edwards/Mr Neil

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	<p>capacity was a focus, with four consultant posts approved to increase overall capacity.</p> <p>In response to a question regarding long term sickness and the HR review, it was agreed that the outcome of the review would be shared with the Staff Governance Committee.</p> <p>A query was raised with regards to the specialties outlined within the report and whether these captured all the targets within acute and community services. Mr Edwards confirmed that the report included trajectories for acute specialties, inpatient and day cases. It was agreed that sub-specialties would also be considered and included within the report moving forward.</p> <p>With regards to the cystosponge diagnostic capability, it was noted that the procedure had been suspended previously due to a manufacture recall of equipment. Prof Gardner assured the Board that this was a national issue that had since been resolved.</p> <p>In response to a question regarding maximising recourses and delivery of services, Prof Gardner advised that the commissioning framework was being reviewed to allow additionality between Health Boards. Maximising internal additionality and focussing on all opportunities remained at the forefront to drive down demand and support community-based services as well as overall prevention.</p> <p>The Board were content to note the paper.</p> <p><b><u>NOTED</u></b></p>		<p>Ms Smith</p> <p>Mr Edwards/Mr Neil</p>
<b>89.</b>	<b>Healthcare Associated Infection Report</b>		
	<p>The Board considered the Healthcare Associated Infection Report [Paper 25/73] 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>The paper covered the period March and April 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.</p>		

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	<p>Ms Devine provided an update on healthcare-associated infections, highlighting the progress in addressing Clostridium difficile infections and the focus on infection control across the board. Ms Devine provided assurance that there was a clear focus on infection control, with teams striving to reduce healthcare-associated infections in their broadest sense and not only those that are included in the SG standards. Ms Devine also noted that Infection Prevention and Control training was above 90% across each sector.</p> <p>In response to a question regarding an outbreak of infection and the timeframe for escalation, Ms Devine explained that an assessment is carried out for each individual patient who may have an infection identified as soon as they are referred to the teams and from this assessment advice is given to the clinical teams, e.g. the requirement to isolate the patient to prevent onward spread to others. If a second patient with the same infection is confirmed, and cross transmission is suspected then an additional process is implemented, normally a problem assessment group. This group reviews cases, controls and monitors the situation. She advised that the RAG status can change each time this group meets based on assessments. Regarding the question on the results of hand hygiene audits she confirmed that there are regular audits performed across each sector by both clinical teams and the IPCT.</p> <p>With regards to funnel plots, a query was raised with regards to the data contained within these and the performance in terms of the numbers per month reported against local board target. She confirmed that data on the funnel plots demonstrated performance in relation to other boards and the numbers per month were specific board targets based on GGC historical data, so two different benchmarks. In terms of how GGC try to achieve some of these targets she advised that each sector has their own workplan in place with an overall focus on improving outcomes with specific focus on reducing SAB and ECB infections. These local groups give updates to the IPC Quality Improvement Network, so lessons and initiatives are shared throughout the board. It was agreed that more detail in terms of the audit process would be included in the report and it was noted that trend data in relation to local delivery target is included in the report that goes to Clinical Care Governance.</p> <p>The Board were content to note the paper.</p> <p><b><u>NOTED</u></b></p>		Ms Devine

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<b>90.</b>	<b>NHSGGC Finance Report</b>		
	<p>The Board considered the NHSGGC Finance Report [Paper 25/74] presented by Mr Colin Neil, Director of Finance, for assurance.</p> <p>Mr Neil presented the month 12 position as at 31<sup>st</sup> March 2025. He reported an underspend of £1.7m, of which £2.53m was attributed to unachieved savings being offset by a pay and non-pay underspend of £4.25m. Acute was overspent by £24.31m in pay and non-pay and corporate areas were underspent by £24.54m for pay and non-pay. Mr Neil reported that partnerships had a pay and non-pay underspend of £4.07m, following utilisation of reserves.</p> <p>In terms of Sustainability and Value, £55.6m had been achieved on an in-year basis £226.9m had been achieved. The achievement of the recurring savings of £55.6m ensures the recurring deficit carried forward into 2025/26 is not above the level included in the draft financial plan.</p> <p>Mr Neil reported that the total capital expenditure 31<sup>st</sup> March 2025 was £73.1m, this amounted to 100% of the overall capital budget.</p> <p>The Chair, on behalf of the Board, expressed her gratitude to Mr Neil and his colleagues for the work undertaken throughout the year to meet the financial challenge.</p> <p>The Board were assured by the report provided.</p> <p><b><u>NOTED</u></b></p>		
<b>91.</b>	<b>Annual Report and Consolidated Accounts</b>		
	<p>The Board considered the Annual Report and Consolidated Accounts [Paper 25/76] presented by Mr Colin Neil, Director of Finance, for approval.</p> <p>Mr Neil reported that the Board had achieved its three statutory financial requirements in 2024/25 – the revenue resource limit had achieved breakeven with a small surplus; the capital resource limit was in balance; and the cash requirement that had been agreed with the Scottish Government. He advised the document pulls together the Board activity and forms the Board Assurance Framework.</p> <p>Mr Neil advised that the report and accounts had been fully scrutinised by the Audit and Risk Committee at its meeting on 17</p>		

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	<p>June 2025, and the Committee had agreed to recommend to the Board that the Annual Report and Accounts be adopted by the NHS Board, signed by the Chief Executive and Director of Finance and submitted to the Scottish Government Health Directorate. Mr Neil extended his appreciation for all involved in production of respective elements and thanked the internal and external auditors for the significant work undertaken.</p> <p>Mr Neil acknowledged the break-even position of £226.9m, which was achieved due to reliance on opportunity and means which may not provide the same mitigation moving into 2025/26 where there is a challenge of £217.8m. The Board noted that this was helpful in drawing out the challenges that the Board was facing both currently moment and into next year.</p> <p>The Board were content that the annual audit report and annual accounts could be adopted by the Board and authorised these to be formally signed and submitted to the Scottish Government.</p> <p><b><u>APPROVED</u></b></p>		
<b>92.</b>	<b>Workforce Strategy 2025-30</b>		
	<p>The Board considered the Workforce Strategy 2025/30 [Paper 25/78] presented by Ms Natalie Smith, Interim Director of Human Resources and Organisational Development, for approval.</p> <p>Ms Smith assured the Board that there had been extensive engagement in the development of the Workforce Strategy, including input from the equality groups, staff-side and senior leaders across the organisation. There had been a range of focus groups and engagement workshops, as well as 1-1 sessions with the executive team. There had been over 1000 suggestions received, all of which had been reflected in the strategy along with the iMatters results. Ms Smith highlighted that the message from staff was around staff development and being afforded sufficient time to embrace change.</p> <p>Ms Smith outlined the KPIs being measured and that these would be reported through the Staff Governance Committee and annually to the Board.</p> <p>The Board were content to approve the strategy.</p> <p><b><u>APPROVED</u></b></p>		

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<b>93.</b>	<b>Delivery Plan 2025/26</b>		
	<p>The Board considered the Delivery Plan 2025/26 [Paper 25/79] presented by Ms Claire MacArthur, Director of Planning, for approval.</p> <p>Ms MacArthur advised that the plan reflected the Public Sector Reform Strategy with a 3-year vision regarding renewal with six key elements: Improving Population Health and Reducing Health Inequalities, Implementing our Primary Care Strategy and Improving Community Care, Transforming Urgent Care, Implementing our Mental Health Strategy, Improving Access to Treatment – Planned Care, Diagnostics and Cancer and Improving Women and Children's Health.</p> <p>Ms MacArthur confirmed that Scottish Government were supportive of the Board's direction of travel. She outlined the key deliverables underpinning the action plan which would be monitored and measured against completion and intended impact. Prof Gardner said that the plan represents an evolving system outlining a different approach with a view to better outcomes for our patients.</p> <p>It was acknowledged that there were a lot of interdependencies within the plan, including the success of the virtual hospital. Mr Edwards advised that Hackathon 2 had been successful and there had been prior engagement with clinicians in the development of the plan. Hackathon 3 was in development and would focus on community and a whole system approach.</p> <p>The Board were content to approve the Delivery Plan 2025/26.</p> <p><b><u>APPROVED</u></b></p>		
<b>94.</b>	<b>Public Health Screening Programme Annual Report</b>		
	<p>The Board considered the Public Health Screening Programme Annual Report [Paper 25/80] presented by Dr Emilia Crighton, Director of Public Health, for assurance.</p> <p>Dr Crighton provided an overview of the annual report which described the method of screening across both adults and children.</p> <p>The Board discussed on the targets set within the plan and queried whether these should be adjusted to reflect the increasing numbers of cancer diagnosis, particularly colon cancer within younger adults. Dr Crighton advised that the targets were nationally driven. She also</p>		



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	<p>noted that, in collaboration between Glasgow University and the Board, a lot of work had been undertaken to understand the drivers in the overall increase in diagnosis. Dr Crighton acknowledged that some of the increase would be attributed to the increase in obesity across children and adults.</p> <p>In response to a question regarding the low uptake in cervical screening, the Board discussed opportunities for NHSGGC to lead on collaboration with Public Health Scotland in this regard, including engagement with lower income areas and making tests more accessible. Dr Crighton acknowledged that this remained a key challenge and the importance of education and input from local health improvement teams.</p> <p>The Chair acknowledged that this was the second point during the Board Meeting where women's health had been raised and it required a wider discussion and focus. It was agreed that the Population Health and Wellbeing Committee would focus on cervical screening.</p> <p>It was agreed that the timing of the report for the Board would be considered to ensure it was reviewed timeously following the data being confirmed.</p> <p>The Board were content to note the report.</p> <p><b><u>NOTED</u></b></p>		<p>Dr Crighton</p> <p>Dr Crighton</p>
<b>95.</b>	<b>Joint Health Protection Plan 2025-27</b>		
	<p>The Board considered the Joint Health Protection Plan 2025-27 [Paper 25/81] presented by Dr Emilia Crighton, Director of Public Health, for approval.</p> <p>Dr Crighton explained that the plan had been developed to fulfil the Board's statutory responsibility under section 7 of the Public Health etc. (Scotland) Act 2008 to prepare plans for public health protection. The plan had been prepared and developed in consultation with the six local authorities providing an overview of health protection priorities, provision, and preparedness of the Board.</p> <p>The Board were content to approve the plan.</p> <p><b><u>APPROVED</u></b></p>		

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			Action
<b>96.</b>	<b>Public Health Strategy 2018-2028: Turning the Tide through Prevention Annual Update</b>		
	<p>The Board considered Public Health Strategy 2018-2028: Turning the Tide through Prevention Annual Update [Paper 25/82] presented by Dr Emilia Crighton, Director of Public Health, for assurance.</p> <p>Dr Crighton outlined the progress of the strategy, highlighting that the Public Health Framework priorities had also been included to ensure appropriate read across locally and nationally.</p> <p>In response to a question regarding newly diagnosed Type 2 Diabetic patients, Dr Crighton advised that all newly diagnosed patients are recorded on the database and offered an appointment to provide further education on diabetic management.</p> <p>With regards to the reduction in BME patients opting to attend screening or vaccination appointments, Dr Crighton advised that within the immunisation programme there were community liaison staff promoting vaccination and screening across all areas. It was agreed that Dr Crighton would provide an update on the sources of engagement within the BME community regarding vaccination and screening and how this was being prioritised.</p> <p>Prof McInnes outlined the investment opportunities around prevention and the opportunity that this would bring to the Board.</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		Dr Crighton
<b>97.</b>	<b>Whistleblowing Annual Report</b>		
	<p>The Board considered Whistleblowing Annual Report [Paper 25/83] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance, for assurance.</p> <p>Ms Vanhegan outlined the performance of Stage 1 and Stage 2 cases received, noting the complex nature of Stage 2 investigations and the challenge to have these completed within 20 working days.</p> <p>Ms Vanhegan advised that there had been three Independent National Whistleblowing Officer Stage 3 outcomes received within the period and all recommendations had been taken forward.</p>		

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	<p>Mr Auld assured the Board that there was an action plan in place that had a focus on areas of improvement and engagement, with a view to providing training on the Standards. He advised the focus would be to ensure sustainable improvement across the year to ensure lessons are learned. It was agreed that an update against the action plan would be brought back to the August Board.</p> <p>In response to a question regarding the lessons from Stage 3 outcomes, Ms Donald advised that these are timed across a period and when concluded they are included within the quarterly reports that are reviewed by the Audit and Risk Committee.</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		Ms Donald
<b>98.</b>	<b>SAER Interim Policy</b>		
	<p>The Board considered the SAER Interim Policy [Paper 25/84] presented by Dr Scott Davidson, Medical Director, for approval.</p> <p>Dr Davidson advised that an interim policy had been developed to provide colleagues with clarity regarding the process and to bring the Board in line with the national framework that was published by Health Improvement Scotland in February. He outlined the importance of timely and high quality SAERs, acknowledging the resource and time commitment required from staff undertaking the reviews. Dr Davidson advised that Adverse Event Oversight Groups had been introduced to ensure the appropriate level of oversight across each sector.</p> <p>Dr Ryan confirmed that the interim policy had been scrutinised by the Clinical and Care Governance Committee who agreed that bringing the Board in line with national guidance was important.</p> <p>In response to a question regarding the monitoring of SAER performance, it was noted that the Clinical and Care Governance Committee had overall oversight, however, this would also be considered by the Inquiries Oversight Sub-Committee.</p> <p>The Board recognised the importance of culture and agreed that any staff involved in an incident or event that required a SAER was entitled to support from colleagues and leaders throughout the process.</p>		

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	The Board were content to approve the interim policy.		
	<b><u>APPROVED</u></b>		
<b>99.</b>	<b>GP Out of Hours – 1 Year Impact Review</b>		
	<p>The Board considered the GP Out of Hours – 1 Year Impact Review [Paper 25/85] presented by Mr Fraser McJannett, Director of Primary Care and Out of Hours, for assurance.</p> <p>Mr McJannett referred to the previous paper shared with the Board in April 2024 regarding the permanent arrangements for GP Out of Hours following the business continuity arrangements that had been put in place. Mr McJannett was pleased to note that there had been significant improvement in service across key areas since the permanent arrangements had been introduced, and there was evidence of a sustainable high quality Out of Hours Service, with 91% of patients confirming that their needs had been met. Mr McJannett advised that, along with patient satisfaction surveys, there had also been an overall decrease in the number of complaints received.</p> <p>Mr McJannett outlined the focus on Telephone First as well as introducing a Sunday service to Inverclyde Royal Hospital which saw 79% of Inverclyde patients receive the service within the locality or their own home. He also highlighted the patient transport service, which was unique to NHS GGC, where 10% of Inverclyde patients utilised the service to access appointments.</p> <p>Ms Bustillo advised that the survey was issued to patients who had used the service via text message. Cllr Moran queried the satisfaction rates from the Inverclyde survey, noting that the overall response rate had been low. Ms Bustillo advised that there had been an intervening period of a boosted survey carried out which increased the number to 16 out of 182 patients choosing to respond (6% of patients who had contact with the service).</p> <p>At conclusion of discussion, the Chair advised that a further impact review would come back to the Board next year. She also asked if any non-executive colleagues, especially Councillor colleagues, could feed in any information they received that was contrary to what was in this report (a well evidenced based indication the new system is working). We don't want to exclude any relevant information when we come to do next impact.</p> <p>The Board were content to note the update.</p>		

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			<b>Action</b>
	<b><u>NOTED</u></b>		
<b>100.</b>	<b>Improving Population Health Framework</b>		
	<p>The Board received a link to the Improving Population Health Framework which was published on 17<sup>th</sup> June 2025. Dr Crighton outlined the 30 actions and the two early priorities which focussed on prevention and improving healthy weight.</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		
<b>101.</b>	<b>Finance, Planning and Performance Committee</b>		
	<p>a) Chair's Report of meeting held on 10 June 2025 b) Approved Minute of meeting held on 8 April 2025</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		
<b>102.</b>	<b>Audit and Risk Committee</b>		
	<p>a) Chair's Report from Meeting 17 June 2025 b) Approved Minute of meeting held on 18 March and 3 June 2025</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		
<b>103.</b>	<b>Clinical and Care Governance Committee</b>		
	<p>a) Chair's Report from Meeting 3 June 2025 b) Approved Minute of meeting held on 4 March 2025</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		
<b>104.</b>	<b>Staff Governance Committee</b>		
	a) Chair's Report from Meeting 20 May 2025		

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	b) Approved Minute of meeting held on 8 February 2025  The Board were content to note the update.  <u><b>NOTED</b></u>		
<b>105.</b>	<b>Area Clinical Forum</b>		
	a) Chair's Report from Meeting 12 June 2025 b) Approved Minute of meeting held on 10 April 2025  The Board were content to note the update.  <u><b>NOTED</b></u>		
<b>106.</b>	<b>Population Health and Wellbeing Committee</b>		
	a) Chair's Report from Meeting 17 June 2025 b) Approved Minute of meeting held on 15 April 2025  The Board were content to note the update.  <u><b>NOTED</b></u>		
<b>107.</b>	<b>Acute Services Committee</b>		
	a) Approved Minute of meeting held on 11 March 2025  The Board were content to note the update.  <u><b>NOTED</b></u>		
<b>108.</b>	<b>People Committee</b>		
	a) Chair's Report from Meeting 17 June 2025  The Board were content to note the update.  <u><b>NOTED</b></u>		
<b>109.</b>	<b>IJB Leads Report</b>		
	a) Glasgow City b) Inverclyde		

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			<b>Action</b>
	c) West Dunbartonshire  The Board were content to note the update.  <b><u>NOTED</u></b>		
<b>110.</b>	<b>Date and Time of Next Meeting</b>		
	The next meeting would be held on Thursday 21 August 2025 at 9.30 am via MS Teams.  <b><u>NOTED</u></b>		