

NHSGGC (M) 25/03
Minutes: 36 – 71

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the NHS Greater Glasgow and Clyde Board held on Tuesday, 29 April 2025 at 9.30 am hybrid at the Royal Alexandra Hospital Lecture Theatre and via Microsoft Teams

PRESENT

Dr Lesley Thomson KC (in the Chair)

Ms Mehvish Ashraf	Ms Collette McDiarmid
Ms Libby Cairns	Cllr Michele McGinty
Cllr Jacqueline Cameron	Dr Becky Metcalfe
Mr Martin Cawley	Ms Ketki Miles
Ms Cath Cooney	Cllr Robert Moran
Dr Emilia Crighton	Mr Colin Neil
Cllr Chris Cunningham	Cllr Katie Pragnell
Dr Scott Davidson	Dr Lesley Rousselet
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
Ms Lesley McDonald	

IN ATTENDANCE

Ms Denise Brown	Director of Digital Services
Ms Sandra Bustillo	Director of Communications and Public Engagement
Ms Leanne Connell	Chief Nurse, East Dunbartonshire
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 Ann Forsyth	Head of Primary Care Support & Development
Ms Morag Gardner	Deputy Nurse Director
Ms Helena Jackson	Head of Health and Social Care Staffing Act Programme
Ms Claire MacDonald	Business Manager, Acute
Ms Jude Marshall	
Mr Fraser McJannett	Director of Primary Care and GP OOH

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Ms Laura Moore	Chief Nurse, Inverclyde HSCP
Ms Julie Murray	Chief Officer, East Renfrewshire HSCP
Mr Jamie Redfern	Director of Women and Children's Services
Mrs Louise Russell	Secretariat Manager (Minutes)
Mr Chris Sanderson	Head of Procurement
Ms Natalie Smith	Deputy Director of Human Resources & Organisational Development
Professor Tom Steele	Director of Estates and Facilities
Ms Elaine Vanhegan	Director of Corporate Services and Governance
Ms Beatrix Von Wissmann	Consultant in Public Health
Mr Scott Wilson	Senior Business and Delivery Manager, Chief Executive's Office

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36.	Welcome and Apologies		
	<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 the Mike McKirdie Lecture Theatre of Royal Alexandra 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>The Chair noted that the Board had been taken on the road in order to increase Board visibility and meet staff on-site. The Chair noted that a meeting with staff from the RAH had been scheduled after the Board meeting.</p> <p>Apologies were recorded on behalf of Mr Brian Auld, Ms Ann Cameron-Burns, Professor Iain McInnes, Ms Carron O'Byrne and Mr Derrick Pearce.</p> <p><u>NOTED</u></p>		
37.	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>		

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38.	Minute of Meeting held on 25 February 2025		
	<p>The Board considered the minute of the NHS Greater Glasgow and Clyde Board Meeting held on 25 February 2025 [Paper No. NHSGGC(M)25/01] presented for approval and on the motion of Mr David Gould seconded by Ms Margaret Kerr, the Board were content to accept the minutes of the meeting as a complete and accurate record.</p> <p><u>APPROVED</u></p>		
39.	Matters Arising		
	<p>The Board considered the 'Rolling Action List' [Paper No.25/28] presented for approval.</p> <p>The Board noted that minute number 27 refereed to the new Equality Diversity and Inclusion Committee, however this had subsequently been renamed the People Committee.</p> <p>The Board were content to approve the Rolling Action List.</p> <p><u>APPROVED</u></p>		
40.	Chair's Report		
	<p>The Chair had attended several meetings, including a new consultant training day, a Realistic Medicine event, Cabinet Secretary meetings, a meeting at the Frailty Unit with the Chief Executive, and visits to the new Parkhead Hub. The Chair also attended the Board Chairs Group with the Cabinet Secretary to discuss transformation, innovation, and the new service renewal agreement. The Chair, Chief Executive and members of the Senior Team met with Mr Ivan McKee MSP, Minister for Public Finance.</p> <p>The Chair had participated in the Palliative Care Conference at the City Chambers, arranged by the Nurse Director, Professor Angela Wallace. The Chair noted that this was an excellent conference and extended thanks to Professor Wallace and the team.</p> <p>Lastly, the Chair announced Ms Julie Murray's retirement, noting it was her final Board meeting as Chief Officer of East Renfrewshire HSCP. Ms Murray, the longest-serving Chief Officer in Scotland, contributed significantly on both local and national levels, represented Chief Officers nationally, and served as the Veterans' Champion in</p>		

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	<p>GGC. The Chair expressed gratitude for her service and extended best wishes for her retirement.</p> <p>The Board were content to note the update.</p> <p>NOTED</p>		
41.	Chief Executive's Report		
	<p>Professor Jann Gardner, Chief Executive, visited key services in Acute Services and Partnerships. She thanked the staff she met and observed the impressive work at the Royal Hospital for Children, including the Theatre and the teddy hospital, noting the positive impact on patient care.</p> <p>She had the opportunity to visit Clydebanks Health Centre and participate in discussions regarding realistic medicine discussions at East Dunbartonshire. She visited Maternity Services at the RAH and commended the compassion of staff and commitment to care to improve outcomes. She also visited the Glasgow Centre for Population Health.</p> <p>Professor Gardner participated in discussions about key service issues, including CAMHS and Skye House. She noted that the focus would be on the GGC Way Forward, transforming together with a whole system approach. This included the aim of establishing a virtual hospital. Regional workshops would be held to explore how to work more collaboratively.</p> <p>Professor Gardner noted that additional funding had been secured for unscheduled care and confirmation regarding funding for additional planned care work was awaited.</p> <p>Professor Gardner reported on recruitment updates, stating that the Renfrewshire Chief Officer position was currently live, while the East Renfrewshire Chief Officer role would be posted in May 2025. Ms Natalie Smith had been appointed as the Interim Director of HR, and an Interface Director position would soon be advertised. Additionally, Mr William Edwards, Chief Operating Officer, had been appointed as Deputy Chief Executive, effective from 1st May 2025.</p> <p>The Board were content to note the update.</p> <p>NOTED</p>		
42.	Patient Story		

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	<p>The Nurse Director, Professor Angela Wallace, introduced a short video for awareness which focused on the Westerton Care Home and Care Home Nurse Liaison Service.</p> <p><u>NOTED</u></p>		
43.	Recording of NHSGGC Board Meetings		
	<p>The Board considered the Recording of NHSGGC Board Meetings [Paper 25/29] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance, for approval.</p> <p>The Board were asked to consider the information provided in the paper, noting the advantages of recording and publishing Board Meetings on the NHSGGC website alongside Board papers. Ms Vanhegan highlighted that all participants would be made aware that the meeting was being recorded at the start of the meeting.</p> <p>The recording would be available on the website for 14 days, after which it would be taken off and archived and replaced by the minute.</p> <p>The Board were content to approve the paper.</p> <p><u>APPROVED</u></p>		
44.	Health Board Collaboration and Leadership		
	<p>The Board considered the Health Board Collaboration and Leadership [Paper 25/30] presented by Professor Jann Gardner, Chief Executive, for acknowledgement and endorsement.</p> <p>Professor Gardner provided an overview of the new governance arrangements in place following the establishment of the NHS Scotland Executive Group. The First Minister's statement on Improving Public Services and NHS Renewal on 27 January 2025, emphasised the need for NHS Boards to work collaboratively to achieve the principles and aims that he set out. The statement reflected the shift sought in DL (2024) 31: <i>A renewed approach to population-based planning across NHS Scotland</i>.</p> <p>NHS Board Chairs and Chief Executives received a letter on 7 February 2025 from the Director General Health and Social Care and Chief Executive of NHS Scotland (DGNHS) setting out expectations about collaboration.</p>		

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	<p>The Board were content to endorse the paper, noting the approach to work collaboratively for better outcomes and acknowledged that there would be an increased pace of change.</p> <p>The Board were content to acknowledge and endorse the paper.</p> <p><u>ENDORSED</u></p>		
45.	Hospital Safety Actions		
	<p>The Board considered the Hospital Safety Actions [Paper 25/31] presented by Professor Jann Gardner, Chief Executive, for assurance. Professor Gardner introduced Dr Scott Davidson, Medical Director.</p> <p>The paper provided an overview of the work that had been undertaken to ensure environmental risk to patients were minimised. The paper detailed the actions that had been undertaken, including number of scrutiny reports which have been commissioned both internally and externally to review systems and ensure safety, and provided assurance that monitoring remained ongoing.</p> <p>In response to a question concerning the air quality at the QEUH and Royal Hospital for Children, and whether external factors were presenting challenges in managing the air quality, the Board noted that the proximity to the water treatment facility had no detrimental impact on internal air quality due to the extensive level of filtration.</p> <p>In response to a question regarding the ventilation system, the Board were advised that the technical performance specification was agreed prior to contract signing completion in 2009. The technical data suggested that the accepted contract offered three air changes per hour, and assurance was provided that this was in excess of the minimum building standards at that time, but not in compliance with the SHTM guidance at six air changes per hour, and that remained to be the case.</p> <p>The Board were assured of high compliance rates for both mandatory and optional staff training, with infection control training information being regularly sent to senior management.</p> <p>The Board were content to note the paper.</p> <p><u>NOTED</u></p>		
46.	FAI Update		

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	<p>The Board considered the FAI Update [Paper 25/32] presented by Dr Scott Davidson, Medical Director and Ms Elaine Vanhegan, Director of Corporate Services and Governance, for awareness.</p> <p>Dr Scott Davidson provided an update on the determination of the FAI into three neonatal deaths, and the care provided by NHSGGC related to one case, Leo Lamont. Dr Davidson extended sincere condolences to the family of Leo 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> <p>On behalf of the service, Mr Redfern and Ms Ross-Davie passed on unreserved apologies and condolences to the family of Leo. Mr Redfern noted that the lessons would be learned, and the recommendations implemented to minimise recurrence.</p> <p>The Sherrif Principle had made 11 recommendations following the deaths, published on 18th March 2025. One of the recommendations was to update preterm guidance which had been carried out and shared with Boards. A number of recommendations to improve Badgernet had been escalated with System C, the owners and developers of the Badgernet electronic maternity record. A meeting has been requested with System C by Scottish Government and Midwifery Directors of Scotland to ensure implementation.</p> <p>In relation to the recommendation relating to handheld scanners for identification of presentation, a guideline for standardised training for midwives had been developed and was being finalised within NHSGGC and the handheld scanner hardware was under order.</p> <p>It was noted that a direct phone line for the Scottish Ambulance Service (SAS) to each maternity unit had been established across NHSGGC, however discussions were ongoing regarding video link between SAS and NHSGGC during an emergency situation and how this could be practically implemented.</p> <p>Ms Ross-Davie noted that NHSGGC Maternity services were in the process of establishing a centralised telephone Triage team, to include recordings of all triage calls and the full implementation of BSOTs (Birmingham Symptom Specific Obstetric Triage system), an evidence based approach to maternity triage, across all sites. This would address the recommendations relating to triage including provision of 'worsening advice', recording and record keeping of telephone triage assessments.</p>		

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	<p>In response to a question regarding four of the recommendations being under the remit of System C and the potential risk that they may not fulfil the recommendations, the Board received assurance that NHSGGC were working closely with the supplier. It had been escalated and all relevant stakeholders were engaged.</p> <p>In response to a question regarding a centralised triage team, and how realistic this was to be adhered to, the Board received assurance that the BSOPs model clearly defined that the person would take calls only and that would be adhered to.</p> <p>The Board noted that updates on the recommendations would be directed through the Board Clinical Governance Forum and Clinical and Care Governance Committee.</p> <p>The Committee were content to note the paper.</p> <p><u>NOTED</u></p>		
47.	Communications and Public Engagement Update April 2025		
	<p>The Board considered the Communications and Public Engagement Update April 2025 [Paper 25/33] presented by Ms Sandra Bustillo, Director of Communications and Public Engagement, for awareness.</p> <p>Ms Bustillo provided an update on the key communications and engagement activities carried out in March 2025 to April 2025. Ms Bustillo highlighted that NHSGGC had received over 3,000 stories on Care Opinion, noting that this was an increase compared to the previous year. In total, 78% of the stories were positive.</p> <p>Healthcare Science Week provided an opportunity for us to spotlight the amazing work of NHS Greater Glasgow and Clyde's healthcare science professionals. Ms Bustillo reported that the Chief Scientific Officer, Professor Catherine Ross, visited the QEUH site and commended the staff.</p> <p>In response to a question regarding Power of Attorney and measuring the outcomes, the Board received assurance that engagement with the campaign was being measured.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		

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48.	Stakeholder Communications and Engagement Strategy 2024-27 Year One Impact Report		
	<p>The Board considered the Stakeholder Communications and Engagement Strategy 2024-27 Year One Impact Report [Paper 25/34] presented by Ms Sandra Bustillo, Director of Communications and Public Engagement, for assurance.</p> <p>Ms Bustillo provided an overview on the progress and delivery against NHS Greater Glasgow and Clyde's Stakeholder Communications and Engagement Strategy 2024-2027 in year one following approval from the Board on 30th April 2024.</p> <p>Ms Bustillo reported on key highlights, including targeted communication campaigns in Unscheduled Care, Maternity Services, Realistic Medicine, and Public Health. Over 22,000 patients, service users, and the public participated. Social media presence increased by 8%, with 322 proactive media stories published and website page views rose by 14%. Additional efforts included a dedicated YouTube channel with BSL content and Google Translate integration on the NHSGGC website for improved accessibility.</p> <p>In response to a question regarding the timing of the Out of Hours survey, and the suggestion of an additional survey in January/February to capture a more accurate representation of system activity, it was agreed that this could be built into the 2025/26 schedule.</p> <p>Regarding the promotion of flu vaccination uptake among staff, the Board observed that efforts were ongoing to identify barriers. The approach included using a peer support model, reviewing lessons learned from the previous year, providing appropriate messaging, and ensuring easy access.</p> <p>The Board were content to note the paper.</p> <p><u>NOTED</u></p>		Ms Bustillo
49.	Board Activity Update		
	<p>The Board considered the Board Activity Update [Paper 25/35] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance, for awareness.</p>		

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	<p>Ms Vanhegan provided an overview on the activities of the Board since the last Board meeting.</p> <p>Ms Vanhegan highlighted that work had been undertaken to review the visibility of the Board and engagement with frontline staff, including hosting the April Board meeting at the Royal Alexandra Hospital campus, with a view to further Board meetings being held across the sectors for wider visibility. An update from the Stakeholder Engagement Short Life Working Group regarding wider Board visibility would be presented at the June Board meeting.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		Ms Bustillo/Secretary
50.	Key Updates from Standing Committees		
	<p>The Board considered the Key Updates from Standing Committees [Paper 25/36] presented by Ms Elaine Vanhegan, Director of Corporate Services, for awareness.</p> <p>Ms Vanhegan provided an overview of the paper which had been developed to provide an update on the key information shared with Standing Committees since our last Board Meeting to ensure transparency in discussion across committees and the decisions made as appropriately delegated in line with the Scheme of Delegation.</p> <p>The paper summarised the key updates shared with Committees, including the Nursing and Midwifery Strategy and oversight of our Significant Adverse Event Report (SAERs) performance and received information on our updated approach shared with the Clinical & Care Governance Committee; Medical and Nursing Pay controls with the Acute Services Committee and Capital updates with the Finance Planning & Performance Committee.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		

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51.	Finance, Planning and Performance Committee		
	a) <u>Chair's Report of meeting held on 8 April 2025</u>		
	<p>The Board considered the Chair's Report of the meeting held on 8 April 2025 [Paper 25/37] presented by the Chair of the Committee, Margaret Kerr, for assurance.</p> <p>Ms Kerr reported that the April meeting covered a detailed agenda, including discussion regarding the brickwork at the RAH Maternity department.</p> <p>The Board were assured by the report.</p> <p><u>NOTED</u></p>		
	b) <u>Approved Minute of meeting held on 11 February 2025</u>		
	<p>The Board considered the approved minute of the meeting held on 11 February 2025 [ASC(M)25/02] presented for assurance.</p> <p>The Board were assured by the minute.</p> <p><u>NOTED</u></p>		
52.	Audit & Risk Committee		
	a) <u>Chair's Report of meeting held on 18 March 2025</u>		
	<p>The Board considered the Chair's Report of the meeting held on 18 March 2025 [Paper 25/38] presented by the Chair of the Committee, Michelle Wailes, for assurance.</p> <p>Ms Wailes noted that the Committee had agreed to defer the internal audit concerning Significant Adverse Events to the following year's plan. However, this decision would not impact the audit.</p> <p>In response to a question regarding Bad Debt Write Off, the Board were advised that these were mainly in relation to larger oversees payments for procedures undertaken and a range of smaller payments.</p> <p>The Board were assured by the report.</p>		

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	<u>NOTED</u>		
	b) <u>Approved Minute of meeting held on 3 December 2024</u>		
	<p>The Board considered the approved minute of the meeting held on 3 December 2025 [ASC(M)24/05] presented for assurance.</p> <p>The Board were assured by the minute.</p> <p><u>NOTED</u></p>		
53.	IJB Leads Reports		
	a) <u>East Dunbartonshire</u>		
	<p>The Board considered the East Dunbartonshire IJB Report [Paper 25/39] presented by Ms Ketki Miles, NHSGGC Non-Executive Lead and Vice Chair of the East Dunbartonshire IJB.</p> <p>Ms Miles extended her thanks to East Dunbartonshire for her tenure which had come to an end, and offered best wishes to Mr Charles Vincent and Ms Libby Cairns.</p> <p><u>NOTED</u></p>		
	b) <u>East Renfrewshire</u>		
	<p>The Board considered the East Renfrewshire IJB Report [Paper 25/40] presented by Ms Mehvish Ashraf, NHSGGC Non-Executive Lead and Vice Chair of the East Renfrewshire IJB.</p> <p>Ms Ashraf reported that the budget was approved with the addition of £1 million, which had been well received. Concerns were expressed about setting the budget around prescribing; however, assurance was given that this would be a Board-wide programme, essential for future progress.</p> <p>Ms Ashraf acknowledged that this was Ms Julie Murray's last Board meeting and thanks Ms Murray for her valued contribution and extended best wishes for her retirement.</p> <p><u>NOTED</u></p>		
	c) <u>Glasgow City</u>		

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	<p>The Board considered the Glasgow City IJB Report [Paper 25/41] presented by Mr Paul Ryan, NHSGGC Non-Executive Lead.</p> <p>Mr Ryan reported that a balanced budget had been made, which included £42m of savings.</p> <p>He noted pressure in relation to asylum homes services in the HSCP, highlighting that the current funding arrangements were unsustainable and this was under review.</p> <p><u>NOTED</u></p>		
	d) <u>Inverclyde</u>		
	<p>The Board considered the Inverclyde IJB Report [Paper 25/42] presented by Mr David Gould, NHSGGC Non-Executive Lead and Vice Chair of Inverclyde IJB.</p> <p>Mr Gould reported that Inverclyde had achieved an underspend of £23,000. He noted that work was progressing at pace, including a Children and Families Services restructure to ensure the best outcomes.</p> <p><u>NOTED</u></p>		
	e) <u>Renfrewshire</u>		
	<p>The Board considered the Renfrewshire IJB Report [Paper 25/43] presented by Ms Margaret Kerr, Non-Executive Lead and Chair of the Renfrewshire IJB.</p> <p>Ms Kerr noted that there was an emphasis on public engagement. Engaging on potential service changes were being considered to improve sustainability.</p> <p><u>NOTED</u></p>		
	f) <u>West Dunbartonshire</u>		
	<p>The Board considered the West Dunbartonshire IJB Report [Paper 25/44] presented by Ms Michelle Wailes, Chair, West Dunbartonshire IJB.</p> <p>Ms Wailes reported that the main focus of the meeting at the end of March was revenue setting. Discussions were taking place regarding service redesign in order to move forward to a more</p>		

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	sustainable position, with a focus on ensuring that services were equitable.		
	<u>NOTED</u>		
54.	NHSGGC Finance Report		
	<p>The Board considered the NHSGGC Finance Report [Paper 25/45] presented by Mr Colin Neil, Director of Finance, for assurance.</p> <p>Mr Neil presented the month 11 position as at 28th February 2025. He reported an overspend of 4.36m, of which £20.34m was attributed to unachieved savings being offset by a pay and non-pay underspend of £15.98m. Acute was overspent by £26.58m in pay and non-pay and Corporate areas were underspent by £39.67m for pay and non-pay. Mr Neil reported that partnerships had a pay and non-pay underspend of £2.88m, following utilisation of reserves.</p> <p>In terms of Sustainability and Value, £54.0m has been achieved on a full year recurring basis. As at month 11, there were forecast pipeline savings, excluding high risk projects, of £218.9m against the overall £226.9m challenge, with £55.6m identified on a recurring basis against the £128.6m target.</p> <p>Mr Neil reported that the total capital expenditure incurred to 28th February 2025 was just under £44.8m, this amounted to 69% of the overall capital budget. The Board noted that at Month 11, all of the total capital allocation had firm orders or incurred spend.</p> <p>Mr Neil provided a summary of the 2024/25 year end position. He reported that the forecast had been reviewed and based on the month 11 position the forecast deficit has been reduced to a break-even position from £48.3m. He highlighted the work that had been carried out to get to this position.</p> <p>The Board were assured by the report provided.</p> <p><u>NOTED</u></p>		
55.	Financial Plan		
	a) NHSGGC Financial Plan 2025/26-2027/28		
	b) IJB Financial Plan 2025/26 Summary Overview		

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	<p>The Board considered the NHSGGC Financial Plan 2025/26-2027/28 [Paper 25/46a] for approval and the IJB Financial Plan 2025/26 Summary Overview [Paper 25/46b], presented by Mr Colin Neil, Director of Finance, for assurance.</p> <p>Mr Neil provided an overview of the finance plan since the initial draft was undertaken in January. He highlighted key assumptions, including a baseline increase of 3% across non-pay, supplies, and services, compared to 0% in 2024/25. He also mentioned that it was assumed pay awards would be fully funded and that formalisation of the pay award proposal was pending.</p> <p>He reported that 2024/25 required £55.6m to be achieved recurrently and that was in place. The plan required £93.7m recurrent savings, which equated to 3% of revenue resource limit. Mr Neil highlighted that was the level nationally Scottish Government were asking all Health Boards to achieve.</p> <p>Mr Neil reported that provisions had been made for prescribing growth. General inflation had been adjusted from interim rate to a final rate of 3%, including relevant increases in energy costs and contractual arrangements for PPP and PFT and PFI providers.</p> <p>It was anticipated that the IJB would break-even, however the expectation was not without risk. The paper also highlighted that the expected reduced working week and band 5-6 review, as part of Agenda for Change, would be fully funded in due course, although these figures were not fully known at this time.</p> <p>Mr Neil emphasised that the overall challenge of £217.8m should remain the focus. He noted that NHSGGC had received an allocation of £55.1m sustainability funding. This was a significant element to assist in migrating to a break-even position, however, £93.7m recurring savings and £69m non-recurring savings were required to navigate to a break-even position. Mr reported that £15.4m of recurrent sustainability funding could be utilised to ensure National Insurance for payroll was full funded and allocations then provided to IJB would be covered in respect of National Insurance for payroll only.</p> <p>Mr Neil noted that pressure policy decisions were routine and part of the share of costs. He noted that a further £5m had been allocated within facilities relative to maintenance costs and a further £5m relative to the non-pay inflation gap.</p> <p>The paper provided an overview of consolidation of IJB financial positions. The plans across IJB's had a challenge of £86.6m, which</p>		

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	<p>was similar to previous financial years. In terms of non-recurring pressures, an allocation of £5m for additional beds had been included on a non-recurring basis.</p> <p>In relation to risks, Mr Neil said that there was no provision made for cost changes regarding National Insurance rates for commission services. The estimate across IJBs was approx. £19m and would be noted as a risk throughout the financial year.</p> <p>Mr Neil reported that funding of £20.9m for unscheduled care had been agreed. He said that there would be some slippage in year, however NHSGGC would not retain any slippage. The bids had been submitted for planned care and were noted in the paper. It was hoped that could significant investment in planned care would be announced in the coming weeks.</p> <p>Mr Neil highlighted that the 3-year plan was recommended for approval through CMT and had been endorsed by the Finance, Planning and Performance Committee and the Scottish Government had noted approval subject to Board approval.</p> <p>Professor Gardner provided an overview of the plans for the way forward. It was noted that patient care and outcomes and experience was the primary objective, along with staff experience and wellbeing, however discipline was required to be sustained to ensure every opportunity is taken and ensuring value.</p> <p>In response to a question regarding the bids and slippage, Mr Neil said there would be a focus to ensure appropriate personnel was in place. He noted that of the £20.9m allocated, there was a likelihood that some for early months would not be fully spent.</p> <p>In relation to a question regarding use of agency staff, Mr Neil highlighted that there had been massive inroads in relation to agency spend.</p> <p>In response to a question regarding National Insurance and any update for contractor services, Mr Neil noted that elements around commissioned services and non-payroll were outstanding across all areas within the NHS.</p> <p>In relation to a question regarding the cost associated with weight loss drugs, Mr Neil noted that the prescribing element always remained a risk, however, there was a reasonable amount of prescribing growth in Acute and Primary Care plans which would be kept under review.</p> <p>The Board were content to approve the paper.</p>		

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	<u>APPROVED</u>		
56.	Capital Plan 2025/26-2027/28		
	<p>The Board considered the Capital Plan 2025/26-2027/28 [Paper 25/47] presented by Mr Colin Neil, Director of Finance, for approval.</p> <p>Mr Neil informed the Board that Formula Capital for all Boards would be increased by 5% on 2024/25 levels. This represented an increase to NHSGGC of £1.965m taking the total Formula Capital budget to £41.259m in 2025/26.</p> <p>Capital to revenue transfer had been noted at £3m. The additional supported projects were noted and had been agreement with the Scottish Government for £40.239m in total. The rectification works approved were relative to the atrium and initial manifold works which were being progressed.</p> <p>Mr Neil noted that the PFI contract at Larkfield had reached the end of contract in October 2025, and work had been underway in relation to contracts being supported by additional Scottish Government funding. Mr Neil noted that the Scottish Government had funded the transfer from 2024/25 Capital Funding at a value of £6.8m.</p> <p>The Business continuity planning process had been utilised regarding allocations and proposals were included in the paper to split 33m over key priority areas.</p> <p>In response to a question regarding the position of Port Glasgow Health Centre, the Board were advised of the strategy across NHSGGC and noted that discussions were taking place and there was engagement with healthcare planning advisors across all primary care estate. Professor Gardner highlighted that a meeting was due to take place on 21st May with the Cabinet Secretary.</p> <p>The Board were content to approve the paper.</p> <p><u>APPROVED</u></p>		
57.	Procurement Strategy 2025-2028		
	<p>The Board considered the NHSGGC Financial Plan 2025/26-2027/28 [Paper 25/48] presented by Mr Colin Neil, Director of Finance, for approval. Mr Neil introduced Mr Chris Sanderson, Head of Procurement.</p>		

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	<p>Mr Neil presented the updated Procurement Strategy for the period April 2025 to March 2028, and highlighted 5 key priority areas; continuity and security of supply, delivering value for money, improving governance and compliance and corporate social responsibility and workforce development. The strategy was committed to embedding sustainability requirements. It has been appropriate EQIA assessed by the equality team and had been subject to review and scrutiny through the appropriate governance routes.</p> <p>The Board noted in particular the emphasis on the work being carried out under Corporate Social Responsibility to promote the Board's role as an Anchor Institution in relation to procurement activity.</p> <p>Mr Sanderson reported that NHS GGC had become one of the first Health Boards to become a corporate member of the Supplier Development Programme and a number of initiatives had been taken forward with the SDP including webinar on community benefits promoted by the communications team.</p> <p>The Board were content to approve the paper.</p> <p><u>APPROVED</u></p>		
58.	Acute Services Committee		
	a) <u>Chair's Report of meeting held on 11 March 2025</u>		
	<p>The Board considered the Chair's Report of the meeting held on 11 March 2025 [Paper 25/49] presented by the Chair of the Committee, Mr David Gould, for assurance.</p> <p>Mr Gould highlighted that following a governance review, the work of the Committee had been reallocated to the Clinical and Care Governance Committee and the Finance, Planning and Performance Committee.</p> <p>The Board were assured by the report.</p> <p><u>NOTED</u></p>		
	b) <u>Approved Minute of meeting held on 14 January 2025</u>		
	The Board considered the approved minute of the meeting held on 14 January 2025 [ASC(M)25/01] presented for assurance.		

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	<p>The Board were assured by the minute.</p> <p><u>NOTED</u></p>		
59.	Clinical and Care Governance Committee		
	a) Chair's Report of meeting held on 4 March 2025		
	<p>The Board considered the Chair's Report of the meeting held on 4 March 2025 [Paper 25/50] presented by the Chair of the Committee, Dr Paul Ryan, for assurance.</p> <p>Dr Ryan reported that the Committee had received a comprehensive update on the three unannounced Healthcare Improvement Scotland (HIS) inspections conducted across NHSGGC Acute Sites during 2024.</p> <p>The Committee were presented with the Nursing and Midwifery Strategy and, following a full discussion, were content to approve the Strategy.</p> <p>The Board were assured by the report.</p> <p><u>NOTED</u></p>		
	b) Approved Minute of meeting held on 3 December 2024		
	<p>The Board considered the approved minute of the meeting held on 3 December 2024 [ASC(M)24/04] presented for assurance.</p> <p>The Board were assured by the minute.</p> <p><u>NOTED</u></p>		
60.	NHS Greater Glasgow and Clyde Nursing and Midwifery Strategy 'Leading the Way' 2025-2029		
	<p>The Board considered the NHS Greater Glasgow and Clyde Nursing and Midwifery Strategy 'Leading the Way' 2025-2029 [Paper 25/51] presented by Professor Angela Wallace, Nurse Director, for approval. Professor Gardner introduced Morag Gardner, Deputy Nurse Director, Leanne Connell, Chief Nurse East Dunbartonshire, and Laura Moore, Chief Nurse - Inverclyde HSCP.</p>		

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	<p>The Chair reported that questions on the Strategy had been requested by Board members prior to the meeting.</p> <p>The Board was assured that the approach had been collaborative, inclusive and co-designed. Engagement with staff developed the baseline and it was noted that staff had responded openly and honestly. Four priorities had been identified and a summary plan had been developed which clearly aligned the nurses and midwifery priorities with the Board aims and priorities and standardise the approach to ensure care was safe and person centred.</p> <p>The Board acknowledged the approach taken to actively listened to staff and commended the team on the work that had been carried out to make a true difference and tackling key challenges. The Board noted the ambitious leadership development training work and noted that testing a leadership development programme had commenced.</p> <p>The Board were content to approve the strategy.</p> <p><u>APPROVED</u></p>		
61.	Annual Update on Delivery of NHSGGC Primary Care Strategy 2024-29		
	<p>The Board considered the Annual Update on Delivery of NHSGGC Primary Care Strategy 2024-29 [Paper 25/52] presented by Mr Fraser McJannett, Director of Primary Care and GP OOH, for assurance.</p> <p>Mr McJannett provided an overview of the Strategy, which had been approved by the Board in April 2024. He reported that good progress was being made, recognising that this was a long-term piece of work covering 5 years. He noted that key strategic challenges and risks were largely in relation to the scale of the Strategy ambition, however there was a strong foundation to build on.</p> <p>Mr McJannett emphasised the importance of whole system working, both at a local level and through contributions to national discussions. The Primary Care Programme Board (PCPB) had been established and adopted bi-annual, in-person extended meetings to also include public partner members, wider services and operational primary care. These would adopt a deep dive approach to consider challenging issues and reach consensus for next steps.</p> <p>In response to a question regarding the RAG status for improving equity and reducing inequality workstream, Mr McJannett reported that capacity was creating a delay to initiation, however, recognised that</p>		

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	<p>this was a vital role to reducing poor health. He noted that consideration would be given to further opportunities.</p> <p>In response to a question regarding the IT system, the Board received assurance that there was engagement at a national level. The Board noted that in relation to the GP IT system issues, local mitigations would be taken in the event of further delays.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		
62.	NHSGGC Board Performance Report		
	<p>The Board considered the NHSGGC Board Performance Report [Paper 25/53] 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/daycases, and imaging surpassed the planned position for the period April - February 2025. The number of CAMHS patients seen within 18 weeks of referral remained above the national target. The Cancer 31 Day waiting times standard showed improvement from 92.5% in January 2025 to 96.4% in February 2025, exceeding the 95% 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, which included; overall compliance with the A&E four hour waits marginally improved compared to the previous months' position, however performance remained below the 2024-25 ADP. The Board noted that performance was in line with the overall national trend. Mr Neil reported that the acute and mental health delayed discharges remained a challenge, although there had been a marginal reduction on the previous months positions. Performance in relation to the cancer 62 remained challenged due to the significant increase in urgent suspicion of cancer referrals since the pandemic. The Board noted that whilst the percentage of MSK Physiotherapy was now in line with the 41% trajectory for February 2025. Efforts remained on the longest waits. Overall sickness absence levels in February 2025 saw a reduction on the previous month, however performance remained above the local 5% target.</p>		

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	<p>In response to a question regarding utilising national resources to reduce the 62 day cancer long wait percentage, it was acknowledged that although the rate had reduced slightly, it remained a challenging area. It was hoped that with additionality, there would continue to be improvements. The Board acknowledged that the referral rate had increased coming out of the pandemic, which had been expected, therefore going forward figures would not compare figures to pre-pandemic levels and would focus on the in-year position and the actions taken to address the demand.</p> <p>The Board discussed the CAMHS referrals and whether figures captured data in relation to children waiting for assessments for autism, ADHD and other neurodiverse conditions and noted that a number of conditions were included in the subset of those conditions, however this was an area of focus within the board on how to address some of the other underlying sub speciality issues within the board area.</p> <p>In regard to the variance of A&E attendances across the sites, the Board were advised that work was being carried out with the HSCPs as part of the transform initiatives to look at cross system additionality. The Board noted that sector-based groups had been established, including the oversight group that meets every Friday, to support the ambitious developments.</p> <p>The Board were content to note the paper.</p> <p>NOTED</p>		
63.	Healthcare Associated Infection Report		
	<p>The Board considered the Healthcare Associated Infection Report [Paper 25/54] 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 January and February 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> <p>Ms Devine provided an update on healthcare-associated infections, highlighting the progress in addressing Clostridium difficile infections</p>		

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	<p>and the focus on infection control across the board. She noted that communication had been received that an increase had been experienced throughout the UK and possible reasons for this were being explored. Ms Devine noted that the infection rate had gone back to normal numbers for February and March.</p> <p>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.</p> <p>In response to a question regarding estates, noting that GRI and Inverclyde scores were not as high as some of the other sites, it was noted that these sites are part of the older estate and this perhaps is reflected in these scores, however it was also noted that capital resource had been ringfenced for all sites and particular issues would be considered in the older part of the estate. The Board also noted that a detailed estates and facilities report was submitted to Board Infection Control Committee and robust conversations in relation to performance and challenges with the environment did take place.</p> <p>It was suggested that infection and prevention control would be included in Board Seminars.</p> <p>The Board were content to note the paper.</p> <p><u>NOTED</u></p>		Secretary
64.	Population Health and Wellbeing Committee		
	a) <u>Chair's Report of meeting held on 15 April 2025</u>		
	<p>The Board considered the Chair's Report of the meeting held on 15 April 2025 [Paper 25/55] presented by the Chair of the Committee, Mr Charles Vincent, for assurance.</p> <p>Mr Vincent reported that the Committee took assurance from the monitoring being carried out by the Population Health Team.</p> <p>The Board were assured by the report.</p> <p><u>NOTED</u></p>		
	b) <u>Approved Minute of meeting held on 21 January 2025</u>		

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	<p>The Board considered the approved minute of the meeting held on 21 January 2024 [ASC(M)25/01] presented for assurance.</p> <p>The Board were assured by the minute.</p> <p><u>NOTED</u></p>		
65.	Fairer NHSGGC 2025-2029		
	a) Monitoring Report 2024-25		
	b) Equalities Scheme 2025-2029		
	<p>The Board considered the Monitoring Report 2024-25 [Paper 25/56a] and the Equalities Scheme 2025-2029 [Paper 25/56b], presented by Dr Emilia Crighton, Director of Public Health, for assurance.</p> <p>The paper outlined the progress made in meeting the requirements of equality legislation as set out in the Equality Act 2010 (Specific Duties) Scotland Regulations 2012. The strategy details mainstreaming actions and specific equality outcomes aimed at creating a fairer and more inclusive healthcare environment for all staff and patients. There had been a full Board briefing in relation to this item.</p> <p>It was noted that further consideration would be given to incorporating a metric for anti-racism to measure success.</p> <p>The Board were content to note the report.</p> <p><u>NOTED</u></p>		Dr Crighton
66.	Adverse Weather – Debrief		
	<p>The Board considered the Adverse Weather Debrief [Paper 25/57] presented by Dr Emilia Crighton, Director of Public Health, for assurance.</p> <p>Dr Crighton provided an overview on the Storm Eowyn response and the lessons learned from the structured debrief, and their integration into local and national emergency preparedness planning. This included coordination, communication and business continuity planning.</p> <p>The Board were content to note the report.</p>		

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67.	Health & Care (Staffing) (Scotland) Act 2019 (HCSSA) Annual Report to Scottish Government		
	<p>The Board considered the Health & Care (Staffing) (Scotland) Act 2019 (HCSSA) Annual Report to Scottish Government [Paper 25/58] presented by Professor Angela Wallace, Nurse Director, for approval. Professor Wallace introduced Ms Helena Jackson, Head of Health and Social Care Staffing Act Programme, who provided a short overview of the paper.</p> <p>Ms Jackson highlighted the progress that had been made and the ongoing efforts to ensure appropriate staffing levels and compliance with the Act following remobilisation 22 months ago. The Scottish Government and NHS Healthcare Improvement Scotland were aware of this approach and were content, noting this was a position similar to that of other Health Boards.</p> <p>In response to a question regarding third party agencies to determine appropriate staffing levels under the Act, the Board noted that this had been challenging as the act applied to the Health Board, therefore there was a requirement to be clear on the expectations, monitoring and reporting. Work had taken place with the Procurement Team Working and HSCPs to ensure any agreements were fit for purpose. Work was taking place with the Scottish Government in relation to Independent Contractors as guidance was required to be updated.</p> <p>The Board acknowledged that understanding the broader aspects of staffing was crucial and learning more would take time. The current staffing tools were used to ensure safe staffing.</p> <p>The Board were content to approve the paper.</p> <p><u>APPROVED</u></p>		
68.	Review of Governance Structure and Standing Committee Membership		
	<p>The Board considered the Review of Governance Structure and Standing Committee Membership [Paper 25/59] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance, for approval.</p>		

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	<p>The paper provided an update on proposed Board Standing Committees and Sub Committee arrangements, Board members responsibilities, including supporting additional Executive Groups being established supporting transformation and reform.</p> <p>Ms Vanhegan reported that following the Board Development Sessions held on 22nd February and 5th March 2024, one of the agreed actions was to Establish Equality, Diversity and Inclusion (EDI) Committee, now referred to as the People Committee. A governance review had been undertaken, which identified that the business of the Acute Services Committee could be subsumed within other committees where the Terms of Reference align.</p> <p>To ensure compliance with 2024/25 governance, it was agreed that the Acute Services Committee cycle would conclude in March 2025. A paper was taken to the respective Committees seeking consideration of the proposed changes and future amendments to respective Terms of Reference.</p> <p>Board members were asked to approve the comprehensive GGC whole-system improvement programme aimed at transforming the delivery of both unscheduled and planned care. In order to ensure appropriate governance and escalation for the improvement programme and also acknowledge and respond to a number of ongoing inquiries and regulatory matters, a number of additional groups and sub committees were being established, these were; Inquiries Oversight Sub Committee, Interface Committee, Executive Oversight Group Reform 25: Transforming Together and Whole Systems Oversight Group.</p> <p>The Board were pleased to note that Ms Michelle Wailes and Dr Paul Ryan had been reappointed to the Board for a second term and Dr Iain McInnes had also been reappointed for a further year. The recruitment process was now underway to recruit two new Board members. It was anticipated that individuals would take up appointments in early summer.</p> <p>The Board were content to approve the paper.</p> <p><u>APPROVED</u></p>		
69.	Board Annual Cycle of Business 2025/26		
	<p>The Board considered the Board Annual Cycle of Business [Paper 25/60] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance, for approval.</p>		

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	<p>The Board were content to note the detail and approve the paper.</p> <p><u>APPROVED</u></p>		
70.	Corporate Risk Register		
	<p>The Board considered the Corporate Risk Register [Paper 25/61] presented by Mr Colin Neil, Director of Finance, for approval.</p> <p>Mr Neil provided an overview of the Corporate Risk Register for the period November 2024 to March 2025. The risks continued to be updated via the risk owners and tracked through CMT and Audit and Risk Committee. Mr Neil reported that four detailed reviews had been carried out, in addition to monthly reviews, and had resulted in one increase in risk score, one decrease in risk score and two risk scores have remained the same. In addition, the Current Score of Risk 3036, Financial Sustainability Revenue, had reduced from a score of 25 to 20, in line with the year-end status.</p> <p>The Board were content to approve the paper.</p> <p><u>APPROVED</u></p>		
71.	Date and Time of Next Meeting		
	<p>The next meeting would be held on Tuesday 24 June 2025 at 9.30 am via MS Teams.</p> <p><u>NOTED</u></p>		