

NHS GGC (M) 26/02
Minutes: 32 - 65

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the NHS Greater Glasgow and Clyde Board held on Thursday
30 April 2026 at 09:30 am hybrid at Parkhead Hub
and via Microsoft Teams (recorded for the NHS GGC website)**

PRESENT

Dr Lesley Thomson KC (in the Chair)

Ms Mehvish Ashraf	Mr Graham Haddock OBE
Mr Brian Auld	Ms Margaret Kerr
Mr Michael Breen	Mr Jamie Kinloch BEM
Ms Libby Cairns	Ms Lesley McDonald
Cllr Jacqueline Cameron	Dr Morven McElroy
Ms Ann Cameron-Burns	Cllr Robert Moran
Mr Martin Cawley	Cllr Katie Pragnell Lees
Ms Cath Cooney	Dr Becky Metcalfe
Cllr Chris Cunningham	Ms Ketki Miles
Mr Gio D'Alessio	Dr Paul Ryan
Dr Scott Davidson	Mr Charles Vincent
Ms Dianne Foy	Ms Michelle Wailes
Professor Jann Gardner	Professor Angela Wallace
Mr David Gould	

IN ATTENDANCE

Ms Alexis Chappell	Chief Officer, East Renfrewshire HSCP
Mr Russell Coulthard	Interim Chief Operating Officer/Deputy Chief Executive
Prof Jesse Dawson	Director of Research and Innovation (for item
Ms Gillian Duncan	Corporate Executive Business Manager (Minutes)
Ms Helena Jackson	Head of Health and Care (Staffing) (Scotland) Act (for item
Ms Claire MacArthur	Director of Planning
Mr Billy McClean	Chief Officer, Renfrewshire HSCP
Ms Keira McLuskey	Head of Sustainability (for item
Mr Neil McSeveny	Interim Director of Communications
Ms Nicola Munro	PA to Chair
Ms Jillian Neilson	Board Secretary
Dr John O'Dowd	Interim Director of Public Health
Mr Derrick Pearce	Chief Officer, East Dunbartonshire HSCP
Sir Lewis Ritchie	Co-Chair of the SPCG
Ms Kate Rocks	Chief Officer, Inverclyde HSCP
Ms Louise Russell	Secretariat Manager (Minute)

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Ms Natalie Smith		Interim Director of Human Resources & Organisational Development
Ms Paula Spaven		Director of Corporate Governance (for item
Professor Tom Steele		Director of Estates and Facilities
Mr Pat Togher		Chief Officer, Glasgow HSCP

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32.	Welcome and Apologies		
	<p>The Chair, Dr Lesley Thomson KC, welcomed those present to the April 2026 meeting of the NHS Greater Glasgow and Clyde Board.</p> <p>The meeting was conducted in a hybrid format, with some members joining via video conferencing and others attending in person at the Parkhead Hub meeting rooms. The Chair also welcomed members of the public who had accepted the invitation to attend as non-participant observers.</p> <p>Apologies were recorded on behalf of Karen Turner, Non-Executive Board Member and Ms Beth Culshaw, Chief Officer, West Dunbartonshire HSCP.</p> <p>The Chair extended thanks to Mr Pat Togher, Chief Officer, Glasgow HSCP, and his team for their support in facilitating the meeting venue. It was noted that Board members would have the opportunity at the conclusion of the meeting to meet with staff based at the Parkhead Hub and to undertake a tour of the facility.</p> <p><u>NOTED</u></p>		
33.	Declaration(s) of Interest(s)		
	<p>The Chair invited members to declare any interests in relation to the items of business to be discussed. No declarations were made.</p> <p><u>NOTED</u></p>		
34.	Minute of Meeting held on 18 December 2026		
	<p>The Board considered the minutes of the NHS Greater Glasgow and Clyde Board meeting held on 26 February 2026 [NHS GGC(M)26/01], which were presented for approval.</p> <p>The Chair advised that amendments had been submitted to the Board Secretary in advance of the meeting. Following consideration, and on the motion of Mr David Gould, Vice Chair, seconded by Mr Jamie Kinloch BEM, Non-Executive Board Member, the Board approved the minutes as a full and accurate record of the meeting.</p>		

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	<u>APPROVED</u>		
35.	Matters Arising		
	<p>The Board considered the Rolling Action List [Paper No.26/31] presented by Mr Michael Breen, Director of Finance, for approval.</p> <p>Six actions were included within the Rolling Action List; three were proposed for closure and three remained ongoing. The following updates were noted:</p> <p>Item 162 – IJB Whole System Report</p> <p>The action was to remain ongoing. The Board acknowledged progress in relation to the Integrated Performance and Quality Report (IPQR), however noted that further development is required in respect of whole system reporting. It was noted that, upon completion, the action will require formal sign-off by the Director of Finance and Ms Michelle Wailes, Non-Executive Board Member.</p> <p>Item 12b – Communications and Public Engagement Update</p> <p>The Board noted that engagement with Non-Executive Directors is underway.</p> <p>Following consideration, the Board approved the Rolling Action List.</p> <p><u>APPROVED</u></p>		
36.	Chair's Report		
	<p>The Chair advised that she had completed a report of her activities since the last Board meeting, which will be published on the NHS GGC website. The report provides an overview of key engagements, including visits to services and facilities across NHS GGC, engagement with staff and partners, and participation in events showcasing innovation and service development. It also includes a forward plan of upcoming visits and a summary of meetings attended.</p> <p>The Chair paid tribute to Mr William Edwards, Deputy Chief Executive and Chief Operating Officer, and congratulated him on his appointment as Chief Executive of NHS Fife. While his tenure as a Board Member had been relatively short, the Chair noted his longstanding contribution through regular attendance at Board meetings in his Chief Operating Officer capacity. The Chair formally thanked Mr Edwards for his commitment and professionalism and wished him every success in his new role.</p>		

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	<p>The Chair highlighted two recent visits undertaken. The first visit, to the Decontamination Unit, was attended with Board Members Ms Margaret Kerr and Ms Michelle Wailes. The visit was noted to be highly informative, providing valuable insight into an area of service not previously familiar to participants. The Chair expressed thanks to Mr Billy Hunter, Deputy Director, Corporate Facilities and Estates; Ms Stephanie McLean, Deputy Decontamination Manager; and Mr Sammy Gilchrist, Production Manager, for facilitating the visit.</p> <p>The Board recognised the critical role of the Decontamination service in supporting effective and efficient operating theatre activity, and commended the care and diligence demonstrated in ensuring the availability of surgical equipment. Potential improvement opportunities were discussed, including options to streamline processes, which will be progressed with Mr Russell Coulthard, Interim Chief Operating Officer/Deputy Chief Executive.</p> <p>At the invitation of UNISON and Ms Ann Cameron Burns, Employee Director, the Chair also attended a Memorial Day event at the Royal Alexandra Hospital (RAH). A commemorative bench, crafted by Shettleston Men's Shed, has been installed in memory of workers who lost their lives in the course of service. The Chair expressed her thanks to UNISON for the invitation to attend this event.</p> <p>The Board noted the report.</p> <p><u>NOTED</u></p>		
37.	Chief Executive's Report		
	<p>The Chief Executive, Professor Jann Gardner, provided an overview of key activities undertaken since the last Board meeting.</p> <p>Professor Gardner reported on recent engagement activity, including a visit on 4 March 2026 to the Queen Elizabeth University Hospital (QEUH) by the Cabinet Secretary, accompanied by the Chief Executive and Professor Sir Lewis Ritchie. The visit included a tour of the Bone Marrow Transplant Unit, as well as water and ventilation areas, providing an opportunity to review improvement works undertaken and to discuss ongoing challenges.</p> <p>The Board One-Year Summit was held on 12 March 2026, reflecting on performance over the previous financial year. The Board noted significant improvements achieved during 2025/26, including increased capacity within Planned Care, progress in addressing long waiting times, and positive developments in Interface working and the Flow Navigation Centre.</p>		

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	<p>Professor Gardner also highlighted wider engagement activity, including attendance at the Health and Social Care Transformation Conference on 12 March 2026. The NHS Scotland Chief Operating Officer, Ms Christine McLaughlin, visited the QEUH on 20 March 2026, and the Cabinet Secretary visited on 25 March 2026 to mark the launch of neonatal blood testing for Spinal Muscular Atrophy (SMA).</p> <p>The Chief Medical Officer, accompanied by colleagues from Denmark, also visited NHS GGC, providing an opportunity to showcase the innovative and pioneering work being delivered by clinicians across the Board. The Chief Executive reported that the Safety and Public Confidence Oversight Group has now been established, with further detail to be provided under item 8 of the agenda.</p> <p>An initial draft of the Sub-National Plan has been developed. This represents an early stage of planning, with further work required to develop collaborative approaches across 2026/27.</p> <p>In relation to Executive Team changes, Professor Gardner advised that Mr Russell Coulthard has taken up post as Interim Chief Operating Officer for an initial six-month period. Mr Coulthard and Mr Michael Breen, Director of Finance, have also been appointed as Deputy Chief Executives for the same period.</p> <p>Mr Alan Wilson has been appointed as Director of Estates and Facilities and will take up post on 5 May 2026, and Mr Alistair Graham has been appointed as Director of Digital Services and will commence on 18 May 2026. Finally, the Chief Executive reported that a number of Planned Care meetings have taken place across the West of Scotland. The Board noted that the Scottish Government will continue to prioritise this area and that the objectives set for 2025/26 have been achieved, with a number of targets exceeded.</p> <p>The Board noted the update.</p> <p><u>NOTED</u></p>		
38.	Patient Story		
	<p>OPAT Awareness Video and Update</p> <p>The Nurse Director, Professor Angela Wallace, introduced a short awareness video highlighting NHS Greater Glasgow and Clyde's Outpatient Parenteral Antimicrobial Therapy (OPAT) service.</p> <p>The Board noted the continued progress in relation to the Virtual Hospital model and the benefits this approach offers to patients. The Board Medical</p>		

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	<p>Director, Dr Scott Davidson, commented that accessing healthcare services can often be complex and emphasised the importance of simplifying pathways wherever possible. OPAT was recognised as a strong example of this approach, enabling patients to receive treatment in their own homes. It was noted that 82 patients are currently receiving therapy through the service, demonstrating its value in practice.</p> <p>The Chair expressed thanks to Dr Neil Ritchie, Consultant Physician, for his contribution to the video, and to Professor Wallace and Dr Davidson for their leadership in this area.</p> <p>The Board noted the update.</p> <p><u>NOTED</u></p>		
39.	Safety and Public Confidence Oversight Group		
	<p>The Board considered the Safety and Public Confidence Oversight Group (SPCG) update [Paper 26/32] presented by the Chief Executive, Professor Jann Gardner, and Professor Sir Lewis Ritchie, for awareness. The Chair welcomed Professor Sir Lewis Ritchie to the meeting.</p> <p>The Board noted that the SPCG has been established to ensure a clear understanding of the current landscape, provide transparency in relation to key safety issues, and strengthen public and staff confidence. The Group is co-chaired by Professor Gardner and Professor Sir Lewis Ritchie, with membership including family representatives, Executive colleagues, and external partners from across the wider NHS system.</p> <p>Draft Terms of Reference have been agreed, with reporting arrangements confirming that updates will be provided to the Board and onward to the Scottish Government Assurance Group.</p> <p>A Phase 1 workplan has been developed, focused on three core areas:</p> <ul style="list-style-type: none"> • Engagement with families, patients and staff to understand concerns and incorporate learning; • Review of the technical environment and associated workstreams; and • Strengthening of professional relationships and organisational culture. <p>Delivery of Phase 1 is anticipated by the end of June 2026.</p> <p>The Board received an update on the Options Appraisal and Risk Assessment for interim arrangements for Ward 4B, pending development of a new Bone Marrow Transplant Unit. This has been undertaken in line with the Scottish Capital Investment Manual, incorporating multidisciplinary input</p>		

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	<p>across NHS GGC and external expert advice, with options assessed against agreed criteria. Subject to finalisation, the report will be considered by the Corporate Management Team and Clinical and Care Governance Committee prior to submission to the SPCG.</p> <p>The Board noted that interim operational arrangements remain in place, including daily Gold, Silver and Bronze Command structures, with no new concerns identified. Infection Prevention and Control input has been integral to the assessment, with current findings supporting continued on-site provision while work progresses at pace on the development of a full Business Case for a new unit.</p> <p>The Board received assurance in relation to programme governance, resourcing, and the use of external expertise, including the establishment of an internal PMO structure. It was noted that the Phase 1 work and the interim Options Appraisal are distinct from the full Business Case, which will be developed and presented to the Board in due course in line with established governance processes.</p> <p>The Chair confirmed that a further update will be presented to the Board in June 2026, including an indicative timeline and the process for establishing the permanent unit.</p> <p>The Board was assured by the update.</p> <p><u>ASSURED</u></p>		
40.	Board Activity Update		
	<p>The Board considered the Board Activity Update [Paper 26/33] presented by Mr Michael Breen, Director of Finance, for awareness.</p> <p>Mr Breen provided an overview of key internal and external activities undertaken since the previous Board meeting. This included the One-Year Summit held on 12 March 2026, visits to the Decontamination Unit on 20 March 2026, a Board Link visit to Glasgow Dental Hospital on 21 April 2026, three Ministerial visits, and visits to the Flow Navigation Centre Plus (FNC Plus).</p> <p>The Board noted the update.</p> <p><u>NOTED</u></p>		
41.	Key Updates from Standing Committees		
	<p>The Board considered the Key Updates from Standing Committees [Paper 26/34] presented by Mr Michael Breen, Director of Finance, for awareness.</p>		

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	<p>Mr Breen advised that three Standing Committees had met during the reporting period. The report was presented alongside Committee Chair reports and minutes, providing an overview of the range of activity and key matters considered since the previous Board meeting.</p> <p>The Board noted the update.</p> <p><u>NOTED</u></p>		
42.	Governance and Board Member Responsibilities - Update		
	<p>The Board considered the Governance and Board Member Responsibilities update [Paper 26/35] presented by Mr Michael Breen, Director of Finance, for approval.</p> <p>Mr Breen outlined a number of updates to Board membership. Councillor Colette McDiarmid resigned from the Board on 26 March 2026, and a replacement member from East Dunbartonshire Council is awaited. Professor Iain McInnes' term as a Board Member concluded on 31 March 2026, with a new University representative to be confirmed.</p> <p>The Board also noted that Mr William Edwards stepped down as Deputy Chief Executive on 17 April 2026 to take up the post of Chief Executive at NHS Fife. It was further noted that two Interim Deputy Chief Executives have been appointed for an initial six-month period.</p> <p>In relation to Committee membership, the Board approved the replacement of Mr Charles Vincent, Non-Executive Board Member, with Ms Lesley McDonald, Non-Executive Board Member, on the Glasgow City Integration Joint Board. The Chair thanked Mr Vincent for his service on the IJB.</p> <p>Following consideration, the Board approved the Governance and Board Member Responsibilities update.</p> <p><u>APPROVED</u></p>		
43.	Board Annual Cycle of Business		
	<p>The Board considered the Board Annual Cycle of Business [Paper 26/36] presented by Mr Michael Breen, Director of Finance, for approval.</p> <p>The Board noted that the Annual Cycle of Business sets out the proposed schedule of topics and key business for 2026/27, including alignment to Corporate Objectives. It was also recognised that the Cycle maintains sufficient flexibility to reflect the evolving operating environment and ensure that emerging issues can be brought forward as required.</p>		

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	Following consideration, the Board approved the Annual Cycle of Business.		
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44.	Communication and Public Engagement Update		
	<p>The Board considered the Communication and Public Engagement Update [Paper 26/37] presented by Mr Neil McSeveny, Interim Director of Communications, for awareness.</p> <p>Mr McSeveny outlined key communications and engagement activity since the previous meeting. This included the introduction of patient experience feedback on the Discharge to Scan pathway, with further pathways, including OPAT and others, to follow. Feedback from 360 respondents was broadly positive, demonstrating support for the model of care; however, issues relating to digital confidence and perceived service readiness were identified. Further focus group engagement is underway to better understand these concerns and inform ongoing development, with outputs feeding into the wider Communications Strategy.</p> <p>The Board noted that feedback through Care Opinion had increased by 12%, with an overall positive response rate of 80%. A total of 125 teams across the organisation have been supported to strengthen engagement approaches, alongside the introduction of new bite-sized learning resources to build capability.</p> <p>Digital communication channels continue to perform strongly, with website usage reaching 7.5 million visits, exceeding expectations and reflecting both increased campaign activity and effective signposting to key health information, including vaccination, screening, and access to urgent care services. Enhancements to subscription and newsletter functionality were also noted as supporting improved audience reach and engagement.</p> <p>In response to a question on social media reach and click-through rates, Mr McSeveny advised that engagement metrics such as reach and impressions indicate audience interaction, while website analytics provide insight into traffic and conversion</p> <p>The Board noted a suggestion to introduce a website prompt enabling users to sign up for campaign information, with the option to opt in or out. Mr McSeveny agreed to explore this with the Web Team.</p> <p>A question was posed regarding the use of Artificial Intelligence (AI) in supporting public access to health information. The Board noted that it would welcome a clearer overview of how AI could be utilised within NHS GGC to support access to accurate and trusted information.</p>		Mr McSeveny

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	<p>It was agreed that a dedicated Board briefing session will be scheduled to provide an overview of current use and future opportunities.</p> <p>Mr McSeveny reported that the 2025/26 vaccination campaign was the largest delivered to date, developed in partnership with Public Health colleagues, comprising extensive activity across digital and print media. Visits to the Vaccination Web Hub increased by 60%, and uptake improved across most eligible groups. However, increasing uptake remains a challenge, particularly within Care Homes, with further work underway to understand barriers and inform targeted, evidence-based communications.</p> <p>In response to questions, the Board was assured that improving Care Home uptake remains a priority. Dr John O'Dowd confirmed that work is ongoing with partners to address vaccine hesitancy through targeted messaging, countering misinformation, and locally tailored engagement, including direct work with Care Homes.</p> <p>In addition, and in response to a question around other groups requiring a targeted vaccination approach, the Board also noted that communications are being developed for specific groups, including younger populations and students, supported by digital channels and partnership working with universities.</p> <p>The Board noted that targeted communications are also being developed for specific groups, including younger populations and students, supported by digital channels and partnership working with universities.</p> <p>It was recognised that relatively small increases in vaccination uptake can represent significant improvement. The importance of maintaining public confidence through clear, evidence-based communication was emphasised. The Chair noted that further detailed consideration of vaccination performance is being undertaken through the Population Health and Wellbeing Committee, with an update to be provided to a future Board meeting.</p> <p>The Board noted the update.</p> <p><u>NOTED</u></p>		<p>Ms Neilson</p> <p>Dr O'Dowd</p>
45.	Corporate Risk Register		
	<p>The Board considered the Corporate Risk Register [Paper 26/38] presented by Mr Michael Breen, Director of Finance, for assurance.</p> <p>Mr Breen presented the regular update on the organisation's risk profile for the period January to February 2026. The Board noted that the Corporate</p>		

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	<p>Risk Register continues to be reviewed and updated on a monthly basis through Risk Owners and the Corporate Management Team, with each risk aligned to a Standing Committee for detailed scrutiny.</p> <p>The Board noted positive movement across the risk profile, with 11 risks reducing in score, eight remaining unchanged, and one risk closed in relation to recruitment and retention. A new risk has been added relating to the Reduced Working Week and the sustainability of capital funding over the medium to long term.</p> <p>The Board further noted that Risk 3816, relating to Public Inquiries, is currently under review to ensure ongoing relevance and appropriate mitigation, with a further update to be provided following consideration by Finance, Planning and Performance Committee in May 2026.</p> <p>The Board was assured by the Corporate Risk Register.</p> <p><u>ASSURED</u></p>		Mr Breen/Ms Heenan
46.	Transforming Together		
	a) Transforming Together – GGC Way Forward Portfolio Report		
	<p>The Board considered the Transforming Together – GGC Way Forward Portfolio Report [Paper 26/39] presented by Ms Claire MacArthur, Director of Planning, for assurance.</p> <p>Ms MacArthur reported that all programmes remained on track and continued to deliver against key milestones as at the end of February 2026. The Board noted that winter pressures were managed through the opening of 48 additional beds and a system support exercise in March 2026 to improve flow, performance and patient safety.</p> <p>Significant progress was highlighted across programmes. Virtual Hospital capacity increased from 217 to 271 patients, with further pathway expansion underway. Within Whole System Flow, delayed discharge performance remained close to target, with 242 patients delayed against a target of 239. Primary Care dashboard engagement increased to 110 GP practices (49%), providing improved insight into demand and access.</p> <p>Operational improvements were also noted, including the completion of additional nursing recruitment in Clyde, introduction of General Medicine Hot Clinics in the North, and progress towards the June 2026 opening of the Cardonald GP Walk-in Centre. The Electronic Triage Programme in Emergency Departments is advancing, with rollout imminent.</p>		

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	<p>In Planned Care and Cancer pathways, improvements were supported by workforce expansion and utilisation of the Independent Sector, including 123 patients seen through the Transperineal Biopsy Pathway. In Mental Health, expansion of the Clozapine pathway within the Virtual Hospital has been achieved.</p> <p>In Women and Children's services, Hospital @ Home activity remained stable, with 265 paediatric admissions to date and sustained neonatal activity averaging 31 patients per month. Maternity recruitment has progressed, with 30 of 34 additional midwives in post. Ongoing service redesign and triage improvements were noted, alongside development of a new diagnostic pathway for post-menopausal bleeding.</p> <p>In response to questions, the Board noted that evaluation of system flow initiatives is nearing completion and will inform the embedding of new models of care. It was recognised that innovation, including virtual care models, will support changes to traditional service delivery. Consideration of the estate will focus on optimising utilisation.</p> <p>The Board was assured by the report.</p> <p><u>ASSURED</u></p>		
	b) Innovation Overview (Video)		
	<p>The Board received a short video introduced by Dr Scott Davidson, Medical Director, outlining the use of mixed reality technology in spinal surgery. The Board noted that the technology enables three-dimensional imaging to be overlaid directly onto the patient during procedures, supporting enhanced visualisation and surgical precision.</p> <p>It was highlighted that NHS GGC is the first centre in the UK, and one of only three globally, to adopt this approach, reflecting the organisation's commitment to innovation and improving patient outcomes. The Board recognised the potential benefits in terms of surgical accuracy, patient safety and clinical outcomes.</p> <p>The Chair thanked Dr Davidson for the update and extended thanks to Dr Mohamed Abdelsadg, Consultant Surgeon, for his contribution to the video.</p> <p><u>NOTED</u></p>		

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47.	NHS GGC Finance Report – Month 11		
	<p>The Board considered the NHS GGC Finance Report [Paper 26/40] presented by Mr Michael Breen, Director of Finance, for assurance.</p> <p>Mr Breen reported that, at Month 11 (28 February 2026), the Board was reporting a net overspend of -£1.2m, an improvement from -£3.9m at Month 10. This position reflects a £65.1m overspend within Acute services, offset by a £63.9m underspend in corporate services.</p> <p>It was noted that some corporate allocations relate to Acute income and will be refined as reporting transitions into 2026/27. Combined Partnerships reported a breakeven position following the application of reserves.</p> <p>The Board noted a continued positive trajectory in financial performance, with sustained improvement between Months 9, 10 and 11, and a forecast year-end breakeven position. This reflects both delivery of planned savings and the effective deployment of non-recurring measures to stabilise the in-year position.</p> <p>In relation to the Sustainability and Value (S&V) programme, £152.0m (69.8%) of the £217.8m financial challenge had been delivered by Month 11. On a recurring basis, £29.8m (31.8%) of the £93.7m target had been achieved, with further work required to strengthen the underlying recurring financial position.</p> <p>Capital expenditure at Month 11 totalled £57.5m, representing 62% of the £89.9m allocation. The Board noted that the majority of the capital programme had been committed through firm orders or spend, with delivery of the full allocation anticipated by year end.</p> <p>The Board further noted that projected Month 12 outturn indicates that NHS GGC is expected to meet key Scottish Government financial requirements, with both revenue and capital positions forecast to be within Core Resource Limits.</p> <p>In response to a question regarding Scottish Government funding, the Board noted that additional funding has supported planned care and unscheduled care improvements during 2026/27. No funding gap has been assumed within the 2026/27 financial plan in line with Scottish Government planning assumptions; however, this remains an area of risk pending confirmation of recurring funding levels to support agreed recurring initiatives.</p>		

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	<p>The Chair thanked Mr Breen and the Finance team for the progress achieved in improving the financial position at Month 11 and welcomed the forecast break-even outturn at 31 March 2026.</p> <p>The Board was assured by the update.</p> <p><u>NOTED</u></p>		
48.	Integrated Performance and Quality Report (IPQR) including Cancer Update		
	<p>The Board considered the Integrated Performance and Quality Report (IPQR), including the Cancer Update [Paper 26/41], presented by Mr Michael Breen, Director of Finance/Interim Deputy Chief Executive, and Mr Russell Coulthard, Interim Chief Operating Officer/Interim Deputy Chief Executive.</p> <p>Mr Breen presented the latest iteration of the IPQR, which covered the period to February 2026 unless otherwise stated. He reported that 22 performance measures were rated Green, 9 Amber, and 13 Red. The Red-rated measures predominantly related to Delayed Discharges and performance against the four-hour Emergency Department target, both of which continued to reflect sustained system pressures across acute and community services.</p> <p>In response to a query regarding long-term absence, Ms Natalie Smith, Interim Director of Human Resources and Organisational Development, advised that significant work was underway to address the position. Approximately 30% of long-term absence was attributed to psychological factors. A strengthened HR approach, including additional resource, was now in place to support managers with earlier intervention, improved case management and consistent application of policy, with improvement anticipated over the next 3–6 months.</p> <p>Mr Coulthard reported that additional MRI capacity had been secured, with further work progressing at both a local and regional level. Engagement with referring teams remained a key priority to better manage increasing demand and to ensure appropriate use of diagnostic capacity, supporting both access and flow through pathways.</p> <p>The Board noted that KPI measures continued to be reviewed, with further input to be incorporated as part of this process. Mr Breen confirmed that a full cycle of the IPQR process was nearing completion. Initial feedback indicated that the report was broadly meeting requirements in providing an integrated view of performance, although further refinement would be considered to enhance its value for Board oversight.</p>		

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	<p>Members requested, where possible, the inclusion of forward-looking information to strengthen alignment across related reports and provide a clearer line of sight between performance, planning and risk. In addition, members requested further development of patient experience reporting, including greater clarity on how available information would support continuous improvement. It was confirmed that work was underway to bring together relevant data in a more coherent and accessible format, and that these areas would be taken forward.</p> <p>Attendance management remained an area of concern, with no material reduction in absence levels noted. HR and Staff Side continued to work jointly to review and strengthen the implementation of reasonable adjustments to support staff to return to or remain in work. Survey feedback indicated that 80–90% of respondents reported that reasonable adjustments had been implemented. A focused deep dive would be undertaken through the People and Staff Governance Committee to provide additional assurance and identify further actions.</p> <p>While progress had been made in reducing overdue Significant Adverse Event Reviews (SAERs), a recent plateau was noted. Strengthened oversight arrangements were now in place through Local Adverse Event Oversight Groups and Corporate oversight mechanisms. This remained an area of sustained focus, with regular monitoring and escalation where required to ensure improvements in timeliness and quality.</p> <p>Statutory and mandatory training compliance stood at 89.3%, just below the 90% target. The Board noted updates to training requirements, including changes to the Fire Module frequency and the introduction of a Fraud Awareness Module, alongside ongoing work to support protected learning time within the context of wider workforce and service pressures. Mr Coulthard presented the Cancer Deep Dive, noting that 62-day cancer performance had fallen below the required standard in January 2026, prompting a review of data tracking, reporting and performance management arrangements. Improvement plans were now in place across tumour types, underpinned by strengthened oversight and increased focus on pathway management.</p> <p>Performance for March 2026 was reported at 76.7% (based on look-forward data), demonstrating improvement from February 2026 and increasing confidence in recovery trajectories. Early April 2026 data indicated further incremental progress. Improvements were particularly evident in colorectal and urology pathways, supported by enhanced use of data, including routine modelling by tumour group to better anticipate activity and manage performance risks. While challenges remained in breast and cervical pathways, trajectories had been established and targeted improvement actions were being progressed.</p>		

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	<p>Members also noted the positive trajectory in cancer performance, improving from 70% in February to 77% in March, with further improvement anticipated. The Chair recommended that the Cancer Deep Dive remain a standing agenda item to maintain focus and provide ongoing assurance to the Board.</p> <p>The Board welcomed the continued development and clarity of the IPQR, noting that it provided an increasingly coherent and integrated view of organisational performance and improvement.</p> <p>The Board approved the IPQR.</p> <p><u>APPROVED</u></p>		
49.	Financial Plan 2026/27 to 2028/29		
	<p>The Board considered the Financial Plan 2026/27 to 2028/29 [Paper 26/42] presented by Mr Michael Breen, Director of Finance, for assurance.</p> <p>Mr Breen reported that the Financial Plan submitted to the Scottish Government in March 2026 had been approved in full, with no amendments required.</p> <p>The Plan identifies a recurring 2026/27 financial gap of -£208.6 million, reflecting the ongoing structural mismatch between available resources and expenditure commitments. In 2026/27, additional income of £214.13 million, alongside associated expenditure of £200 million, results in a net £14 million improvement.</p> <p>Mr Breen outlined that the Board set a balanced financial position for 2026/27, contingent upon the successful delivery of £194.7 million in savings and value measures. Mr Breen emphasised that delivery at this scale represents a significant operational and financial challenge and will require sustained focus and oversight.</p> <p>The Financial Plan incorporates Scottish Government financial assumptions in full. The Financial Plan also includes an expectation that all Integration Joint Boards (IJBs) will achieve break-even positions within their allocated resources, despite the challenging financial environment.</p> <p>The Financial Plan also assumes receipt of the £41.3 million Capital Formula Allocation, together with other agreed capital funding to support priority investment. Full funding has also been assumed for both planned and unscheduled care (OIP) in line with Scottish Government guidance. Mr Breen noted that this area remains a risk in 2026-27 until funding</p>		

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	<p>confirmation from Scottish Government is received to cover the level of previously approved recurring expenditure from 2025-26.</p> <p>Further key assumptions include that Agenda for Change reform costs will be contained within the funding provided across the 3-year period, that no additional NRAC negative adjustments will be applied, and that inflationary pressures have been appropriately considered.</p> <p>In this context, energy costs are assumed to remain at a 0% increase, reflecting the current Scottish Government planning assumption, although this will continue to be subject to review given market volatility. In line with national guidance, no provision has been made for any new unfunded Scottish Government policy developments.</p> <p>Savings proposals totalling £194.7 million have been identified using the Scottish Government 15-box framework, supported by detailed analysis of NHS GGC's cost base and expenditure drivers. These proposals span a range of service and corporate areas and will require coordinated delivery across the organisation.</p> <p>A revised and strengthened approach to the Sustainability and Value (S&V) programme has been agreed by the Corporate Management Team. This includes a transition to a more formal programme management model, with an increased emphasis on transformational change and reduction in reliance on non-recurring measures.</p> <p>Investment has been made in additional HR capacity to support improvement in attendance and dedicated programme management resource to support delivery, enhance grip and control, and improve the achievement of recurring savings over the medium term.</p> <p>A key strategic priority within the Plan is the development of a medium-term Estates Strategy, with a clear objective to reduce the overall physical footprint of NHS GGC. This is intended to better align the estate with future service models, improve utilisation, and contribute to the delivery of financial sustainability.</p> <p>While a balanced position is planned for 2026/27, Mr Breen highlighted that the financial outlook for 2027/28 and 2028/29 remains highly challenging, with deficits currently projected in both years. This reflects the scale of the underlying recurring gap and reinforces the need for sustained transformational change.</p> <p>In response to questions, Mr Breen confirmed that potential impacts on drug costs arising from the situation in the Middle East are being actively monitored. A return has been submitted to the Scottish Chief Operating Officer, and at present no supply or pricing issues have been identified</p>		

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	internally as cost pressures. Whilst suppliers have indicated underlying cost pressures, no pricing changes have been agreed to date, and this position will continue to be closely monitored.		
	Mr Breen further advised that significant preparatory work had been undertaken during the final quarter of 2025/26 to strengthen delivery arrangements for the S&V programme. This included ensuring that appropriate governance, capacity and programme infrastructure were in place to support implementation from the start of 2026/27.		
	The Board noted the update and took assurance		
	NOTED		
50.	Sustainability Strategy Annual Update		
	<p>The Board considered the Sustainability Strategy Annual Update [Paper 26/43] presented by Ms Keira McLuskey, Head of Sustainability.</p> <p>Ms McLuskey advised that it is a requirement for all NHS Boards to produce an annual update to support transparent and comprehensive reporting against sustainability objectives. The report provides an overview of progress against the Board's sustainability ambitions and reflects ongoing alignment with national targets.</p> <p>Members noted that the overall position was positive, with a reported 3.6% reduction in emissions compared to the previous year. Progress had also been made in enhancing green space across the estate and advancing a range of sustainable development projects.</p> <p>Key areas of focus continue to include the decarbonisation of buildings, improvement in energy efficiency, and the strengthening of recycling and waste management infrastructure.</p> <p>It was noted that, subject to Board approval, the report will be formally submitted to the Scottish Government as part of the national reporting framework.</p> <p>In response to a question regarding the extent of staff engagement and the mechanisms available to drive behavioural change, Ms McLuskey described a mixed position across the organisation. While some areas are well engaged, others require additional support and targeted intervention. It was recognised that achieving sustained behaviour and culture change will take time and require ongoing leadership, engagement and reinforcement.</p>		

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	<p>Notwithstanding this, there is strong enthusiasm among a number of clinical teams, with some staff contributing beyond their core roles to support sustainability initiatives.</p> <p>Members acknowledged that the annual programme continues to deliver measurable benefits, both in terms of environmental impact and wider organisational value. The Parkhead Hub was highlighted as a leading example, demonstrating how purpose-designed infrastructure can support new models of care, enhance patient and staff wellbeing, and promote integrated working with local communities. The facility was recognised as a tangible expression of the Board's commitment to sustainability and service users, and as a model to inform future developments.</p> <p>The Board approved the report.</p> <p><u>APPROVED</u></p>		
51.	Healthcare Associated Infection Report Template (HAIRT)		
	<p>The Board considered the Healthcare Associated Infection Report (HAIRT) [Paper 26/44], presented by Professor Angela Wallace, Nurse Director, for assurance.</p> <p>Professor Wallace provided an overview of performance against the Scottish Government Standards on Healthcare Associated Infections Indicators (SGHAI), including Staphylococcus aureus bacteraemia (SAB), Clostridioides difficile infections (CDI), E. coli bacteraemia (ECB), alongside incidents, outbreaks, and wider Healthcare Associated Infection (HCAI) activity across NHS GGC for January and February 2026.</p> <p>It was noted that NHS GGC's performance compared favourably with other Boards across Scotland, with consistently high compliance in relation to hand hygiene. A detailed deep dive on hand hygiene performance had recently been presented to the Clinical and Care Governance Committee.</p> <p>The Board noted that there had been one incident during the reporting period involving a small number of patients. Ongoing work through the Improvement Network was highlighted, with continued local engagement and a positive response from staff. It was also confirmed that further work had been undertaken to align HAIRT reporting with the Integrated Performance and Quality Report (IPQR).</p> <p>Professor Wallace explained that a small number of epidemiologically linked cases (less than 3) were identified within a ward, with patient overlap</p>		

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	<p>between 6 and 7 February 2026, confirming cross-transmission. Immediate control measures were implemented.</p> <p>To assure care, targeted audits identified deficiencies in Standard Infection Control Precautions (SICPs) and Hand Hygiene compliance, which were addressed through immediate action plans, estates remediation and enhanced ward-level IPC education. The incidents HIIAT was initially scored at Red and subsequently downgraded to Green and formally closed following evidence of effective control and no further cases.</p> <p>The Board were assured by the report provided.</p> <p><u>ASSURED</u></p>		
52.	Disposal of West Glasgow Ambulatory Care Hospital Site (Update)		
	<p>The Board considered the Disposal of West Glasgow Ambulatory Care Hospital Site (Update) [Paper 26/45] presented by Professor Tom Steele, Director of Strategic Infrastructure Planning and Delivery.</p> <p>Professor Steele provided an overview, noting that the WGACH site had been formally declared surplus to requirements following the relocation of services. In line with statutory requirements, the Scottish Government internal trawl process had been completed, during which the site was offered across the wider public sector. No expressions of interest were received, enabling NHS GGC to progress to the next phase of disposal via the open market.</p> <p>The Board noted that preparatory work to support disposal was well advanced, with a range of professional property and planning advisers appointed. Consistent with the NHS Scotland Property Transactions Handbook, a marketing brochure would be prepared to support the disposal process.</p> <p>Professor Steele confirmed that engagement with a range of stakeholders would continue, and that potential future uses of the site would be considered in the context of its importance to the local community.</p> <p>In response to a query regarding engagement with Glasgow City Council and whether further detail on potential future use would be presented to the Board, Professor Steele confirmed that responsibility for determining future use of the site rests with the Planning Authority. While NHS GGC is not in a position to direct the end use of the site, ongoing dialogue with stakeholders would help inform the planning process.</p>		

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	<p>The Board emphasised the importance of recognising the site’s historical significance and requested that this be appropriately reflected in the final approach. Professor Steele referred to the emerging masterplan, which includes provision for green space. Discussions had included the potential for a memorial garden, although it was suggested that commemorative elements could be incorporated within the wider green space, subject to further engagement with the community and the appointed developer.</p> <p>In response to a question on community engagement, the Board noted that the Communications Department was leading this work. A range of options were being considered, including providing members of the public with an opportunity to access parts of the site prior to enclosure and prior to development.</p> <p>The Chair highlighted that the development of the site would be progressed through an appropriate and proportionate governance process over an extended period. It was requested that the next paper to the FPPC clearly set out the proposed disposal arrangements, including the key points at which Committee input and approval would be required.</p> <p>The Board noted that a further paper would be submitted to the Finance, Planning and Performance Committee (FPPC).</p> <p>The Board were content to approve the report.</p> <p><u>APPROVED</u></p>		Prof Steele
53.	Stakeholder Communications and Engagement Strategy 2024-27 Annual Impact Report		
	<p>The Board considered the Stakeholder Communications and Engagement Strategy 2024-27 Annual Impact Report [Paper 26/46] presented by Mr Neil McSeveny, Deputy/Interim Director of Communications, for assurance.</p> <p>The report provided a comprehensive overview of progress in delivering NHS Greater Glasgow and Clyde’s Stakeholder Communications and Engagement Strategy 2024–2027 during year two (2025–2026), building on the foundations established in year one and continuing implementation of the Strategy approved by the Board on 30 April 2024. Mr McSeveny reported that the majority of actions were either completed or on track, with appropriate mitigations in place for a small number of areas where progress had not yet been possible.</p> <p>The paper highlighted the role of communications in delivering public-facing campaigns aligned to organisational priorities. This included winter communications to reinforce urgent and unscheduled care messaging at</p>		

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	<p>scale, supporting system resilience during periods of peak demand, alongside delivery of vaccination campaigns. The report also set out the scale and depth of engagement activity undertaken and the volume of communications delivered across services. It was noted that the OASIS framework had been embedded within campaign delivery to strengthen evaluation.</p> <p>Mr McSeveny advised of a correction within the report, confirming that website page views totalled 7.5 million rather than the 5.8 million stated. This represented a 60% increase, as opposed to the 21% originally reported.</p> <p>In summary, Mr McSeveny highlighted that the report demonstrated significant, measurable delivery, with clear alignment to organisational priorities.</p> <p>In discussion, Members reflected on the importance of evidencing impact and requested that future reports further strengthen the articulation and measurement of outcomes arising from communications activity.</p> <p>The Board noted the RAG reporting in the appendix detailed areas that were behind schedule. This included considering other languages more generally, noting the number of patients for whom English was not a first language and assurance was sought that this had been taken into account in planning and delivery. Mr McSeveny reported that a widget had been added to the website for front facing communications to be translated, however further work on languages was required.</p> <p>In relation to the Citizens' Panel, the Board sought clarification on the timeline for establishment. Mr McSeveny agreed to provide further detail out with the meeting.</p> <p>The Board were assured by the update provided.</p> <p><u>ASSURED</u></p>		<p>Mr McSeveny</p> <p>Mr McSeveny</p>
54.	NHS GGC Duty of Candour Annual Report Addendums: 2023-24 and 2024-25		
	<p>The Board considered the NHS GGC Duty of Candour Annual Report Addendums: 2023-24 and 2024-25 [Paper 26/47] presented by Dr Scott Davidson, Board Medical Director and Ms Paula Spaven, Director of Clinical and Care Governance for approval.</p> <p>Ms Spaven advised that NHS GGC publishes an annual Duty of Candour report, with the most recent report approved by the Board in October 2025</p>		

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	<p>and subsequently published. As noted within that report, an addendum was scheduled for later publication to incorporate updated information, including newly triggered Duty of Candour cases and those which remained open at the time of the original report.</p> <p>It was confirmed that the 2023–24 addendum had been submitted retrospectively to ensure appropriate governance and completeness of reporting.</p> <p>The Board noted that further work is underway to strengthen the quality and consistency of reporting, including improved information on Duty of Candour activation, learning from events, and support provided to staff. Ms Spaven highlighted that the reported increase in case numbers reflects a refinement in the retrospective identification of Duty of Candour requirements following completion of Significant Adverse Event Reviews (SAERs). Work is in progress to improve the timeliness of SAERs and to introduce a prospective Duty of Candour tracking system through Datix.</p> <p>The Board recognised that the reported activity levels were consistent with the scale and complexity of NHS GGC.</p> <p>Members noted that actions arising from Duty of Candour incidents are managed through Significant and Local Adverse Event Review processes and tracked to completion within Datix, with overdue actions appropriately flagged. Oversight is provided by the Corporate Adverse Event Oversight Group, with assurance reported through the established governance structure, including the Board Clinical Governance Forum.</p> <p>In response to discussion regarding organisational learning, Ms Spaven outlined ongoing work to develop a Board-wide learning system. This will integrate learning from adverse events, complaints, and wider quality improvement and safety processes. A searchable template and Learning Hub are in development to support consistent capture and dissemination of learning. Arrangements are also being introduced to report both detailed insights and thematic trends to the Clinical and Care Governance Committee. The new system and Learning Hub are expected to be launched in summer 2026.</p> <p>The Board were content to approve the paper.</p> <p><u>APPROVE</u></p>		

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55.	Department of Research and Innovation Annual Report 2025		
	<p>The Board considered the Department of Research and Innovation Annual Report 2025 [Paper 26/48] was introduced by Dr Scott Davidson, Board Medical Director and presented by Professor Jesse Dawson, Director of Research and Innovation, for assurance.</p> <p>Professor Dawson provided a comprehensive overview of key achievements and activity during 2025, alongside outlining areas of recognised strength and strategic priorities for the year ahead in support of the Board's wider objectives.</p> <p>In presenting the report, Professor Dawson highlighted the continued emphasis on improving productivity in commercial clinical trials, reflecting this as a key national priority across the UK. Significant targeted investment had been made to support this objective, including enhancements to imaging facilities and the expansion of aseptic pharmacy services. These developments are intended to underpin the delivery of the next generation of novel clinical trials, particularly within oncology and other high-impact therapeutic areas, and to ensure that NHS GGC remains competitive within the UK research environment.</p> <p>Encouragingly, recruitment to clinical trials had increased by 15% compared to the previous year, accompanied by improved revenue performance and a strengthening of the overall commercial portfolio. Professor Dawson expressed confidence that this positive trajectory would continue and noted that the full benefits of recent investment were expected to be realised over the coming year, further enhancing both patient access and financial sustainability.</p> <p>The Board also noted the significant and ongoing work undertaken to ensure that the Research and Innovation portfolio is fully aligned with wider Board objectives and the Transforming Together Programme. This has included a strengthened focus on delivering research within community settings, ensuring that Primary Care is both fully embedded within, and increasingly leading, research activity. This approach supports improved inclusion, enhances access to research opportunities, and targets conditions that have a disproportionate impact on the population of Glasgow.</p> <p>Particular progress was noted in developing capacity to support the next generation of obesity and cardiometabolic trials, alongside continued investment in the oncology research portfolio, which remains one of the most extensive and diverse in the UK. This breadth of activity continues to position NHS GGC as a leading centre for clinical research and innovation.</p>		

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	<p>The Chair acknowledged the significant progress made and the strategic direction of travel, and conveyed appreciation to Professor Dawson and the wider team for their continued contribution, leadership, and delivery of a high-performing research portfolio.</p> <p>The Board were content to approve the report.</p> <p><u>APPROVED</u></p>		
56.	Health & Care (Staffing) (Scotland) Act 2019 (HCSSA) Annual Report		
	<p>The Board considered the Health & Care (Staffing) (Scotland) Act 2019 (HCSSA) Annual Report [Paper 26/49] introduced by Professor Angela Wallace, Director of Nursing, and presented by Ms Helena Jackson, Head of HCSSA Programme, for approval.</p> <p>Ms Jackson reported that this was the second legislated Annual Report under the HCSSA. She noted that previous feedback provided to the Scottish Government regarding the report format had been incorporated, resulting in a significantly improved presentation.</p> <p>It was noted that NHS GGC currently remains at a position of reasonable assurance; however, progress is being made towards achieving substantial assurance across a number of statutory duties. This work will continue over the coming years.</p> <p>One of the original programme workstreams has been escalated and established as a standalone programme, Workforce Business Systems. This programme will support the transition from reasonable to substantial assurance by enhancing oversight and enabling improved real-time staffing information, including more robust reporting on protected learning time.</p> <p>Ms Jackson highlighted that the care-related elements of the report were submitted directly by the Integration Joint Boards to the Scottish Government in June 2025. However, whole-system working with Integration Joint Board colleagues continues to further develop and strengthen this approach.</p> <p>It was noted that transitional oversight arrangements have now been completed. Approval has been granted to stand down the Oversight Board, with reporting arrangements now partially embedded within business-as-usual processes.</p> <p>The Board were content to approve the report.</p> <p><u>APPROVED</u></p>		

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57.	Area Clinical Forum		
	<p>The Board considered the following for assurance:</p> <p>a) Chair's Report from Meeting 16 April 2026 [Paper 26/50] b) Minutes from Meeting 12 February 2025 [ACF(M)26/01]</p> <p>The Board were assured by the report.</p> <p><u>ASSURED</u></p>		
58.	Audit and Risk Committee		
	<p>The Board considered the following for assurance:</p> <p>c) Chair's Report from Meeting 19 March 2026 [Paper 26/51] d) Minutes from Meeting 2 December 2025 [ACF(M)25/05]</p> <p>The Board were assured by the report.</p> <p><u>ASSURED</u></p>		
59.	Clinical and Care Governance Committee		
	<p>The Board considered the following for assurance:</p> <p>e) Chair's Report from Meeting 5 March 2026 [Paper 26/52] f) Minutes from Meeting 4 December 2025 [ACF(M)25/04]</p> <p>The Board were assured by the report.</p> <p><u>ASSURED</u></p>		
60.	Finance Planning and Performance Committee		
	<p>The Board considered the following for assurance:</p> <p>a) Chair's Report from Meeting 25 March 2026 [Paper 26/53] b) Minutes from Meeting 26 January 2026 [FPPC(M)26/01]</p> <p>The Board were assured by the report.</p> <p><u>ASSURED</u></p>		

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61.	Population Health and Wellbeing Committee		
	<p>The Board considered the following for assurance:</p> <p>a) Chair's Report from Meeting 23 April 2026 [Paper 26/54] b) Minutes from Meeting 22 January 2026 [PC(M)26/01]</p> <p>The Board were assured by the report.</p> <p><u>ASSURED</u></p>		
62.	People and Staff Governance Committee (PSGC)		
	<p>The Board considered the following for assurance:</p> <p>a) Chair's Update [Paper 26/55]</p> <p>The Board were assured by the report.</p> <p><u>ASSURED</u></p>		
63.	Inquiries Oversight Sub Committee (IOSC)		
	<p>The Board considered the following for assurance:</p> <p>a) Chairs Report from Meeting 24 March 2026 and 23 April 2026 [Paper 26/56]</p> <p>The Board were assured by the report.</p> <p><u>ASSURED</u></p>		
64.	IJB Leads Reports		
	<p>The Board considered the following for assurance:</p> <p>a) East Dunbartonshire Paper [26/57] b) East Renfrewshire Paper [26/58] c) Glasgow City Paper [26/59] d) Inverclyde Paper [26/60] e) Renfrewshire Paper [26/61] f) West Dunbartonshire Paper [26/62]</p> <p>The Board were assured by the reports.</p> <p><u>ASSURED</u></p>		

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65.	Date and Time of Next Scheduled Meeting		
	<p>The next meeting will be held on Thursday 25 June 2026 at 9.30 am, on a hybrid basis at JB Russell House and via MS Teams.</p> <p>In closing, the Chair reflected that the value of Board meetings is underpinned by the quality of the papers presented. The Chair extended thanks to the Chief Executive and colleagues for the consistently high standard of documentation. She also acknowledged the importance of Board Members thoroughly reviewing papers in advance and actively seeking further assurance where required and expressed her appreciation for their continued diligence in this regard.</p> <p>The Chair further noted that her role is to ensure that appropriate levels of assurance are in place. In this context, consideration has been given to how Board time is best utilised to maximise its effectiveness. It was therefore confirmed that, from the June meeting onwards, the scheduled timing for Board meetings will be extended to 9.30 am to 3.30 pm.</p> <p><u>NOTED</u></p>		