

NHSGGC (M) 25/06
Minutes: 178 – 210

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the NHS Greater Glasgow and Clyde Board held on Thursday
18 December 2025 at 09:30 am hybrid in the Board Room at
JB Russell House and via Microsoft Teams (recorded for the NHSGGC website)**

PRESENT

Dr Lesley Thomson KC (in the Chair)

Ms Mehvish Ashraf	Ms Margaret Kerr
Mr Michael Breen	Mr Jamie Kinloch BEM
Ms Libby Cairns	Ms Lesley McDonald
Mr Martin Cawley	Dr Morven McElroy
Ms Cath Cooney	Prof Iain McInnes
Dr Emilia Crighton	Dr Becky Metcalfe
Mr Gio D'Alessio	Cllr Robert Moran
Dr Scott Davidson	Dr Paul Ryan
Mr William Edwards	Ms Karen Turner
Ms Dianne Foy	Mr Charles Vincent
Professor Jann Gardner	Ms Michelle Wailes
Mr David Gould	Professor Angela Wallace
Mr Graham Haddock OBE	

IN ATTENDANCE

Ms Denise Brown	Director of Digital Services
Ms Sandra Bustillo	Director of Communications and Public Engagement
Ms Alexis Chappell	Chief Officer, East Renfrewshire HSCP
Mr Russell Coulthard	Deputy Chief Operating Officer
Ms Beth Culshaw	Chief Officer, West Dunbartonshire HSCP
Ms Sandra Devine	Director of Infection Prevention and Control
Ms Kim Donald	Board Secretary
Mr Stuart Donald	Head of Performance
Ms Gillian Duncan	Corporate Executive Business Manager (Minutes)
Ms Claire MacArthur	Director of Planning
Mr Joel Martin	Secretariat Officer
Mr Billy McClean	Chief Officer, Renfrewshire HSCP
Ms Nicola Munro	PA to Chair
Ms Jillian Neilson	Project Office Manager
Mr Derrick Pearce	Chief Officer, East Dunbartonshire HSCP
Mr Jamie Redfern	Director of Women and Children
Dr Mary Ross-Davie	Director of Midwifery

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Ms Natalie Smith		Interim Director of Human Resources & Organisational Development
Ms Paula Spaven		Director of Corporate Governance
Professor Tom Steele		Director of Estates and Facilities
Ms Elaine Vanhegan		Director of Corporate Services and Governance

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178.	Welcome and Apologies		
	<p>The Chair, Dr Lesley Thomson KC, welcomed those present to the December 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 Board Room, JB Russell House. The Chair also welcomed members of the public who had taken up the invitation to attend the Board meeting as non-participant observers.</p> <p>Apologies from Board Members were recorded on behalf of Councillor Jacqueline Cameron, Ms Ann Cameron-Burns, Councillor Chris Cunningham, Ms Ketki Miles and Councillor Katie Pragnell. Apologies from Executive apologies were recorded on behalf of Mr Pat Togher, Chief Officer, Glasgow City HSCP, and it was noted that Ms Caroline Sinclair Deputy Chief Officer, Glasgow City HSCP, was deputising on his behalf.</p> <p><u>NOTED</u></p>		
179.	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>		
180.	Minute of Meeting held on 30 October 2025		
	<p>The Board considered the minutes of the NHS Greater Glasgow and Clyde Board Meeting held on 30 October 2025 [NHSGGC(M)25/06] presented for approval. It was noted that there was one minor change to paragraph 4, on page 18 to add the word “accommodation” to “regarding the numbers in temporary accommodation in the city centre”.</p> <p>Subject to this correction and on the motion of Mr David Gould and seconded by Ms Cath Cooney, the Board were content to accept the minutes as a complete and accurate record.</p>		

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	<p>The Chair advised that the minutes were lengthier than usual as she had asked for the minutes going forward to detail more of the discussion from the meeting to ensure a full audit trail.</p> <p><u>APPROVED</u></p>		
181.	Matters Arising		
	<p>The Board considered the ‘Rolling Action List’ [Paper No.25/148] presented for approval.</p> <p>The Board noted that there were 8 actions noted for closure and one item remained ongoing. The following updates were noted.</p> <ul style="list-style-type: none">Item 159 – NHSGGC Whole System Winter Plan <p>The Chair asked for an update on the action for Board Members to be included in the development of the winter communications plan. Ms Bustillo said that the winter plan, or ABC plan, was now in its third year and was well established. It had been her understanding that Board Members would be included in the development of the interface and virtual hospital plan. She would continue to engage with interested Board members, with further involvement expected in the New Year. However, it was acknowledged that the discussion at the previous meeting had been around the winter plan and Ms Bustillo would share this more widely with Board Members.</p> <p>Professor Gardner suggested that given ongoing organisational changes, it would be beneficial to reframe this as a comprehensive transformation plan which would clarify how the system was evolving and outline expectations. The plan would be developed and presented to the next Board meeting.</p> <p>The Chair reiterated the importance of Board members being actively involved in shaping the Board’s communication strategies and the way messages were received by the public and it was agreed that Ms Bustillo would establish a working group as outlined above and Mr Gould and Ms Kerr were nominated to participate in this. The Chair requested that the Board receive an update on progress in January outwith the usual Board meeting. This item would remain ongoing on the Rolling Action List.</p> <ul style="list-style-type: none">Item 162 - IJB Whole System Report <p>Ms Wailes said that the action had referred to a whole system report and while the individual IJB reports were included in today’s agenda, they were slightly different in format and content which had made read across</p>	<p>Ms Bustillo</p> <p>Ms Bustillo</p>	

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	<p>difficult and not fully addressed the issue of presenting an aggregated risk.</p> <p>Professor Gardner said that further work was being done on this and Delayed Discharges would be discussed as part of the performance report today. She said that the whole system IJB report was still a work in progress and it would be helpful to have views and input. She was also keen for Mr Breen to work closely with the 6 HSCP Chief Officers to understand the position across a range of elements and it would be valuable for Ms Wailes and another Non Executive to be involved in that work to ensure that the Board received the required information. It was agreed that this action would be changed to ongoing but acknowledging that the scope of the issue was wider than the action.</p> <p>The Board were content to approve the Rolling Action List subject to the amendments outlined above.</p> <p><u>APPROVED</u></p>		Ms Donald
182.	Chair's Report		
	<p>The Chair advised that she had completed a report of her activity between the October and December Board Meetings which would be circulated to Board Members for information and added to the NHSGGC website. The report provided an overview of key activities undertaken by the Chair since the last Board meeting and included an update on visits to services and facilities across NHSGGC, engagement with staff and partners, and participation in events that highlighted innovation and service development.</p> <p>The Chair said that there continued to be significant pressures in NHSGGC due to the high number of flu cases and she thanked the senior team for their work on this. The Chair also extended her sincere gratitude on behalf of the Board to every individual member of staff who was working hard to ensure that patient safety and patient care was at the heart of everything we do.</p> <p>The Chair advised that Dr Emilia Crighton, Director of Public Health, would be retiring in January 2026 and she extended her thanks on behalf of the Board for her service to NHSGGC as well as members of the public both in NHSGGC and across the NHS and wished her every success going forward.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		

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183.	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 also recorded her significant thanks to the incredible NHSGGC staff over recent weeks as the spike in flu cases in patients and staff had been extremely challenging. She said that she was extremely impressed when she was out and about by the absolute commitment by our staff to do their best for the patients in their care and she thanked them all for their care and compassion.</p> <p>Professor Gardner said she had undertaken a number of visits since the previous Board meeting including accompanying the Cabinet Secretary to Gartnavel and the First Minister to the Queen Elizabeth University Hospital and Parkhead Hub. She had also attended Scotland's Health Awards which celebrated the work across NHS Scotland. Professor Gardner had also visited the new FNC+, genomics and innovation(these are depts can we be explicit at the RHC. The Director General for Health, Caroline Lamb had met with the frailty team and heard about outstanding work across system.</p> <p>Professor Gardner advised that further Hackathons had taken place, Hackathon 3 on Whole System and Hackathon 4 on Culture where discussion had included new pathways, new approaches and conversations with colleagues across the system.</p> <p>The Scottish Government had launched DL(2025)25, which set out the changing approach to planning in Scotland away from the current regional structure to new Scotland West and Scotland East. NHSGGC were part of Scotland West and there would be more details on this in the new year on how we work as a cooperative to bring partners together and work in a more effective and efficient way.</p> <p>The system reset had taken place in November which was a whole system approach to reduce occupancy and improve flow. Flu had risen significantly at the launch of this and, although there had been significant challenges, the reset had meant that we were able to move forward without getting into positions of real distress. This had seen reductions in occupancy, improved flow and provided better experience for patients as well as being an important learning experience for teams. Another system reset was planned for mid-January to take the learning from this reset and make sure we were more agile and leaner with plan to bolster challenges. There had been significant improvements in planned care with reductions in patients waiting and although there was still much to do things were improving at pace. There had also been real improvements in cancer performance which would be considered later in the agenda.</p>		

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	<p>As we go into new year, there was a festive visit planned from the First Minister on 27 December where he would meet patients and staff. Professor Gardner advised that there was a one year in post summit planned for 29 January to look back where we were then, where we are now and where we plan to be in March 2027. The fifth Hackathon at end January would focus on women and children's services.</p> <p>In closing Professor Gardner also offered her sincere thanks to all staff working over the Christmas and New Year period and into the start of January. Board Members also echoed this gratitude to staff.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		
184.	Patient Story		
	<p>The Nurse Director, Professor Angela Wallace, introduced a short video for awareness which focused on General Surgery at the Royal Alexandra Hospital.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		
185.	Sub National Planning		
	<p>The Board considered the Sub National Planning [Paper 25/149] presented by Professor Jann Gardner, Chief Executive, for awareness.</p> <p>Professor Gardner said that in November 2024, DL(2024)31 was launched which encouraged Boards to approach planning differently and population planning was formally initiated. Since then, the First Minister had set out his commitment to and plans for reforming planning, as well as the launch of the Public Health Framework and the Service Renewal Framework which shaped the current direction and priorities.</p> <p>On 13 November 2025, DL(2025)25 was published which provided clear policy guidance for Boards to collaborate in planning and service delivery. The initial focus was on four key areas, emphasising collective collaboration to enhance service resilience and ensure the effective use of public funds.</p> <p>In recent years, several boards across Scotland had encountered financial difficulties as well as challenges in maintaining and delivering services. NHSGGC provided both local and regional services and frequently</p>		

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	supported neighbouring boards through mutual aid, highlighting the interconnected nature of service provision.		
	<p>Recognising the need for a new approach, two sub-national planning and delivery structures, Scotland East and Scotland West were being established which would work collaboratively to ensure equitable access to services based on population need, under a Once for Scotland model. The Scotland West structure brought together Boards previously involved in regional planning in the West of Scotland, including Dumfries and Galloway, Lanarkshire, Forth Valley, Ayrshire and Arran, Greater Glasgow and Clyde, Highland, and Western Isles. This collaborative approach would aim to strengthen planning and service delivery across these regions.</p> <p>A Strategic Planning and Delivery Committee has been established chaired by the NHSGGC Chair to support the subnational Scotland West with membership including Chairs and Chief Executives from territorial and national boards, as well as Trade Union representatives, as well as a Strategic Planning and Delivery Executive Group chaired by Professor Gardner.</p> <p>Dr Gardner advised that the paper was presented for awareness and noting, as it reflected Cabinet Secretary direction.</p> <p>The Board were content to note the paper and the way forward.</p> <p><u>NOTED</u></p>		
186.	Board Activity Update		
	<p>The Board considered the Board Activity Update [Paper 25/150] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance, for awareness.</p> <p>Ms Vanhegan said that the report provided a clear illustration of the considerable volume of work carried out by Board Members since the previous Board meeting and ensured that both our internal and external stakeholders were kept fully informed of the ongoing activity. The key highlights included the Board Seminar on culture which was held on 13 November 2025. This session included a detailed look at the Board's anti-racism plan and the 'Speak Up' approach as well as reflecting on NHSGGC's ongoing approach to ensuring a positive culture in the organisation. The session also considered the Culture Hackathon that had taken place on 5 December 2025 and had been attended by other 150 participants and had also reflected on strengthening and evolving our approach to culture.</p>		

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	<p>The report also included an overview of the significant amount of activity undertaken by Board Members including the Ministerial visit that had already been highlighted by Professor Gardner. Section 4 of the report detailed the Committees had had taken place since the October Board meeting.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		
187.	Key Updates from Standing Committees		
	<p>The Board considered the Key Updates from Standing Committees [Paper 25/151] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance, for awareness.</p> <p>Ms Vanhegan said that the report outlined the range of work undertaken since the previous Board meeting reflecting the responsibilities delegated under the Scheme of Delegation. The paper summarised the discussions from the People Committee on 20 November 2025; the Audit and Risk Committee on 2 December 2025; and, the Finance, Planning and Performance Committee on 11 December 2025.</p> <p>The People Committee had discussed the development session that had been held on 3 November 2025 and the action plan from these discussions had been circulated. The ongoing monitoring of this action plan would be a key focus moving forward. The People Committee were also presented with an overview of the Personal Development Planning and Review (PD&R) position noting that although performance remained challenging there had been some recent improvements. The Committee noted that the focus was not just around meeting targets but on ensuring that all staff had meaningful conversations which would benefit both staff members and the organisation. The Committee also received an update regarding the Supreme Court ruling on gender. The Audit and Risk Committee had approved both the Freedom of Information (FOI) Policy and the Fraud Policy. The Committee also reviewed the progress of internal audits and the draft external audit. The Finance, Planning and Performance Committee discussed matters relating to financial planning and received an update on medicines costs to provide assurance on current expenditure trends, cost pressures and the effectiveness of mitigation measures in place. The Committee had also received a detailed presentation on the emerging 2026/27 Finance Plan.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		

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188.	Governance and Board Member Responsibilities - Update		
	<p>The Board considered the Governance and Board Member Responsibilities - Update [Paper 25152/] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance, for approval.</p> <p>Ms Vanhegan advised that the main change was the proposed transition of the Finance, Planning and Performance Committee into a new operating model. There had been an intention previously to change the name of the Committee but it had been decided that this would not change but all Board members would now be included within its membership from January 2026.</p> <p>The Committee would meet on alternate months to the Board which would better align with Board business and provide timely assurance, support strategic decision making, and enhance collective ownership of key financial, performance and planning matters. This would reflect the Board's commitment to an agile governance approach, ensuring that scrutiny and decision-making structures remained flexible, particularly when there would be consideration on Sub National issues.</p> <p>Ms Vanhegan and Ms Natalie Smith, Interim Director of Human Resources and Organisational Development, had met with Ms Cath Cooney, Vice Chair of the People Committee, Ms Mehvish Ashraf, Co-Chair of the Staff Governance Committee and Ms Ann Cameron-Burns, Employee Director and Co-Chair of the Staff Governance Committee, where it had been agreed, that moving forward, the People Committee and Staff Governance Committee would be merged to create the People and Staff Governance Committee. Work would take place to consider the Terms of Reference for the new Committee which would be presented to the NHS Board in February 2025. This new arrangement highlighted the importance of putting people at the centre of NHSGGC as well as linking to the Scottish Government agenda.</p> <p>In terms of changes to Committee membership, as noted above, all Board members would join the Finance, Planning and Performance Committee. Mr Gio D'Alessio would join the Healthcare Charities Committee, Mr Jamie Kinloch would join Glasgow City IJB and Dr Becky Metcalfe would join Renfrewshire IJB. As Dr Crighton was retiring from NHSGGC, the role of the Caldicott Guardian had moved to the Medical Director, Dr Scott Davidson, from November 2025. This would bring NHSGGC in line with most other Boards.</p> <p>The Board were content to note the update and approve the changes to the Caldicott Guardian.</p> <p>APPROVED</p>		

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189.	Board Calendar of Meetings 2026/27		
	<p>The Board considered the Board Calendar of Meetings 2026/27 [Paper 25/153] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance, for approval.</p> <p>Ms Vanhegan said that the calendar outlined the proposed dates for the Board and Standing Committees in 2026/27 noting that no meetings had been scheduled for July to allow one month over the summer period with no Committee commitments. The future dates for the Finance, Planning and Performance Committee had now been confirmed following approval of the revised schedule at the October Board meeting. The dates of the Integration Joint Boards (IJBs) would be added to the calendar and presented to the Board in February 2026, noting that some of these would not be available for the full period due to different Local Authority scheduling cycles.</p> <p>The Board were content to approve the Board calendar.</p> <p><u>APPROVED</u></p>		
190.	Board Annual Cycle of Business		
	<p>The Board considered the Board Annual Cycle of Business [Paper 25/154] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance, for approval.</p> <p>Ms Vanhegan said that the Annual Cycle of Business described the timetable of topics/discussion for 2025/26, the business items that would be considered, and their Corporate Objective alignment, acknowledging the changing landscape and ensuring flexibility to update our members with key information.</p> <p>The Board noted that this was a dynamic process, and thoughts were welcomed from members.</p> <p>The Board were content to approve the Annual Cycle of Business.</p> <p><u>APPROVED</u></p>		
191.	Communication and Public Engagement Update		
	<p>The Board considered the Communication and Public Engagement Update [Paper 25/155] presented by Ms Sandra Bustillo, Director of Communications and Public Engagement, for awareness.</p>		

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	<p>Ms Bustillo introduced this the regular report outlining the activities undertaken by the communications and engagement team over the past two months and highlighted several key actions during this period. She said that the team had been actively involved in various public events and meetings and highlighted an invitation from the MP for Inverclyde to attend an event which had been a positive opportunity to share information about the winter health campaign. There had been a number of other activities undertaken to promote winter health and encourage flu vaccination and there had been work with the Public Health team to organise and promote additional drop-in clinics in communities. She also thanked Mr Gould and Ms Cooney for their work on video messages to support the work of primary care and Dr Metcalfe who the team had been working with in further messaging around the PDPR process. An audit on the Team Talk briefing system, which was now one year old, had been undertaken and the learning from this would feed into the next Internal Communications and Employee Engagement Strategy.</p> <p>In response to a query about whether there had been any increase in vaccination uptake from the flu campaign, Ms Bustillo said that there had been positive engagement with some of our older populations and there was further work being done to encourage staff uptake. Dr Crighton said that there had been a visible increase in the number of individuals attending their appointments and drop-in clinics had also been very busy. She had also been very involved in work through the media in promoting the messaging. The vaccination figures would be reported to the Board at a later date.</p> <p>In response to a query regarding the interface focus groups, Ms Bustillo said that recruitment was primarily through the Investors in People Network, so there was some bias as those people were already engaging with us through digital means. The majority of those on the groups had experienced virtual care. She said a key message had been not assuming that digital exclusion was age related.</p> <p>Regarding the recruitment of staff for Team Talk, Ms Bustillo explained that two approaches had been adopted: face-to-face focus groups involving staff at various levels and the distribution of a questionnaire survey via the Core Brief. In total, more than 1,300 staff had participated either through surveys or focus group sessions which was a robust engagement approach and had collected valuable feedback for the ongoing development and evolution of Team Talk.</p> <p>In response to a question about assessing the impact of communication efforts on behaviours during winter, Ms Bustillo described the routine practice of gathering feedback from Flow 1 patients, with minor ailments asking why they had attended the ED and whether they had considered alternatives before coming to the ED. This was voluntary feedback but helped the team triangulate information in terms on looking at what had</p>		

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	<p>influenced their decision and whether there was a pattern of individuals with moderate flu symptom attending when they had been advised not to, s</p> <p>The chair and board members expressed appreciation for the comprehensive and informative report, acknowledging the continued efforts of the communications and engagement team.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		
192.	People Committee Terms of Reference		
	<p>The Board considered the People Committee Terms of Reference [Paper 25/156] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance. Ms Vanhegan clarified that although the agenda had noted this item was for awareness it was actually presented for approval.</p> <p>Ms Vanhegan said that the Terms of Reference had been approved by the People Committee and was now being presented to the Board for formal approval acknowledging that, as outlined above, the People Committee would be merging with the Staff Governance Committee, However, it was important from a governance perspective to ensure that there was a current and approved Terms of Reference which would ensure robust governance and assist in developing the Terms of Reference for the new conjoined Committee.</p> <p>The Board were content to approve the Terms of Reference noting that the Terms of Reference for the new People and Staff Governance Committee would be considered in February 2026.</p> <p><u>NOTED</u></p>		
193.	Corporate Risk Register		
	<p>The Board considered the Corporate Risk Register [Paper 25/157] presented by Mr Michael Breen, Director of Finance, for assurance.</p> <p>Mr Breen said that this was the standard update on the Corporate Risk Register which provided assurance on the organisation's risk profile. The Corporate Risk Register was reviewed monthly by risk owners, as well as the Corporate Management Team with oversight from the Standing Committees and was presented to the Board to ensure robust scrutiny and oversight.</p>		

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	<p>The register presented 23 risks and there had been no changes to the risk scores or no new risks added in the period. Of the 23 risks, seven were scored as very high, 8 as high, as medium and there were no low risks. The report had been reviewed by key Committees to ensure robust scrutiny and oversight and Mr Breen also highlighted the work of the Committees in reviewing the overdue actions related to the risks, reflecting the commitment to ongoing improvement and management of organisational risks.</p> <p>There was a query as to whether consideration should be given to an additional risk relating to sub-national issues. It was reaffirmed that Boards would remain legal entities with their own accountability but any further consideration of sub-national risks would be revisited as necessary.</p> <p>The Board were assured by the Corporate Risk Register.</p> <p><u>ASSURED</u></p>		
194.	Transforming Together		
	<p>The Board considered the Transforming Together - GGC Way Forward Portfolio Report [Paper 25/158] presented by Ms Claire MacArthur, Director of Planning, and Dr Scott Davidson, Medical Director, for assurance.</p> <p>Ms MacArthur said that all of the programmes remained on track and the portfolios had continued on a positive trajectory since the previously report. The key highlights were that the OPAT service had been launched in Glasgow Royal Infirmary in November and had been successful in supporting a number of patients in receiving antibiotics on outpatient basis. A significant number of actions were now complete with 10 further completed since the previous meeting. A number of new pathways had also been launched including Discharge to Scan with 142 patients that would have remained in hospital being discharged since it went live; GP calls with calls into FNC+ enabling support to patients onto alternative pathways; and Pharmacy First. Ms MacArthur was also pleased to report that the new Women and Children's virtual ward had 9 patients at the start of December and was working well. There were some other significant milestones, there would now be seven day coverage from January at all major sites for the Homecare service; there were plans to extend the trauma assessment units in Clyde; also supported investment around security at the Royal Alexandra Hospital with recruitment starting in December and in place from April 2026 onwards. Six new virtual pathways were due to go live at the end of January through FNC+. Women and Children's services had significant work underway following hackathon 3 around virtual pathways for patients and this would be followed up by further codesign at Hackathon 5 at the end of January. Ms MacArthur assured the Board that there was significant work underway in the transformation programmes.</p>		

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	<p>The Chair thanked Ms MacArthur for the report and said that the Board recognised the significant steps taken on what we’re hoping to achieve and looking at results going in the right direction.</p> <p>In response to a query about redirection from Emergency Departments (EDs) to GP Out of Hours GPOOH), Mr Edwards confirmed that this was available at all sites and there was already transport provision to ensure that anyone who required this would be supported.</p> <p>In response to a request for more information on the strategy for intermediate care, it was agreed that Ms Sinclair would consider the governance route of this request and feedback to the Board via the Board Meeting or a Committee.</p> <p>Professor Gardner acknowledged the concerns about supporting staff and patients through this period of significant change to ensure that we continued to get positive benefits and maximise change. She said that this was a significant programme of work and each area had a project team, this is a programme of work and each of these has a project team, considering needs at individual project level. It was recognised that the voices of staff were paramount as well as the lived experience of particular patient groups. She suggested an offline discussion disaggregating some of these projects to get a sense of staff support, contribution and involvement and where patients were supported. She said that the plan was to go into 2026 with stronger communications around what we’re doing and how to bring the public more widely on that journey and building more transformative changes in so that by time engage more solid. She said that it would be helpful to perhaps do another session or talk offline and demonstrate work through project structure. The Chair added that it would be helpful to also get deeper understanding at summit and taking stock day on journey we’ve been on over the past year.</p> <p>Ms Bustillo added that there was a clear focus around capturing patient experience in a systematic approach and she was working with Professor Wallace’s team in PCC and the Innovation Team and Public Health and would bring a proposition on how to bring that systematic feedback through the executive group and the Board.</p> <p>Dr Davidson introduced the Innovation Overview video which discussed the introduction of a new innovative test for every baby being admitted to neonatal care to check for a specific genomic variant where they would risk hearing lost if prescribed gentamicin for an infection.</p> <p>Dr Davidson highlighted that the February Board Meeting would see a video on Troponin testing, a blood test used to diagnose a heart attack, which has</p>	Ms Sinclair	

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	seen an overall reduction in the length of stay for patients through the Emergency Department.		
	The Chair said it was important for Board Members to see examples of innovation as an acknowledgement that we were at the forefront of innovations to improve quality of care of patients. She also looked forward to hearing more details about the use of Troponin going forward.		
	The Board were content to approve the Portfolio Report.		
	<u>APPROVED</u>		
195.	NHSGGC Finance Report		
	<p>The Board considered the NHSGGC Finance Report [Paper 25/159] presented by Mr Michael Breen, Director of Finance, for assurance.</p> <p>Mr Breen said that the 2025/26 financial plan had identified an overall financial challenge of £217.8 million. He said that as at 31 October 2025, the Board was reporting an overspend of £45 million which was comprised of unachieved savings of £45.9 million, an overspend in the Acute Division of £15.7 million offset by an underspends in Corporate of £12.1 million and Partnerships of £4.5 million.</p> <p>In relation to the Sustainability and Value (S&V) programme, £123.5 million, around 57%, of the overall financial challenge had been delivered at the end of month 7. On a recurring basis, £26.8 million, around 29%, of the recurring target had been achieved. Mr Breen added that there were expected benefits in future reporting periods from Scottish Government revisions to the CNORIS scheme and New Medicines Funding, however, although these would improve the overall position, other non-recurring initiatives would be required by the end of the financial year to meet the breakeven position.</p> <p>A further review of the forecast position had taken place in month 7 with the projected deficit reduced to £39.6 million which was a positive movement of £5.4 million from the projected deficit of £45 million that had been reported for the previous three months. Mr Breen advised that in terms of mitigation and actions, a full review of financial options was being undertaken to reduce the forecast overspend over the remainder of the financial year, this would include non-recurring budget and financial management initiatives, further S&V programme benefits for deliverable schemes and recognition of further income both internally and externally.</p> <p>Mr Breen reported that capital expenditure incurred to 31 October 2025 was £27.3 million which amounted to 30% of the overall capital budget of around</p>		

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	<p>£90 million. This left a balance of £62.7 million to 31 March 2026, however, at the end of month 7, £60.9 million, 62%, of the total capital allocation had been committed either through incurred spend or firm orders which was in line with expectations for this time of year. There was also £29.1 million of the capital allocation from Business Continuity Plan priorities and £4.8 million of this required to be reallocated due to slippage. Overall, the forecast was that we would meet our capital expenditure position at the end of the financial year.</p> <p>In relation to a query about Acute overspend, Mr Breen said that in relation to the funding from the Scottish Government for planned care of £38.9 million it was fully expected that this would be spent. However, in relation to the £20.9 million allocated for unscheduled care, there was some slippage and work was ongoing with the Scottish Government to reallocate some of that slippage. Work was also underway on Acute overspend reviewing some budget decisions, for example, unfunded posts and Junior doctors. The £15.7 million Acute overspend reported was baseline running costs rather than additionality which had been fully funded. Mr Breen noted a comment around the potential repayment of Scottish Government unscheduled care monies and said that the allocations letter had been relatively late and funding was different from normal allocations. He was working with the Scottish Government and acknowledged that some of the funding may have to be returned but would retain the flexibility to improve unscheduled care between now and the year end.</p> <p>In response to a query about accelerating the pace of savings, Mr Breen said that a number of the S&V schemes had not been fully developed at the start of the financial year and work was ongoing to accelerate these. There was also significant effort to ensure we were more strategic about the S&V programme as we moved into 2026/27 and the blueprint work would be incredibly important. He said that we would be delivering the same level of savings next year, but the intention would be to provide more certainty around identified S&V programmes at the start of year as well as putting resources into supporting these programmes. Fundamentally, it would be important to take the opportunity to relook at the overall S&V programme for next year and refocus.</p> <p>The Board were content to note the update.</p> <p><u>NOTED</u></p>		
196.	NHSGGC Board Performance Report		
	The Board considered the NHSGGC Board Performance Report [Paper 25/160] presented by Mr William Edwards, Deputy Chief Executive, for assurance. This included updates on		

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	<ul style="list-style-type: none">• Unscheduled Care including Acute, Delayed Discharge and FNC Interface;• Planned Care;• Cancer Performance Update;• Winter Plan Preparations. <p>Mr Edwards said that at the end of October 2025 there were 11 measures delivering against the trajectory. Improvement was required to Emergency Department (ED) performance which was at 66.1% but this was in the context of significant challenges and high occupancy rates. Delayed Discharges had increased to 347. Work was ongoing to improve Psychological Therapies performance which improved by 2.4%. 62-day cancer waits had been 70.9%, however, the data for November that had just been validated had shown a positive increase to 73.7%. Outpatient and inpatient daycase activity had fallen slightly short in terms of overall delivery but was delivering in line with trajectory as well as Scottish Government expectations.</p> <p>The system reset had taken place from 20 November to 8 December, however, 1 – 7 December had been difficult in terms of the number of flu cases with 697 confirmed across the hospitals. Many of the actions progressed through the system reset were continuing where possible and would be reignited in system reset 2 which would take place from 12 – 26 January 2026. The winter preparations were underway with the additional capacity staffed and ready to be opened soon.</p> <p>Mr Edwards said that the cancer performance paper had been considered at the recent Finance, Planning and Performance Committee. There had been a real focus on high volume pathways with a number of actions outlined in the paper and he was hopeful that initiatives such as additional recruitment and outsourcing would start to show improvement over October and November. Mr Edwards acknowledged, however, that while there had been a steady improvement in performance we were still not where we would like to be and the wider teams were fully committed to driving improvements further in line with trajectories.</p> <p>It was noted that in relation to new outpatient waiting times there had been an improvement in appointments being booked with 80% now booked which was an increase from the previous 62.5%, however, there was a query about how far in advance appointments were being scheduled and what was the threshold time from being booked in to appointment. Mr Edwards said that the appointments were scheduled within 2 weeks. There was a commitment to deliver against the target of zero outpatients waiting over 52 weeks by the end of March 2026 and Mr Edwards was confident that we were on track to deliver that.</p>		

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	<p>Mr Edwards acknowledged that there were seven specialties over the trajectory for 52 weeks and said that there were a number of areas of challenge, for example, paediatric ENT and plastic surgery, as there were not a significant number of centres who were able to offer support in this space and few options available in private healthcare. He said that all options were being explored to secure resources and there was work ongoing with other Boards, for example, NHS Fife were sending staff to adult neurology and paediatric options were being explored with NHS Lothian, as well as looking at waits by Board area and the potential to stream patients to other Boards with shorter waiting times. Dr Davidson said that this was a good example of early sub-national principle, where a group of paediatric ENT colleagues in the West had been established and developed ideas on how patients and colleagues could be moved around the region to assist.</p> <p>The Chair said that there was Board scrutiny by herself and the Vice Chair every Monday of every specialty on the waiting list and she commended Mr Edwards and his team as the trajectories at the start of oversight had all been met.</p> <p>Mr Edwards provided a short presentation on Delayed Discharges. He said that the Director of Whole System Flow was in place and was agreeing improvement trajectories with Partnerships. He outlined the new approach being taken with acute hospital bed days allocated on a partnership basis to determine what each partnership should be within based on their population size. Each Chief Officer had signed up to this and were collectively trying to reduce overall delays and bed days lost. There was significant focus on trying to move patients to more suitable placements and tight governance in place through the Monday Directors Group meetings working through the detail. Integrated discharge teams had been stepped up across Glasgow Royal Infirmary, Queen Elizabeth University Hospital, Vale of Leven Hospital and the Royal Alexandra Hospital. The first response service had been stepped up to 7 days across QEUH and RAH as well as ensuring a focus on other targets, such as Home by Noon. All actions were in place as part of the system reset and this continued to move forward.</p> <p>Ms Sinclair set out the Glasgow City perspective, acknowledging that Glasgow was a significant contributor to the overall Delayed Discharges position by merit of the size of the population. There was considerable work underway in wards as well as developing a range of services and approaches in the community to support whole system flow, for example, 4-hour turnaround care at home service, Red Cross support at home service, as well as paying close attention to standard delays and those relating to the Adults with Incapacity (AWI) act. There had been further improvements in Glasgow City Delayed Discharges which were at 166 today of which 61 were AWI. Ms Sinclair said that they continued to develop new ideas and</p>		

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	<p>options as well as planning for the next system reset. While AWI were not the majority for the HSCP in terms of numbers, the AWI delays were significant contributors to the numbers of bed days lost. There had been some significant process in moving some very long delays and they were also using Scottish Government targeted AWI funding to make further progress against the targets. She provided assurance that they were working hard to improve the position recognising the whole system impact of Delayed Discharges.</p> <p>Mr McClean said that the situation in Renfrewshire HSCP was different and they had been at the top end of performance for over three years with no Care at Home waits for over two years. He said that there was real buy-in and leadership at every level across the organisation and that ownership ensured the service was as good as possible for people receiving care. There was also a Multidisciplinary Team onsite at the Royal Alexandra Hospital which improved relationships and promoted proactive discussions which helped keep performance at a good level and it was hoped to build on this as part of the system reset.</p> <p>In relation to the work on Adults with Incapacity (AWIs), there was a query on whether there was sufficient court time to process the guardianship applications that were made. Ms Sinclair said that the court were the decision makers but there was a good response with cases continuing to move forward. There had been an upturn in the appointment of safeguarders which added to the length of process but there was significant work through our own legal colleagues and through patients and families to go through the process as quickly as possible.</p> <p>In response to a query about whether the current spike in illness was impacting on the delivery of homecare, Ms Sinclair said that this was being monitored across the six HSCPs and while there had been some challenges there was nothing that required to be escalated.</p> <p>Mr Edwards noted the comment about what was realistically achievable and by when. He said that they were working hard to get the figures across the six HSCPs to 237 in the short term and there had been significant recent improvements and he hoped that this would be achieved early in the New Year, acknowledging that the situation was fluid at the moment.</p> <p>Professor Gardner said that further work was required looking at patterns of how people presented, where they were from, SIMD background, etc, as solutions may lie in targeted approaches, for example, deprivation, GPs requiring support in some areas. The planning approach in 2026 would look at areas of deprivation, there was a particular changing demographic around Glasgow Royal Infirmary which supported the community in wider ways than core healthcare and there needed to be a deep dive and think tank to look at drug and alcohol addition, deprivation, societal issues, gender based</p>		

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	<p>violence, to build a different type of care and approach and a feature of next year would be a targeted approach to find better solutions.</p> <p>The Chair said that at the August Board, members had not been assured by the 62 day cancer performance, however, since then there was now a trajectory and confidence that the work of Mr Edwards and the team was making an impact. She said that it was important to note that part of Board assurance comes from the confidence we can take on plans being in place and she was pleased to note that while we were not near the set target, the November 62-day performance was at the highest level for four years which was a tremendous achievement. She suggested keeping a focus on cancer performance and bringing back a further deep dive to next Board meeting but meantime the Board were assured by the trajectories and plans that were in place.</p> <p>The Board were assured by the report.</p> <p><u>ASSURED</u></p>		Mr Edwards
197.	Overview of Future Integrated Performance and Quality Report (IPQR)		
	<p>The Board considered the Overview of Future Integrated Performance and Quality Report (IPQR) [Paper 25/161] presented by Mr Michael Breen, Director of Finance, for approval.</p> <p>Mr Breen said that the paper introduced the Integrated Performance and Quality Report (IPQR) which it was proposed to implement as a core element of NHSGGC's assurance and performance. He invited Mr Stuart Donald, Head of Performance, to provide a short presentation.</p> <p>Mr Donald said that the IPQR combined the key operational, financial, clinical and corporate governance measures into a single report which would make it easier to see the full picture and strengthen assurance across the organisation. The format of the report had been endorsed by the Corporate Management Team, as well as a reference group of Executive Directors and Non-Executive Board Members. The IPQR would use verified data as well as verbal updates on key measures and the Board could continue to request deep dives on areas of concern, if required.</p> <p>Mr Donald also summarised the key points of feedback from development of the report and said that the key point was that the supporting narrative required to be sharp, concise and refreshed for every report.</p> <p>Following Board approval, the IPQR production timeline would be finalised in line with the Board's Annual Cycle of Business; the first IPQR would be produced for the Board in February; and there would be ongoing</p>		

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	development and refinement of the IPQR throughout 2026 based on user feedback.		
	The Chair requested that the evaluation of the IPQR be over three Board meetings as opposed to six months. She said that in terms of governance, this was owned by the Board and there would also be the benefit going forward of having the whole Board at the Finance, Planning and Performance Committee.		Mr Donald
	It was noted that Mr Vincent, Mr Gould and Ms Miles were looking at the Public Health Framework in terms of population health indicators and therefore these may also change going forward. Dr Crighton added that the recent Population Health and Wellbeing Committee had considered how the indicators relating to the Public Health Framework were going to be taken forward ensuring the process was visible. The Chair said that this would ensure that we were a public health organisation that implemented the Framework for the benefit of people in our communities.		
	It was agreed that it would be beneficial to have the Corporate Objectives at the top of the report above the Key Performance Indicators to ensure a clear line of accountability. The importance of estates and maintenance measures was highlighted noting that this had still to be agreed and it was critical to get these right and ensure the Board have a clearer understanding in that space.		Mr Donald
	The Board were content to approve the IPQR.		
	<u>APPROVED</u>		
198.	Healthcare Associated Infection Report Template (HAIRT)		
	The Board considered the Healthcare Associated Infection Report Template (HAIRT) [Paper 25/162] presented by Professor Angela Wallace, Nurse Director, for assurance.		
	Ms Devine said that the paper covered the period September and October 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) and the Board continued to perform well with all areas within the control limits. The SAB rates continued to be monitored closely and there had been a slight increase in September to 34 but this had reduced to 28 in October and 21 in November. In terms of clinical risk assessment this was above 90% target.		

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	<p>It was noted that Glasgow Royal Infirmary and the Royal Alexandra Hospital were outliers in terms of hand hygiene monitoring compliance and Ms Devine was asked if there was a reason for that and what steps were required to bring these up to other hospitals. Ms Devine said that there was a continued focus on education and NHSGGC was the only Board in Scotland that retained the services of a Hand Hygiene Coordinator to focus across all hospitals and sectors. There was a significant focus on hand hygiene compliance and an ongoing programme of audit and education.</p> <p>Ms Devine said that hand hygiene was the single most important thing we can do for our patients as it prevented the transmission of micro-organisms from patient to patient. Ms Devine said that there was a focus on education and audit and the Quality Improvement Network was meeting this afternoon and a new workstream had been introduced into the network which was led by the coordinator and would start with collaborative conversation to try and understand why some staff might skip hand hygiene.</p> <p>Ms Devine said that the full HAIRT which reported through the Clinical and Care Governance Committee included a section on hand hygiene and any improvements could be recorded there. The Chair of the Clinical and Care Governance Committee was asked to ensure there was a deep dive undertaken into hand hygiene compliance.</p> <p>The Board were content to note the report.</p> <p><u>NOTED</u></p>		Ms Devine
199.	Significant Adverse Event Review – Deep Dive		
	<p>The Board considered the Significant Adverse Event Review – Deep Dive [Paper 25/163] presented by Dr Scott Davidson, Medical Director, for assurance.</p> <p>Dr Davidson said that the paper described where we were, where we are now and where we were going, highlighting the positive journey over the last few months to improve the position and he expressed his thanks to colleagues who had been involved in that work. However, despite the significant improvement there continued to be challenges and the team were working up an indicative business case on what other resources may be required to remain in a good position.</p> <p>The Board acknowledged the significant amount of work that had been undertaken this year to clear the backlog and that acknowledged the need to look at resources to ensure that we did not return to the previous position.</p>		

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	The Board were assured by the report.		
	<u>ASSURED</u>		
200.	Significant Adverse Event Review (SAER) Policy		
	<p>The Board considered the Significant Adverse Event Review Policy [Paper 25/164] presented by Dr Scott Davidson, Medical Director, for approval.</p> <p>Dr Davidson invited Ms Paula Spaven, Director of Clinical and Care Governance, to provide an overview of the policy. Ms Spaven said that since the approval of the Interim Policy in June 2025, there had been extensive testing of the updated approach and the move to the three levels outlined in the Policy. The Policy had been consulted on across NHSGGC which had resulted in minor changes from the interim version. The Policy and Procedure had been endorsed through all governance channels including the Clinical and Care Governance Committee and the Corporate Management Team. An extensive toolkit was in place which was subject to ongoing review and the staffnet pages were being redeveloped to improve the guidance to staff. A policy assurance checklist had been completed as well as the EQIA.</p> <p>It was acknowledged that the link to the Board had been strengthened in the Policy but there was still a question of how that governance worked in practice ensuring there was no duplication with the Clinical and Care Governance Committee. Dr Davidson said that the Clinical and Care Governance Annual Report would continue to be presented to the Board. In terms of the Committee, it would continue to receive routine reports on SAERs and these were also included in the biannual clinical governance reports. This would also be included in the IPQR going forward.</p> <p>Dr Davidson clarified that we were still in the interim process and there remained a focus on clearing the backlog. The red flag process was being used and there were 12 red flag SAERs recorded. The local Adverse Event Oversight Groups (AEOGs) were in place and the Corporate AEOG was meeting fortnightly.</p> <p>Dr Davidson said that there was significant work underway on learning and awareness. The toolkit was being promoted through the Core Brief, emails, key clinical governance groups and forums to ensure awareness. The Clinical Governance Support Unit staffnet page was being redesigned and would include a specific section on staff support.</p> <p>In response to a query about whether it was possible to gather staff data, Dr Davidson said that DATIX model included some relevant data fields which could support data linkages and reports but the completion of these was not</p>		

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	<p>mandatory and there was some work to do to encourage staff to complete these fields. said it was recognised that that this data was particularly relevant in relation to the Anti-racism Policy. Dr Davidson also clarified that if a whistleblowing concern was received, the standard was to ask for any complaints or SAERs in the area to establish whether there were any themes or similarities so there was cross-referencing at that point.</p> <p>The Board were content to approve the Policy.</p> <p><u>APPROVED</u></p>		
201.	Infection Prevention and Control Annual Report		
	<p>The Board considered the Infection Prevention and Control Annual Report [Paper 25/165] presented by Professor Angela Wallace, Nurse Director, for assurance.</p> <p>Professor Wallace invited Ms Sandra Devine, Director of Infection Prevention and Control, to provide an overview of the report. Ms Devine said that the focus of the regular HAIRT to the Board was on performance data and this Annual Report outlined the wide range of infection prevention and control activities across NHSGGC with particular recognition of the team's contribution to the evidence base through publications and collaborative partnerships with NHS Scotland to help inform and shape national IPC policy. The team remained committed to pursuing research opportunities and Board-level improvements, particularly within the Infection Prevention and Control Quality Improvement Network which continued to grow, offering additional opportunities for improvement and practice development, including online initiatives.</p> <p>In response to a query about patient referrals in the performance section, Ms Devine said that these were not always infections but could be patients that had been colonised by organisms that could be spread to other people. She also clarified that the difference in the number of ward closures was correct as it could occur that wards were closed for more than one reason and the narrative in future reports would reflect this.</p> <p>In relation to the number of staff having completed the Standard Infection Control Precautions mandatory training module, Ms Devine explained that this number reflected the completion rates within the past 12 months, and as staff were only required to complete the module every three years the total completion rate was not reflected. Future reports would include the percentage of staff who were compliant rather than the number that had completed the modules in year.</p>		<p>Ms Devine</p> <p>Ms Devine</p>

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	The Board were assured by the report.		
	<u>NOTED</u>		
202.	Maternity Improvement Programmes		
	<p>The Board considered the Maternity Improvement Programmes [Paper 25/166] presented by Professor Angela Wallace, Nurse Director, for assurance.</p> <p>Professor Wallace said that there had been significant support across the Board in relation to the improvement work and this paper encapsulated the need for improvement since the summer of 2022. She invited Dr Mary Ross-Davie to provide an overview of the paper.</p> <p>Dr Ross-Davie said that NHSGGC had bucked the trend in falling birth rates with an overall growth in 5.1% in bookings since 2019 and as the number of births had increased, there had also been an increase in complexity of births with more women requiring medical interventions. It was highlighted that 2024 was also the first year that there had been a higher rate of caesarean births, with an 11% increase since 2019, which led to an increase in theatre time, theatre staffing, obstetric time and those women were more likely to suffer post natal complications. NHSGGC also had the highest percentage of deprivation as well as a significant number of women unable to read or write English requiring translation support. Both of those groups of women had higher rates of complexities. Dr Ross-Davie said that she had been asked to undertake a review of maternity services in 2022. She had reported in November 2022, describing the lack of progress in implementing Best Start, there had not been a review of midwifery establishment since 2014 and the new RMC midwifery guidance had not led to changes in postnatal staffing. Since then there had been a focus on making positive changes and using Scottish Government funding to put in place focused projects.</p> <p>Dr Ross-Davie outlined the significant number of changes and confirmed that women were asked about their experience and feedback suggested their continuity of care was better than previously. There was increased booking and antenatal return appointments; a focus on secondary care and engagement with staff and families which the PEPI team were involved in; the Maternity Services Partnership and Third Sector Network had been established and these regularly met together; the senior leadership team did walkabouts every month in each of the units, asking staff what could be improved and reassuring them that concerns would be listened to and acted on; there were regular team meetings with staff and a behaviours charter. There was also a significant element looking at workforce and, pathways of care were more systematic and sickness absence rates had seen a positive</p>		

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	<p>reduction. Workload tools had led to an additional 37.5 midwives been recruited, 19 to improvements in triage and implementing the Birmingham tool and 15 to the labour wards. There was current recruitment for 25 midwives. Considerable work on the leadership model had been undertaken and there was recruitment for a consultant midwife. There was also support for SAERs from the new lead midwife and the Clinical Governance Support Unit Nurse Director funding had been made available and support Newly Qualified Midwives with an innovative role, and clinical skills midwives were embedded. Dr Ross-Davie acknowledged that there were still challenges but was positive about the changes that continued to be made and hoped that the report reflected the extend of the work that was ongoing.</p> <p>In response to a query, Dr Ross-Davie said it was not possible to say that there was a causative link between the rise in caesarean sections and the reduction in stillbirths. She said that there had been a huge variety of work in reducing still birth rates including antenatal care with all staff trained to pick up and respond to problems early and a focus on CTG during labour. She said that there had not been a HIS inspection to NHSGGC yet but in the meantime we had benchmarked ourselves against three reports published by HIS and there were regular meetings with teams to keep them aware of HIS reports to ensure everyone was ready and prepared.</p> <p>In response to a query about safeguarding vulnerable women, Dr Ross-Davie said that there were robust public protection policies and procedures in place as well as close working and regular meetings with the public protection team. The Blossom Team was a specialist team of midwives working at advanced practice level who worked closely with vulnerable women. Those midwives had a lower caseload than universal pathway midwives.</p> <p>Ms Wailes flagged that the lack of reaction to the change in infant physical examination had not been flagged as a risk in the system and there would need to be a proactive look ahead on how we address that going forward.</p> <p>In relation to the gap in numbers between bookings and births, this largely arose from women from other areas who chose to come and give birth in NHSGGC.</p> <p>Dr Ross-Davie noted the comments on culture and said that there had been a growing interest in work we did around culture when developping the Nursing and Midwifery Strategy and she had been privileged to present the culture work at the launch. There had been interest from nursing leaders across the service to share resources and talk people through the process. There had also been discussions with HR and OD colleagues to spread awareness across the organisation.</p>		

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	<p>The Chair said that there was likely to be a HIS inspection this year and noted the preparation for that and a presentation on this had already been received by the Board. She said that although challenges remained there was an impressive amount of work ongoing.</p> <p>The Board were assured by the report.</p> <p><u>ASSURED</u></p>		
203.	Area Clinical Forum		
	<p>The Board considered the following for assurance:</p> <p>a) Chair's Report from Meeting 11 December 2025 [Paper 25/167] b) Minutes from Meeting 9 October 2025 [ACF(M)25/05]</p> <p>The Board were assured by the update.</p> <p><u>ASSURED</u></p>		
204.	Audit and Risk Committee		
	<p>The Board considered the following for assurance:</p> <p>a) Chair's Report from Meeting 2 December 2025 [Paper 25/168] b) Minutes from Meeting 18 September 2025 [ARC(M)25/04]</p> <p>The Board were assured by the update.</p> <p><u>ASSURED</u></p>		
205.	Clinical and Care Governance Committee		
	<p>The Board considered the following for assurance:</p> <p>a) Chair's Report from Meeting 4 December 2025 [Paper 25/169] b) Minutes from Meeting 4 September 2025 [CCGC(M)25/03]</p> <p>The Board were assured by the update.</p> <p><u>ASSURED</u></p>		
206.	Finance Planning and Performance Committee		
	The Board considered the following for assurance:		

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	<p>a) Chair's Report from Meeting 11 December 2025 [Paper 25/170] b) Minutes from Meeting 9 October 2025 [FPPC(M)25/06]</p> <p>The Board were assured by the update.</p> <p><u>ASSSURED</u></p>		
207.	People Committee		
	<p>The Board considered the following for assurance:</p> <p>a) Chair's Report from Meeting 20 November 2025 [Paper 25/171] b) Minutes from Meeting 25 September 2025 [PC(M)25/03]</p> <p>The Board were assured by the update.</p> <p><u>ASSSURED</u></p>		
208.	Staff Governance Committee		
	<p>The Board considered the following for assurance:</p> <p>a) Chair's Report from Meeting 27 November 2025 [Paper 25/172] b) Minutes from Meeting 12 August 2025 [SGC(M)25/03]</p> <p>The Board were assured by the update.</p> <p><u>ASSSURED</u></p>		
209.	IJB Leads Reports		
	<p>The Board considered the following for assurance:</p> <p>a) East Dunbartonshire Paper [25/173] b) East Renfrewshire Paper [25/174] c) Glasgow City Paper [25/175] d) Inverclyde Paper [25/176] e) Renfrewshire Paper [25/177] f) West Dunbartonshire Paper [25/178]</p> <p>The Board were assured by the update.</p> <p><u>ASSSURED</u></p>		
210.	Date and Time of Next Scheduled Meeting		

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	<p>The next meeting would be held on Thursday 24 February 2026 at 9.30 am hybrid in the Teaching and Learning Centre, QEUH and via MS Teams</p> <p>Before closing, Dr Davidson reported that resident doctors in Scotland were currently undergoing a ballot regarding industrial action, this was due to close tomorrow with the results in a few days and there would be a 14 day notice if industrial action was to go ahead. Industrial Action planning groups were ongoing with a focus is on running services and ensuring patient safety if there was any industrial action.</p> <p>The Chair advised that this was the last Board meeting for the Board Secretary, Ms Kim Donald, for a while and recorded the Board's gratitude to Ms Donald for all her work.</p>		