

NHS GGC (M) 26/03  
Minutes: 66 - 108

## NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the NHS Greater Glasgow and Clyde Board held on Thursday  
25 June 2026 at 11.00 am hybrid at JB Russell House  
and via Microsoft Teams (recorded for the NHS GGC website)**

### PRESENT

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

|                                 |                          |
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| Ms Mehvish Ashraf               | Ms Lesley McDonald       |
| Mr Brian Auld                   | Dr Morven McElroy        |
| Mr Michael Breen                | Cllr Michelle McGinty    |
| Ms Libby Cairns                 | Cllr Robert Moran        |
| Ms Ann Cameron-Burns            | Dr John O'dowd           |
| Mr Martin Cawley                | Cllr Katie Pragnell Lees |
| Ms Cath Cooney                  | Dr Becky Metcalfe        |
| Mr Gio D'Alessio                | Ms Ketki Miles           |
| Dr Scott Davidson               | Dr Paul Ryan             |
| Ms Dianne Foy                   | Ms Karen Turner          |
| Professor Jann Gardner          | Mr Charles Vincent       |
| Mr Graham Haddock OBE           | Ms Michelle Wailes       |
| Ms Margaret Kerr (from Item 15) | Professor Angela Wallace |
| Mr Jamie Kinloch BEM            |                          |

### IN ATTENDANCE

|                             |                                                                  |
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| Mr Russell Coulthard        | Deputy Chief Executive/Interim Chief Operating Officer           |
| Ms Beth Culshaw             | Chief Officer, West Dunbartonshire HSCP                          |
| Ms Emma Fletcher            | Interim Deputy Director of Public Health                         |
| Mr Alistair Graham          | Director of Digital Services                                     |
| Ms Leanne Law               | Senior Business Manager – Corporate Governance                   |
| Ms Ali Marshall             | Deputy Director of Planning                                      |
| Mr Billy McClean            | Chief Officer, Renfrewshire HSCP                                 |
| Mr Neil McSeveny            | Interim Director of Communications                               |
| Ms Nicola Munro             | PA to NHSGGC Board Chair                                         |
| Mr Derrick Pearce           | Chief Officer, East Dunbartonshire HSCP                          |
| Professor Sir Lewis Ritchie | Co-Chair of the SPCG                                             |
| Ms Kate Rocks               | Chief Officer, Inverclyde HSCP                                   |
| Ms Louise Russell           | Secretariat Manager (Minute)                                     |
| Ms Natalie Smith            | Interim Director of Human Resources & Organisational Development |

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| Professor Tom Steele |  | Director of Estates and Facilities |
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| <b>66.</b> | <b>Welcome and Apologies</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |        |
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|            | <p>The Chair, Dr Lesley Thomson KC, welcomed those present to the June 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 JB Russell House. 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 Cllr Jacqueline Cameron, Non-Executive Board Member, Cllr Chris Cunningham, Non-Executive Board Member, Mr David Gould, Non-Executive Board Member and Ms Claire MacArthur, Director of Planning.</p> <p>The Chair welcomed Professor Sir Lewis Ritche to the meeting. The Chair also welcomed Mr Alan Wilson, Director of Estates and Facilities and Mr Alistair Graham, Director of Digital Services, to their first Board meeting following their appointments in their new roles.</p> <p>The Chair advised that no breaks were indicated on the agenda, however the Chair intended to take an Active Board break at 12.10pm for 15 minutes, a lunch break at 1.30pm for 30 minutes and a 5-minute break in the afternoon, if required.</p> <p><b><u>NOTED</u></b></p> |  |        |
| <b>67.</b> | <b>Declaration(s) of Interest(s)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |        |
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|            | <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><b><u>NOTED</u></b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |        |
| <b>68.</b> | <b>Minute of Meeting held on 30 April 2026</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |        |
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|            | <p>The Board considered the minutes of the NHS Greater Glasgow and Clyde Board meeting held on 30 April 2026 [NHS GGC(M)26/02], which were presented for approval.</p> <p>Following consideration, and on the motion of Ms Ketki Miles, Non-Executive Board Member, seconded by Dr Paul Ryan, Non-Executive Board Member,</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |        |

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|            | the Board approved the minutes as a full and accurate record of the meeting.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |        |
|            | <b><u>APPROVED</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |        |
| <b>69.</b> | <b>Matters Arising</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |        |
|            | <p>The Board considered the Rolling Action List [Paper No.26/63] presented by Ms Leanne Law, Senior Business Manager – Corporate Governance, for approval.</p> <p>Eight actions were included within the Rolling Action List; four were proposed for closure and four remained ongoing. The following updates were noted on the actions marked as ongoing:</p> <p><b>Item 162 - IJB Whole System Report and Item 197 Overview of Future Integrated Performance and Quality Report (IPQR)</b></p> <p>The above actions remained ongoing; however, it was noted that both actions were expected to be completed by the next Board meeting, with a further update to be provided at the meeting.</p> <p><b>Item 12b - Communication and Public Engagement Update</b></p> <p>Details were provided at the last Board meeting, and information included in the April and May Core Brief's, therefore it was suggested that this item could be closed.</p> <p><b>Item 53 - Stakeholder Communications and Engagement Strategy 2024-27 Annual Impact Report</b></p> <p>The comments from the Board were noted and would be incorporated in future reports, where possible.</p> <p>The following updates were noted on the actions marked as closed:</p> <p><b>Item 44 - Communication and Public Engagement</b></p> <p>Discussion had taken place and confirmation had been received that the IPN pop-up prompt could be used to promote campaign messages. Options were being considered to align this with campaigns planned for 2026/27.</p> <p>It was confirmed that the use of AI had been incorporated into the cycle of Board Briefings, and that the Board would be advised of the scheduled date for the relevant briefing in due course.</p> |  |        |

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|            | <p>Vaccination data was on the agenda to be discussed later in the meeting.</p> <p><b>Item 45 - Corporate Risk Register</b></p> <p>An update on Risk 3816 had been presented to the Audit and Risk Committee and was included on the agenda for today's Board meeting.</p> <p><b>Item 52 – Disposal of West Glasgow Ambulatory Care Hospital Site (Update)</b></p> <p>An update was presented to the Finance, Planning and Performance Committee in May 2026 and was included on the agenda for today's Board meeting.</p> <p><b>Stakeholder Communications and Engagement Strategy 2024-27 Annual Impact Report</b></p> <p>Details on the green status of the Citizen's Panel had been provided as requested outlining the green status and testing of the approach and the Citizen's Panel would be established in 2026/27.</p> <p>It was queried whether Action 12B, Communications and Publication Update had been completed and whether the update previously requested for Non-Executive Members had been provided, thereby enabling the action to be formally closed. It was noted that a response will be provided following the Board meeting.</p> <p>Following consideration, the Board approved the Rolling Action List.</p> <p><b><u>APPROVED</u></b></p> |  |        |
| <b>70.</b> | <b>Chair's Report</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |        |
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|            | <p>The Chair advised that she had completed a report of her activities since the last Board meeting, which would be published on the NHS GGC website. The report provided an overview of key engagements, including visits to services and facilities across NHS GGC, engagement with staff and partners, and participation in events.</p> <p>The Chair highlighted a recent visit undertaken to the Cook Freeze Unit at Inverclyde Royal Hospital, noting the commitment of staff and the clear focus on placing patients at the centre of service delivery. It was noted that Board members had also sampled the same lunch provided to patients.</p> <p>The Chair highlighted the ongoing national focus on public sector reform and transformation, advising that further engagement in this area was anticipated.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |        |

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|            | <p>In relation to the Healthcare Improvement Scotland inspection of Maternity Services, the Chair advised that a statement would be made under the relevant agenda item later in the meeting.</p> <p>It was noted that the Chief Executive would provide a Chief Executive update later in the meeting.</p> <p>The Board noted the report.</p> <p><b><u>NOTED</u></b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |               |
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| <b>71.</b> | <b>Patient Story</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |               |
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|            | <p><b>Volunteering within NHS Greater Glasgow and Clyde</b></p> <p>The Director of Nursing, Professor Angela Wallace, introduced a short video highlighting the contribution of volunteers across NHS GGC. The story focused on volunteers supporting patients, families, service users and staff, including welcome guide and rehabilitation support roles.</p> <p>The Board recorded its thanks to all volunteers working across NHSGGC.</p> <p><b><u>NOTED</u></b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |               |
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| <b>72.</b> | <b>Board Activity Update</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |               |
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|            | <p>The Board considered the Board Activity Update [Paper 26/64] presented by Mr Michael Breen, Deputy Chief Executive/Director of Finance, for awareness.</p> <p>Mr Breen provided an overview of key internal and external activities undertaken since the previous Board meeting. The report highlighted the breath of engagement across the Standing Committees.</p> <p>The external role of Board members in representing the organisation at national and local Forums was highlighted. It was noted that Seminars and other engagement sessions provided an opportunity to retain awareness of key priorities and emerging issues. It was further noted that feedback following attendance at external events would support wider understanding of relevant developments and opportunities. The Board also noted the benefit of members linking with colleagues who had attended external events, to support shared learning and relationship-building.</p> <p>It was agreed that future updates would focus on external and additional governance activity and routine Standing Committee attendance did not require inclusion.</p> |  |               |

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|            | <p>The Board noted the update.</p> <p><b><u>NOTED</u></b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |               |
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| <b>73.</b> | <b>Key Updates from Standing Committees</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |               |
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|            | <p>The Board considered the Key Updates from Standing Committees [Paper 26/65] presented by Mr Michael Breen, Director of Finance, for awareness.</p> <p>Mr Breen advised that three Standing Committees had met during the reporting period; the People and Staff Governance Committee, the Finance Planning and Performance Committee and the Audit and Risk Committee had met on two occasions.</p> <p>Mr Breen highlighted some areas of discussion at the Committees, including; the People and Staff Governance Committee noted strong progress in relation to workforce planning; the Finance Planning and Performance Committee noted the improved year-end position, however it was recognised that challenges remained in relation to non-recurring savings, with continued focus required to improve Sustainability and Value going forward and the Audit and Risk Committee completed the audit process for 2025/26.</p> <p>The Committee noted that the People and Staff Governance Committee had been conducted using a different approach, with Ms Cath Cooney, Non-Executive Board Member, Ms Mehvish Ashraf, Non-Executive Board Member and Ms Ann Cameron-Burns, Employee Director/Board Member, contributing to the running of the meeting. Feedback indicated that the approach had worked well and, if successful, could be considered for other Committees to support a balanced distribution of responsibilities and strengthen succession planning. The approach provided an opportunity for members to contribute in a way that would not be possible when acting as Chair, and although it required some additional work, it was considered worthwhile. It was agreed that this learning should be considered in relation to other Committee Chairs, with a further discussion to take place after July.</p> <p>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><b><u>NOTED</u></b></p> |  |               |
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| <b>74.</b> | <b>Governance and Board Member Responsibilities - Update</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |               |
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|            | <p>The Board considered the Governance and Board Member Responsibilities update [Paper 26/66] presented by Mr Michael Breen, Deputy Chief Executive/Director of Finance, for approval.</p> <p>Mr Breen outlined updates since the Board last met. Mr Breen noted that both he and Mr Russell Coutlhard, Interim Chief Operating Officer, had been appointed as Interim Deputy Chief Executive's on a portfolio basis for a six-month period.</p> <p>Mr Alan Wilson had commenced post as the Director of Estates and Facilities and Mr Alastair Graham had commenced post as Director of Digital Services.</p> <p>Mr Breen confirmed that there had been no changes to Committee membership since the previous meeting.</p> <p>The Chair advised that, following the summer period, it would be appropriate to take stock of the Committee arrangements and consider any potential changes to Committee membership, in consultation with individual members.</p> <p>Following consideration, the Board approved the Governance and Board Member Responsibilities update.</p> <p><b><u>APPROVED</u></b></p> |  |               |
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| <b>75.</b> | <b>Draft Corporate Objectives</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |               |
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|            | <p>The Board considered the Draft Corporate Objectives [Paper 26/67] presented by Mr Michael Breen, Deputy Chief Executive/Director of Finance, for approval.</p> <p>The paper provided a summary of the refreshed aims and objectives. It was noted that the objectives had been considered through various forums, including a Board Seminar, and had been tested and refined as part of that process.</p> <p>The refreshed aims and objectives were aligned to the National Framework and local transformation priorities, including the service renewal framework and the Transforming Together Programme. Mr Breen highlighted that a key objective was the inclusion of digital as a core strategic aim.</p>                                                                                                                                                                                                                                                                                                                                                                                         |  |               |

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|            | <p>The continued emphasis on finance and workforce wellbeing was also highlighted, recognising the ongoing financial pressures and the importance of maintaining a resilient workforce.</p> <p>The work undertaken by the team in developing the approach was commended, noting that it had drawn on the culture toolkit and had sought to frame and reframe the discussion in a way that invited participation.</p> <p>Following consideration, the Board approved the Draft Corporate Objectives.</p> <p><b><u>APPROVED</u></b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |        |
| <b>76.</b> | <b>Annual Review of Governance</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |        |
|            | <p>The Board considered the Annual Review of Governance [Paper 26/68] presented by Mr Michael Breen, Deputy Chief Executive/Director of Finance, for approval.</p> <p>Mr Breen advised that the Audit and Risk Committee had reviewed and scrutinised the documents prior to submission to the Board. Mr Breen provided an update on each paper.</p> <p><b>a) <u>Model Code of Conduct for Members</u></b></p> <p>Mr Breen advised that no changes were proposed to the position previously approved for 2025/26. However, as part of the active governance process, there was a legislative requirement for the position to be submitted for approval in respect of 2026/27.</p> <p><b>b) <u>Standing Orders</u></b></p> <p>The Standing Orders set out the arrangements for the conduct of meetings and the formal Governance Framework within which the Board operated. One proposed amendment was highlighted for implementation in 2026/27, related to the Audit and Risk Committee. The Chair and Chief Executive would remain ex-officio members of all Committees, with the exception of the Audit and Risk Committee, in order to maintain the independence of audit arrangements. The change to the wording recognised the critical roles undertaken by both the Chair and Chief Executive. It was noted that the proposal was considered and approved by the Audit and Risk Committee. No other material changes were proposed.</p> <p><b>c) <u>Standards of Business Conduct</u></b></p> <p>The Committee noted that the provisions applied to all staff across NHS Greater Glasgow and Clyde and that no changes were proposed for the</p> |  |        |

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|  | current financial year. It was further noted that the relevant introductory provision had been incorporated into the Board arrangements in the previous year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |        |
|  | A query was raised as to whether provisions applicable to staff should also apply to Non-Executive Board Members. In response, Mr Breen stated that this document was in relation to NHS GGC employed staff.                                                                                                                                                                                                                                                                                                                                                                                                                  |  |        |
|  | <b>d) <u>Standing Financial Instructions</u></b><br><b>e) <u>Scheme of Delegation</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |        |
|  | The Board considered the Standing Financial Instructions and Scheme of Delegation, noting that these had been subject to significant scrutiny by the Audit and Risk Committee. The supporting appendices provided the full draft 2026/27 Scheme and the proposed Standing Financial Instructions, with a number of changes outlined in the covering paper. It was noted that the Scheme of Delegation remained a central component of the Board's Governance Framework.                                                                                                                                                       |  |        |
|  | A point of clarification was raised regarding references to the Information Assurance Framework and the Integrated Performance and Quality Report, with Members noting that these were distinct governance documents and should be clearly reflected as such throughout the Scheme of Delegation. It was noted that this matter had previously been discussed by the Audit and Risk Committee. Mr Breen advised that the document had been updated following the Audit and Risk Committee meeting and undertook to confirm that all amendments requested by the Committee had been fully incorporated into the final version. |  |        |
|  | <b>f) <u>Committee Terms of Reference</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |        |
|  | The Board considered the Terms of Reference for the Board Standing Committees, which had been reviewed through the appropriate Committee governance processes prior to submission to the Board. The amendment to the Audit and Risk Committee Terms of Reference relating to the ex-officio roles of the Chair and Chief Executive was approved.                                                                                                                                                                                                                                                                              |  |        |
|  | A query was raised regarding paragraph 2.1 of the Finance, Planning and Performance Committee Terms of Reference and its relationship with Section 9.5 of the Standing Orders. Clarification was sought as to whether the current wording could be interpreted as requiring the Committee to meet in public. It was noted that this matter had also been discussed by the Audit and Risk Committee, which had identified a potential inconsistency between the relevant provisions.                                                                                                                                           |  |        |
|  | Mr Breen advised that the issue would require further consideration to ensure that the Terms of Reference and Standing Orders were fully aligned.                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |        |

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|            | <p>It was noted that a further review would be undertaken and that any necessary amendments would be brought forward through the appropriate governance process. In the meantime, no changes were proposed for Board approval, other than noting the action arising.</p> <p><b>g) <u>Governance Committee Annual Reports</u></b></p> <p>The Standing Committee Annual Reports for 2025/26 were included within the papers, comprising reports from the Chairs of each Standing Committee.</p> <p>The reports provided assurance on the delivery of each Committee's Terms of Reference and on the effectiveness of the Board's governance, risk management and internal control arrangements. The reports had been approved by the respective Committees and their Chairs.</p> <p>The Board noted the significant volume and breadth of work undertaken by the Standing Committees throughout the year and the assurance this provided in support of the Board's wider governance framework and Annual Governance Statement. Members expressed their appreciation to the Committee Chairs, Executive Directors and Non-Executive Directors for their commitment and contribution during the year. It was noted that the reports provided positive assurance in support of the external audit process.</p> <p>Clarification was sought regarding the separate references to the People Committee and Staff Governance Committee, given the recent establishment of a joint Committee. Mr Breen advised that, throughout 2025/26, the Committees had continued to operate as separate entities and that the first meeting of the combined People and Staff Governance Committee had taken place after the financial year-end. It was therefore appropriate that separate annual reports had been presented for 2025/26. It was noted that a single report would be presented for the combined Committee in future years.</p> <p><b><u>APPROVED</u></b></p> |  | Mr Breen |
| <b>77.</b> | <b>Board Annual Cycle of Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |          |
|            | <p>The Board considered the Board Annual Cycle of Business [Paper 26/69], presented by Mr Michael Breen, Director of Finance, for approval.</p> <p>The Board noted that the Annual Cycle of Business set out the proposed programme of business for 2026/27. It was recognised that additional items may be scheduled throughout the year in response to emerging priorities and operational requirements.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |          |

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|            | <p>The Board noted that the mapping of agenda items to the Corporate Objectives reflected the position at the time the paper had been prepared.</p> <p>During discussion, it was agreed that the alignment of standing items should be reviewed against the newly approved Corporate Objectives to ensure continued consistency and transparency. Mr Breen advised that the Annual Cycle of Business would be updated accordingly and presented to a future Board meeting for noting.</p> <p>Following consideration, the Board approved the Board Annual Cycle of Business.</p> <p><b><u>APPROVED</u></b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Mr Breen      |
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| <b>78.</b> | <b>Communication and Public Engagement Update</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |               |
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|            | <p>The Board considered the Communication and Public Engagement Update [Paper 26/70] presented by Mr Neil McSeveny, Interim Director of Communications, for awareness.</p> <p>Mr McSeveny outlined key communications and engagement activity since the previous Board meeting. This included finalising NHS GGC's Engagement and Involvement Overview Report for 2025/2026. The report provided a summary of how feedback and involvement had informed service development, bringing together examples from across NHS GGC and all six Health and Social Care Partnerships. This included insights and involvement from over 21,000 people, through wide ranging engagement including surveys and Focus Groups.</p> <p>A fully interactive NHS GGC Care Opinion feedback online Dashboard for staff was in place, enabling users to explore specific areas and review feedback to inform service planning and provision. Further development of the Dashboard was being considered.</p> <p>Mr McSeveny advised that work continued to provide engagement support in aspects of capturing patient experience and feedback. To date the team had been involved in supporting over 30 teams and service areas across NHS GGC, capturing feedback to inform ongoing work. Engagement sessions had included discussions on medicines waste and other areas of service improvement.</p> <p>Internal communications activity was undertaken to support the Civility Saves Lives campaign and to promote key messages across the organisation. The campaign was aligned with World Kindness Day, reinforcing its focus on respectful and supportive workplace behaviours. The</p> |  |               |

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|  | <p>first Civility Pulse Survey was conducted in September 2025, with a further survey undertaken in April 2026. The results demonstrated clear positive movement, increasing from 19.6% in September to 63.9% in April. The next phase would focus on further embedding the approach, with an emphasis on recognition, sharing best practice and sustaining positive engagement with the campaign.</p> <p>A campaign was delivered to recognise and celebrate the valued contribution of volunteers, with positive engagement reported. A small increase in volunteer applications was noted and Mr McSeveny reported that volunteer retention rates in NHS GGC remained above the industry standard.</p> <p>Mr McSeveny advised that the NHS GGC Excellence Awards would be held on 30 October 2026. Categories had refreshed for 2026, introducing a new range of award categories designed to effectively reflect the breadth and impact of the outstanding work taking place across our organisation. This included the new People's Choice Award gives and members of the public the opportunity to recognise and celebrate those who have made a positive difference to their lives.</p> <p>In response to a question raised regarding how the outcomes from Civility Saves Lives could be communicated across the organisation and how the approach could be further embedded in practice, Mr McSeveny advised that a review of the report was being undertaken, with a view to using it to inform the development of a new campaign, followed by wider communication and rollout. Reports would be disseminated through established communication channels, including the Core Brief and the NHS GGC website.</p> <p>In response to a question regarding attendance at the medicines waste event, Mr McSeveny advised that the event had been attended by 25 people in total.</p> <p>In relation to the Celebrating Success Awards, it was recognised that the People's Choice Award represented an exciting category, and consideration was requested of how the nomination process could be promoted through a broad range of channels to maximise reach. Mr McSeveny advised that promotion would primarily be undertaken through media activity, including local media outlets, the website and social media channels. Subject to available funding, consideration would also be given to posters in high-traffic areas and use of digital screens. The importance of publicising the awards across NHS sites was highlighted, particularly to ensure that staff, patients and visitors were aware of the opportunity to submit nominations at the point of engagement. Therefore, it was noted that timely and visible promotion via posters would be important given the forthcoming timescales.</p> |  |        |

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|            | <p>In relation to the Dashboard feedback, it was noted that the Dental Hospital and Inverclyde Hospital were not listed in the information presented, however assurance was provided that all sites were captured within the Dashboard. It was noted that, when considering the size of services and patient volumes, the number of responses received should be interpreted in context. A future iteration of the Dashboard would seek to include information comparing patient numbers with the volume of feedback received.</p> <p>The Board noted the update.</p> <p><b><u>NOTED</u></b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |        |
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| <b>79.</b> | <b>Fatal Accident Inquiry (FAI) Update</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |        |
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|            | <p>The Board considered the Fatal Accident Inquiry (FAI) Update [Paper 26/71] presented by Dr Scott Davidson, Medical Director, for awareness.</p> <p>Dr Davidson provided a summary of the determinations arising from three recent Fatal Accident Inquiries in which NHS GGC had participated. The inquiries related to Michael Charlton, David Sutherland and Archie Donald.</p> <p>Dr Davidson expressed deepest condolences to the families for their loss and for the distress experienced.</p> <p>In relation to Michael Charlton, nine recommendations were made for the Prison Service, with no recommendations directed to NHS GGC. In relation to David Sutherland, three recommendations were made for the Prison Service, with no recommendations directed to NHS GGC. In relation to Archie Donald, the determination identified a precaution that may have avoided the death; however, the Sheriff was satisfied that improvements had been made to the relevant system and therefore no recommendations were made for NHS GGC. The follow-up of outcomes was noted. The Board also noted that although the recommendations were for the Prison Service, NHS GGC would comply with providing support if required. It was further noted that the Prison Service had addressed all recommendations.</p> <p>The importance of ensuring that determinations were considered at the public Board meeting was noted. The Board noted that any follow up recommendations, observations or comments from a FAI would be followed up by the Clinical and Care Governance Committee. It was noted that an action following the last meeting of the Committee was to improve the tracking of recommendations.</p> <p>The Chair, on behalf of the Board, extended condolences to the three families affected. The length of time taken for the proceedings to be</p> |  |        |

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|            | <p>concluded, the Sheriff's determinations to be issued, and for outcomes and improvements to be identified and implemented were acknowledged. It was confirmed that any required improvements arising from the determinations would be implemented without delay. Learning would also be considered and applied across the wider Board.</p> <p>The Board noted the update.</p> <p><b><u>NOTED</u></b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |        |
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| <b>80.</b> | <b>Corporate Risk Register</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |        |
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|            | <p>The Board considered the Corporate Risk Register [Paper 26/72], presented by Mr Michael Breen, Deputy Chief Executive/Director of Finance, for assurance.</p> <p>Mr Breen introduced the regular update on the organisation's risk profile covering March to April 2026. The Board noted that the Corporate Risk Register continued to be reviewed monthly by Risk Owners and the Corporate Management Team, with each corporate risk aligned to a Standing Committee for detailed oversight and scrutiny.</p> <p>It was noted that the Register contained 25 corporate risks, with four risk scores reducing during the reporting period, reflecting progress against agreed mitigating actions. Particular attention continued to be given to waiting times and delayed discharges, which remained significant areas of focus.</p> <p>The Board also noted that a small number of target risk scores had been recalibrated following consultation with the Chief Risk Officer to better reflect the Board's agreed risk appetite.</p> <p>Mr Breen advised that four risks remained above both the Board's appetite and tolerance levels, while a further 12 risks were above appetite but within tolerance, highlighting the continued need for focused mitigation. The report also identified opportunities to strengthen the quality of risk descriptions and further align action plans with the Board's Corporate Objectives, which would be addressed through future updates.</p> <p>The Board received assurance from the Corporate Risk Register and noted the ongoing actions to further strengthen risk management arrangements.</p> <p><b><u>ASSURED</u></b></p> |  |        |
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| <b>81.</b> | <b>Transforming Together</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |        |
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|            | <b>a) Transforming Together – GGC Way Forward Portfolio Report</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |        |

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|  | <p>The Board considered the Transforming Together – GGC Way Forward Portfolio Report [Paper 26/73] presented by Mr Russell Coulthard, Deputy Chief Executive/Interim Chief Operating Officer, for assurance.</p> <p>Mr Coulthard reported that all programmes remained on track and continued to make progress to deliver against key milestones. The paper was considered by the Corporate Management Team on 11 May and the Financial Planning and Performance Committee on 28 May. The Programme was progressing, with 175 of 193 actions completed, representing 91% of the actions initially identified and continued progress was noted across a number of key workstreams.</p> <p>The eTriage system had launched, with the Queen Elizabeth University Hospital eTriage system now live and the other sites progressing with implementation as part of a planned rollout. It was noted that two Campus Police Officer posts were in place at Glasgow Royal Infirmary and continued to provide support in response to ongoing site challenges, with the need for these roles being recognised.</p> <p>The Home First Response service was operational seven days per week at the Queen Elizabeth University Hospital and the Glasgow Royal Infirmary. Recruitment activity remained ongoing, and further work continued to support service stabilisation at the Royal Alexandra Hospital. Troponin testing had commenced within the Emergency Department, with preparatory arrangements progressing to support planned expansion into Clyde. The final summary of the 12-month Healthcare Improvement Scotland Emergency Department review process was noted, and the progress achieved was acknowledged.</p> <p>In relation to Interface and Urgent Care, it was reported that virtual capacity at 303 patients as at 31 May, with this figure continuing to increase and most recently recorded at 349. The rapid expansion of other virtual pathways was ongoing, with specialist groups working with clinical teams to conclude the remaining elements of the virtual beds programme. Urgent and unscheduled care activity across Interface and Acute Services was being supported by a refreshed action plan, with delivery of the virtual commitment scheduled for October 2026. Delayed Discharges had reduced following a spike in the New Year, and performance continued to be monitored and managed. Mr Coulthard reported that the GP IT migration was progressing, with 33 practices migrated as at June 2026, with a further 4 expected by the end of June, 8 planned for July and 13 planned for August. Work continued in relation to GP data sharing, with 150 practices now having provided approval.</p> |  |               |

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|  | <p>It was noted that the GP Walk-In Centre was scheduled to launch next week, representing a significant milestone, and multidisciplinary teams were now in place following the completion of recruitment.</p> <p>In relation to Mental Health, the in-patient bed reconfiguration process continued. An Options Appraisal was outlined and planned for Autumn 2026, followed by a three-month patient process. A full public consultation would be expected to take place between December 2026 and March 2027. Recruitment to Bed Manager posts in Mental Health had progressed, and appointments made following a recruitment process in late May. Subject to the usual recruitment processes, postholders were expected to be in place by August 2026.</p> <p>Within Planned Care and Cancer Services, work continued on development of the Orthopaedic Blueprint and associated Sub-National elements to develop a model that better aligned demand and capacity while maximising use of the estate. It was noted that planned care work continued to progress at pace and would be aligned with related planned care allocations.</p> <p>In terms of Women and Children's Services, the Paediatric Hospital at Home service reported 29 general cases and two OPAT cases, representing a total of 31 cases for April. Feedback received to date had been very positive. In May, activity increased to 35 general cases and two OPAT cases, resulting in a total of 37 cases. Further expansion of the wider case mix was anticipated. Within Maternity Services, recruitment was ongoing for additional midwives, including a further 30 posts and a Consultant Midwife post. This was expected to support improvement in the overall maternity position.</p> <p>In Women's Health and Gynaecology, the roll out of WID Easy Test of Change, the minimally invasive nurse-delivered diagnostic test, had been implemented, with early activity now underway. Outcomes were expected to become evident over the coming weeks. To date, 73 patients had been discharged from the Urgent Suspicion of Cancer Pathway, with the remaining seven having their Cancer Pathways expedited, and 63 patients had been discharged entirely from care.</p> <p>Clarification was sought on the anticipated number of patients who may benefit from the recently purchased Mysure equipment and its intended use. Mr Coulthard agreed to consider the matter offline, with further information to be circulated to members on how the service operates and the intention of the scale of patients.</p> <p>In response to a question on the sustainability of the Unscheduled Care Plan beyond the current one-year funding arrangement, it was noted that significant progress had been made in implementing the plan and improving access to unscheduled care, particularly for patients with complex needs.</p> |  |        |

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|  | <p>While the limitations of one-year funding were acknowledged, assurance was provided that work was underway to demonstrate the programme's outcomes and impact to support future funding and investment discussions.</p> <p>In response to a question regarding evaluation of eTriage, the Board noted that there was a timeline set out for evaluation. The Board noted that eTriage formed one element of a broader set of actions intended to contribute to improved unscheduled care flow, including wider staff engagement and the development of alternative points of access. It was emphasised that, while the launch represented an important opportunity, it could not be viewed as a single intervention capable of resolving the scale of the current challenges. Members recognised that the impact on turnaround times for people attending Emergency Departments would not be immediate.</p> <p>A query was raised regarding how the impact on the original corporate objectives would be measured, including whether improvements were being experienced by staff in relation to the interface urgent care work and whether the programme was contributing to a better working environment. It was noted that a key aim of the programme was to create a more manageable and certain working environment, reduce the stress described by staff in previous reviews, and secure improvements for patients. Further work was required to understand how these changes were being experienced by staff working in the relevant areas.</p> <p>The Board noted that assessing impact remained a key area of focus. Positive feedback had been received from patients attending Emergency Departments and from those accessing alternative pathways, and staff managing the alternance pathways had also provided positive feedback on own experience of delivering that. However, it was acknowledged that the experience within Emergency Departments continued to be challenging, with feedback indicating that workload pressures remained significant for staff.</p> <p>Members noted recent feedback from the Queen Elizabeth University Hospital Emergency Department, where colleagues continued to experience significant pressures. While occupancy levels had reduced in Clyde, and a number of initiatives were viewed positively, outflow from Emergency Departments remained an ongoing challenge.</p> <p>It was agreed that, as the programme was now well established, future reporting should provide a clearer assessment of progress across each area, including the impact on patients and the workforce, whether early improvements were being realised, and the extent to which the significant effort invested was translated into improved outcomes for staff.</p> <p>The Board were assured by the report.</p> |  |        |

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|            | <b>b) Innovation Overview (Video)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |               |
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|            | <p>The Board received a short video introduced by Dr Scott Davidson, Medical Director, outlining how genetic information could be used to inform treatment decisions, supporting a role for personalised healthcare in improving patient outcomes. The video showcased the PHOENIX trial as a pioneering clinical study. It was further noted that pharmacogenetics could help avoid unsuitable medicines and support the identification of treatments that are better tolerated by patients.</p> <p><b><u>NOTED</u></b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |               |
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| <b>82.</b> | <b>Chief Executive's Report</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |               |
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|            | <p>The Board considered the Chief Executive's Report provided by Professor Jann Gardner, Chief Executive, for awareness.</p> <p>Professor Gardner provided an update on key developments since the last meeting. It was noted that a Board Seminar had taken place in May, which provided an opportunity to reflect on progress one year on from the Summit and to discuss planning for 2026/27. On 5 June 2026 an introductory briefing session was held for newly elected MSPs in GGC.</p> <p>Other areas of focus included ongoing work with the Safety and Public Confidence Oversight Group. Significant work was underway at Sub-National level, including development and submission of a draft plan and engagement with colleagues across Sub-National West, with links being made with Sub-National East as the work evolved. This included planned and unscheduled care discussions, with trade union colleagues becoming increasingly involved in the work.</p> <p>In relation to recruitment, it was noted that Mr Alan Wilson had commenced post as Director of Estates and Facilities, and the appointment of Mr Alastair Graham, Director of Digital Services, was also noted. Mr Colin Lauder had been appointed as Director of Projects in relation to the Bone Marrow Transplant work on a temporary contract basis.</p> <p>With regard to Planned Care, the continued focus remained on reducing long waits and working across Sub-National Scotland to optimise collaborative approaches, including terms of work for transformation areas.</p> <p>Members were advised that a new Executive Standing Programme had been established to provide a focused view of priority executive programmes and areas requiring additional attention, with the aim of achieving the</p> |  |               |

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|            | desired outcomes by winter. A further update would be provided in due course.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |        |
|            | The Board noted the update.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |        |
|            | <b><u>NOTED</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |        |
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| <b>83.</b> | <b>Safety and Public Confidence Oversight Group</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |        |
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|            | <p>The Board considered the Safety and Public Confidence Oversight Group (SPCG) update [Paper 26/74] presented by the Chief Executive, Professor Jann Gardner, and Professor Sir Lewis Ritchie, Co-Chair for assurance. The Chair welcomed Professor Sir Lewis Ritchie to the meeting.</p> <p>The Board noted that the phased workplan, as outlined at the previous Board meeting, remained ongoing. It was noted that the programme had progressed through three stages: initial discovery, development of the work programme, and the current delivery phase. Members were advised that work was progressing well across the three portfolios. The timeline had been updated from the end of June to the end of August to allow sufficient time for effective involvement, consideration of the information gathered and reflection on the emerging findings.</p> <p>The Board noted that membership comprised of families, Whistleblowing representatives, external experts, members of the broader NHS family, NHS GGC Executives and continued to be Co-Chaired by Professor Gardner and Professor Sir Lewis Ritchie. It was noted that the group had met on 11 March, 8 April and 21 May. At the end of May, a report from the Co-Chairs was submitted to the Scottish Hospitals Inquiry (SHI) and this was subsequently shared with the group. A further meeting was scheduled for 2 July and additional small group meetings would also be arranged during July and August to enable participants to ask questions and provide comments for collation. This activity would support the final phase of the work. A further update would be provided at a meeting scheduled for 2 September.</p> <p>The Board noted the workplan update across the three Portfolios. In relation to Portfolio 1, there had been structured engagement underway with surveys and Engagement with staff continuing through face-to-face, telephone and virtual approaches. The engagement also included a review of some of the learning from the Scottish Hospitals Inquiry and each of the workstreams continued to be taken forward. Thematic analysis was underway and a report would be made available in due course. In addition, a public sentiment analysis was being undertaken to provide an indication of wider public views.</p> |  |        |

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|  | <p>In relation to Portfolio 2, work was progressing on microbiology, ventilation and water systems, including areas related to bone marrow transplantation and paediatric haematology. Repeat audits had been commissioned. Although further audits were not yet due, independent audits had been commissioned to provide additional assurance at the beginning and end of the process. The Bottled Water Policy was highlighted, with assurance provided that there was awareness of how and when it should be applied.</p> <p>Work on prophylaxis for Haematology Oncology patients and the potential use of ultraviolet light in relation to air and ventilation decontamination was also being taken forward.</p> <p>A Risk Assessment of the current Bone Marrow Transplant Unit had been undertaken during the period, however this remained a dynamic, with ongoing challenges noted and a programme of repairs ongoing. There had been significant discussion at the last meeting regarding JACIE accreditation. Certification had recently been received, and the use of terminology had been discussed in detail. Advice had been sought from JACIE on the appropriate language to use going forward.</p> <p>In relation to Portfolio 3, engagement was continuing with Infection Control Doctors, Microbiology colleagues and other relevant stakeholders. Early indications suggested that some of the issues identified may reflect some wider national challenges. The Professional Resolution Framework was progressing with a model approach and a Standing Operating Procedure (SOP) in terms of how use this and was being supported by HR colleagues.</p> <p>Delivery activity would continue throughout July and August, with final reports expected to be made available in September following the small group discussions. Professor Gardner advised that high-level fortnightly updates would continue to be made available to the group. The approved minutes from the previous meeting had been published on the SPCG website.</p> <p>Professor Sir Lewis Ritchie noted that this had been a challenging and complex matter, requiring a combined endeavour from all those involved. Appreciation to everyone who had contributed to the work undertaken to date was expressed. Professor Sir Ritchie acknowledged the significant efforts of NHS GGC staff, partner organisations across Scotland, corporate support colleagues, and those who had ensured that the voices of the public and patients were reflected in discussions. Professor Sir Ritchie also recognised the value of external perspective and the ongoing commitment demonstrated in relation to this matter. Professor Sir Ritchie advised that, while early progress had been achieved over the previous three months, there remained considerable work to be taken forward, which would continue to require collective commitment and collaboration.</p> |  |        |

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|     | <p>A question was raised regarding whether feedback would include the views of all relevant patients, including children where age appropriate, given the importance of learning from families as part of the feedback process, and whether the outcomes would be reported back to the Board. Professor Gardner advised that families had been approached across two categories: historic patients and families of patients and patients and families of patients who had received treatment more recently. A number of patients had also been contacted, and their views and themes would be incorporated into the report to be shared with the Board in due course. Feedback would reflect experiences of care in Ward 4B, Bone Marrow services and other relevant Paediatric Haematology settings. Staff feedback from these areas would also be included, with all elements reflected in the final report.</p> <p>The Chair indicated the importance of including the views of children, where age appropriate. It was noted that with the passage of time, those who were children at the time may now be unable to provide relevant input. This would be fed back to the Portfolio Group.</p> <p>In response to a question regarding the timeline for the Professional Relationship Infrastructure and the associated SOP's to be shared with the Board, Processor Gardner advised that the plans would be set out to go forward by the end of August. It was noted that the Framework was part of the overarching culture toolbox.</p> <p>The Chair thanked Professor Gardner and Professor Sir Ritchie and, on behalf of the Board, extended appreciation to all those involved in undertaking this work. The Chair advised that time would be allocated to consider the outcomes and impact of the work undertaken across the three Portfolio groups prior to submission to the October Board meeting.</p> <p>The Chair acknowledged the complexity and sensitivity of the discussion, recognising that it was both challenging and emotionally difficult for those involved. The Chair thanked all participants for their contributions, particularly those who had been required to revisit distressing events.</p> <p>The Board were assured by the update.</p> <p><b><u>NOTED</u></b></p> |  |        |
| 84. | <b>ED HIS Review Update</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |        |
|     | <p>The Board considered the ED HIS Review Update [Paper 26/75], presented by Mr Russell Coulthard, Deputy Chief Executive/Interim Chief Operating Officer, for assurance.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |        |

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|  | <p>The Board received an update on progress at the 12-month point, including the evaluation of implementation against the agreed recommendations and ongoing engagement with Healthcare Improvement Scotland (HIS).</p> <p>It was reported that actions continued to be mapped against the recommendations, with 175 of 193 actions completed. A number of agreed actions remained at an early stage of implementation, and further work was required to evidence the impact of the actions on staff and patient experience.</p> <p>The Board noted evidence of improvement in patient experience, while recognising that this had not yet translated consistently into improved staff experience. Staff engagement, particularly within Emergency Department teams at the QEUH, continued to highlight the impact of occupancy, flow and wider operational pressures. (The Board had already heard under Item 81 that the experiences of staff in ED continued to be challenging and workload pressures remained significant).</p> <p>Members noted that further work was required to describe and evidence the overall impact of the programme, including how the recommendations had been achieved and how feedback continued to be provided to HIS. During discussion, it was highlighted that the three Emergency Departments should not be viewed as a single, uniform position. Members noted that the response to actions taken varied across sites, with significant work undertaken in relation to staffing, nursing, departmental fabric and layout. It was recognised that these changes may have had a greater impact at RAH and the GRI than at the QEUH, where patient flow remained a key issue.</p> <p>The Board agreed that it would be important to maintain Executive focus on this work, including the ability to identify and respond promptly to emerging issues. It was also noted that staff needed to see visible evidence of progress and improvement. Members acknowledged that improvements in patient flow at QEUH were unlikely to be realised in the short term. Communications should therefore remain realistic and transparent, clearly reflecting both the work undertaken and the continuing challenges.</p> <p>The Chair summarised by stating that, when this work commenced a year ago there was a direction of travel to improve for patients and staff. Confidence in the ability to fully resolve all the issues remained cautious. However, commitments had been made to ensure that improvements were pursued within the Board's control, that staff were involved in shaping change, and that ideas from frontline teams were heard and considered.</p> <p>It was recognised that there had been a clear level of engagement, although she also recognised that not all staff across all sites were yet experiencing the impact of the changes, despite investment in staffing. Flow was identified as a particular issue. It was therefore agreed that more detailed</p> |  |        |

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|     | <p>consideration should be undertaken at individual site level to establish the specific issues, impact on staff, patient experience outcomes, and the trajectory of improvement. The team's approach to the agreed actions was welcomed.</p> <p>It was agreed that the matter should first be considered through the Finance, Planning and Performance Committee, with flexibility to take account of the relevant issues then brought back to the Board. The Chief Executive would consult with the Clinical Governance and Staff Governance Committees to determine the appropriate approach, with a further report to be brought back to the Board setting out the site-level position, impact of outcomes, and improvement trajectory.</p> <p>The Board were assured by the update.</p> <p><b><u>ASSURED</u></b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |        |
| 85. | <b>HIS Inspection Report – Maternity Services Safe Delivery of Care Inspection – Queen Elizabeth University Hospital</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |        |
|     | <p>The Board considered the HIS Inspection Report – Maternity Services Safe Delivery of Care Inspection – Queen Elizabeth University Hospital [Paper 26/76], presented by Mr Russell Coulthard, Deputy Chief Executive/Interim Chief Operating Officer, and Professor Angela Wallace, Director of Nursing, for assurance.</p> <p>Mr Coulthard provided an overview and findings from the recent Maternity Services Healthcare Improvement Scotland inspection carried out at the Queen Elizabeth University Hospital on 27 and 28 January 2026.</p> <p>The Board noted that the inspection had identified 6 areas of good practice, alongside 4 recommendations and 26 areas for improvement, with key themes related to culture, workforce and professional practice. An Action Plan had been developed and submitted to Healthcare Improvement Scotland, with progress being made in relation to both the agreed actions and the governance response. It was noted that there was ongoing commitment to ensuring that actions were completed in a timely manner and that staff were supported through the process.</p> <p>Professor Wallace, Director of Nursing, advised that work had been undertaken across three principal themes: culture, workforce and professional practice. The Committee noted the Board's investment in maternity staffing, including £4m of investment and £1.5m of recurring investment to support midwifery, safety and clinical governance capacity. This included 19 posts to support the agreed triage model and 15 whole-time equivalent posts for the labour ward, agreed in November 2025. It was</p> |  |        |

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|  | <p>reported that, in total, 62 whole-time equivalent qualified midwifery posts were expected, with offers made and staff anticipated to commence in post shortly.</p> <p>In relation to culture and leadership, further work was being progressed, including a deep dive supported by a cultural survey and engagement with a range of colleagues. High-level survey results had been reviewed, and further work was under way to better understand the findings and support sustained improvement in how staff worked and felt supported.</p> <p>In respect of professional practice, it was acknowledged that inspection feedback had highlighted areas where fundamental practice required improvement. The Board noted that work was underway in these areas and that the learning from the inspection would be used to inform further improvement activity.</p> <p>Additional governance and oversight arrangements had been put in place, including regular detailed oversight and alignment with the wider Transforming Together Programme. A dedicated executive focus had been established, chaired by Mr Russell Coulthard, Deputy Chief Executive/Interim Chief Operating Officer and Professor Angela Wallace, Director of Nursing, to ensure that the requirements of the action plan were progressed, that changes were evident in day-to-day practice, and that staff felt supported at work.</p> <p>The Board noted that women's voices remained central to the improvement work, with a commitment to reflecting the views of more than 300 women who had contributed to the process. The Board continued to work closely with Healthcare Improvement Scotland (HIS) as part of delivery of the action plan, with the overarching aim of ensuring that care was safe, compassionate and responsive to the needs of women and families.</p> <p>Assurance was sought that a partnership approach was being taken in respect of the workforce, culture and conduct issues identified within the Healthcare Improvement Scotland (HIS) report. It was confirmed that any issues that related to individual staff conduct would be progressed through the appropriate processes, with close engagement with Human Resources. Learning from the culture work would continue to be reported through the Board's governance arrangements.</p> <p>The Chair then indicated that the Boards overall position Seminar had been held in November 2025 to provide Board members with a full update on the work which had commenced in 2022, including the joint maternity and midwifery improvement work. At its meeting on 18 December 2025, the Board had received and accepted assurance regarding the work under way, including the requirement for increased staffing and the associated financial investment. Following publication of the HIS inspection report on 4 June 2026, Board members were asked to reconsider the level of assurance</p> |  |        |

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|  | <p>previously received. A Board Briefing was held on 17 June 2026 to discuss and reflect on the findings of the report and the draft NHS GGC Action Plan, which had been prepared in response. It was noted that, in order to provide assurance to HIS, the Action Plan required to be signed off by both the Chair and Chief Executive on behalf of the Board. The Board were reminded of earlier work undertaken in response to the Amma Birth report, including actions to address racialised behaviours. The positive relationship between Amma Birth and NHS GGC was noted, together with the acknowledgement of continued engagement.</p> <p>At the briefing on 17 June 2026, Board members received information and presentations from senior colleagues, and all members present were invited to provide comment/ask questions. It was acknowledged that, despite the work underway and the commitment shown, the current issues affecting services had not been fully understood. This was recognised as an important lesson for all involved.</p> <p>Contributions and questions at the Seminar by Board members included the need to move from information gathering to impact analysis, in order to support sustained improvement. The Board members noted issues relating to culture within the unit and recognised that, while there was clear intent to improve services for patients and staff, this had not yet consistently translated into feeling of change on the ground. The Board noted the serious issues raised in relation to basic standards of care, civility and professionalism, infection prevention and control, and medication. It was acknowledged that these areas had fallen below the standards expected and that responsibility for addressing them sat collectively across the organisation.</p> <p>The importance of ensuring that staff were in the right place, with the right support and working environment, was emphasised. Priority areas included required estates remedial work, leadership visibility, and ensuring that staff had confidence that leaders understood their issues and would act on concerns raised. Board members also discussed the importance of staff feeling safe to speak up, the application of Duty of Candour requirements, Significant Adverse Event Reviews, and assurance that there was no backlog in relevant review processes. Training for midwives was also discussed, including whether current arrangements were sufficient and appropriately targeted.</p> <p>It was recognised that the assurance previously received had not fully prepared the Board for the findings subsequently set out in the report. The opportunity to contribute to the national review established by the Scottish Government was noted. The Chair advised that confidence had been affected by the findings, but emphasised that there was an opportunity to respond at pace. The Chair thanked colleagues for their work, reflections and commitment to progressing the necessary improvements.</p> |  |        |

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|            | <p>The Board noted the improvement Action Plan, which comprised 165 actions, of which 120 were reported as completed. Further assurance would be required on the delivery, impact and sustainability of the remaining actions.</p> <p>In relation to governance arrangements going forward, the Chair proposed that a Non-Executive Board member be embedded within the Improvement Group, with interest and relevant experience sought from members. It was also noted that governance had been strengthened in relation to grip and control arrangements, and that Maternity Services would be added to the weekly meetings involving the Chief Executive, Chair and Deputy Chief Executive.</p> <p>The reporting route for ongoing assurance was discussed, including the need to ensure alignment with the Finance, Planning and Performance Committee and the Clinical and Care Governance Committee.</p> <p>The Chair reflected that the report had contributed to a public feeling that the kind and careful care expected by patients and families had not always been delivered. She acknowledged that this carried significant responsibility for the organisation and that all those involved were determined to ensure the required improvements were made for patients, families and babies.</p> <p>The Board recognised that a considerable amount of work remained to be undertaken and that close scrutiny and robust assurance would be required going forward.</p> <p>The Board approved the paper.</p> <p><b><u>APPROVED</u></b></p> |  |        |
| <b>86.</b> | <b>Disposal of West Glasgow Ambulatory Care Hospital Site</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |        |
|            | <p>The Board considered the Disposal of West Glasgow Ambulatory Care Hospital Site [Paper 26/77], presented by Professor Tom Steele, Director of Strategic Infrastructure Planning and Delivery, for approval.</p> <p>The Board received an update on the next phase of work to progress the disposal of the site, following consideration by the Finance, Planning and Performance Committee in April. It was noted that the Committee had undertaken detailed discussion on the governance arrangements, proposed disposal approach, service migration, decommissioning activities and the route for ongoing scrutiny and oversight.</p> <p>The Board noted that service migration was expected to be completed by the end of June, with decommissioning activities to commence immediately</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |        |

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|  | <p>thereafter. The Finance, Planning and Performance Committee had considered the governance route for the next phase of the process, including Committee scrutiny, guidance and oversight, with final decision-making to return through the appropriate governance channels. The preferred disposal approach was outlined, including the planning and development considerations for the site and the associated disposal and marketing advice. The Board noted the recommendation to seek demolition consent in advance of disposal, recognising that retention of the existing building would require significant development costs, estimated at £16 million, and would materially affect site value through risk deductions and potential market deterrence.</p> <p>It was further noted that continued retention of the building would create ongoing revenue cost pressures, health and safety considerations, security issues and wider environmental risks. A demolition warrant had been secured from Glasgow City Council, and confirmation had been received from Scottish Government that funding would be made available to support the full demolition cost.</p> <p>The proposed marketing approach was described as enabling the Board to present a clear and credible development opportunity to the national development market. The route to market would comprise a two-stage competitive tender process, agreed in line with best value requirements and progressed collaboratively with the Scottish Futures Trust.</p> <p>The Board noted that public and stakeholder engagement was progressing and would move into a second phase associated with closure. This would focus on communicating the closure sensitively, explaining the next stage of the process and recognising the significance of the building. Engagement activity during July and August would include development of heritage-based case studies and establishment of a public information point, culminating in an engagement event in late August. The activity would focus on celebrating the Hospital and capturing stories from the public, former patients and other stakeholders. Members noted the importance of the engagement approach in supporting governance and assurance, including the Board's statutory duties and the need to ensure stakeholder views were captured.</p> <p>The significance of the development opportunity was recognised. Clarification was sought on whether the Scottish Government funding confirmation would cover the full demolition cost. It was confirmed that written confirmation had been received advising that the full cost, estimated at £16 million, would be covered.</p> <p>The Board noted that recommendation 10 related to Finance, Planning and Performance Committee for consideration of the matter, and that recommendations 2 to 6 sought approval. It was agreed that, given the</p> |  |        |

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|     | importance of the work, progress would continue to be reported to the Board.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |        |
|     | The Board noted the update, approved the recommendations as presented and recorded its thanks to the Public Engagement Team for its work.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |        |
|     | <b><u>APPROVED</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |        |
| 87. | <b>Integrated Performance and Quality Report (IPQR) including Cancer Update</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |        |
|     | <p>The Board considered the Integrated Performance and Quality Report (IPQR), including the Cancer Update [Paper 26/78], presented by Mr Michael Breen, Deputy Chief Executive/Director of Finance, and Mr Russell Coulthard, Deputy Chief Executive/Interim Chief Operating Officer, for assurance.</p> <p>Mr Breen introduced the latest iteration of the IPQR covering April 2026 and highlighted key areas of performance, quality and operational delivery.</p> <p>The Board noted the position in relation to Significant Adverse Event Reviews and received assurance regarding ongoing actions to reduce the number of overdue reviews. It was confirmed that there were currently no review backlogs within either Primary Care or Maternity Services.</p> <p>The Board also received an update on cancer performance and welcomed the continued improvement against the 62-day cancer standard. Members noted improvements across diagnostic pathways, reductions in long waits and positive progress.</p> <p>Discussion focused on PET CT demand, which was noted to be higher than elsewhere in Scotland. Clarification was sought regarding the use of evening and weekend capacity and the sustainability of the current approach. In response, it was advised that the PET Recovery Plan included additional activity, targeted capacity expansion and the utilisation of capacity in other areas. Members noted that further planning would be required to support the transition from recovery measures to sustainable business-as-usual arrangements.</p> <p>The Board agreed that the Recovery Plan represented an appropriate balance between maintaining additional recovery activity and progressing towards a sustainable long-term operating model.</p> <p>Members highlighted the importance of communicating the progress achieved in a balanced and proportionate manner, recognising both the</p> |  |        |

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|            | significant improvements delivered and the work that remained. It was noted that these achievements would be reflected in post-Board communications.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                |
|            | The Board received assurance from the report.<br><b><u>ASSURED</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                |
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| <b>88.</b> | <b>Healthcare Associated Infection Report Template (HAIRT)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                |
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|            | <p>The Board considered the Healthcare Associated Infection Report (HAIRT) [Paper 26/79], 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 March and April 2026.</p> <p>Professor Wallace noted that a revised summary format was being developed. The report set out performance against the Scottish Government indicators and the position remained consistently stable. The Clinical and Care Governance Committee continued to receive the full report.</p> <p>The ongoing improvement collaborative would continue to support further progress. The remainder of the HAIRT report covered activity undertaken to ensure robust processes were in place and to demonstrate continued challenge and scrutiny. A tribute was paid to the teams involved, recognising the breadth of work undertaken across all relevant areas.</p> <p>In response to a question regarding E. coli figures for March and April and whether there were any concerns, the Board noted that there were no specific issues identified that required further focus at this stage. The importance of encouraging immediate and local action was highlighted and the position would continue to be monitored.</p> <p>The Board were assured by the report provided.</p> |  |                |

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|            | <b><u>ASSURED</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |               |
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| <b>89.</b> | <b>Draft Delivery Plan 2026/27</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |               |
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|            | <p>The Board considered the Draft Delivery Plan [Paper 26/80] presented by Mr Russell Coulthard, Deputy Chief Executive/Interim Chief Operating Officer, for approval.</p> <p>The 2026/27 Delivery Plan set out a plan for delivery, improvement and reform across NHS GGC and built on the work undertaken during 2025/26 to transform and further improve services. The plan included NHS GGC priorities and was also aligned with: The Sub-National West Draft Plan for 2026/27, National Reform direction – including the 2026/27 Operational Priorities set out by Scottish Government and the new Scottish Government ‘100-day Plan commitments within Health and Social Care’.</p> <p>The progress in implementing and delivering the plan would be monitored on a quarterly basis and a quarterly monitoring report would be shared and discussed with the Finance, Planning and Performance Committee.</p> <p>Ms Margret Kerr, Non-Executive Board Member and Chair of the Finance, Planning and Performance Committee advised that the Finance, Planning and Performance Committee had the opportunity to provide feedback remotely and individual responses had been received to advise that feedback had been addressed or the document updated.</p> <p>In response to a question regarding distinguishing between Hospital at Home and the Virtual Hospital, the Board noted that Hospital at Home was a defined service for elderly patients with set criteria and the Virtual Hospital was for patients that would ordinarily be in an acute bed.</p> <p>The Board were asked to consider how health improvement activity could be further supported, noting that primary prevention and secondary prevention were key, particularly in light of the levels of ill health reported and observed across services. The Board noted that a Scottish Prevention Unit had been established in order to ensure prevention was at the forefront across the public sector.</p> <p>The Board were content to approve the Draft Delivery Plan 2026/27.</p> <p><b><u>APPROVED</u></b></p> |  |               |
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| <b>90.</b> | <b>GP Out of Hours Service Annual Report</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |               |
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|     | <p>The Board considered the GP Out of Hours Service Annual Report [Paper 26/81] presented by Mr Fraser McJannett, Director of Primary Care and Ms Jude Marshall, Deputy Medical Director for Primary Care, for assurance.</p> <p>Mr McJannett provided an update on the GP Out of Hours service, including the annual patient evaluation and proposed actions in response to feedback from patient's resident in Inverclyde. It was noted that overall patient experience remained positive, with 93% of patients reporting that their needs had been met. However, satisfaction among Inverclyde patients had reduced from 92% to 76%. The Board noted that the feedback was anonymous, which limited the ability to explore individual responses in detail, but that key themes included travel and access, and responsiveness of NHS 24.</p> <p>The Board were advised that the service had continued to deliver a higher number and proportion of patients locally in Inverclyde compared with the previous year, with no formal complaints from patients in the area and no site closures during the year. Proposed actions included telephone consultations for all Inverclyde patients, further promotion of the Patient Transport Service, enhanced monitoring of calls to ensure transport was offered where appropriate, and a further patient satisfaction audit in Autumn. Work would also be undertaken with Public Health colleagues to consider broader outcome measures, including holistic health and wellbeing. The Board noted the significant reduction in Primary Care Emergency Centre closures, from 1,200 in 2020 to two in the previous year, and the continued focus on governance, safety and quality, induction, education, training and wellbeing, leadership and engagement, and innovation and reform. Members welcomed the revised approach following previous discussion at the Finance, Planning and Performance Committee.</p> <p>It was agreed that further information would be provided to Board Members on the proportion of Royal Alexandra Hospital attendances that related to Inverclyde residents.</p> <p>The Board approved the proposed actions and were assured by the report. It was noted that assurance would continue to be provided to the Finance, Planning and Performance Committee and annually to the Board.</p> <p><b><u>ASSURED</u></b></p> |  |        |
| 91. | <b>Winter Vaccination Uptake: Further Assessment of Data and Challenges</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |        |
|     | <p>The Board considered the Winter Vaccination Uptake: Further Assessment of Data and Challenges [Paper 26/82] presented by Dr John O'dowd, Interim Director of Public Health, for assurance.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |        |

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|            | <p>Dr O'dowd provided an update on the Winter Flu Vaccination uptake. It was noted that vaccination remained a major prevention programme in terms of both reach and impact, but that flu vaccination uptake within NHS GGC continued to fall behind the Scottish position in some cohorts. The analysis identified inequalities as the main driver of lower uptake, with barriers related to confidence, convenience, communication and understanding.</p> <p>The Board noted the targeted interventions planned through the Scottish Vaccine Improvement Programme and the continued focus on strengthening engagement and delivery. In response to a question regarding the reduction in vaccinations of Social Care and Healthcare Workers, it was noted that some groups were adversely affected more than others. Misinformation and disinformation remained significant barriers and that sustained engagement was required, particularly with groups affected by inequalities.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p> |  |        |
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| <b>92.</b> | <b>A Fairer NHS GGC 2025-2029</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |        |
|            | <b>a) Annual Monitoring Report 2025-26</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |        |
|            | <b>b) Anti-Racism Plan 2025-26</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |        |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |        |
|            | <p>The Board considered A Fairer NHS GGC 2025-2029 Annual Monitoring Report 2025-26 and Anti-Racism Plan [Paper 26/83] presented by Dr John O'dowd, Interim Director of Public Health, for approval.</p> <p>The report set out progress in meeting equality duties under the Equality Act 2010 and the 2022 regulations and described progress across the priorities of Better Care, Better Health, Better Workplace and Better Value, and outlined priorities for 2026/27.</p> <p>Members discussed the importance of considering anti-Semitic sentiment alongside broader anti-racism and equality work, particularly in the context of current wider societal issues. It was agreed that this would be reflected in future Board work and Seminar discussions on equality.</p> <p>The Board approved the report.</p> <p><b><u>APPROVED</u></b></p>                                                                                                                                                                                                                |  |        |
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| <b>93.</b> | <b>Public Health Screening Programme Annual Report</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |        |
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|            | <p>The Board considered the Public Health Screening Programme Annual Report [Paper 26/84] presented by Dr John O'dowd, Interim Director of Public Health, for assurance.</p> <p>The report described variation in screening outcomes and uptake by age, deprivation, ethnicity and geography, where available. Members noted ongoing data challenges within national screening systems, including gaps affecting breast and cervical screening data, and the associated risks to governance, service planning and targeted improvement.</p> <p>The Board discussed cervical screening uptake, including barriers related to access, confidence, previous adverse experiences, misinformation and socioeconomic deprivation. Members were advised that NHS GGC was participating in pilots and trials related to self-testing for cervical screening, with learning being considered from other systems where self-testing had been introduced. The importance of improving flexible access to screening was noted.</p> <p>Members also discussed breast screening provision, including the absence of a fixed Inverclyde location within the report. It was noted that there were wider concerns about fixed screening capacity and reliance on ageing mobile infrastructure. Further information would be sought on the position in Inverclyde.</p> <p>The Board also discussed preschool vision screening uptake and onward referral, noting the importance of working with education partners and families to address barriers to follow-up. The Board noted that further consideration of screening inequalities would be taken forward through the Population Health and Wellbeing Committee.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p> |  |        |
| <b>94.</b> | <b>Public Health Strategy 2018-2028: Turning the Tide through Prevention Annual Update</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |        |
|            | <p>The Board considered the Public Health Strategy 2018-2028: Turning the Tide through Prevention Annual Update [Paper 26/85] presented by Dr John O'dowd, Interim Director of Public Health, for assurance.</p> <p>The update included new data from the Minority Health and Wellbeing Survey, which indicated less favourable indicators of health, mental wellbeing and limiting long-term conditions among minority ethnic communities.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |        |

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|            | <p>The Board noted the continued focus on child health and development, mental health, immunisation, smoking cessation, healthy weight, addictions and screening. Members also noted the forthcoming Public Health organisational Maturity Matrix and the opportunity and complexity of embedding prevention across the organisation and with partners.</p> <p>The Board noted the achievements and the recommendations, including the need to work across the system, strengthen partnership working and increase influence through Community Planning Partnerships.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>                                                                                                                                                                                                                                                                                      |  |               |
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| <b>95.</b> | <b>Workforce Strategy 2025-30: Phase One Action Plan</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |               |
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|            | <p>The Board considered the Workforce Strategy 2025-30: Phase One Action Plan [Paper 26/86] presented by Ms Natalie Smith, Interim Director of Human Resources and Organisational Development, for assurance.</p> <p>Ms Smith provided an overview of the first-year update on the 2030 Workforce Strategy. It was reported that strong progress had been made, with 37 of the 40 year-one actions completed and the remaining three progressing into year two. The year-two action plan would focus on preventative wellbeing activity, further development of digital reporting, and delivery of core elements of the cultural programme.</p> <p>Members discussed musculoskeletal and mental health pilots within Estates and Facilities, noting the higher levels of sickness absence in that area and the importance of targeted preventative support.</p> <p>The Board were assured by the report</p> <p><b><u>ASSURED</u></b></p> |  |               |
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| <b>96.</b> | <b>a) Whistleblowing Quarter 4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |               |
|            | <b>b) Annual Report</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |               |
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|            | <p>The Board considered the Whistleblowing Quarter 4 and Annual Report [Paper 26/87] presented by Mr Michael Breen, Deputy Chief Executive/Director of Finance, for assurance.</p> <p>It was noted that 24 concerns had been received during the year, of which two were managed at stage one, nine progressed to stage two, and the remaining cases did not meet the criteria. Stage one performance was noted to be strong, while stage two performance required significant improvement.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |               |

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|            | <p>The Board noted the need to strengthen qualitative reporting, including themes, learning and the dissemination of improvement actions. The role of confidential contacts, training uptake and feedback from those using the process were discussed. Members were advised that internal support arrangements had been strengthened and that the Whistleblowing process was being aligned more closely with the Complaints Framework to support consistency.</p> <p>The Board discussed the importance of culture, including staff confidence to raise concerns and the need to ensure clarity where matters did not meet the Whistleblowing criteria but required to be managed through other appropriate processes. It was noted that further engagement would be undertaken, including with Staff Side representatives and relevant partners, to improve understanding of routes for raising concerns.</p> <p>A Board Seminar on Whistleblowing was scheduled for 13 August 2026, at which a coordinated plan, clear ownership and further actions would be considered.</p> <p>The Board were assured by the reports.</p> <p><b><u>ASSURED</u></b></p> |  |               |
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| <b>97.</b> | <b>Whistleblowing Action Plan Update</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |               |
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|            | <p>The Board considered the Whistleblowing Action Plan Update [Paper 26/88], presented by Mr Michael Breen, Deputy Chief Executive/Director of Finance, for assurance.</p> <p>Mr Breen introduced the report, which provided an update on progress made in implementing the recommendations arising from the Whistleblowing Internal Audit undertaken by Azets during 2025/26. The Board noted that the audit had identified opportunities to strengthen aspects of the organisation's whistleblowing arrangements and that the findings had informed a comprehensive programme of improvement activity.</p> <p>Mr Breen advised that substantial progress had been made in implementing the agreed actions. Members welcomed the progress achieved and the positive steps taken to strengthen the Whistleblowing Framework.</p> <p>It was further noted that the implementation of the action plan would be subject to follow-up review through the Azets assurance process, providing independent validation of progress and completion of the agreed recommendations.</p>                                                                               |  |               |

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|            | <p>The Board noted the update and the scheduled Board Seminar on Whistleblowing.</p> <p><b><u>ASSURED</u></b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |               |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |               |
| <b>98.</b> | <b>Freedom of Information (FOI) Full Year Position 2025-26 Annual Report</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |               |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |               |
|            | <p>The Board considered the Freedom of Information (FOI) Full Year Position 2025-26 Annual Report [Paper 26/89] presented by Mr Michael Breen, Deputy Chief Executive/Director of Finance, for assurance.</p> <p>Mr Breen advised that requests had increased to just under 1,700 during the year, the highest level recorded, which represented a sustained 20% increase. Compliance had improved to approximately 88%, the strongest performance in a decade, and NHS GGC was now ranked among the top three high-volume NHS Boards.</p> <p>The Board noted the low level of reviews and appeals, and the high rate of decisions upheld, while recognising that requests remained complex and resource intensive. Members discussed the importance of sustaining the improvement, including through training, additional capacity, process improvement and continued corporate ownership. The Chair thanked the FOI Team and those involved in improving the FOI performance.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p> |  |               |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |               |
| <b>99.</b> | <b>Annual Risk Management Report</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |               |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |               |
|            | <p>The Board considered the Annual Risk Management Report [Paper 26/90] presented by Mr Michael Breen, Deputy Chief Executive/Director of Finance, for approval.</p> <p>The Board considered the 2025/26 Annual Risk Management Report, which formed part of the governance and assurance process supporting the annual accounts. It was noted that risk management processes had improved during the year, with risk ownership embedded through Standing Committees, the Corporate Management Team, the Audit and Risk Committee and the Board.</p> <p>The Board noted the work undertaken on risk appetite, the use of the new risk matrix, discussions on tolerance levels and the implementation of risk management improvement actions.</p> <p>The Board approved the Annual Risk Management Report.</p>                                                                                                                                                                                                                                                 |  |               |

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|             | <b><u>APPROVED</u></b>                                                                                                                                                                                                                                                                                       |  |               |
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| <b>100.</b> | <b>Area Clinical Forum</b>                                                                                                                                                                                                                                                                                   |  |               |
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|             | <p>The Board considered the following for assurance:</p> <p>a) Chair's Report from Meeting 10 June 2026 [Paper 26/91]<br/>b) Minutes from Meeting 16 April 2026 [ACF(M)26/02]</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>                                                  |  |               |
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| <b>101.</b> | <b>Audit and Risk Committee</b>                                                                                                                                                                                                                                                                              |  |               |
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|             | <p>The Board considered the following for assurance:</p> <p>a) Chair's Report from Meeting 18 June 2026 [Paper 26/92]<br/>b) Minutes from Meeting 19 March 2026 [ARC(M)26/01]<br/>Minutes of Meeting 4 June 2026 [ARC(M)26/02]</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p> |  |               |
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| <b>102.</b> | <b>Clinical and Care Governance Committee</b>                                                                                                                                                                                                                                                                |  |               |
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|             | <p>The Board considered the following for assurance:</p> <p>c) Chair's Report from Meeting 4 June 2026 [Paper 26/93]<br/>d) Minutes from Meeting 5 March 2026 [CCGC(M)26/01]</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>                                                   |  |               |
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| <b>103.</b> | <b>Finance Planning and Performance Committee</b>                                                                                                                                                                                                                                                            |  |               |
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|             | <p>The Board considered the following for assurance:</p> <p>a) Chair's Report from Meeting 28 May 2026 [Paper 26/94]<br/>b) Minutes from Meeting 25 March 2026 [FPPC(M)26/02]<br/>Minutes from Meeting 13 May 2026 [FPPC(M)26/03]</p> <p>The Board were assured by the report.</p>                           |  |               |

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| <b>104.</b> | <b>Population Health and Wellbeing Committee</b>                                                                                                                                                                                                                                                                                                                         |  |               |
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|             | <p>The Board considered the following for assurance:</p> <p>a) Chair's Report from Meeting 18 June 2026 [Paper 26/95]<br/>b) Minutes from Meeting 23 April 2026 [PHWBC(M)26/02]</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>                                                                                                            |  |               |
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| <b>105.</b> | <b>People and Staff Governance Committee (PSGC)</b>                                                                                                                                                                                                                                                                                                                      |  |               |
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|             | <p>The Board considered the following for assurance:</p> <p>a) Chair's Report from Meeting 7 May 2026 [Paper 26/96]<br/>b) Minutes from Meeting of People Committee 19 February 2026 [PC(M)26/01]<br/>c) Minutes from Meeting of Staff Governance Committee 12 February 2026 [SGC(M)26/01]</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p> |  |               |
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| <b>106.</b> | <b>Inquiries Oversight Sub Committee (IOSC)</b>                                                                                                                                                                                                                                                                                                                          |  |               |
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|             | <p>The Board considered the following for assurance:</p> <p>a) Chairs Report from Meeting 21 May 2026 [Paper 26/97]</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>                                                                                                                                                                        |  |               |
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| <b>107.</b> | <b>IJB Leads Reports</b>                                                                                                                                                                                                                                                                                                                                                 |  |               |
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|             | <p>The Board considered the following for assurance:</p> <p>a) East Dunbartonshire Paper – Meeting 18 June<br/>b) East Renfrewshire Paper – Meeting 23 June<br/>c) Glasgow City Paper [26/98]<br/>d) Inverclyde Paper [26/99]</p>                                                                                                                                        |  |               |

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|             | <p>e) Renfrewshire Paper – Meeting 19 June<br/>f) West Dunbartonshire Paper [26/100]</p> <p>The Board were assured by the reports.</p> <p><b><u>ASSURED</u></b></p>                                                                                               |  |               |
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| <b>108.</b> | <b>Date and Time of Next Scheduled Meeting</b>                                                                                                                                                                                                                    |  |               |
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|             | <p>The next meeting will be held on Thursday 27 August at 9.30 am, on a hybrid basis at JB Russell House and via MS Teams.</p> <p>In closing, the Chair thanked Board Members for their attendance, noting that it was a long day.</p> <p><b><u>NOTED</u></b></p> |  |               |