

NHS GGC (M) 26/04
Minutes: 109 - 137

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the NHS Greater Glasgow and Clyde Board held on Thursday
27 August 2026 at 9.30 am hybrid at JB Russell House
and via Microsoft Teams (recorded for the NHS GGC website)**

PRESENT

Dr Lesley Thomson KC (in the Chair)

Ms Mehvish Ashraf	Mr Jamie Kinloch BEM
Mr Michael Breen	Ms Lesley McDonald
Ms Libby Cairns	Dr Morven McElroy
Cllr Jacqueline Cameron	Cllr Michelle McGinty
Ms Ann Cameron-Burns	Cllr Robert Moran
Mr Martin Cawley	Dr John O'dowd
Ms Cath Cooney	Cllr Colette McDiarmid
Cllr Chris Cunningham	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 David Gould	Ms Michelle Wailes
Mr Graham Haddock OBE	Professor Angela Wallace
Ms Margaret Kerr	

IN ATTENDANCE

Mr Russell Coulthard	Deputy Chief Executive/Interim Chief Operating Officer
Ms Alexis Chappell	Chief Officer, East Renfrewshire HSCP
Ms Beth Culshaw	Chief Officer, West Dunbartonshire HSCP
Mr Stuart Donald	Head of Performance
Mr Alistair Graham	Director of Digital Services
Ms Leanne Law	Senior Business Manager – Corporate Governance
Ms Claire Macarthur	Director of Planning
Dr Jude Marshall	Deputy Medical Director for Primary Care (Item 20)
Mr Billy McClean	Chief Officer, Renfrewshire HSCP
Mr Fraser McJannett	Director of Primary Care and GP OOH (Item 20)
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 Mary Ross-Davie	Director of Midwifery (Item 19)

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Ms Louise Russell	Secretariat Manager (Minute)
Ms Natalie Smith	Interim Director of Human Resources & Organisational Development
Professor Tom Steele	Director of Strategic Infrastructure Planning and Delivery
Ms Val Tierney	Chief Nurse, West Dunbartonshire (Item 19)
Ms Julie Tomlinson	Chief Nurse, East Renfrewshire (Item 19)
Mr Alan Wilson	Director of Estates and Facilities

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109.	Welcome and Apologies		
	The Chair, Dr Lesley Thomson KC, welcomed those present to the August 2026 meeting of the NHS Greater Glasgow and Clyde Board. 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. The Chair welcomed Councillor Colette McDiarmid following her reappointment to the Board and advised that she looked forward to Councillor McDiarmid's continued contribution. The Chair advised that a diary note should be retained for the Ministerial Review meeting with the Cabinet Secretary, Angela Constance MSP, scheduled for 5 October 2026, 1.30 pm to 3.00 pm, at the Teaching and Learning Centre, Queen Elizabeth University Hospital. The Chair advised members that the Board meeting was scheduled to conclude at 3.30pm. Members noted that an active break would take place at approximately 10.40 – 10.45am, led by Non-Executive Board Member, Ms Mehvish Ashraf, and that a 45-minute lunch break would be held at 1.00pm. Apologies were recorded on behalf of Mr Brian Auld, Non-Executive Board Member, Ms Kate Rocks, Chief Officer, Inverclyde HSCP and Councillor Katie Pragnell Lees, Non-Executive Board Member. <u>NOTED</u>		
110.	Declaration(s) of Interest(s)		
	The Chair invited members to declare any interests in relation to the items of business to be discussed. No declarations were made. <u>NOTED</u>		

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111.	Minute of Meeting held on 25 June 2026		
	The Board considered the minutes of the NHS Greater Glasgow and Clyde Board meeting held on 25 June 2026 [NHSGGC(M)26/03], which were presented for approval. The Chair advised that Board members had been invited to provide comments in advance of the meeting, and that any resulting amendments would be incorporated. Following consideration, and on the motion of Ms Cath Cooney, Non-Executive Board Member, seconded by Mr Graham Haddock OBE, Non-Executive Board Member, the Board approved the minutes as a full and accurate record of the meeting. <u>APPROVED</u>		
112.	Matters Arising		
	The Board considered the Rolling Action List [Paper No.26/101] presented by Ms Leanne Law, Senior Business Manager – Corporate Governance, for approval. Ms Law advised that 5 actions were included within the Rolling Action List; all 5 actions were proposed for closure. The following updates were noted: Action 162, IJB Whole System Report: this had been incorporated within the IPQR and IJB Leads Reports remained on the agenda as a standing item. Action 197, Overview of Future Integrated Performance and Quality Report (IPQR): the additional paper on IPQR measures was included on the agenda for today's meeting. Action 12b, Communications and Engagement Update: An update had been circulated to Board members and update provided to the April Board as part of the Communications and Engagement Overview. Action 77, Board Annual Cycle of Business: the Annual Cycle was on the agenda for today's meeting. Following consideration, the Board approved the Rolling Action List. <u>APPROVED</u>		
113.	Chair's Report		

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	The Chair indicated that there were two matters she wished to mention in her update. The Chair noted the contribution of the Equality Forums and Networks, with particular reference to the event held on 10 August 2026, which she attended with Ms Dianne Foy, Non-Executive Board Member. The event brought together the work of the LGBTQ+ Staff Forum, the BME Staff Network and the Staff Disability Forum, and was well attended by Forum network members and senior leaders. The event comprised presentations and breakout sessions and provided an opportunity for the Board to hear directly about issues affecting staff across these areas. Members noted that, while the Forums remained positive in their engagement, they were also clear in identifying areas of improvement. It was noted that Mr Liam Spence, Head of Staff Experience, had led the event and would report back through the People and Staff Governance Committee. The Chair expressed thanks to all those involved. The Chair advised that this was the final Board meeting for Ms Beth Culshaw, Chief Officer, West Dunbartonshire, prior to her retirement at the end of September. Ms Culshaw joined the NHS in 1993 as Surgical Service Manager at Inverclyde Royal Hospital. Ms Culshaw later held a range of acute sector roles across Argyll and Clyde and NHSGGC. In October 2012, reflecting her interest in integration and seamless care, Ms Culshaw was appointed Head of Health and Community Care at Inverclyde, serving for five years before joining West Dunbartonshire HSCP, where she continued to support the integration agenda locally and nationally. Ms Culshaw was recognised for her significant contribution and her leadership, professionalism and commitment to improving services were acknowledged. The Board extended its thanks to Ms Culshaw for her contribution and conveyed best wishes for a long, and well-deserved retirement. The Chair advised that Ms Caroline Sinclair, Assistant Chief Officer, Older People and Primary Care Services Glasgow City HSCP had been appointed as the new Chief Officer for West Dunbartonshire and noted that she looked forward to working with Ms Sinclair following her commencement in post. The Board noted the report. <u>NOTED</u>		
114.	Chief Executive's Report		
	The Board considered the Chief Executive's Report provided by Professor Jann Gardner, Chief Executive, for awareness.		

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	Professor Gardner provided an update on key developments since the last meeting and reflected on a number of visits that had been undertaken. This included the First Minister opening the new Cardonald GP Walk-in-Centre on 29 June 2026. On the 1 July 2026, the Cabinet Secretary visited the Royal Hospital for Children as part of the Commonwealth Games Baton Tour. On the 3 July 2026, Director General, Caroline Lamb, visited the Queen Elizabeth University Hospital as part of her pre-retirement tour of NHS Scotland. Professor Gardner advised that the Safety and Public Confidence Oversight Group (SPCG) would be considered in further detail with Sir Lewis, Co-Chair, SPCG, later in the agenda, however noted that since the last Board meeting, one meeting of the SPCG had taken place on 2 July 2026. Professor Gardner noted that good progress continued to be made in bringing partners together across Scotland within the Sub-National space, with a view to strengthening collaboration and identifying opportunities to deliver the best possible outcomes. Since the Board last met, a number of key pieces of work had been progressed. This included an executive meeting involving representatives from the seven West of Scotland Boards, alongside national Board colleagues, to discuss the future, reflect on what had worked well, and to consider how ways of working could be further strengthened. A West of Scotland Flow Hackathon had also taken place, providing an opportunity to share ideas and explore how partners could work more cohesively. There had been a National Health and Social Care Flow meeting, opened by the Cabinet Secretary, at Murrayfield, with participation from a number of colleagues from Glasgow. Continued focus was being given to the development of draft plans across a range of areas, including flow, Orthopaedics, business systems and the My Care app. It was noted that a National Flow Plan was anticipated to be published next week. Orthopaedic plans for Scotland were also currently under consideration and development. It was noted that weekly discussions were taking place to review planned and unscheduled care performance and to identify further opportunities to support patients, including those experiencing the longest waits. The Board noted the positive and collegiate nature of this work and the benefits arising from this collaborative approach. Professor Gardner expressed best wishes to Ms Beth Culshaw, Chief Officer, West Dunbartonshire, on her impending retirement and thanked the Chair for advising that Ms Caroline Sinclair had been appointed. Professor Gardner also reported that Ms Nicki Hamer had been appointed as the new Board Secretary and would commence in post in the coming months. It was noted that matters related to the Emergency Department would be addressed later in the agenda.		

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	A new programme of improvement work, referred to as the Discovery Circuit, had commenced. This builds on the previous Hackathon approach and would consider specialties on an individual basis, with engagement undertaken directly with staff across sectors and multidisciplinary teams. The process comprised three stages. Firstly, staff were invited to provide information in advance on key challenges, opportunities and priorities to support future planning. Secondly, visits were undertaken across the three sectors, involving engagement with staff from the relevant specialties. Thirdly, a roundtable discussion would be held a few weeks later to consider the feedback received and agree future actions. The Discovery Circuit commenced with Cardiology and Professor Gardner conveyed thanks to Cardiology staff for their participation. The engagement was positive and valuable, with staff sharing examples of good practice through a “pride wall”, including positive feedback, as well as discussing current challenges and ambitions for the future. The forthcoming roundtable would provide an opportunity to consider these matters collectively and identify clear actions to support ongoing improvement. The first roundtable session is scheduled to take place on 22 September 2026, and future dates would be circulated. It was noted that, should Non-Executive Directors attend, their role would be observational. The initiative was welcomed as a valuable piece of work which had originated from the Chief Executive, with preparatory work already undertaken to support its delivery. The Board noted the update. NOTED		
115.	Patient Story		
	The Director of Nursing, Professor Angela Wallace, introduced a short video highlighting the work of the Apple Clinic based at Inverclyde Hospital and the Royal Alexandra Hospital. The Board recorded its appreciation to the team for their participation in the video. <u>NOTED</u>		
116.	Board Activity Update		
	The Board considered the Board Activity Update [Paper 26/102] presented by Mr Michael Breen, Deputy Chief Executive/Director of Finance, for awareness.		

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	Mr Breen provided an overview of key internal and external activities undertaken since the previous Board meeting. The report highlighted the breadth of engagement across the Standing Committees and the ongoing work to improve the visibility, both internally and externally, particularly with key external stakeholders. There had been a number of Non-Executive Board Member visits across the whole system, including visits to Children's Services, Mental Health, and Learning Disability Services, a visit to the Glasgow Justice Services and Police Custody Health Service. As referenced earlier by the Chair and the Chief Executive, a number of external visits had been hosted, including the First Minister's Visit to the Cardonald GP Walk-in-Centre, the Cabinet Secretary visit to the Royal Hospital for Children and the Director General's visit to the QEUH. These visits provided an opportunity to showcase services within NHSGGC. Mr Breen advised that governance work remained ongoing, including a Whistleblowing Board Seminar and a Sub-National Board Briefing, both held in August. Mr Breen further noted that five Committee meetings had been held since the last Board meeting. The Board noted the update. <u>NOTED</u>		
118.	Governance and Board Member Responsibilities - Update		
	The Board considered the Governance and Board Member Responsibilities - Update [Paper 26/103] presented by Mr Michael Breen, Deputy Chief Executive/Director of Finance, for approval. Mr Breen outlined updates since the last Board meeting. Mr Breen noted that changes to Board membership and roles were included in appendix 1 of paper. Mr Breen formally welcomed Councillor Colette McDiarmid, Non-Executive Board Member, to the Board following her reappointed at the end of June. There remained an ongoing vacancy for a University representative. Mr Breen advised that Mr Graham Haddock OBE, Non-Executive Board Member would be taking over as Chair of the Glasgow City IJB from Dr Paul Ryan, Non-Executive Board Member, and Mr David Gould, Non-Executive Board Member would be taking over from Dr Ryan as Chair of the Clinical and Care Governance Committee.		

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	The paper also set out the revised membership of the Finance, Planning and Performance Committee. In response to a query regarding the Interface Committee, previously being considered as a sub-committee of the Finance, Planning and Performance Committee, it was noted that interface and virtual arrangements had become increasingly embedded within the organisation's operating model. It was therefore proposed that an Interface Committee was no longer required, subject to the Finance, Planning and Performance Committee considering this business through its existing arrangements. It was noted that this position could be reviewed should a distinct focus subsequently be required. Interface, flow navigation and related work would continue to be progressed through core operating arrangements, reflecting their importance to future ways of working. The Board noted a minor amendment to the spreadsheet was required to reflect that Board meetings had been extended to 3.30pm. This would be amended following the meeting. The Chair thanked Dr Paul Ryan, Non-Executive Board Member, for his leadership to the Glasgow City IJB and the Clinical Care and Governance Committee. Following consideration, the Board approved the Governance and Board Member Responsibilities update. <u>APPROVED</u>		
119.	Board Annual Cycle of Business		
	The Board considered the Board Annual Cycle of Business [Paper 26/104], presented by Mr Michael Breen, Deputy Chief Executive/Director of Finance, for approval. The Annual Cycle of Business set out the proposed programme of business for 2026/27 and had been aligned with the new Corporate Objectives. It was noted that additional items may be scheduled throughout the year in response to emerging priorities and operational requirements. The Board noted that the paper would be amended to reflect the establishment of the People Committee and Staff Governance Committee, following the consolidation of the former People Committee and the Staff Governance Committee.		

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	Following consideration, the Board approved the Board Annual Cycle of Business.		
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120.	Communication and Public Engagement Update		
	The Board considered the Communication and Public Engagement Update [Paper 26/105] presented by Mr Neil McSeveny, Interim Director of Communications, for awareness. Mr McSeveny outlined key communications and engagement activity covering the period July and August 2026. This included strengthening the ability to listen and respond, and ensuring that communications activity was aligned with the wider organisational objectives. Mr McSeveny advised that work was progressing in relation to the Palliative Care Strategy. Over the past 18 months, engagement had taken place with more than 650 individuals across three phases, including families, carers, staff, community representatives and third sector organisations. Feedback had been broadly consistent, with participants emphasising the importance of coordinated care, clear and accessible communication, timely and equitable access, holistic and bereavement support, and a sustainable workforce. These findings had informed the five priorities within the Strategy, which would be presented to the Board before the end of the year. Mr McSeveny reported that, as part of the ongoing work to improve maternity experience, the Maternity Survey had been revised to enhance accessibility. It had been translated into 11 languages and made available in a range of accessible formats. The survey would support a consistent approach to gathering feedback from individuals accessing services, enabling trends to be identified through ongoing monitoring of activity and supporting appropriate responses to emerging issues. Reporting would be progressed through the established governance structures. In relation to engagement, Mr McSeveny noted the recent United Nations Convention on the Rights of the Child (UNCRC) event, which captured and presented participant feedback in real time. This enabled participants to see their contributions reflected during the event. The key themes were now informing wider implementation activity to strengthen practice in line with UNCRC principles and support the delivery of an appropriate approach to care. Mr McSeveny provided an overview on the Care Opinion annual report for Scotland. Care Opinion continued to provide a valuable mechanism for receiving feedback, responding to contributors, and monitoring patient		

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	experience across services. The report provided useful measures of both reach and organisational responsiveness. During the past year, NHSGGC received 3,403 stories. This represented a 12% increase on the previous year and accounted for 27% of all stories submitted across Scotland. Since 2021/22, the number of submitted stories had increased from 914 to more than 3,000. Staff responder capacity has also increased over the same period, rising from 242 to 610. In addition, the proportion of positive stories increased from 70% to 80%, the highest level recorded. Overall, the report demonstrated a strong five-year period of growth. Mr McSeveny reported that visits, including Chief Executive, Non-Executive and Ministerial visits that had taken place over recent months had been supported by tailored communications for staff and, where appropriate, through media and social media channels. Over the past 12 months, internal communications related to visits had received more than 6,000 staff views, alongside substantial media coverage, including through the BBC. These visits provided senior leaders with opportunities to hear directly from frontline staff and to recognise the work of teams across the organisation. Communications activity throughout 2026 also highlighted the organisation's wider role beyond healthcare provision, including as an employer and anchor institution. This included promotion of its status as a Real Living Wage employer, apprenticeship and employability opportunities, financial inclusion services available across sites, and wider community benefits arising from organisational activity. Early feedback from support services indicated increased interest and engagement, with a fuller report to be provided in due course. Mr McSeveny noted that work in relation to the Parkhead Hub had supported the development of a new collaboration with the Glasgow Times. A series of feature articles were to be published over the coming months, highlighting the significant contribution of the Parkhead Hub to the local area. This work aimed to raise awareness, strengthen community connections, and demonstrate the wider impact beyond the healthcare sector. The MenB campaign was highlighted as an example of the organisation responding at pace to support communities. Vaccination clinics were mobilised quickly, with communications activity established in parallel. Working with Public Health Scotland, the campaign secured coverage through BBC and STV, alongside partnership activity with Councils, Universities and Colleges to maximise uptake. The campaign supported targeted messaging, including communications aimed at parents and direct engagement with students. Initial activity generated approximately 2,000 website visits in the first week, indicating strong engagement. The next phase would focus on strengthening University partnership activity and further targeted communications. Recent data indicated increased uptake in		

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	some areas; however, uptake remained lower in more deprived communities. Clinic locations and communications activity were therefore being adjusted to better reach groups with lower vaccination rates. In response to a query regarding the effectiveness of the Bear Campaign as a platform for capturing feedback on care for children and young people, Mr McSeveny advised that, while statistical information was not available at the meeting, anecdotal feedback had been positive, supported by the visibility of campaign posters. Mr McSeveny agreed to provide the relevant statistics following the meeting. An update was sought on planned activity to support the new University term. Mr McSeveny advised that work would continue on targeted student campaigning, including collaboration with Universities. In particular, Glasgow University's student content creator platform would be utilised to support the development of TikTok and other social media content to promote the campaign. Partnership working would also continue with Dr John O'Dowd, Interim Director of Public Health, to assist in promoting clinic availability and locations. It was further noted that activity had increased in more affluent areas; therefore, some campaign activity would be redirected to target deprived communities, particularly young people leaving school who were not progressing to University or employment. It was suggested that another potential area could be working with Kelvin College. The Board noted the update. <u>NOTED</u>		
121.	Fatal Accident Inquiry (FAI) Update		
	The Board considered the Fatal Accident Inquiry (FAI) Update [Paper 26/106] presented by Dr Scott Davidson, Medical Director, for awareness. Dr Davidson provided a summary of the determinations arising from a recent Fatal Accident Inquiry in which NHSGGC had participated in at Glasgow Sheriff Court. Dr Davidson expressed his deepest condolences to the family for their loss and the distress that they had experienced. Dr Davidson reported that there had been a single recommendation for the Scottish Prison Service, details of which were summarised in the paper, and no recommendations for NHSGGC. The Board continued to remain supportive of Fatal Accident Inquiries and welcomed the opportunity to learn from each case.		

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	The Chair noted that it would be appropriate to refer this matter back to the Clinical Care Governance Committee to ensure that, from an NHSGGC perspective, and notwithstanding the absence of formal recommendations, NHSGGC would work in collaboration on the observations. The Board noted the update. <u>NOTED</u>		
122.	Safety and Public Confidence Oversight Group		
	The Board considered the Safety and Public Confidence Oversight Group [Paper 26/107] presented by Professor Jann Gardner, Chief Executive/Co-Chair of the Safety and Public Confidence Oversight Group and Professor Sir Lewis Ritchie, Co-Chair of the Safety and Public Confidence Oversight Group, for assurance. The Chair formally welcomed Sir Lewis to the meeting. The Safety and Public Confidence Oversight Group (SPCG) last met on 2 July 2026 and was scheduled to hold its next formal meeting on 2 September 2026. During the summer period, work continued to progress across Portfolios 1, 2 and 3, which comprised the first phase of the group's work. To support this, two rounds of small-group engagement sessions were held in July and August. The sessions provided members with the opportunity to consider the work of each Portfolio in detail, raise questions, and identify any areas of concern or challenge. This feedback would inform the final reports being prepared by the respective Portfolio Chairs. The Board were reminded of the Phase One work and the three associated Portfolios. It was noted that a high-level update on these Portfolios would be presented at the meeting on 2 September. Portfolio 1, overseen by Ms Gill Imre, QPM focused on patients, families and the public. Professor Gardner reported that surveys had been undertaken and interviews with families and staff to better understand their experiences. A public sentiment analysis had also been undertaken with support from the Communications Team, and opportunities for wider system learning had been identified through staff feedback. Following the meeting on 2 September, a full report would be developed to inform the associated action plan. Portfolio 2, led by Dr John O'dowd, Interim Director of Public Health, focused on complex matters related to environment, facilities and technical assurance, with particular emphasis on water assurance, adult ventilation and paediatric ventilation. Good progress has been made to date and external expert input had been sought throughout this work. An update would be provided to the Group in September, when the core work of		

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	Portfolio 2 was expected to conclude, subject to completion of final elements. Thereafter, the Portfolio would progress into an action plan. Portfolio 3 was in relation to professional relationships, both internally and externally, with a focus on leadership and culture. This work had been led by Dr Tracy Gillies, Medical Director of NHS Lothian, in collaboration with colleagues across HR. The Portfolio included consideration of cultural issues, interviews with those involved, and joint work with HR colleagues to develop a Professional Resolution Framework, which would form part of the wider culture toolkit. Professor Gardner advised that the September meeting would herald the end of Phase One and the beginning of Phase Two. It was noted that, while some actions from Phase One would be carried forward, Phase Two would include three further Portfolios of work. Portfolio 4, previously discussed by the group, would comprise a wider review of the Queen Elizabeth University Hospital and the Royal Hospital for Children. Portfolio 5 would consider specific issues raised by individuals, including Dr Michael Bradnam. It was noted that Dr Bradnam had raised concerns over a period of time. In response, work was commissioned through the previous Chief Operating Officer, Mr William Edwards, and subsequently progressed by the Deputy Chief Executive/Interim Chief Operating Officer, Mr Russell Coulthard. Following engagement with Dr Bradnam, a Short-Life Working Group was established to further consider the issues; this work had now concluded and would be taken forward through Portfolio 5, with input from a multidisciplinary team of experts. The final Portfolio would undertake a landscape review of relevant meetings and forums to identify duplication and ensure clear, coherent governance arrangements, including appropriate escalation routes. Sir Lewis, Co-Chair SPCG, acknowledged the significant undertaking and continued commitment from all those involved in this important programme of work. The Group had sought to listen carefully and identify the key concerns and issues that required to be addressed. Sir Lewis noted that the focus would now be effective actions and development of detailed action plans. The SPCG had now been progressing this work for six months. During that period, it has met on four occasions and was scheduled to meet for a fifth time next week. While there remained further work to be undertaken, all members remained committed to continuing the important journey. It was noted that, as Phase One was nearing completion, the substantive work would be presented to the October Board for oversight. It was agreed that the Secretariat would ensure that sufficient time was allocated at the October Board meeting for this item to include the overview of governance. The Board were assured by the report.		

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122.	Corporate Risk Register		
	The Board considered the Corporate Risk Register [Paper 26/108], presented by Mr Michael Breen, Deputy Chief Executive/Director of Finance, for approval. Mr Breen introduced the regular update on the organisation's risk profile covering the period April to July 2026. The Corporate Risk Register comprised 26 risks. Mr Breen reported that 3 of the risks were scored as very high, 14 were high and 9 were scored as medium risk. Mr Breen advised that there had been significant movement, noting that two risks had been escalated. Risk 3432, which was in relation to industrial action, was being managed closely and there had been engagement with Trade Union partners. Risk 3036 had been assessed as moving from 12 to 20. Mr Breen would cover that in more detail under the finance section of the agenda. Other changes included the closure of Risk 3816 and 2 new risks had been added. Mr Breen advised that these risks had been previously considered by the Finance, Planning and Performance Committee in August 2026. The Board received assurance that all risks remained under active management, including a monthly view with risk owners, Corporate Management Team oversight, and Standing Committees. In relation to a point made, Mr Breen agreed to review Risk 2199 with the Risk owner in relation to the Pandemic Response. The Chair advised that monitoring of new risk round failure to effectively learn from external and internal investigations would be undertaken through the Finance, Planning and Performance Committee. The Chair noted that, in light of the forthcoming publication of the Scottish Hospitals Inquiry report over the coming months, it was essential that appropriate governance arrangements allowed sufficient time to identify and apply learning. The Finance, Planning and Performance Committee would review the relevant controls, mitigations and actions to ensure that appropriate arrangements were in place to support effective learning. The Chair expressed thanks to the Chief Risk Officer, Ms Katrina Heenan, Mr Breen and the Finance, Planning and Performance Committee and requested that there was focus over the next 6 months. The Board approved the Corporate Risk Register		Mr Breen

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123.	Transforming Together		
	a) Transforming Together – GGC Way Forward Portfolio Report		
	The Board considered the Transforming Together – GGC Way Forward Portfolio Report [Paper 26/109] presented by Ms Claire Macarthur, Director of Planning, for assurance. Ms Macarthur reported that all programmes remained on track and continued to make progress to deliver against key milestones. The paper provided an update on the Transforming Together portfolio progress up to the 22 June 2026. Ms Macarthur advised that October marked 12 months since the Transforming Together reporting framework and portfolio of work were established. It was noted that work was underway to refresh the format of future reports to provide clearer links between the measured impact of Transforming Together activity and improvements in quality, patient experience and performance. Where appropriate, it would also include analysis and trend data to support assessment of progress and impact for patients and staff. The report would further identify how each programme contributed to delivery of the Financial Sustainability Programme. Overall, the Programme was progressing well, with projects advancing at varying rates and at different levels of maturity. Ms Macarthur provided some key highlights from the GGC Way Forward programme of work. The Home First Response Service was now operational seven days a week across Emergency Departments. The service included frailty practitioners at the front door to assess older frail patients attending or conveyed to Emergency Departments, with the aim of supporting appropriate discharge and providing care closer to, or within, patients' homes. Work was underway to standardise data collection to report the impact of the expanded seven-day service. Early data from the QEUH indicated that approximately two-thirds of patients assessed by frailty practitioners were discharged without admission and supported in the community through rehabilitation and wider support services. Electronic triage kiosks were now installed within Emergency Departments. Following an initial implementation period, these would be evaluated towards the end of October, once a sufficient number of patients had used them. The kiosks were aimed at self-presenting patients in terms of their usage and directing people to the most appropriate service for their urgent		

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	General Medicine Hot Clinics had been implemented in the North sector, with an increase in the number of patients being discharged to the clinics in Emergency Departments. This had also been supporting the virtual Discharge to Scan pathway within the North sector. Within Clyde, the Troponin Testing Pathway was implemented in July 2026. A full evaluation would be undertaken at the end of October, once a sufficient number of patients had accessed the service. In the South Sector, a number of HIS recommendations had been identified. One recommendation related to minor works around the flooring and seating within the Emergency Department. It was anticipated that this work would be completed shortly, subject to agreement on phasing arrangements to minimise disruption within the area. Significant progress was noted in relation to recruitment across the Consultant body, ensuring that future Consultant recruitment incorporated FNC+ time within job plans. Within the North Sector, a newly recruited Emergency Department Consultant post and an Acute post had both been designed to include job plan provision to support FNC+, as well as Emergency Department and front door services. Ms Macarthur reported that there was a peak of 275 patients within the virtual wards of the virtual hospital in June 2026. In August 2026, 519 patients were in a virtual bed, which had been the highest figure achieved to date. Ms Macarthur advised the Board that progress to reach 1000 patients utilising the virtual hospital by October 2026 was on track. Recruitment remained the next key step in progressing towards the provision of 24/7 clinical cover within FNC+ and all new job plans for acute physicians would include FNC+ sessions. The Board noted that work was underway to review length of stay across hospitals, with a particular focus on General Medicine. This would include targeted work to identify further opportunities for improvement and to consider how, where appropriate, step-down pathways into the virtual hospital may be utilised. In Primary Care, the Cardonald GP Walk-in-Centre opened on 29 June 2026. Within the first 4 weeks of opening, 600 patients attended. Evaluation remained ongoing and analysis would take place after the first quarter, to better understand the impact for patients and self-presentations. A deep dive of the Mental Health Programme was being undertaken in September through the Transformation Together Executive Oversight Group. The group would consider the progress of the programme in more		

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	detail, and also the financial framework underpinning the planned changes in line with the Mental Health Strategy. The report highlighted the plan to undertake the option appraisal exercise with regards to the reconfiguration of inpatient beds, with a conclusion anticipated towards the end of this year. There was also significant work ongoing around the community enhancements and the requirement to enhance community services. In terms of Cancer and the Planned Care Programme, Ms Macarthur reported that the demanding capacity modelling was now complete for all pre-opted assessments across NHSGGC. This supported effective capacity planning by ensuring availability where required and maximising utilisation across the system. It was expected to increase the pool of pre-operatively assessed patients, enabling more effective theatre scheduling, short-notice patient replacement and improved theatre utilisation. Overall, this would enhance patient experience and access. The final draft of the Orthopaedic Blueprint was expected in the coming months. The work focussed on optimising Orthopaedic planned care and realising opportunities to further improve productivity and efficiency in an area where further work was required. The key updates from the Women and Children’s Programme related to Hospital at Home and Maternity redesign. Since its establishment in November 2025, the children and babies Hospital at Home service had grown from 7 patients in its initial months to 83 children and babies within virtual wards by July 2026. Activity remained high over the past three months, and work was underway to further expand pathways. Feedback from families had been positive, particularly regarding the benefits of avoiding hospital admission where clinically appropriate. Maternity redesign continued to progress at pace, supported by significant midwifery recruitment to strengthen workforce capacity, including a recent investment of £1.5 million, the majority of which had been allocated to midwifery posts. Significant work continued to improve, redesign and innovate within the Gynaecology service, including through FNC+ and Virtual Hospital pathways. A pilot had been introduced for the WID-easy Pathway for women with postmenopausal bleeding, with the aim of improving access to a simpler and less invasive test. Initial feedback had been positive; however, full evaluation required 800 patients to have progressed through the pathway, which was expected by the end of the year. Early indications suggest fewer women were being referred to the Urgent Suspicion of Cancer Pathway, supporting reduced waiting times, improved access and a more effective process.		

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	Ms Macarthur concluded by noting that overall, significant work was under way across the whole system, as outlined in the report. A query was raised regarding Port Glasgow being identified as NHSGGC's first priority, noting that Dumbarton Health Centre had previously been reported as a comparable Board priority. While the need for investment in Port Glasgow was recognised, the recent deterioration of Dumbarton Health Centre, including the impact of flash flooding, was raised. It was noted that prioritisation was set by the Scottish Government; however, Professor Gardner advised that the Board had been clear that both Port Glasgow and Dumbarton Health Centre remained priorities. Dialogue continued on opportunities to expedite both projects. A visit to Dumbarton Health Centre had reviewed immediate building fabric challenges, and capital planning colleagues had been commissioned to undertake a feasibility study addressing these issues and the building's longer-term viability. It was noted that significant innovation had taken place, including new processes, technologies and ways of working. While feedback indicated that the e-triage system was effective when used, it was noted that further support may be required to direct patients. It was therefore emphasised that change management, communication, signage, facility layout and support arrangements were integral to implementation to ensure benefits were fully realised. The move towards outcomes-based reporting was welcomed, noting that an absence of immediate results should not be viewed as evidence of ineffectiveness, as further communication, change management and training may be required. Assurance was sought and received that these considerations formed part of wider change planning. It was further noted that the North Sector were using volunteers to support patients with e-triage, with other sectors considering similar arrangements. In response to a question regarding the Primary Care Information Dashboard and whether there were any commonalities in the clinics that hadn't engaged so far, Ms Macarthur advised that significant work had been undertaken by the Primary Care team to encourage further uptake. Significant work was underway to develop the Dashboard, with early demonstrations already provided and further sessions planned. It was expected that the dashboard would be operational for the majority of practices by year end. Currently, 60% of practices had signed up, with only a small number yet to do so. Development would continue in parallel, with uptake expected to increase as the benefits were demonstrated across Primary Care. In response to a question regarding the Mental Health Strategy, Professor Gardner highlighted that similar challenges were being experienced across Scotland, particularly for Glasgow with the number of HSCPs adding further complexity. It was noted that a range of national discussions were taking place, with a need to address the impact of silos and differing areas of		

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	responsibility in order to develop a clearer collective overview. The forthcoming Programme for Government was awaited, and it was agreed that this would provide an opportunity to better understand the position, strengthen oversight and support a joined-up approach. It was agreed that the governance position required further definition. An update would be brought back following publication of the Programme for Government. In response to a question on the PMO's evolving role, Ms Macarthur advised that the PMO had been in place for 12 months. While the team was small, members had undertaken additional training and a change control process had been established through the Portfolio Board and Executive Group to strengthen oversight of programme changes and impacts. It was noted that this remained a developing area, with further consideration to be given to capacity as the programme matured. Recent discussions had focused on improving reporting, including clearer links to measurable outputs across performance, experience, quality and patient outcomes. Future reports would be presented through the Finance, Performance and Planning Committee over the next two to three cycles for feedback and refinement, with financial sustainability contributions reported through the Sustainability and Value Board. Further detail was requested regarding the challenges associated with the final three Mental Health projects, all of which were showing a downward trajectory. It was noted that, in relation to the remote monitoring pathway, the reduction was attributable to the relatively small number of patients who had, to date, been eligible for the pathway. Following review with clinicians, eligibility had been expanded to broaden access. While significant volumes had not been anticipated initially, uptake had nevertheless remained relatively low. Ms Macarthur agreed to provide further detail regarding unified referral management and the BPD pathway to members following the meeting. The Board were assured by the report. <u>ASSURED</u>		
	b) Emergency Medicine Update		
	The Board considered the Emergency Medicine Update [Paper 26/110] presented by Mr Russell Coulthard, Deputy Chief Executive/Interim Chief Operating Officer, for assurance. The paper provided detail on experience-related performance improvement activity, specifically in relation to the relevant sections of Transforming Together. It reflected progress made in developing improved reporting arrangements. Future reporting through Transforming Together would		

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	provide a more detailed overview of the alignment between the Transforming Together agenda and the impact of these actions across different areas. The paper highlighted performance improvement activity and performance issues across the three sites, including relevant departmental metrics. It also provided a summary of patient experience across the three sites and identified specific issues where applicable. Overall, the responses reported were broadly positive. A question was raised regarding patient involvement in care decisions, particularly at QEUH. It was noted that, while the paper referred to improvement work, the specific key actions being taken were not clearly outlined. Clarification was also sought on whether patient feedback would be measured over time, as the current reporting format appeared to provide only a snapshot view and did not clearly demonstrate progress or improvement. In response, it was confirmed that tracking progress over time would be built into future reports, supporting both the monitoring of improvement and the identification of areas where progress had not been achieved. It was also agreed that future reporting would include clearer detail on the specific actions being undertaken at site level, with improvements linked more directly to the data and local priorities, rather than presented solely as wider programme-level actions. In relation to staff involvement and improvement activity, a question was raised regarding whether the concerns raised by the Consultant group were shared by Nursing staff and how engagement with the consultant group at QEUH was being progressed in order to address the issues proactively. It was confirmed that the concerns had not been escalated through the established governance structures. The communication received had been submitted solely by the Consultants body and did not provide further detail. The Board noted that the improvement actions involved a broad range of staff across the departments and wider sites, and that established governance routes remained in place for the escalation of concerns. Assurance was also provided that formal and informal mechanisms existed for medical escalation, including regular engagement by the Chief of Medicine for Urgent Care with colleagues across Emergency Departments. It was further noted that Healthcare Improvement Scotland had responded to the correspondence received and had sought to meet with representatives of the Consultant body; however, no confirmation of engagement had yet been received. The Board noted that further follow-up had been undertaken and that, at present, active engagement had not yet been established. The report demonstrated the differing characteristics of the three Emergency Departments, including variations in geography, clinical demand and the specific challenges. It was noted that the four-hour wait performance		

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	remained below the level of progress anticipated, with variation across sites. It was queried whether any common themes had been identified across the departments that could support further improvement in performance. In response, it was recognised that persistent four-hour occupancy levels remained challenging. The Board noted the impact of attendance patterns, patient acuity and complexity, and the differing levels of deprivation across sites, particularly at Glasgow Royal Infirmary. It was further noted that, while NHSGGC had experienced an increase in attendances, this was lower than increases observed nationally and across comparable Scottish Hospitals. Further analysis was underway to better understand the relationship between attendance levels, patient complexity and performance, including the impact on the denominator used to calculate the four-hour standard. The Board noted that this work would inform future response and improvement actions. The Chair highlighted that the Patient Experience Surveys indicated an improved patient experience and noted that the work undertaken in relation to the 8-and 12-hour targets should be recognised. The improvements made had been recognised, while recognising that further opportunities for improvement should continue to be explored. The Centre for Sustainable Delivery had been commissioned, and colleagues from England would be invited through the Getting it Right First Time (GIRF) Team to work with us before winter to look at all of the data, particularly starting at the QEUH. A query was raised regarding the Equality Impact Assessment, which had been assessed as neutral for equality and diversity. It was noted that, given the work involved with vulnerable groups, including neurodivergent people and individuals for whom English may not be a first language, further consideration should be given to whether the assessment could more appropriately reflect a positive impact. The Board also discussed feedback received from the QEUH Consultant body in relation to Emergency Department changes. It was acknowledged that, while significant work had been undertaken and a range of supports and investments had been put in place, further assurance was required regarding staff experience and confidence in the change process. It was noted that all requests raised to date had been responded to, including investment in additional medical, nursing and psychological support, strengthened leadership arrangements and regular operational engagement. The importance of maintaining an open, listening and learning culture was reiterated. Further assurance would continue to be sought through patient and staff feedback, operational reporting and ongoing consideration of flow and safety issues.		

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	A question was raised regarding the Royal Alexandra Hospital Emergency Department performance against the 4 hour wait target. Clarification was sought regarding the statistics on the proportion of patients presenting in the department and whether all patients had been accounted for within the reported figures. It was confirmed that the information presented covered all patients attending the Emergency Department. It was further noted that compliance with the four-hour standard at the RAH was higher than that reported at other sites and was broadly comparable with similar sites nationally, performing better than a number of those comparators. A more specific breakdown would be provided to Board members following the meeting. The Board noted that the National Flow Plan would be publicised this week. The Chair noted that the work previously undertaken in relation to the 8 and 12 hour waits should be recognised and that this should support further progress in addressing 4 hour waits within those areas. It was noted that, while assurance could be taken, further work was required, particularly at the Queen Elizabeth University Hospital. The Chair also noted the time being committed by the Executive Team to listening to staff. A similar deep dive would be presented at the next Board meeting. The Board were assured by the report. <u>ASSURED</u>		
	c) Innovation Overview (Video)		
	The Board received a short video introduced by Dr Scott Davidson, Medical Director, outlining the pioneering treatment CAR-T Cell Therapy. The Chair noted that this was an excellent piece of work and thanked Dr Davidson and Dr David Irvine, Consultant Haematologist, and the patient, for their participation in the video. <u>NOTED</u>		
124.	NHSGGC Finance Report (Month 3)		
	The Board considered the NHSGGC Finance Report (Month 3) [Paper 26/111], presented by Mr Michael Breen, Deputy Chief Executive/Director of Finance. Mr Breen provided an update on the position as at 30 June 2026.		

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	The Board received the Month 3 Finance Report, noting an overall net revenue deficit of £29.8m, compared with £43m at the same point in the previous year. The approved balanced financial plan required savings of approximately £195m, comprising £108m recurrent savings and £86.7m non-recurrent measures. The position assumed that all six Integration Joint Boards would achieve break-even in 2026/27. The adverse variance was primarily concentrated within Acute Services, which reported an overspend of £21.9m, driven by under-delivery of planned savings and pressures across pay and non-pay budgets. Estates and Facilities also reported a year-to-date adverse variance of £3.56m, while Corporate budgets were broadly on target. Delivery against the Sustainability and Value programme stood at £43.37m, leaving a significant balance to be achieved in-year, with further work required to increase recurrent savings delivery. Mr Breen noted that the capital allocation of approximately £95.9m was expected to be fully expended by year end. The initial year-end forecast indicated a projected overspend of approximately £58m, representing 1.71% of baseline funding, with financial risk assessed as very high. The Board noted that immediate recovery actions were being progressed across Acute Services, drugs expenditure, Estates and Facilities, and wider financial control arrangements, with the forecast position to be monitored monthly and reported through the Corporate Management Team, Finance Planning & Performance Committee and the Board. In response to a question regarding the assumptions that Integration Joint Boards would deliver a break-even position, assurance was sought on whether there would be any impact from potential shortfalls in their financial position and how this was being monitored. Mr Breen advised that strong working relationships were in place with Chief Officers and Chief Financial Officers, supported by both formal and informal dialogue. The Quarter 1 position for each IJB had been reviewed, and there was a clear understanding of the financial challenges facing a number of services and the associated risks. It was noted that reserves were recognised as non-recurring and that break-even positions were not taken for granted. Assurance was sought regarding the approach to savings within Estates and Facilities, particularly in light of the reported overspend, savings shortfall, backlog maintenance position and the high risk associated with ageing infrastructure. It was noted that Estates and Facilities comprised a range of services and that any savings opportunities would be assessed through a number of areas, including operational risk and impact on patient outcomes. Assurance was provided that areas already experiencing pressure, including backlog maintenance and minor works, would be considered carefully. It was further noted that opportunities existed to strengthen financial management and better align backlog maintenance requirements with the		

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	Capital Programme. Future reporting through the finance and performance processes would provide further visibility of this approach. A query was raised regarding variation in staff establishment numbers across pay categories, including areas both over and under budget and whether this presented an opportunity to review current arrangements and deliver services as required, particularly in light of nursing establishments being significantly over budget. Mr Breen advised that in addition to the financial impact these areas should also be considered through the lens of workforce planning. Mr Breen noted that nursing establishments covered a number of areas and that work was underway to undertake a review of workforce establishment. It was noted that further financial scrutiny would be undertaken through Finance, Planning and Performance, including a detailed review of the relevant budget areas. Regarding responsibility for delivery against the budgetary objectives for Sustainability and Value, assurance was sought that ownership and accountability are clearly understood across the organisation. It was noted that this is not solely a finance challenge, but a collective organisational responsibility. In relation to performance management, it was noted that consideration should be given to the scale of the challenge in achieving a break-even position while maintaining, and where possible improving, performance, recognising that financial sustainability and performance improvement are closely interrelated. The importance of strengthening accountability was noted, particularly in relation to the responsibilities of budget holders and the consequences of decisions taken. It was acknowledged that further work was required to build confidence among budget holders through appropriate training and support. Mr Coulthard advised that there was already a strong level of awareness of these issues and that teams had undertaken significant work in this area. In relation to capital funding for the radionuclide project, assurance was sought regarding the availability and security of funding. It was noted that the project was fully funded by the Scottish Government and was progressing towards commissioning. The Board were assured by the report. <u>ASSURED</u>		
125. a)	Integrated Performance and Quality Report (IPQR) including Deep Dive – Planned Care		
	The Board considered the Integrated Performance and Quality Report (IPQR), including Deep Dive [Paper 26/112], presented by Mr Michael Breen, Deputy Chief Executive/Director of Finance, and Mr Russell		

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	Coulthard, Deputy Chief Executive/Interim Chief Operating Officer, for assurance. Mr Breen introduced the latest iteration of the IPQR covering June 2026 and noted that the key areas of performance, quality and operational delivery were included in the paper. Two Non-Executive Board members had visited the Gartnavel site the previous week, including the Outpatients department. The visit highlighted a range of initiatives being progressed to not only address waiting times, but also clinic capacity, resource utilisation and the effective use of available space. It was further noted that clinics were being scheduled to maximise both time and capacity across a range of services. Engagement with Primary Care was also highlighted, with the aim of supporting appropriate referrals and ensuring patients access clinics as quickly as possible. Clarification was sought on when the new Corporate Objectives would be reflected within the IPQR. Mr Breen advised that the intention was to test the objectives with Corporate Management Team over the coming months and the matter would return to Finance, Planning and Performance Committee following the next meeting. The Board received assurance from the report. <u>ASSURED</u>		Mr Breen
b)	Integrated Performance and Quality Report – Review Recommendations		
	The Board considered the Integrated Performance and Quality Report – Review Recommendations [Paper 26/113], presented by Mr Michael Breen, Deputy Chief Executive/Director of Finance. The paper provided an overview on the proposed updates to the measures contained within the current Integrated Performance and Quality Report (IPQR). The format and performance measures contained within the IPQR were approved by the Board in December 2025, with the first full report presented to the Corporate Management Team and Board in February 2026. As part of the approval process, the Board agreed that the format and content of the IPQR would be reviewed following completion of three full Board reporting cycles. The paper set out the proposed approach to the review, summarised the findings, and presented recommendations for consideration and approval. Mr Breen advised that there had been significant engagement with the Non-Executive Board Members.		

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	A query was raised regarding the inclusion of cancer screening uptake measures within the Population Health and Wellbeing measures, specifically in relation to Bowel, Breast and Cervical Screening. It was noted that these measures were not yet included and that their inclusion would support the monitoring of health inequalities. It was confirmed that further national guidance and measures were awaited. The ongoing engagement with Public Health Scotland and Directors of Public Health was highlighted, with a view to developing a consistent national approach. It was agreed that the Population Health and Wellbeing Committee would consider the matter further and provide a recommendation on whether the measures should be included, subject to the outcome of the national recommendations. A question was raised regarding the proposed removal of measures in the review recommendations. It was noted that, within the unscheduled care section, a greater level of operational support at site level had been requested for inclusion. The target position at the Children's Hospital was noted to be masking performance in other areas, and there was reluctance to remove this measure. It was agreed that this recommendation would remain within the paper. The Board were content to approve the paper. <u>APPROVED</u>		Dr O'Dowd
c)	Deep Dive – Planned Care		
	The Board received a presentation on Deep Dive of Planned Care by Mr Russell Coulthard, Deputy Chief Executive/Interim Chief Operating Officer. The Board received an update on performance in relation to new outpatient and inpatient waiting times, noting the progress made against agreed trajectories and the continued focus on patients waiting over 32 weeks. It was reported that performance continued to be managed closely at Board, Sub-National and Scottish Government levels, with plans being developed and adapted in response to emerging challenges. Ongoing pressures were highlighted within general medicine and a number of specialties, including Anaesthetics, Dermatology and Gastroenterology, with associated risks linked to limitations in external supplier contracts. The Board noted that progress had been made in Orthopaedics and other specialties, although these areas remained subject to national challenge. It was further noted that NHSGGC continued to contribute to, and benefit from, regional and national collaboration, including through neighbouring Boards and national capacity arrangements, with particular progress referenced in Paediatric ENT. The update outlined progress against milestones for 52, 78		

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	and 104-week waits, with performance continuing to align with Scottish Government expectations and improvement trajectories. In relation to inpatient and day case activity, it was noted that performance was ahead of the projected position, reflecting the impact of sustained local actions, Transforming Together initiatives and access fund investment. The Board noted the key components of the access fund allocation and the activities being supported to reduce waiting times and maintain progress. The Chair thanked Mr Coulthard for clearly setting out both the areas of concern and the sustained improvement in planned care over the last 12 months. The Board recognised the considerable effort undertaken at all levels on a daily basis. The Chair noted that performance against the 62-day cancer care standard had shown sustained improvement. Performance had increased from approximately 64% in June of the previous year to around 81%, with the June and July position expected to remain at approximately 80%. This improvement was recognised as delivering significant benefit to patients by supporting timely progression to treatment. The Chair further noted that the sustained adherence to agreed trajectories provided increased confidence in delivery and reflected the commitment. Appreciation was recorded for the executive leadership and operational oversight which had contributed to greater certainty in an area of significant public interest. The Board were assured by the update. <u>ASSURED</u>		
126.	Healthcare Associated Infection Report Template (HAIRT)		
	The Board considered the Healthcare Associated Infection Report (HAIRT) [Paper 26/114], presented by Professor Angela Wallace, Nurse Director, for assurance. 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 May and June 2026. The Board noted that four of the measures remained within control limits and that performance continued to compare favourably with other Boards in Scotland. SAB and ECB targets for this period were in line with the Scottish		

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	average, with CDI slightly above the Scottish average but remained within control limits. An updated position for ECB was provided. Unverified July data indicated a broadly consistent position in relation to the SAB and ECB indicators. It was noted that CDI was returning close to target, and the August position indicated that all three targets were moving closer to target. A broad range of activity continued to be progressed. The report highlighted the overall drive to support this work through a whole-system improvement network, while recognising the improvement delivered locally. The improvement methodology was being used to support teams in responding to local challenges through a range of targeted activities and the continued commitment from staff was noted. In relation to E. coli, bacteraemia, an upward trajectory was noted. Funnel plots had been included in the report to provide comparative context. It was noted that reducing E. coli bacteraemia remained challenging across Boards, with urinary tract infections continuing to represent a significant proportion of cases and therefore a key prevention opportunity. Work was ongoing to understand the location and drivers of infections and identify actions to support reduction. Current analysis indicated that these cases were more commonly linked to individuals living at home with significant long-term infections and other underlying challenges. In response to a question regarding hand hygiene compliance at the Royal Alexandra Hospital (RAH) compared to the rest of the estate, Professor Wallace advised that a deep dive had been undertaken through the Board Clinical Governance Committee, resulting in a productive discussion. The RAH had a dedicated Hand Hygiene Coordinator, with the IPC team providing targeted support across relevant areas to raise awareness and reinforce good practice during periods of challenge. This included additional audits, education and training, with support continuing until performance was stabilised. Similar arrangements were in place within Women and Children's Services, where performance had also fluctuated, with Chief Nurses and Directors providing wider support and oversight. It was agreed that a hand hygiene deep dive would take place at the October Board meeting. It was noted that assurance would be needed that differing standards were not being applied. This should form part of the deep dive validation process, with a full assessment to be brought back for consideration. The Board were assured by the report provided. ASSURED		

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127.	NHS Greater Glasgow and Clyde Nursing and Midwifery Strategy 'Leading the Way' 2025-2029: Year 1 Annual Impact Report		
	The Board considered the NHS Greater Glasgow and Clyde Nursing and Midwifery Strategy 'Leading the Way' 2025-2029: Year 1 Annual Impact Report [Paper 26/115] presented by Ms Angela Wallace, Director of Nursing, for approval. The Chair welcomed Ms Val Tierney, Chief Nurse, West Dunbartonshire and Ms Julie Tomlinson, Chief Nurse, East Renfrewshire, who were in attendance for the item. Professor Wallace introduced a short video which captured a small part of the work of the Nurses and Midwives across Greater Glasgow and Clyde. Professor Wallace then presented the first impact report and highlighted how the Strategy was developed and how it would be delivered. The work was underpinned by clear foundations and evidence, with engagement from nurses and midwives embedded throughout each stage of the process. Ms Val Tierney, Chief Nurse, West Dunbartonshire, reported strong progress across the four strategic priorities and provided assurance that implementation remained on track. There had been significant achievements during year 1, which focussed on building strong foundations and sustaining longer term improvement. It was noted that Nurses and Midwives were actively using the Strategy to inform and shape testing and delivery. The achievements had been made through a combination of strong leadership and effective governance arrangements, developing an enabling infrastructure and a network of champions across the Board. Key achievements in year one included significant investment in leadership development, with 166 staff, including nursing staff, having completed a programme focused on compassionate and creative leadership. Work was ongoing to extend the reach of this programme and further develop leadership activity. A Workforce Group had been established to strengthen the strategic approach to workforce planning. In addition, a person-centred care standard had been developed and tested, with a launch anticipated in October 2026. This would support the capture and use of patient outcomes and experiences to inform future improvement. The Education, Learning and Career Development Framework had been launched to ensure the workforce had the skills required to support future models of care. Advanced practice roles and innovative models of practice continued to be developed, alongside the introduction of digital notes within Acute services. This progress aligned with the priorities identified through		

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	earlier staff engagement, including stronger leadership, greater development opportunities, improved access to learning, and increased involvement in decision-making. An accelerated design event was attended by more than 200 Nurses and Midwives from across GGC to recognise achievements, consider barriers and co-design priorities for Year two. Feedback from this process indicated that staff valued being involved in shaping change. Ongoing engagement through champions and regular check-ins would continue to gather evidence of progress and inform future stages of the Strategy. Year one had established a strong foundation for change, with encouraging evidence of staff engagement, leadership and professional ownership in translating the Strategy into practice. Ms Julie Tomlinson, Chief Nurse, East Renfrewshire, provided an update on the work being undertaken to build on existing foundations, support the delivery of sustainable improvement, and strengthen organisational assurance. Year one focused on strengthening quality and care assurance, with staff feedback highlighting the need for a more streamlined and coherent approach. Reporting arrangements were strengthened and work had commenced on a new quality and safety Dashboard to support clearer oversight of quality, safety and patient experience indicators, and improve assurance from point of care to Board level. More than 200 trained champions supported implementation across nursing job families by gathering feedback, sharing learning and supporting local delivery. This had been central to maintaining momentum and ensuring frontline views inform improvement. In year two, the focus would shift to system-wide impact, including scaling successful approaches, embedding the quality assurance model, strengthening workforce wellbeing, developing leadership capability and sustaining staff engagement. Overall, Leading the Way had established the structures, engagement and ownership required to support continued delivery and impact. In response to a question regarding increasing diversity across the nursing profession, the Board noted the ambition to increase diversity across all levels of the Nursing and Midwifery professions, noting that this remained a long-term priority. Progress would require early engagement with young people, strengthened collaboration with schools and higher education partners, and a more intentional approach to recruitment across all areas. The importance of learning from the experiences of internationally educated nurses, including those who had left the organisation, was also recognised.		

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	It was noted that targeted work was under way within Midwifery to improve workforce diversity, recognising that the profession was not fully representative of the local population. Ms Mary Ross-Davie, Director of Midwifery, advised that learning had been sought from colleagues in Bolton and Bradford, where initiatives had supported increased diversity. Learning was being applied locally, including outreach to more diverse Glasgow schools, representation by BAME Midwives at recruitment events, targeted support for prospective global majority students, inclusion of global majority Midwives on interview panels, and participation by BAME Midwives in the GGC Leadership Programme. In response to a question regarding the impact of leadership development, including the number of staff who had participated in the programme to date, it was noted that the programme continued to evaluate positively. Leaders who had completed the programme would return to their areas, identify opportunities for improvement, and present these to Senior Nurse colleagues, thereby supporting shared learning across teams and contributing to the development of a more devolved leadership culture. There was recognition of the need to broaden the programme's reach. A Leadership Framework was under development, alongside work to map the range of leadership development opportunities available across the organisation. This would support a clearer overview of existing provision and inform priorities for year two. The associated improvement projects were expected to provide evidence of the programme's impact at frontline level. Many projects were nearing completion within the 3-6 month timeframe, therefore work was underway to consider how outcomes and learning would be captured and reported. A query was raised regarding progress against Strategic Priority 2, related to the development of the professions, it was noted that further work was required to protect time for staff learning, clinical supervision and professional development. The implementation of the Health and Care Staffing Act had supported increased focus on this area. It was further noted that, in addition to statutory and mandatory training, there was a continued focus on Personal Development Plans, Professional Competency Frameworks and learning and development opportunities specific to Nursing and Midwifery roles. In response to a question regarding Priority 4 in relation to psychological safety and creating a culture of accountability in year two, it was noted that this would build on the work undertaken during year one, with a continued focus on meaningful engagement and open dialogue across the organisation. Roadshows would be held over the coming months to support staff and provide opportunities for feedback. Staff engagement was increasing, with individuals feeling heard and supported. This was recognised as an important part of strengthening psychological safety and encouraging shared accountability at all levels of the organisation.		

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	The Board were content to approve the paper. <u>APPROVED</u>		
128.	Annual Update on the Delivery of NHSGGC Primary Care Strategy 2024-29		
	The Board considered the Annual Update on the Delivery of NHSGGC Primary Care Strategy 2024-29 [Paper 26/116] presented by Mr Fraser McJannett, Director of Primary Care and GP OOH and Dr Jude Marshall, Deputy Medical Director for Primary Care. Mr McJannett provided an update on progress made over the past year and priority actions for the forthcoming year. The paper had been considered by the Finance, Planning and Performance Committee, where further narrative was requested on the Vision rollout and the GP Walk-in Centre. In relation to the Vision rollout, 51 practices had been implemented to date, with a further 151 planned by June next year. Work continued with partners, including Public Health Scotland, recognising the need to safely transition practices given the limited lifespan of the existing Board arrangements. Further progress included increased communication and engagement through the Time and Care Communication Strategy, development of a Workforce Strategy to support Primary Care Teams, creation of a Primary Care Information Dashboard, and strengthened capital and accommodation arrangements, including the first lease assignation within the Board area. These developments had required extensive collaboration with professional committees, Digital, HSCPs, Capital Planning, Estates and other partners. The importance of this work was highlighted in the context of new three-year funding for General Practice. The priorities for the coming year focused on improving access to care, strengthening the workforce, and enhancing the use of data and technology to support patients and staff. The priorities aligned with the wider Transforming Together programme and the Annual Delivery Plan. Key areas of focus included improving access to urgent Primary Care, progressing the development of the new GP Walk-in Centre, and advancing plans to replace Port Glasgow Health Centre through Scottish Government investment in Primary Care. This would provide an opportunity to support staff and patients within a modern environment and ensure services were better able to respond to local needs. The Workforce Strategy would also be launched and implemented, with continued support for GP workforce expansion, testing of protected learning time and peer support, and further exploration of multidisciplinary models, including the use of paramedics in general practice to support home visits.		

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	Together, these developments represented a significant opportunity to modernise Primary Care, improve patient access, reduce pressure across the wider system, and support sustainable services for the future. The Board were asked to note delivery in 2025/26 and the planned priorities for 2026/27. A question was raised regarding the role of the Formulary Management Tool, with reference to patient safety considerations and the potential impact on medicines cost management. A further question was raised in relation to smoking cessation and the existing provision within Community Pharmacy, and whether this would be considered as part of wider planning. It was confirmed that work continued closely with the Community Pharmacy Model, recognising the existing service provision and ongoing support. In relation to formulary management, it was acknowledged that this should have been referenced, and that work was being progressed with Public Service Delivery to address key issues, including prescribing variation. A product was currently in testing which was expected to partially address concerns relating to patient safety, privacy, efficiency and cost. A question was also raised regarding the proposal for additional GP led Walk-in-services, and how the proposed sites were chosen, the rationale for selecting these locations and whether the decision was made by the Board or by the Scottish Government. Mr McJannett confirmed that the Board had no sighting of these locations prior to publication by the Scottish Government. Mr McJannett advised that a proposal had been submitted to the Scottish Government with the aim of supporting more equitable access through the proposed extension of Pharmacy First provision. The proposal included development across all six HSCP's, including Inverclyde, and the further expansion of one GP Walk-in Centre. It was noted that the Scottish Government's initial response had been positive, with further detail currently being worked through. A further update would be brought back to Finance Planning and Performance Committee and the Board once the proposal had progressed further. In response to a question regarding Phase Two of the GP Walk-in Centre and further clarity on the governance arrangements for the option appraisal process, it was noted that an initial review of potential options had been undertaken, recognising the Scottish Government requirement for any additional centres to be operational from 1 April 2027. Proposals were subject to further assessment, particularly in relation to feasibility and deliverability across HSCP areas. A proposal would be submitted to the Corporate Management Team for approval. It was noted that colleagues in general practice had raised issues regarding the transition of the IT system to the PMS Division. Although it was acknowledged that this was not solely a Glasgow-specific matter, clarification was sought on the steps being taken to mitigate the associated		

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	risks and operational challenges. In response, it was noted that, following identification of the issues, a weekly Management Review Group had been established. The group included representatives from the Primary Care Support Team, Digital colleagues and the GP Subcommittee. An action tracker was in place to monitor actions that can be progressed at Board and HSCP level, with onward escalation to PSD where required. It was further noted that engagement with practices had been undertaken to ensure they were informed of the current position. Regular feedback had been provided through written updates and attendance at cluster meetings. Mr Alastair Graham, Director of Digital Services, noted that the national programme had been progressing for a number of years. Nationally, 55% of practices had migrated over a two-year period, leaving 45% to migrate within the remaining 10 months of the programme, which was noted to be a significant challenge. It was further highlighted that escalation had been made to the national programme, with a request that the risks associated with the deadline be clearly articulated. Although the matter had been presented as finance-related, further clarification had been sought on this point. The Board were assured by the update. <u>ASSURED</u>		
130.	Joint Health Protection Plan 2025-2027: Workplan Progress Update		
	The Board considered the Joint Health Protection Plan 2025-2027: Workplan Progress Update [Paper 26/117] presented by Dr John O’dowd, Interim Director of Public Health, for assurance. The paper provided a progress update on the Joint Health Protection Plan, a two-year statutory document prepared in accordance with the Public Health Act. The Plan supported the effective coordination of the individuals and organisations involved in health protection across communicable disease, environmental health and related community settings. Joint working was primarily taken forward through the established Working Group, which included representation from Environmental Health and other partner organisations, in addition to medical colleagues. The paper set out progress across a range of workstreams, reflecting the geographic and thematic priorities identified within the Plan. These priorities were informed by a range of factors, including issues common across wider health protection systems. The Plan also included areas such as seeking feedback on environmental health arrangements, continuing professional development, and exercising major incident plans. The Plan remained an important mechanism for joint working with local		

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	authority partners. The update highlighted areas of good progress, while noting that some actions were delayed due to the need to secure agreement with partners or to develop alternative approaches to gathering feedback and supporting integration. The Board were assured by the report. <u>ASSURED</u>		
131.	Procurement Strategy 2025-2028: Annual Update		
	The Board considered the Procurement Strategy 2025-2028: Annual Update [Paper 26/118] presented by Mr Michael Breen, Deputy Chief Executive/Director of Finance, for assurance. Mr Breen provided an update on progress of implementation of the Procurement Strategy, noting five key priorities: corporate social responsibility, continuity of supply and inventory, delivery of value for money, improved governance and compliance, and workforce development. It was noted that progress had been made in relation to fair work requirements and community benefit provision, although further work would be undertaken to target local firms and strengthen the organisation's wider social responsibility contribution. The Board also noted the work undertaken to support continuity of supply, including the management of supplier-related challenges arising from cyber incidents during the year. A review of tendering and purchasing arrangements was underway to ensure continued high levels of compliance with Standing Financial Instructions and related requirements. The importance of workforce planning and development within procurement was also highlighted, including recruitment, career development and engagement with staff. The Board were assured by the update. <u>ASSURED</u>		
132.	Area Clinical Forum		
	The Board considered the following for assurance: a) Chair's Report from Meeting 13 August 2026 [Paper 26/119] The Board were assured by the report. <u>ASSURED</u>		

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133.	Finance Planning and Performance Committee		
	The Board considered the following for assurance: a) Chair's Report from Meeting 6 August 2026 [Paper 26/120] b) Minutes from Meeting 28 May 2026 [FPPC(M)26/04] The Board were assured by the report. <u>ASSURED</u>		
134.	People and Staff Governance Committee (PSGC)		
	The Board considered the following for assurance: a) Chair's Report from Meeting 20 August 2026 [Paper 26/121] b) Minutes from Meeting 7 May 2026 [PSGC(M)26/01] The Board were assured by the report. <u>ASSURED</u>		
135.	Inquiries Oversight Sub Committee (IOSC)		
	The Board considered the following for assurance: a) Chairs Report from Meeting 18 August 2026 [Paper 26/122] The Board were assured by the report. <u>ASSURED</u>		
136.	IJB Leads Reports		
	The Board considered the following for assurance: a) East Dunbartonshire Paper [26/123] b) East Renfrewshire Paper [26/124] c) Glasgow City Paper [26/125] d) Inverclyde Paper [26/126] e) Renfrewshire Paper [26/127] f) West Dunbartonshire Paper The Board were assured by the reports. <u>ASSURED</u>		

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137.	Date and Time of Next Scheduled Meeting		
	The next meeting will be held on Thursday 29 October at 9.30 am, on a hybrid basis at the Teaching and Learning Centre, Queen Elizabeth University Hospital. In closing, the Chair reminded members about the ministerial review on 5 October 2026 and thanked Board Members for their attendance and contribution. <u>NOTED</u>		