

NHSGGC (M) 26/01  
Minutes: 01– 31

## NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the NHS Greater Glasgow and Clyde Board held on Thursday  
26 February 2026 at 09:30 am hybrid in the Board Room at  
JB Russell House and via Microsoft Teams (recorded for the NHSGGC website)**

### PRESENT

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

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

### IN ATTENDANCE

Ms Denise Brown	Director of Digital Services
Mr Russell Coulthard	Deputy Chief Operating Officer
Ms Beth Culshaw	Chief Officer, West Dunbartonshire HSCP
Ms Gillian Duncan	Corporate Executive Business Manager (Minutes)
Ms Claire MacArthur	Director of Planning
Mr Billy McClean	Chief Officer, Renfrewshire HSCP
Ms Nicola Munro	PA to Chair
Ms Jillian Neilson	Board Secretary
Mr Derrick Pearce	Chief Officer, East Dunbartonshire HSCP
Ms Natalie Smith	Interim Director of Human Resources & Organisational Development
Ms Paula Spaven	Director of Corporate Governance
Professor Tom Steele	Director of Estates and Facilities
Mr Pat Togher	Chief Officer, Glasgow HSCP
Ms Elaine Vanhegan	Director of Corporate Services and Governance

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01.	Welcome and Apologies		

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	<p>The Chair, Dr Lesley Thomson KC, welcomed those present to the February 2026 meeting of NHS Greater Glasgow and Clyde Board.</p> <p>The meeting combined members joining via video conferencing and a gathering of some members within the Board Room, JB Russell House. The Chair also welcomed members of the public who had taken up the invitation to attend the Board meeting as non-participant observers.</p> <p>Apologies from Board Members were recorded on behalf of Mr Graham Haddock OBE, Ms Ann Cameron-Burns, Councillor Jacqueline Cameron, Ms Dianne Foy and Ms Becky Metcalfe.</p> <p>Apologies were also recorded on behalf of Ms Alexis Chappell, Chief Officer, East Renfrewshire HSCP (it was noted that Ms Lesley Bairden, Chief Financial Officer, was deputising on her behalf) and Ms Sandra Bustillo, Director of Communications and Public Engagement (it was noted that Mr Neil McSeveny, Deputy Director of Communications, was deputising on her behalf).</p> <p>It was noted that Professor Iain McInnes had to leave the meeting one hour early, Ms Margaret Kerr would leave the meeting at 12.30 pm and Councillor Chris Cunningham would join the meeting at 11am.</p> <p>The Chair welcomed Sir Lewis Ritchie to the Board meeting, noting that he was in attendance for Item 30 - QEUH and RHC Assurance Summary. The Chair highlighted that this item would be taken at approximately 12.15pm.</p> <p><b><u>NOTED</u></b></p>		
<b>02.</b>	<b>Declaration(s) of Interest(s)</b>		
	<p>The Chair invited members to declare any interests in any of the matters being discussed. There were no declarations made.</p> <p><b><u>NOTED</u></b></p>		
<b>03.</b>	<b>Minute of Meeting held on 18 December 2026</b>		
	<p>The Board considered the minutes of the NHS Greater Glasgow and Clyde Board Meeting held on 18 December 2026 [NHSGGC(M)25/06] presented for approval.</p>		

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	<p>The Chair advised members that amendments had been intimated to the Board Secretary in advance of the meeting. On the motion of Mr David Gould and seconded by Dr Paul Ryan, the Board were content to accept the minutes as a complete and accurate record.</p> <p><b><u>APPROVED</u></b></p>		
<b>04.</b>	<b>Matters Arising</b>		
	<p>The Board considered the 'Rolling Action List' [Paper No.26/01] presented for approval.</p> <p>The Board noted that there were 8 actions noted for closure and 3 items remained ongoing. The following updates were noted.</p> <ul style="list-style-type: none"> <li>• <b>Item 159 - HSGGC Whole System Winter Plan</b></li> </ul> <p>This item was covered under item 12a on the agenda for today's meeting.</p> <ul style="list-style-type: none"> <li>• <b>Item 162 - IJB Whole System Report</b></li> </ul> <p>The second half of this item would remain ongoing on the Rolling Action List.</p> <ul style="list-style-type: none"> <li>• <b>Item 196 - NHSGGC Board Performance Report</b></li> </ul> <p>An update was included in the IPQR and the approach would be highlighted later in the meeting. A further deep dive would be provided to the Board in April.</p> <ul style="list-style-type: none"> <li>• <b>Item 197 - Overview of Future Integrated Performance and Quality Report (IPQR)</b></li> </ul> <p>An alternative date would be agreed to look at the Corporate Objectives.</p> <p>The Board were content to approve the Rolling Action List.</p> <p><b><u>APPROVED</u></b></p>		
<b>05.</b>	<b>Chair's Report</b>		
	<p>The Chair advised that she had completed a report of her activity since the last Board meeting which would be added to the NHSGGC website. The report provided an overview of key activities undertaken by the Chair since the last Board meeting and included an update on visits to services and</p>		

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	<p>facilities across NHSGGC, engagement with staff and partners, and participation in events that highlighted innovation and service development.</p> <p>She noted that visits included the Royal Hospital for Children over the festive period with the First Minister. She reported that highlights included the Teddy Bear Hospital and the Sensory Pod.</p> <p>The Chair visited AMMA Birth Companions yesterday with Non-Executive Board member Ms Mehvish Ashraf to meet with the Chief Executive Officer and members of the NHS Race Observatory to discuss anti-racism work and working towards a reduction in health inequalities. The Chair thanked AMMA and the team for the enjoyable visit.</p> <p>The Chair reported that this was the last Board Meeting for Ms Denise Brown, Director of Digital Services. Ms Brown joined NHSGGC eHealth Directorate in March 2017, serving as Head of eHealth Strategy and Programmes before becoming Director of Digital Services in January 2022. She had held senior NHS roles since 2002, including 14 years with NHS Ayrshire &amp; Arran as Head of eHealth and later Assistant Director of eHealth. Prior to joining the NHS, she held senior positions in the IT industry. The Chair noted thanks to Ms Brown for her dedication, leadership, and significant contribution to the organisation, and wished her well in her retirement.</p> <p>The Chair also noted that Professor Iain McInnes would step down from his Non-Executive role at the end of March. A globally recognised leader in rheumatology and inflammatory disease research, he was Vice Principal and Head of the College of Medical, Veterinary and Life Sciences at the University of Glasgow. Since joining the NHSGGC Board in April 2021, he had contributed to key committees, including Finance, Planning and Performance, and Clinical and Care Governance. His pioneering work in inflammatory arthritis, precision medicine and COVID-19 had major international impact, and he had held senior leadership roles across European rheumatology and major UK research initiatives. He had received multiple honours, including a CBE for services to medicine. The University of Glasgow remained committed to its partnership with NHSGGC, and a replacement was being identified. The Chair thanked Professor McInnes for his significant contribution and wished him well for the future.</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		
06.	<b>Chief Executive's Report</b>		

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	<p>The Chief Executive, Professor Jann Gardner, provided an overview of key activities undertaken since the last Board meeting.</p> <p>Professor Gardner reported on recent engagement activity, noting a visit to the Glasgow Royal Infirmary on 27 December 2025 with the First Minister to meet staff and discuss current service pressures. Positive feedback was received from staff regarding the visit. She further advised that she visited Dumbarton Health Centre on 28 January 2026, which provided an opportunity to discuss local challenges and consider options to support the population more effectively.</p> <p>Professor Gardner provided an update on the recent system reset undertaken in December 2025. She recorded her thanks to all staff who participated over the Christmas and New Year period. Early data from the reset was being collated to identify ongoing challenges and inform further development. Professor Gardner noted improvements in Delayed Discharge occupancy and reductions in waiting times, acknowledging that while significant work remained, positive progress had been made. She highlighted strengthened relationships across teams and confirmed that learning from the reset would inform a clearer way forward, with new approaches being embedded into core business.</p> <p>Professor Gardner provided an update on Skye House, noting that the Scottish Government and the Mental Health Welfare Commission had commissioned a joint inspection, an audit was carried out in August 2025. The inspection report was published on 19 February 2026. She highlighted that while 11 areas of good practice were identified and positive progress was recognised, the timing of the review meant the service was only mid-way through a significant programme of improvement work. The inspection also identified 9 improvement areas and 16 requirements. The Board was scheduled to consider the next steps at a Board Briefing on 4 March 2026.</p> <p>Professor Gardner provided an update on workforce and senior recruitment changes. She reported that an Interim Director of Public Health had been appointed, with Mr John O'Dowd now in post following approval by the Cabinet Secretary. She recorded her welcome to Mr O'Dowd and acknowledged the valuable contribution he had already made. Professor Gardner advised that Ms Denise Brown, Director of Digital Services, was due to retire and that recruitment to the post was underway. She further noted that the Director of Estates and Facilities post would shortly be advertised, with Professor Tom Steele moving to a capital role. In addition, arrangements were being progressed to appoint a Deputy Director of Communications.</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		

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<b>07.</b>	<b>Patient Story</b>		
	<p>The Nurse Director, Professor Angela Wallace, introduced a short video for awareness which focused on NHS Greater Glasgow and Clyde's Psychological Trauma Service (GPTS) – Art Psychotherapy.</p> <p>Professor Wallace highlighted the sensitive nature of this story, as it involved a patient who experienced historical abuse as a child. The Board noted a comment received from the patient reporting that the rare birth condition referred to in the story was Oesophageal Atresia TOF/OA. The Board noted that this week was also TOFS awareness week and tomorrow rare disease day. The patient thanked the Board for opportunity to share her story.</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		
<b>08.</b>	<b>Board Activity Update</b>		
	<p>The Board considered the Board Activity Update [Paper 26/02] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance, for awareness.</p> <p>Ms Vanhegan provided an overview of the significant internal and external work that had taken place since the last Board meeting. This included the Women and Children's Hackathon on 30 January 2026, noting the success of the session which reflected the continued focus on strengthening and evolving services.</p> <p>The report detailed the Board Member activity that had taken place since the last meeting. Three ministerial visits that had taken place in December 2025.</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		
<b>09.</b>	<b>Key Updates from Standing Committees</b>		
	<p>The Board considered the Key Updates from Standing Committees [Paper 26/03] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance, for awareness.</p> <p>Ms Vanhegan noted that the report sat alongside the Committee Chairs Reports to outline the range of work undertaken since the previous Board meeting.</p>		

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	<p>The paper summarised discussion from the Population Health and Wellbeing Committee, noting the significant discussion on the public health work relating to Maternal, Children's and Young Person's health, aligned to NHS Greater Glasgow and Clyde's (NHSGGC) 2025-26 Annual Delivery Plan and Scotland's Population Health Framework. The Committee received presentations on Child Oral Health Indicators and on the progress across the life-course public Mental health delivery in NHSGGC.</p> <p>The paper also summarised discussion at the Finance Planning and Performance Committee, and Ms Vanhegan noted that this was the first Committee that included all Board Members as approved at the Board meeting in December. Updates to the Committee included Transforming Together – GGC Way Forward Report, an update on the Financial Plan, an update on the national benchmarking work being undertaken for the Neurodevelopmental Disorder (NDD) Services. The Committee also received an update on the current position on the disposal of Yorkhill (West Glasgow Ambulatory Care Hospital) site, following the Board's approval on 30 October 2025 that the building is surplus to operational requirements.</p> <p>Lastly, Ms Vanhegan noted that the final meeting of the People Committee had taken place last week, and a Chair's Report was included in a later agenda item.</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		
<b>10.</b>	<b>Governance and Board Member Responsibilities - Update</b>		
	<p>The Board considered the Governance and Board Member Responsibilities - Update [Paper 26/04] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance, for approval.</p> <p>Ms Vanhegan detailed the main changes in relation to Board Member responsibilities. She noted that Dr John O'Dowd had been confirmed as Interim Director of Public Health as of 12 February 2026 and had been appointed by the Cabinet Secretary as a Board Member from that date. Ms Vanhegan went on to report that Mr Giovanni D'Alessio had agreed to take on the role of Veterans Champion and Mr Michael Breen, Director of Finance, would take on the role of Anti-Fraud Champion.</p> <p>The Board were content to approve the Governance and Board Member Responsibilities.</p> <p><b><u>APPROVED</u></b></p>		

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<b>11.</b>	<b>Board Annual Cycle of Business</b>		
	<p>The Board considered the Board Annual Cycle of Business [Paper 26/05] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance, for approval.</p> <p>The Board noted that the Annual Cycle of Business described the timetable of topics/discussion for 2025/26, the business items that would be considered, and their Corporate Objective alignment, acknowledging the changing landscape and ensuring flexibility to update our members with key information.</p> <p>The Board were content to approve the Annual Cycle of Business.</p> <p><b><u>APPROVED</u></b></p>		
<b>12a.</b>	<b>Approach to Communications</b>		
	<p>The Board considered the Approach to Communications [Paper 26/06] presented by Mr William Edwards, Deputy Chief Executive, for approval.</p> <p>Mr Edwards described the commitment and refreshed communications approach that had been taken to strengthen assurance, support organisational transformation, build capacity and rebuild public and staff confidence across NHS Greater Glasgow and Clyde. At the December Board meeting the need for capacity within the Communications Directorate was recognised. The requirement for the creation of a senior leadership role to enhance the Boards programme of activities to increase public confidence through responsive and compassionate public relations was recognised. To support this, recruitment of an additional Deputy Director of Communications is underway. This role will take the lead on how NHSGGC engages with people and staff in relation to key campaigns, as well as positioning the organisations Transformation Activities with our stakeholders.</p> <p>It was acknowledged that significant work was required in this area, including the need to actively listen, learn, and adopt a revised communications approach to support wider activities and build trust. It was further noted that improved awareness of the transformation agenda across the health and care system was essential.</p> <p>In response to a question received about more active engagement messages overall from the Board, Mr Edwards clarified that the intention was not solely to increase Board engagement messages but to build additional capacity within the team. He emphasised the importance of gathering views from all stakeholders, identifying needs and perceived gaps,</p>		



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	<p>and using this feedback to shape the role and inform future development. The focus was on listening and strengthening capacity accordingly.</p> <p>Board members welcomed this as an initial step toward providing clearer strategic direction. They emphasised the importance of ensuring that public communications clearly outline forthcoming changes, facilitate straightforward access to services, and provide reassurance and confidence when changes occur. It was further noted that Board members should be utilised wherever appropriate, given their extensive knowledge of the wider system and they are also members of the public. The importance of engagement data was noted and how to positively influence healthy behaviours.</p> <p>The Board were content to approve the paper.</p> <p><b><u>APPROVED</u></b></p>		
<b>12b.</b>	<b>Communication and Public Engagement Update</b>		
	<p>The Board considered the Communication and Public Engagement Update [Paper 26/07] presented by Mr Neil McSeveny, Deputy Director of Communications, for awareness.</p> <p>Mr McSeveny introduced the report outlining the key communications and engagement activities undertaken by the team throughout January and February 2026 and highlighted several key actions during this period, including Patient Experience, Winter Communications and Hackathon support.</p> <p>He reported that the Patient Experience Team continued to support a wide range of service areas throughout the year in aspects of involvement and capturing patient experience and feedback. Patient experience continued to be captured via feedback surveys. This included feedback via the Right-time feedback survey capturing feedback from patients following their attendance at Emergency Department sites. During the latest cycle, the survey gathered responses from 661 patients across ED sites. To align with wider work currently being taken forward collaboratively across the organisation, the team has included additional questions focusing on key indicators of person-centred care and the principles of Realistic Medicine supporting strategic alignment across this work.</p> <p>The Board noted that targeted engagement work and action planning were underway. He noted that during Quarter 3, 831 stories were shared via Care Opinion, with the majority of these stories being positive. He highlighted that we were on track to exceed 3000 Care Opinion stories for the second consecutive year.</p>		

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	<p>Mr McSeveny outlined the wider programme of work underway, including engagement with 110 services to ensure that active engagement was embedded as a routine improvement practice through ongoing 'listen and learn' services.</p> <p>In relation to the winter communications programme, Mr McSeveny advised that work remained ongoing, with a primary focus on vaccinations, access to care, and supporting patient flow, aligned to the whole-system winter plan. He reported that the <i>Right Care, Right Place</i> messaging had achieved strong national and local coverage, helping to promote appropriate access routes to care. This was supplemented by the annual student campaign promoting virtual pathways (with 111 remaining the route to access these services), incorporating advertising, social media activity, and public relations. He noted that the campaign had reached more than 800,000 students through the Subway initiative and had generated an increase in Student Hub views compared with the same period last year.</p> <p>He advised that vaccination communications remained a priority for the Board. Since September, a comprehensive campaign had been delivered across the Staff Flu, Adult, and Children's vaccination programmes. In relation to interface communications, he reported that support continued to be provided to ensure staff received clear information on upcoming changes and the operation of new pathways. Core Brief operated at approximately 42%, and this was supplemented by "Ask Me Anything" sessions. Feedback on these sessions had been positive.</p> <p>Lastly, Mr McSeveny reported that work remained ongoing supporting Hackathons and the culture work and ensuring communications were capturing key messages and speaking to wider staff base using established channels.</p> <p>A request was made to statistics on the views of learning sessions and to consider maximising the use of the videos and how these could be a proactive mechanism for positive communications.</p> <p>In response to a question regarding the 553% increase in Student Hub views compared with the previous year, Mr McSeveny outlined the impact of enhanced social media advertising. He explained that the team refined its targeting approach based on feedback and analytics from the previous year. The key target audience was adjusted accordingly, and resources were reallocated, for example, shifting budget to TikTok to achieve greater reach among students than was possible through Instagram, which contributed to the significant increase in traffic</p> <p>In response to a question on the strengths and areas for improvement in the recent vaccination campaign, Mr McSeveny advised that the campaign targeted both the public and staff groups. He reported that, internally, a</p>		Mr McSeveny

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	<p>dedicated staff vaccination week had been delivered, during which 5,325 vaccinations were administered which was an increase of approximately 2,000 compared to the previous year. He highlighted that contributing factors to the improved uptake included a more dynamic communications approach, such as videos featuring senior staff receiving their vaccines, promotional posters and flyers displayed across acute sites, and a strong social media presence. He further noted that consistent reinforcement of key messages in an interesting way was a significant driver of the campaign's success.</p> <p>Mr McSeveny reported that an early increase in Flu cases had resulted in significant media attention on vaccinations. He advised that regular public communication, including the use of media, photography and case studies, ensured daily coverage and contributed to improved vaccination uptake in NHSGGC. He noted that a combination of factors supported this outcome. It was agreed that a deep dive into the impact of the public vaccination campaign would be provided.</p> <p>In terms of areas for improvement, Mr McSeveny advised that a dedicated staff webpage had been created on the main website, which had proved useful in providing staff with accurate information on drop-in clinics from a single source. It was noted that this resource would be more actively promoted next year.</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		Mr McSeveny
<b>13.</b>	<b>People and Staff Governance Committee Terms of Reference</b>		
	<p>The Board considered the People and Staff Governance Committee Terms of Reference [Paper 26/08] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance, for approval.</p> <p>Ms Vanhegan reported that following agreement at the December Board meeting to amalgamate the People Committee and the Staff Governance Committee to form the People and Staff Governance Committee (PSGC), the Terms of Reference of the new Committee had been approved by the People Committee and the Staff Governance Committee. The PSGC Terms of Reference were now being presented to the Board for formal approval. Ms Vanhegan reported that the current Co-Chairs of the Staff Governance Committee, Ms Mehvish Ashraf and Ms Ann Cameron-Burns, had been appointed as Vice Co-Chairs and the current Chair of the People Committee, Ms Cath Cooney, had been appointed as Chair of the new Committee pending formal approval. The first meeting date of the newly amalgamated PSGC is still to be confirmed.</p>		

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	<p>Ms Vanhegan detailed the process that had been undertaken to ensure that the Staff Governance standards were applied to make sure key aspects were included. Ms Vanhegan then drew attention to the membership of the Committee, which was as follows;</p> <ul style="list-style-type: none"> <li>- Ms Mehvish Ashraf (Co-Vice Chair)</li> <li>- Ms Ann Cameron-Burns (Co-Vice Chair)</li> <li>- Ms Cath Cooney (Chair)</li> <li>- Ms Morven McElroy</li> <li>- Councillor Jacqueline Cameron</li> <li>- Ms Colette McDiarmid</li> <li>- Councillor Robert Moran</li> <li>- Councillor Katie Pragnell</li> <li>- Mr Brian Auld</li> <li>- Ms Dianne Foy</li> <li>- Mr David Gould</li> <li>- Ms Ketki Miles</li> <li>- Dr Paul Ryan</li> </ul> <p>The Board recognised the size of the Committee by the time key stakeholders were included, including the relevant partnerships, prior to the first meeting taking place, with recognition that membership may be altered following the first meeting. The importance of the work of the Committee was noted, with a strong focus on culture. The Board noted that feedback would be provided at the June Board Meeting following the first meeting of the new Committee.</p> <p>The Chair extended thanks to Ms Cooney, Ms Ashraf and Ms Cameron-Burns for leading the Committee.</p> <p>The Committee were content to approve the Terms of Reference.</p> <p><b><u>APPROVED</u></b></p>		
<b>14.</b>	<b>Pharmacy Practices Committee - Decision</b>		
	<p>The Board considered the Pharmacy Practices Committee – Decision [Paper 26/09] presented by Ms Margaret Kerr, Chair of the Committee, for assurance.</p> <p>The Board were content to note the minute.</p> <p><b><u>NOTED</u></b></p>		
<b>15.</b>	<b>Corporate Risk Register</b>		

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	<p>The Board considered the Corporate Risk Register [Paper 26/10] presented by Mr Michael Breen, Director of Finance, for assurance.</p> <p>Mr Breen said that this was the standard update on the Corporate Risk Register which provided assurance on the organisation's risk profile for the period November 2025 to January 2026 and included the previous month for completeness. The Corporate Risk Register was reviewed monthly by risk owners, as well as the Corporate Management Team with oversight from the Standing Committees and was presented to the Board to ensure robust scrutiny and oversight.</p> <p>Of the 23 risks on the Risk Register, 7 were scored as very high, 7 as high, 9 as medium and there were no low risks. There had been one change proposed to the risk score for the risk in relation to industrial action to reduce the risk score from 16 to 8. The report had been reviewed by key Committees to ensure robust scrutiny and oversight and Mr Breen also highlighted the work of the Committees in reviewing the overdue actions related to the risks, reflecting the commitment to ongoing improvement and management of organisational risks.</p> <p>The Board noted that at standing committee level there was an increased push from Board members around the actions that underpin each of the risks detailed in the Risk Register.</p> <p>The Board were assured by the Corporate Risk Register.</p> <p><b><u>ASSURED</u></b></p>		
<b>178.</b>	<b>Transforming Together</b>		
	<b>a) Transforming Together – GGC Way Forward Portfolio Report</b>		
	<p>The Board considered the Transforming Together - GGC Way Forward Portfolio Report [Paper 26/11] presented by Ms Claire MacArthur, Director of Planning, and Dr Scott Davidson, Medical Director, for assurance.</p> <p>Ms MacArthur reported that all Transforming Together Portfolio Programmes continued to be on track and making steady progress. An upward trend was evident across many programmes, with most projects either maintaining or increasing their pace. She further noted that the progress demonstrated across both the Transforming Together and GGC Way Forward Portfolios was being delivered against significant operational pressures.</p> <p>Ms MacArthur described the work that had been undertaken as part of the Transforming Together Programme. This included two System Resets in November/December and January which focused on improving flow,</p>		

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	<p>reducing patients in delay, stabilising ED performance and improving safety and experience across the system.</p> <p>Ms MacArthur provided an overview of the key achievements across each programme. She reported that 154 of the 193 actions within the GGC Way Forward Programme had been completed, representing an increase of eight since the previous reporting period. She further highlighted that the E-triage procurement had been finalised and the programme had now progressed to the implementation phase, with rollout due in the coming months.</p> <p>The Interface &amp; Urgent Care Programme continued to progress as planned. Recruitment and implementation of the Interface Division’s clinical workforce model remained underway; however, gaps across nursing, medical and non-clinical roles continued to limit the pace of rollout. As a result, a priority focus had been placed on delivery of both the clinical workforce model and high-volume virtual pathways in cardiology, respiratory, paediatrics &amp; neonatology, general surgery and frailty.</p> <p>Ms MacArthur described the success of the Women and Children’s Hackathon. There was a total of 118 participants, the vast majority of which were clinical staff. The Hackathon offered the opportunity for innovative thinking and to develop solutions to drive forward transformation within the Women and Children’s sector. Ms MacArthur provided an overview of some of the ideas suggested, which included further expansion of additional virtual pathways across general paediatrics and Emergency Departments, with a focus on chronic respiratory and cardiology patients, further expansion of OPAT for the administration of antibiotics for children and exploring options for Artificial Intelligence in maternity services to further support interpreting services and scoping additional virtual pathways to increase remote monitoring for patients. Ms MacArthur reported that they were looking at developing a post-natal survey to enable targeted support and inform the ongoing development of Maternity Services. Ms MacArthur described the significant excitement in the Women’s Health room at the Hackathon, noting the vast number of ideas being discussed. This included linking gynaecology pathways to the interface division and FNC plus, particularly Virtual Pathways for emergency gynaecology patients. Also exploring innovative new testing methods to reduce the demand on diagnostics services within hospitals.</p> <p>Ms MacArthur provided an overview of the Hospital at Home service, noting that, as at 22 February, a total of 199 children and babies had been admitted to the service since it commenced in November. She advised that expansion of the service had exceeded initial expectations. In January 2026, 24 children were admitted, with a further 23 admitted as at 22 February. She noted that 39 babies had been admitted to the neonatal Hospital at Home service in January and as at 22 February 2026, a further 25 babies had been admitted, reflecting significant early success. Ms MacArthur further</p>		

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	<p>reported that the service would be expanded following the receipt of additional funding, which would support the purchase of additional equipment to enable an increase in neonatal capacity to eight beds.</p> <p>In terms of Cancer and Planned Care, Ms MacArthur noted that there was a focus on work to increase high productivity around orthopaedics services. This included optimising service models and pathways to deliver sustainable services from a workforce and financial perspective.</p> <p>In Urology revised pathways had been developed and agreed for bladder and prostate cancer. She noted that three additional Clinical Nurse Specialists and a Locum had been recruited to improve capacity in Urology and performance.</p> <p>In Primacy Care, transition to the National Vision System had commenced, and there had been three practices in GGC successfully migrated to the new system, a further seven practices were expected to transition by the end of March. Ms MacArthur noted that there was a need to improve the level of practice data available, noting that as of mid-February 66 of the GP Practices across GGC (30%) had agreed to sign up to sharing data. This would support improved understanding of system demand, enable targeted initiatives to strengthen demand and capacity management, and enhance overall performance.</p> <p>The Mental Health Strategy options appraisal would commence in May 2026. Work would progress to refine the available options and develop a shortlist to support the identification of a preferred approach to increase care for patients in the community and reconfigure in-patient bed provision. Ms MacArthur outlined the work undertaken to date on the Transformational Blueprint, noting the ongoing engagement with clinical and operational teams. She advised that current activity had focused on Orthopaedics, Gynaecology, and the impact of interface care on urgent care demand. Further detailed updates would be provided to the Board as this work progresses.</p> <p>The Board acknowledged the vast amount of work being undertaken across the system despite the ongoing winter pressures.</p> <p>In response to a question regarding the current position of the GP Walk in Centre, the Board had received notification that this would be opened in June 2026. Mr Edwards reported that work remained ongoing with GP colleagues to allow that to happen. He noted that this was announced by the First Minister yesterday.</p> <p>Additional detail was requested in relation to the additional questions in the Emergency Department Patient Experience Survey to demonstrate alignment with the Realistic Medicine approach. Mr Edwards advised that</p>		

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	<p>patient centred analysis had been completed and that feedback was predominantly positive. He confirmed that the findings would be submitted through the appropriate Board Subcommittees.</p> <p>In relation to the GGC Way Forward, Mr Edwards provided an overview of key developments. He confirmed that a Whole System Group had been established and met on a monthly basis. The Group, chaired by Mr Edwards, comprised of Clinical Directors of the Emergency Departments, Mr Graham Haddock OBE provided Non-Executive representation.</p> <p>He advised that, while departments continued to experience pressure, there had been a noticeable easing across the Clyde sites. Feedback also indicated that this had been the most manageable winter period in recent years. Mr Edwards further reported that a successful recruitment campaign had been undertaken within the South Sector, resulting in the appointment of four Emergency Department Consultants—one of whom commenced in post in February, with the remaining scheduled to take up post in April, June and August respectively.</p> <p>Mr Edwards emphasised that, although improvements were evident across the Clyde sites, targeted activity and support continued to be provided to the North and South sites.</p> <p>A further query was raised to obtain a clearer understanding of the specific questions being asked that had not previously been asked. Mr Edwards advised that the focus remained on patient experience, the safety of the environment, and whether the standard of care provided was appropriate. The Board noted that the questions could be shared in due course, although the work was at an early stage. Ms Ketki Miles, Non-Executive Board Member, reported that at the previous meeting the first indication of a positive response from colleagues had been observed, and there was a clear desire to collaborate.</p> <p>The Chair welcomed the update, noting it was helpful to hear the progress made to date. It was acknowledged that, while work had commenced, rebuilding trust would take time. It was agreed that the work would be separated in the report for the April meeting.</p> <p>In response to a query regarding Out of Hours provision and whether there were additional components beyond the GP Walk-in Centre—and how effectiveness would be assessed—the Board noted that this service represented only one element of a wider system. Within GGC, multiple components operated, including the Flow Navigation Centre, which directed 111 calls. The Walk-in Centre provided an opportunity to test a different approach, with learning to be gathered and used to inform future development. Further opportunities existed within minor injuries services and core GP provision and ongoing evolution would be considered alongside</p>		



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	<p>Flow Navigation and virtual Hospital pathways. It was noted that it would be helpful to map the full range of system elements across Partnerships to provide a clearer understanding of the direction of travel. The Board recognised that there was substantial learning to be gained from this work.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
	<b>b) Innovation Overview (Video)</b>		
	<p>Dr Scott Davidson, Medical Director, introduced the Innovation Overview video which discussed the introduction of Troponin testing, a blood test used to diagnose a heart attack, which had seen an overall reduction in the length of stay for patients through the Emergency Department.</p> <p>The Chair thanked Dr Davidson for the update and thanked Dr Andrew Saunders and Dr Faheem Ahmed who had appeared in the video.</p> <p><b>NOTED</b></p>		
<b>17.</b>	<b>NHSGGC Finance Report – Month 9</b>		
	<p>The Board considered the NHSGGC Finance Report [Paper 26/12] presented by Mr Michael Breen, Director of Finance, for assurance.</p> <p>Mr Breen reported that as at 31 December 2025, the Board was reporting an overspend of £43.8 million which was comprised of unachieved savings of £59.8 million, an overspend in the Acute Division of £67.6 million offset by an underspend in Corporate of £23.7 million, Combined Partnerships had a nil underspend after transfer of reserves.</p> <p>In relation to the Sustainability and Value (S&amp;V) programme, £133.5 million, around 61.3%, of the overall financial challenge had been delivered at the end of month 9. On a recurring basis, £29.2 million, around 31.1%, of the £93.7 million recurring target had been achieved. Mr Breen added that based on the position to Month 9, the current rate of project identification and pipeline growth would not be sufficient to address the required level of savings as per the financial plan. As such, other non-recurring initiatives were being deployed to improve the financial position and continue to target a break-even position.</p> <p>Mr Breen went on to describe the monthly financial performance trajectory. He noted that for the majority of the year the position had been under the 1% RRL limit in the period and he noted the -£43.8million position in December. Mr Breen went on to highlight the 2025-26 year end forecast.</p>		

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	<p>He noted that the forecast had moved from -£45million at the end of Quarter 1 to the position in November of -£39.6 million and had since moved to a projected position of -£18.4 million at the end of month 9, therefore had crossed over the 1% RRL to .5% RRL.</p> <p>Mr Breen reported that the total Capital Expenditure incurred by 31 December 2025 was £36.8 million. This amounted to 41% of the overall Capital budget, leaving a balance of £52.8 million to be incurred before 31 March 2026. At Month 9, £76.7million of the total Capital allocation had been committed either through incurred spend or through firm orders which was in line with expectations set for this time of year. He said he was forecasting completion of a full capital plan ensuring full funding of £89.6 million was delivered before year end.</p> <p>Mr Breen then provided a financial analysis for the projected position to 31 January 2026 that would be presented to upcoming Committees and Board. He was pleased to report NHSGGC recorded a cumulative deficit of circa -£3.9 million at Month 10 which was comprised of an overspend in the Acute Division of £66.2 million offset by an underspend in Corporate of £62.2 million and Combined Partnerships had a nil underspend after transfer of reserves.</p> <p>In terms of the Sustainability and Value Programme, there had been modest movement in the period, on an in-year basis moving to £141.3 million (64.8%) and on a recurring basis £29.7 million (31.7%). He noted that other non-recurring initiatives had been deployed to improve the financial position to get to £3.9million. This included recognition of budgets within the financial plan that had laxed slightly in terms of implementation, the New Medicines Fund, CNORRIS and various aspects of balance sheet movements.</p> <p>Mr Breen went on to report that the Board were now projecting a break-even position at the end of 2025/26 financial year. He highlighted that there was still risk in the system, however mitigations had been put in place.</p> <p>In response to a query regarding potential future liabilities and a clearer understanding on how the current position had been reached, Mr Breen advised that, since taking up post, he had worked with the team to fully understand the organisation's financial profile. This included a review of base budgets, financial planning assumptions, and historic liabilities, some of which required reversal. He noted that updated national planning assumptions were issued towards the end of Quarter 3; for example, the uplift to the New Medicines Fund, for which a base estimate had been applied in line with other Boards, had improved the overall financial position. He also confirmed that a number of other areas of commitment had been reviewed, ensuring that there were no significant expenditure anticipated in the coming months. While recognising there was still risk within the system regarding break-even, Mr Breen remained confident in the current position.</p>		

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	<p>emphasising the importance of timing and recognition of key factors in the position presented today.</p> <p>In response to a query regarding whether Integrated Joint Boards (IJBs) could retain underspends arising from their own efficiencies, Mr Breen confirmed that IJBs operate under their own accounting rules and that delegated budgets sat within each IJB. He acknowledged the wider financial challenges but noted that, with the exception of one IJB, the delegated health budgets were in a positive position. In accordance with regulations, IJBs were expected to generate a surplus to contribute to reserves, and this would remain a key element of their financial strategy as we moved into 2026/27.</p> <p>The Board noted thanks to the Executive Team for working together to reach the current positive position and the transparent reporting. The Chair of the Finance, Planning &amp; Performance Committee highlighted the strong financial position for the Board at this time of year and highlighted the improvement that was recognised in many areas across the Board.</p> <p>In response to a request to expand on the proposed Sustainability and Value (S&amp;V) work, Mr Breen reported taking a different approach to S&amp;V savings with the intention of making this approach business as usual. Mr Breen noted the significant challenges the organisation faced moving into next year. He noted the organisation would need to think about change strategies, whilst providing the best possible services to the population. All elements of governance need to align together and ensure that finance is part of the journey of transformation.</p> <p>Professor Gardner advised that all considerations should be viewed through the lens of population need and how services can be most effectively delivered. She reported that the second component of the Blueprint would focus on productivity—identifying opportunities for improvement, ensuring optimal pathways, and applying the most effective methods. She emphasised the importance of aligning innovation and transformation opportunities with financial planning, noting the shift towards models of care that reflect public preference, such as increased care at home, while ensuring that transformation and finance plans remain fully aligned.</p> <p>The Board were assured by the update provided.</p> <p><b><u>NOTED</u></b></p>		
18.	<b>Integrated Performance and Quality Report (IPQR) including Cancer Update</b>		

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	<p>The Board considered the Integrated Performance and Quality Report (IPQR) including Cancer Update [Paper 26/13] presented by Mr Michael Breen, Director of Finance, for approval.</p> <p>Mr Breen presented the first full Integrated Performance and Quality Report (IPQR). He thanked members and staff in the Board for their contributions to developing the report in its current format, which would continue to be refined and reviewed. He noted that the report covered the period December 2025 unless otherwise stated.</p> <p>Mr Breen provided an overview on key performance, noting that 20 performance measures were assessed as Green, indicating performance in line with or ahead of trajectory, 14 measures were rated Amber, remaining within tolerance limits, and 10 measures were rated Red, indicating performance had not met the trajectory or was operating outwith limits set. Of the red measures, Mr Breen noted that these related to performance in relation to Delayed Discharges, the 4 hour Emergency Department target, and staff absence. Mr Breen highlighted the significant work undertaken to finalise the measures and content of the IPQR, and the strengthening of the narratives as requested by the Board at the December 2025 meeting. Mr Breen advised that an evaluation of the IPQR process would take place in June 2026, following three full reporting cycles through the governance Committees however work to develop additional measures would continue. He also highlighted that each section of the report had been reviewed and approved by the relevant Executive Director.</p> <p>In response to a question regarding the figures for the Child and Adolescent Mental Health Services (CAMHS) for first appointments and the time between first and second appointments, Mr Derrick Pearce, Chief Officer, East Dunbartonshire HSCP, reported that the number of children waiting for their first CAMHS appointment in NHSGGC as at 18 February 2026 was 543. The Median wait time was 3 weeks. The number of children waiting after their first or assessment appointment for a second appointment was high in NHSGGC, as it was across Scotland. There were currently 893 children waiting in NHSGGC for their secondment appointment with CAMHS services. Last July the median waiting time from first appointment to second appointment was 50.9 weeks, and from referral to secondment appointment was 70.9 weeks. Mr Pearce noted that £1m of reserves was allocated on the approval of East Dunbartonshire IJB to address the length of time children waited from first to secondment CAMHS appointments. The median waiting time from first to second appointment had reduced across NHSGGC, as at 18 February 2026 it had reduced to 32 weeks, and from referral to second appointment had reduced to 44 weeks. Due to continued work waiting times are anticipated to the further reduce.</p> <p>In response to a query regarding reactive and planned maintenance key performance indicators, it was noted that the backlog continued to increase.</p>		

BOARD OFFICIAL  
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	<p>While some assurance was provided that all health and safety related issues were being prioritised, further assurance was requested on the forward plan to address the backlog. Members also suggested that future reporting could incorporate consideration of health inequalities and community planning where issues did not relate directly to safety.</p> <p>Professor Tom Steele, Director of Estates and Facilities, advised that peaks in demand were typically driven by external inspections or routine estate reviews. Maintenance activity was risk-categorised, with staffing allocated accordingly. To reduce the backlog, additional revenue had been invested and subcontractor support utilised. For planned maintenance, particularly on older sites, the team was validating historic data to confirm ongoing requirements and remove obsolete entries currently generated by the system. Professor Steele further reported that data migration to the new Asset Management System was underway, noting that this process would take several months to complete.</p> <p>Professor Gardner emphasised the need for a comprehensive overview of the estate to ensure optimal utilisation of all available assets. The section within the IPQR on Estates and Facilities would be further developed for the next Board meeting. Professor Gardner anticipated that the Board would see clear triangulation across transformation activity, estate utilisation, and financial planning.</p> <p>In response to a question regarding the continued challenge in relation to vaccination hesitancy, how to increase uptake and clarification on the barriers, the Board noted that vaccination hesitancy was a substantial problem across the world. Mr John O'Dowd, Interim Director of Public Health, reported that NHS GGC were performing well for MMR vaccinations, with uptake around 96.7% which was above average. He noted that MMR 2 was 91-92% which was higher than seen in other areas of the UK. He reported that opportunities to boost local immunity included targeted vaccination. He noted that barriers included misinformation via social media, and he hoped to work with the Communications team to tackle Public Health misinformation. He also noted that vaccinations were expensive. Next month NHS GGC would move from providing the MMR to MMRV vaccination, correspondingly updated communications would be shared with parents and carers.</p> <p>Ms Natalie Smith, Interim Director of Human Resources and Organisational Development, responded to a query regarding the measures underway to address the sickness absence rate, which stood at 8.8% in December 2025. She reported that the rate had reduced to 7.9% in January 2026, while acknowledging that this remained unacceptably high. She outlined the improvements being progressed, noting that a proposal had been submitted to, and approved by, the Corporate Management Team. This included the</p>		

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DRAFT TO BE RATIFIED

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	<p>establishment of a dedicated team to support the management of attendance, with a lead identified to take this forward. A key role will be to support managers in addressing absence. The Board noted in particular the level of absence within Estates and Facilities and given the amount of reactive work needed it was suggested to include that as part of the work going forward. The need to explore different ways to interact with the team was noted and what issues can address. This would be a focus of the People and Staff Governance Committee.</p> <p>From a financial perspective, Mr Breen confirmed that staff absence had a significant cost impact, including the increased use of agency staff. He advised that the paper submitted to CMT regarding investment was intended to provide managers with the necessary support for staff. He emphasised that reducing absence-related expenditure and promoting staff attendance would remain a key focus, with progress monitored throughout the year.</p> <p>An update was requested regarding the Treatment Time Guarantee for inpatient and day-case neurosurgery and ENT procedures as the paper referenced difficulties with the current provider for specific procedures. Mr Edwards reported that an allocation had been agreed with a private sector provider to deliver the required activity before the end of March; however, the provider subsequently advised that this agreement could not be fulfilled. He confirmed that the service would retain activity with the provider and utilise all available internal and external capacity.</p> <p>In terms of Outpatient and Treatment Time Guarantee (TTG), Mr Edwards highlighted the commitment and significant effort of clinical teams which was evident as the outpatient over 52 week position had reduced by 83% since 31 March 2025 which was the lowest number of patients waiting since June 2020. In relation to TTG, the over 52 week position had reduced by 44% since March 2025 which was the lowest number seen in the Board since March 2022.</p> <p>Mr Edwards then provided an update on Cancer Performance. In December performance against the 31 day position was 95.1% and the 62 day position for the Board was 74.4%. Mr Edwards noted the 62 day position was a significant improvement in Board overall delivery against the national position of 70.4%.</p> <p>Mr Edwards provided an update for January 2026 on the 31 day position was 96.6% and the position for the 62 day target was 69% which was a slight improvement. Mr Edwards drew this to the Boards attention as it was a downward trend in performance delivery against the December position. Mr Edwards reported that the drop hadn't been as significant as seen in previous years, noting that capacity planning had not been as robust as it needed to be, for example factoring in variation in terms of reduction in demand for certain cancer types.</p>		

BOARD OFFICIAL  
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	<p>Mr Edwards advised that a comprehensive month-by-month review of capacity assumptions would be undertaken, led by the Director of Regional Services and the Deputy Chief Operating Officer. He further noted that forecasting and the development of assumptions were essential to ensuring that actual delivery could be achieved, notwithstanding variation across cancer types.</p> <p>The Chair noted that the Board had previously been assured regarding the anticipated trajectory; however, this had not materialised. In response to a query on the difference a comprehensive review of capacity assumptions would have and the expected trajectory, Mr Edwards advised that he had commissioned a detailed review. He confirmed that further work would continue until he was satisfied with the robustness of the capacity assumptions and the development of deliverable trajectories for the Board.</p> <p>The Board were content to approve the IPQR.</p> <p><b><u>APPROVED</u></b></p> <p>In relation to the Cancer update, the Chair reported that assurance had not yet been provided regarding the forward trajectory, as further work was required with the teams. The Chair emphasised that each figure represented an individual and their family, and the current position was therefore disappointing. It was restated that the Board could not indicate full assurance or confidence until Mr Edwards was able to return with the necessary information and a plan. The Board agreed to undertake a deep-dive review at the next meeting.</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		Mr Edwards
19.	<b>Quality Strategy – Learning System Update</b>		
	<p>The Board considered the Quality Strategy – Learning System Update [Paper 26/14] presented by Professor Angela Wallace, Nurse Director, for assurance.</p> <p>Professor Wallace provided an overview of the progress made toward the year two deliverables of the Quality Strategy, "Quality Everyone Everywhere," and highlighted the progress made to develop the NHSGGC Learning System which was a central objective of the Year 2 plan.</p> <p>Professor Wallace advised that there remained a strong focus on strengthening organisational culture, with people positioned at the centre of</p>		

BOARD OFFICIAL  
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	all activity. She then outlined several key areas, noting that the implementation approach was founded on continuous learning and the systematic gathering of feedback. This approach would enable the Learning System to evolve over time. Professor Wallace also expressed her appreciation to staff for their contribution and support in developing the system.		
	The Board were content to note the update.		
	<b><u>NOTED</u></b>		
<b>20.</b>	<b>Maternity Services Update</b>		
	<p>The Board considered the Maternity Services Update [Paper 26/15] presented by Professor Angela Wallace, Nurse Director, for awareness.</p> <p>Professor Wallace provided an overview of the context for the paper. She advised that Healthcare Improvement Scotland conducted an unannounced inspection of the QEUH Maternity Unit on 27 and 28 January 2026, during which both areas of good practice and areas requiring improvement were identified. A follow-up inspection was undertaken on 16 February 2026. The inspection covered all maternity in-patient areas, with time spent engaging directly with staff. Professor Wallace outlined the initial informal feedback received, the actions implemented in response, and the progress made in addressing the identified risks, noting that the inspection process remained ongoing.</p> <p>Professor Wallace reported that positive feedback had been received during the visit. HIS colleagues noted that staff were welcoming, demonstrated compassion, and delivered good-quality care, supported by effective multidisciplinary team working. Initial areas of concern highlighted related to the environment and aspects of infection control practice. Professor Wallace further advised that it had been an exceptionally busy day, with staff managing significant pressures; however, the feedback indicated that practice issues were observed.</p> <p>There was an immediate response to address some of the issues reported, ensuring staff still had time to care for patients. Professor Wallace advised that the vast majority of issues raised had been worked on over the next day and this was fed back to HIS.</p> <p>Professor Wallace advised that the inspection remained ongoing. She reported continued engagement with colleagues and confirmed that a letter had been received on 10 February 2026 seeking further information and highlighting some areas of concern. Professor Wallace noted that the</p>		



BOARD OFFICIAL  
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	<p>requested information had been provided. She emphasised that the issues raised were being reviewed as part of the standard inspection.</p> <p>Professor Wallace reiterated that the inspection remained ongoing and work continued to support colleagues, this included team meetings and time spent with colleagues to discuss the evidence provided to HIS.</p> <p>The Board noted the continued improvement journey across both clinical services and staffing. In response to a query regarding workforce, it was confirmed that maternity services had been utilising workforce planning tools and increasing staffing levels where possible. Professor Wallace advised that these measures had supported stabilisation of the workforce and highlighted the recent investment in midwifery posts. She further reported that an additional 35 midwives would be in post by the end of April 2026. The Board acknowledged the ongoing focus on service improvement, safety, and effective budget management, and noted that further work was required to review the staffing position and progress service redesign as part of the overall improvement.</p> <p>The Board noted the concerns raised regarding infection control and the clinical environment, particularly in relation to the inappropriate storage of equipment. As the inspection remained ongoing, it was acknowledged that these matters would be considered at the next stage of the process. The Board further recognised that this was an HIS inspection and remained respectful of the inspection cycle. Assurance was received from Professor Wallace that the issues identified were being actively addressed.</p> <p>The Board noted the request that, upon receipt of the report, consideration should be given as to how improvement could be made at pace in the future. The Board noted that extensive work had already been undertaken in this area and previously concluded that the organisation was prepared for an inspection. Professor Wallace noted that there was inconsistent practice in a small amount of areas that day, notwithstanding the environment issues. Professor Wallace provided assurance that there was ongoing focus on improvement and preparedness, noting that significant reflection had taken place and that learning from this would continue. She noted that staff had been supported through the process.</p> <p>The Committee were content to note the update.</p> <p><b><u>NOTED</u></b></p>		
21.	<b>Healthcare Associated Infection Report Template (HAIRT)</b>		

BOARD OFFICIAL  
DRAFT TO BE RATIFIED

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	<p>The Board considered the Healthcare Associated Infection Report Template (HAIRT) [Paper 26/16] presented by Professor Angela Wallace, Nurse Director, for assurance.</p> <p>The report described the performance for Quarter 3 against the Scottish Government Standards on Healthcare Associated Infections Indicators (SGHAI). The report detailed the wider activity in relation to infection control.</p> <p>Professor Wallace provided an overview of performance against the indicators, advising that SAB rates for Quarter 3 were slightly above the national average, with a further increase observed in December 2025. She noted that a small proportion of these infections were considered avoidable and assured the Board that targeted local improvement work continued. She highlighted that this reflected the winter period where there had been significant flu and other winter illnesses and commended the strong focus from staff.</p> <p>Professor Wallace went on to say that performance for the end of the month had improved and was sitting at 26, which met the aim of 26 or less, however this data was not yet validated. She noted that the commitment for improvement was significant and colleagues working hard in this area. She noted that the ECB rate for GGC was 42.9% for Quarter 3 which was within control limits and below the national target. In January and February, a downward trend continued and Professor Wallace noted that there was a new workstream to see if ECD infections could be reduced further.</p> <p>In relation to CDI rates in GGC, Professor Wallace reported that the figures had improved over February and the rate had reduced to 19. This continued to be closely monitored and discussed at the Board Clinical Governance Forum.</p> <p>Lastly, Professor Wallace reported that there remained a strong focus on hand hygiene and performance remained stable. She noted that there would be a hand hygiene deep dive at Board Clinical Governance Forum next week.</p> <p>In response to a question regarding two informative hand hygiene videos, it was agreed that the request for staff to watch the videos would be strengthened. The Board noted that this was an area that the Board Clinical Governance Forum would discuss and support and the offer of training would continue to be provided to staff to help understand the accountabilities around hand hygiene.</p> <p>The Board were content to note the report.</p> <p><b><u>NOTED</u></b></p>		

BOARD OFFICIAL  
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<b>22.</b>	<b>NHSGGC Digital Strategy – Annual Report 2025</b>		
	<p>The Board considered the NHSGGC Digital Strategy – Annual Report 2025 [Paper 26/17] presented by Ms Denise Brown, Director of Digital Services, for assurance.</p> <p>Ms Brown reported that good progress was being made with the Strategy, which aligned to the Transforming Together Programme, Annual Delivery Plan and digital objectives. Ms Brown reported that there was good engagement with services and patients to progress the Strategy, and although there were some short-term challenges, these were being managed and were detailed in the paper.</p> <p>The Board noted the detailed report, which demonstrated significant progress in this area. In response to a query regarding the potential improvements at the front door through the utilisation of digital services, for example, e-triage, and how such progress could be measured, reported, and appropriately timed, Ms Brown emphasised the importance of assessing outcomes rather than solely the delivery of technological solutions. She advised that relevant data had been provided through the Transforming Together Programme and the Corporate Management Team. Immediate cost savings, such as the reduction in paper correspondence, had already been evidenced, and patient feedback had been positive. She confirmed that future performance indicators and measures would be incorporated within the Transforming Together Programme to ensure that digital advancements deliver the anticipated impact.</p> <p>The Board noted the Women &amp; Children’s Directorate had positively adopted voice-recognition technology, recognising it was a strong example of large-scale implementation. In response to a query regarding future rollout, Ms Brown noted that, as part of the Blueprint, Sustainability &amp; Value Programme and the Transforming Together Programme for 2026, work would progress to implement speech-recognition capability across the organisation. The report also outlined the ambitions for 2026 regarding the use of ambient voice-AI technologies within NHSGGC.</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
<b>23.</b>	<b>Area Clinical Forum</b>		
	<p>The Board considered the following for assurance:</p> <p>a) Chair’s Report from Meeting 12 February 2026 [Paper 26/18]</p>		

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	<p>b) Minutes from Meeting 11 December 2025 [ACF(M)25/06]</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
<b>24.</b>	<b>Finance Planning and Performance Committee</b>		
	<p>The Board considered the following for assurance:</p> <p>a) Chair's Report from Meeting 29 January 2026 [Paper 26/19] b) Minutes from Meeting 11 December 2025 [FPPC(M)25/07]</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
<b>25.</b>	<b>People Committee</b>		
	<p>The Board considered the following for assurance:</p> <p>a) Chair's Report from Meeting 19 February 2026 [Paper 26/20] b) Minutes from Meeting 20 November 2025 [PC(M)25/04]</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
<b>26.</b>	<b>Population Health and Wellbeing Committee</b>		
	<p>The Board considered the following for assurance:</p> <p>c) Chair's Report from Meeting 22 January 2026 [Paper 26/21] d) Minutes from Meeting 23 October 2025 [PC(M)25/04]</p> <p>The Board were assured by the report.</p> <p><b><u>ASSURED</u></b></p>		
<b>27.</b>	<b>Staff Governance Committee</b>		
	<p>The Board considered the following for assurance:</p> <p>a) Chair's Report from Meeting 12 February 2026 [Paper 26/22] b) Minutes from Meeting 27 November 2025 [SGC(M)25/04]</p>		

BOARD OFFICIAL  
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	The Board were assured by the report.  <b><u>ASSURED</u></b>		
<b>28.</b>	<b>Inquiries Oversight Sub Committee (IOSC)</b>		
	The Board considered the following for assurance:  Chairs report for period April 2025 to February 2026 [Paper 26/23]  The Board were assured by the report.  <b><u>ASSURED</u></b>		
<b>29.</b>	<b>IJB Leads Reports</b>		
	The Board considered the following for assurance:  a) East Dunbartonshire Paper [26/24] b) East Renfrewshire Paper [26/25] c) Glasgow City Paper [26/26] d) Inverclyde Paper [26/27] e) Renfrewshire Paper [26/28] f) West Dunbartonshire Paper [26/29]  The Board were assured by the reports.  <b><u>ASSURED</u></b>		
<b>30.</b>	<b>QEUH and RHC Assurance Summary</b>		
	The Board considered the QEUH and RHC Assurance Summary [Paper 26/30] presented by Professor Jann Gardner, Chief Executive, for assurance.  Professor Gardner detailed the measures that had been set out to provide assurance that the QEUH and RHC hospital environment was safe. It was noted that there had been significant public interest in relation to the safety of the QEUH and RHC, both past and present.  Firstly, Professor Gardner once again extended her sincere apologies to families, patients, whistleblowers and wider staff affected by these issues. Since commencing post, Professor Gardner had worked with the Executive Team to improve and transform the systems, safety and culture of the organisation by putting people at heart of what we do. She advised this had been based on listening, learning and evolving together. She noted that		

BOARD OFFICIAL  
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	<p>good progress had been made, however there was still much to do as change does take time.</p> <p>Professor Gardner reported that the Hospitals opened in 2015 and, as noted in NHSGGC's closing statement at the Scottish Hospitals Inquiry, NHSGGC did not get the building we paid for. She reported that some of the quality issues were evident at start and some had taken time to discover. She noted the huge amount of work undertaken and continues to resolve and improve these issues and ensure that any work is done in an open and collaborative way.</p> <p>Professor Gardner went on to state that the Hospitals had been significantly improved since 2015, in terms of both quality and safety which would be discussed further in the meeting. She noted that there were a number of live legal proceedings ongoing and the Board were thoughtful and respectful of those. She also noted that the final report from Lord Brodie following the Scottish Hospitals Inquiry would be received later this year. She also noted there was a Crown investigation and a legal claim raised by NHSGGC against the contractors based on the failings associated with design, build and commissioning of both Hospitals. There were also a number of legal cases raised by families against GGC.</p> <p>Professor Gardner reported that during the meeting, the Board would receive an overview of the key issues and be provided with assurance. The current assurance approach would be described, along with an outline of the new Safety and Public Confidence Oversight Group. She noted that the paper would be made available on the website.</p> <p>Professor Gardner passed over to Mr Edwards.</p> <p>Mr Edwards reiterated that NHSGGC didn't get hospital desired at the handover and emphasised that due to significant remedial work the Hospitals were not the same as they were in 2015. He noted some of the key improvements that had been made since 2015, the domestic water system had been upgraded, there had been refurbishment of Ward 2A and 2B paediatric haematology and it has been validated, the isolation rooms ventilation had been upgraded to meet SHTM 03-01 and that had been validated. There had been key changes to leadership in place to take organisation forward. He noted that the Chief Executive and Executive Team were fully committed to improvements across the hospital estate. He noted that in terms of communication there had been criticism in the past and that had been taken on board and there was a new Communication and Engagement Strategy.</p>		

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	<p>Mr Edwards then provided a timeline of improvements since 2018. He provided key highlights which included issues identified at an early stage with Ward 4b and subsequently moved back to the Beatson. He noted that rectification work was undertaken before 4b reopened again. Mr Edwards reported that it had now become apparent that water reports that showed issues with the water in 2015 were not escalated to the Senior Management Team. By 2019 the full water system had been upgraded and filtering in place. Mr Edwards noted that a full range of issues with 2A/2B were required to be rectified and were opened in 2022.</p> <p>Professor Gardner noted the importance of having an assurance system in place to be sure the quality of any system in place was suitable for its purpose and then make sure rigorous and sufficient maintenance was ongoing. Finally monitoring and reporting were undertaken constantly for assurance and that was the internal component.</p> <p>She went on to note that specific individuals were named as authorised engineers and responsible personnel and letters had been sent to reinforce those roles. External independent authorised engineers were invited to undertake external audits to ensure everything was being critiqued. Finally, Professor Gardner noted that there was a full cycle of governance.</p> <p>She noted that every health care environment was a dynamic system, therefore we had to be agile and adapt to challenges however this system was there to provide assurance, and a new layer had been added with the addition of the new Oversight Group.</p> <p>In terms of investment made since 2018, over £50m of capital had been invested to upgrade the systems and each year there was significant investment to be able to monitor, assess, maintain and ensure the systems were evolving. She noted that work was still required, however significant improvement had been made to these systems.</p> <p>Professor Tom Steele, Director of Estates and Facilities, provided an overview of the building work that had been carried out. This included implementing a robust water safety plan, Deployment of Point of Use Filters in high-risk areas and putting a robust water sampling routine in place. Professor Steele talked the Board through a slide which detailed the process of when Domestic tap water arrived at the hospital, and the sampling, flushing, system alarms and maintenance that were in place. He highlighted that in 2025 over 30,000 water samples were tested in QEUH/RHC.</p> <p>Professor Steele provided an overview of the water management and governance and provided a detailed update on the ventilation system.</p> <p>Mr Edwards noted that there were significant assurances in place at a number of levels across the organisation. He noted that the IPQR had been</p>		

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	<p>launched. This was a document that will evolve and provide assurance in relation to performance and safety and there would be variance reports and updates provided to the Executive and Directors Team.</p> <p>Further work would be done to provide assurance to the Safety and Public Confidence programme as described.</p> <p>Ms Claire McArthur, Director of Planning, reported on a new programme of work to ensure public confidence. She reported that the new NHSGGC Safety and Public Confidence Oversight Group would be chaired jointly by Sir Lewis Ritchie and Professor Jann Gardner. She noted that there would be 4 key Subgroups that would feed into the group; Group 1: Public Confidence and Engagement, Group 2: Environment and Facilities Assurance, Group 3: Leadership and Culture and Group 4: Scottish Hospitals Inquiry and future recommendations. She reported that membership was being finalised and external Chairs would be appointed to each of the Subgroups. She noted that the membership would be made up of the core participants of the Scottish Hospitals Inquiry, including families, whistle-blowers, external experts, NHSGGC colleagues, partnership representatives, members of the public, NHS Assure, RHI and HIS.</p> <p>She noted that an Assurance and Reporting Framework would be developed and a plan developed to set out the key work with clear, measurable output and timelines.</p> <p>Professor Gardner invited Sir Lewis Ritchie to speak. He thanked Professor Gardner, the Chair and the Board for welcoming him.</p> <p>He noted that during a visit at the QEUG about clinicians being proud of the teams work they work in and the word family was used. He advised they noted the importance of people during the process. That would require a robust infrastructure, and he noted that the journey was well in hand, however would take time and wouldn't be easy. He noted that as part of the process he would be speaking to patients and families. He had been encouraged by what he had seen and would do his best to support the Board to give assurance to the public, the government, staff and NHS Scotland.</p> <p>Professor Gardner and the Chair extended thanks to Sir Lewis.</p> <p>Dr Scott Davidson, Medical Director, and Professor Angela Wallace, Nurse Director, reported on infection prevention and control.</p> <p>Dr Davidson noted that infection risk had four key components: Pathogenicity, Source, Mode of Transmission and opportunity. Professor Wallace noted that infection prevention and control remained a corporate priority for NHSGGC. There had been a range of activity,</p>		



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	<p>developments and improvement in if control processes, including the Board incident management framework which had been reviewed and updated and agreed in partnership with colleagues at RHI. There had been ongoing engagement with NSS.</p> <p>Professor Wallace reported that the Hospital consistently performed in line with or better than the Scottish Government indicators for Healthcare Associated Infection. She noted that there was scrutiny of performance via the Board wide Clinical Governance Forum and HAIRT reports provided to Board which provided an overview of performance compared to NHS Scotland. There was a dedicated Infection Prevention and Control Team dedicating experience and supporting staff across the system. There was ongoing monitoring and this included the high level indicator of the Hospital Standardised Mortality Ratio and the QEUH were consistently below the Scottish average.</p> <p>Dr Davidson highlighted that there had been some professional tensions regarding infection control issues, these had been recognised that it was essential to improve relationships through collaboration and allowing debate, they were essential component in providing high quality patient care. He noted that within that there was merit to develop a structure to support that. A proposed was the proposed resolution framework and these would be finalised with Sir Lewis and others in the coming days. He also noted that there would be development of clearer policy for use of bottled water for clinical reasons with SPCG.</p> <p>Professor Gardner provided a summary of the key points following today's update. She highlighted that significant work had been completed to date, with over £50m in capital investment alongside ongoing annual revenue costs. It was noted that the current system differed substantially from that in place in 2015, although further work was still required.</p> <p>She reported that enhanced building maintenance and monitoring activities were significant and continued to be progressed. Tap water systems had been fully upgraded and tested, and a Bottled Water Policy was now required. In relation to ventilation, elements had been validated and verified, with further options under consideration to enhance facilities. Ongoing infection control monitoring, reporting and assurance arrangements were in place, supported by a Resolution Framework to address areas of tension. Professor Gardner outlined the next steps and key actions and noted the establishment of the new Safety and Public Confidence Oversight Group. She concluded by thanking Sir Lewis for his comments.</p> <p>In response to a question regarding whether the governance aspects would continue to sit with the Board, it was noted that would remain the case and the new Safety and Public Confidence Oversight Group would report into the Board and onward to the Scottish Government.</p>		

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	<p>It was highlighted during the update that there was a report that wasn't escalated as should have been in the past. In response to a question regarding how the Board would ensure that doesn't happen again, it was noted that transparency had been shown through previous example and as described earlier in the meeting, for example the cancer trajectories. In addition, the IPQR provided more detailed information for the Board.</p> <p>In response to a question regarding the Resolution Framework proactively capturing tensions before they become tensions, the Board noted that there were many opportunities and there would be testing of the Framework as we move forward.</p> <p>The Board recognised the level of detail required for Board assurance. Assurance was sought regarding the language that would be used when communicating with adults and children. It was noted that thought had been given to the process and reassurance was provided that work would take place with communications regarding accessible language and this would also sit with the new Safety and Public Confidence Oversight Group.</p> <p>In response to a question regarding providing the information presented today to the Scottish Hospital Inquiry, it was noted that this would be submitted early next week along with the external reports that had been referenced.</p> <p>In response to a question in terms of reassurance that other buildings were receiving the same level of attention, the Board noted that this is something that would be considered.</p> <p>The Chair highlighted the early stage in relation to matters ongoing.</p> <p>The Board were assured by the update provided.</p> <p><b><u>NOTED</u></b></p>		
31.	<b>Date and Time of Next Scheduled Meeting</b>		
	The next meeting would be held on Thursday 30 April 2026 at 9.30 am hybrid (venue tbc) and via MS Teams		