

## NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the NHS Greater Glasgow and Clyde Board held  
on Tuesday, 21 August 2025 at 10:00 am hybrid at  
JB Russell House and via Microsoft Teams and recorded for GGC  
website.**

### PRESENT

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

Ms Mehvish Ashraf	Cllr Collette McDiarmid
Mr Brian Auld	Ms Lesley McDonald
Ms Libby Cairns	Dr Morven McElroy
Cllr Jacqueline Cameron	Cllr Michele McGinty
Mr Martin Cawley	Prof Iain McInnes
Ms Cath Cooney	Dr Becky Metcalfe
Dr Emilia Crighton	Ms Ketki Miles
Dr Scott Davidson	Cllr Robert Moran
Mr William Edwards	Dr Paul Ryan
Professor Jann Gardner	Ms Karen Turner
Mr David Gould	Mr Charles Vincent
Mr Garaham Haddock	Ms Michelle Wailes
Ms Margaret Kerr	Professor Angela Wallace

### IN ATTENDANCE

Ms Sandra Bustillo	Director of Communications and Public Engagement
Ms Beth Culshaw	Chief Officer, West Dunbartonshire HSCP
Mr Giovanni D'Alessio	Observer
Ms Sandra Devine	Director of Infection Prevention and Control
Ms Fiona McEwan	Assistant Director of Finance
Ms Kate Rocks	Chief Officer,
Ms Natalie Smith	Interim Director of Human Resources & Organisational Development
Professor Tom Steele	Director of Estates and Facilities
Mr Pat Togher	Chief Officer, Glasgow City HSCP
Ms Elaine Vanhegan	Director of Corporate Services and Governance

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			<b>Action</b>
<b>111.</b>	<b>Welcome and Apologies</b>		
	<p>The Chair, Dr Lesley Thomson KC, welcomed those present to the August 2025 meeting of NHS Greater Glasgow and Clyde Board.</p> <p>The meeting combined members joining via video conferencing and a gathering of some members within 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 were recorded on behalf of Councillor Chris Cunningham, Ms Dianne Foy, Mr Colin Neil, Councillor Katie Pragnell and Mr Derrick Pearce.</p> <p>The Chair welcomed Dr Morven McElroy, Chair of the Area Clinical Forum and Mr Billy McLean, Chief Officer, Renfrewshire HSCP, to their first Board meeting.</p> <p>The Chair also welcomed the Mr Giovanni D'Alessio to his role as Non-Executive Board Member. The Board noted that the appointment had gone through due process, but a public announcement had yet to be made. The Board looked forward to meeting Mr D'Alessio in due course. The Chair noted that that the confirmation of second NHSGGC Non-Executive Board Member appointment was expected in the coming weeks.</p> <p>The Chair noted that today's meeting was due to be held at the Parkhead Hub, however, for operational reasons, had to be reinstated at JB Russell House. The Chair offered sincere apologies to staff at the Parkhead Hub who were due to meet with Board members and noted that this would be rearranged.</p> <p><b><u>NOTED</u></b></p>		
<b>112.</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>113.</b>	<b>Minute of Meeting held on 24 June 2025</b>		
	The Board considered the minutes of the NHS Greater Glasgow and Clyde Board Meeting held on 24 June 2025 [Paper No.		

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	NHSGGC(M)25/04] presented for approval and on the motion of Mr David Gould seconded by Dr Paul Ryan, the Board were content to accept the minutes as a complete and accurate record.  <b><u>APPROVED</u></b>		
<b>114.</b>	<b>Matters Arising</b>		
	<p>The Board considered the 'Rolling Action List' [Paper No.25/97] presented for approval.</p> <p>The Board noted that there were 10 actions noted for closure; 1 item remained open in relation to the timing of the Public Health Screening Programme Annual Report to Board, which was in the process of being finalised.</p> <p>In relation to action 96, it was noted that an email on behalf of the Director of Public Health with the following information on the sources of engagement within the BME community regarding vaccination and screening would be circulated to members:</p> <p><i>"The black and ethnic minorities organisation we work with to promote immunisation and awareness of other services are: Sharpen Her: The African Women's Network (SHAWN); Not-Along Empowerment Centre (NEC); African Caribbean Women's Association; Gala Women; The Central Integration Network and Maryhill Integration Networks. The networks are frequently engaged to promote messages like the presence of the immunisation bus and awareness of immunisation eligibility".</i></p> <p>The Board were content to approve the Rolling Action List.</p> <p><b><u>APPROVED</u></b></p>		
<b>115.</b>	<b>Chair's Report</b>		
	The Chair reported that since the last Board Meeting, she had visited the Friends of Glasgow Royal Infirmary Museum and strongly encouraged the Board to visit and see the impressive artefacts and information on display. She also visited the new Victoria Hospital with Non-Executive Board Member Ms Libby Cairns and Gartnavel General Hospital with Non-Executive Board Member Ms Michelle Wailes.		

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	<p>On the 14<sup>th</sup> of August, the Chair and the Chief Executive spoke at the Equality, Diversity and Inclusion Conference. The Chair extended thanks to the HR Department, particularly Mr Liam Spence, for organising the successful event.</p> <p>On the 19<sup>th</sup> of August Ms Jenni Minto MSP visited the Sandyford Clinic along with the Chair and Vice Chair Mr David Gould and Non-Executive Board Member Ms Becky Metcalfe. This was an opportunity for the Minister to hear about the ongoing and innovative work that it was intended for the future.</p> <p>In line with the focus on planned care, the Chair, Vice Chair, Chief Executive and Deputy Chief Executive reviewed trajectories across the outpatients and Treatment Time Guarantee (TTG) lists. The Chair recognised the significant amount of work and noted that, although more work was still required, there was an increase in confidence that the projections would come to fruition by year-end.</p> <p>The Chair highlighted that she had been appointed as Vice Chair of the Board Chair's Group, and she had held introductory meetings with colleague Chairs.</p> <p>Since the last meeting she had held several meetings with the Board Chairs Group, the Remuneration Committee and met with the Cabinet Chairs Group.</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		
<b>116.</b>	<b>Chief Executive's Report</b>		
	<p>Professor Gardner, Chief Executive, highlighted that she had visited a range of different staff and services. She had informal visits to Inverclyde and the Queen Elizabeth University Hospital and had also visited the Friends of Glasgow Royal Infirmary Museum.</p> <p>Along with the Deputy Chief Executive, she met portering and domestic staff at Gartnavel General Hospital and noted the kindness and compassion demonstrated by the staff who were integral in our patients' journeys. The Chief Executive was inspired by the commitment of staff and noted that there had been realistic discussions about challenges and feedback on possible ways to move forward, with an emphasis on listening to staff perspectives.</p>		

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	<p>She noted that there was a range of work across other areas, including Digital and Flow Navigation and there was a commitment to building a new approach to manage flow in the system. There was significant investment across acute and the community to support these objectives.</p> <p>The next Hackathon was planned for 24<sup>th</sup> September 2025 with a focus on the Whole System approach.</p> <p>The Chief Executive advised of the following appointments:</p> <ul style="list-style-type: none"> <li>- Mr Russell Coulthard had been appointed as the Deputy Chief Operating Officer and would commence in post on 6<sup>th</sup> October 2025</li> <li>- Mr Michael Breen had been appointed as the Director of Finance and would commence in post in October 2025.</li> <li>- Ms Carron O’Byrne had been appointed as the Whole System Director and would commence in post in September.</li> </ul> <p>Professor Gardner reported that there had been unannounced visits from Healthcare Improvement Scotland and the Mental Welfare Commission to Skye House and Ward 4 at the Royal Hospital for Children. Initial feedback from those involved had been received and formal feedback would be received in due course.</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		
<b>117.</b>	<b>Patient Story</b>		
	<p>The Nurse Director, Professor Angela Wallace, introduced a short video for awareness which focused on Colorectal Robotic Surgery.</p> <p><b><u>NOTED</u></b></p>		
<b>118.</b>	<b>Board Activity Update</b>		
	<p>The Board considered the Board Activity Update [Paper 25/98] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance, for awareness.</p> <p>She provided an update on the activity of the Board that had taken place since the last board meeting in June. There were no committee meetings of the Board for the month of July, therefore, there was</p>		

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	significant Non-Executive and Executive Board Member activity within the month, with a particular focus on visibility.		
	As part of our Non-Executive Board Member induction, Bus Tours across the Board campus had been scheduled across Clyde on 10 September 2025 and the North on 17 September 2025.		
	Lastly, Ms Vanhegan reported that the Annual Review would take place on 8 <sup>th</sup> September, and an update would be included in the paper for the October Board Meeting.		
	The Board were content to approve the paper.		
	<b><u>NOTED</u></b>		
<b>119.</b>	<b>Key Updates from Standing Committees</b>		
	The Board considered the Key Updates from Standing Committees [Paper 25/99] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance, for awareness.		
	Ms Vanhegan provided an outline of key topics of discussion across the Standing Committees since the June Board Meeting.		
	The Inquiries Oversight Subcommittee met on 29 July 2025 and received an update on the Scottish Hospitals Inquiry. The Board noted that Hearings were underway and evidence from expert witnesses would be heard. The Inquiries Oversight Sub-Committee also received an update from the Deputy Chief Executive regarding the review of the process activity and governance surrounding ligature risk.		
	The Board were content to note the paper.		
	<b><u>NOTED</u></b>		
<b>120.</b>	<b>Governance and Board Member Responsibilities - Update</b>		
	The Board considered the Governance and Board Member Responsibilities Update [Paper 25/100] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance, for approval.		

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	<p>Ms Vanhegan advised that there had been successful recruitment to two Non-Executive Board Member vacancies. The Board welcomed Mr Gio D'Alessio, and a second Non-Executive Board Member would be formally announced following confirmation from the Public Appointments Team.</p> <p>In recognition of the Scottish Government strategic direction reflecting on Public Sector Reform including the Population Health Framework, and the Board's priorities moving forward, the following changes had been made:</p> <ul style="list-style-type: none"> <li>• Mr David Gould and Ms Ketki Miles would provide leadership with regards to the Public Health Framework, supporting Mr Charles Vincent, Chair of the Population Health and Wellbeing Committee. Both Mr Gould and Ms Miles would join the Population Health and Wellbeing Committee.</li> <li>• Ms Cath Cooney would provide a lead role in Organisational Culture and Board Visibility supporting the Chair and the People Committee as Vice Chair.</li> <li>• Ms Ketki Miles would step down from the Staff Governance Committee and Ms Mehvish Ashraf would take over as Co-Chair.</li> <li>• The unannounced Non-Executive Board Member would join Renfrewshire IJB in place of Ms Karen Turner.</li> <li>• Mr Gio D'Alessio would join Inverclyde IJB</li> <li>• Dr Morven McElory replaced the Committees that Dr Lesley Rousselet previously had been a member.</li> </ul> <p>The Board were content to approve the paper.</p> <p><b><u>APPROVED</u></b></p>		
<b>121.</b>	<b>Implementing the Active Governance Approach/Board Development Plan (May Seminar)</b>		
	<p>The Board considered Implementing the Active Governance Approach/Board Development Plan (May Seminar) [Paper 25/101] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance, for approval.</p> <p>The Board Development Action Plan from the May Board Seminar, which focussed on governance, had been circulated to members in June. The action plan was structured around the functions of good governance. Regular updates would be provided at future Board meetings.</p>		

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	<p>It was agreed that the action plan would be added to one of the Seminar dates.</p> <p>The Board were content to approve the paper.</p> <p><b><u>APPROVED</u></b></p>		Secretariat
<b>122.</b>	<b>FAI Update</b>		
	<p>The Board considered the FAI Update [Paper 25/102] presented by Dr Scott Davidson, Medical Director.</p> <p>Dr Davidson provided an overview of the Fatal Accident Inquiry in relation to a patient known to Mental Health services, who sadly passed away in January 2019. Dr Davidson extended his sincere sympathies on behalf of the Board to the family.</p> <p>He advised that the Significant Clinical Investigation (SCI), completed in November 2019, concluded that there were issues identified in the patient's care which may have caused or contributed to the event and five recommendations were made. All actions were implemented by June 2020.</p> <p>The Sheriff, having considered the information presented at the Inquiry, made no recommendations in terms of section 26(1)(b) of the Act. The Board noted that no further monitoring was required by the Clinical and Care Governance Committee.</p> <p>The Chair, on behalf of the Board, recorded her sincere apologies to the patient's family for the period of time the eventual outcome had taken.</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		
<b>123.</b>	<b>Board and Seminar Annual Cycle of Business</b>		
	<p>The Board considered the Board and Seminar Annual Cycle of Business [Paper 25/103] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance, for approval.</p> <p>The Annual Cycle of Business described the timetable of topics/discussion for 2025/26, the business items that will be considered, and their Corporate Objective alignment and the Seminar</p>		



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	Annual Cycle of Business outlined the timetable of topics/discussion for 2025/26 with some topics to be confirmed acknowledging the changing landscape and ensuring flexibility to update our members with key information.		
	The Board noted that this was a dynamic process, and there would be regular updates.		
	The Board were content to approve the paper.		
	<b><u>APPROVED</u></b>		
<b>124.</b>	<b>Communications and Public Engagement Update April 2025</b>		
	The Board considered the Communications and Public Engagement Update April 2025 [Paper 25/104] presented by Ms Sandra Bustillo, Director of Communications and Public Engagement, for awareness.		
	Ms Bustillo provided an overview of the key communications and engagement activities carried out in July 2025 to August 2025.		
	Ms Bustillo highlighted that the Maternity Voices Partnership had been established. Ms Bustillo also reported the Care Opinion Annual Review 2024/25 had been published and highlighted that 78% of the 3000 stories received about NHSGGC were positive.		
	The Board noted that a significant amount of work was underway in relation to communicating the transformation agenda which will be presented in due course.		
	In response to a question regarding the impact of the latest maternity campaign, the Board were advised that the campaign was felt to be positively influencing women to get seen early.		
	The Board were content to note the update.		
	<b><u>NOTED</u></b>		
<b>125.</b>	<b>Corporate Risk Register</b>		
	The Board considered the Corporate Risk Register [Paper 25/105] presented by Ms Fiona McEwan, Assistant Director of Finance, for assurance.		

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	<p>Ms McEwan reported that the Corporate Risk Register reflected the period May to July 2025. There had been one change in relation to Risk 3036 – Financial Sustainability Revenue, noting that the risk score had increased from a score of 20 to 25 due to the current end of year financial forecast.</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		
<b>126.</b>	<b>NHSGGC Board Performance Report</b>		
	<p>The Board considered the NHSGGC Board Performance Report [Paper 25/106] presented by Mr William Edwards, Deputy Chief Executive, for assurance.</p> <p>Mr Edwards provided a summary of performance against the respective KPIs outlined in the Assurance Information Framework (AIF) and based on the measures contained in the 2025-26 Delivery Plan (DP) and the 2025-26 Whole System Plan targets approved by the Scottish Government alongside key local and national performance measures.</p> <p>As at June 2025, 11 of the 29 measures were rated green, four were rated amber, eight have been rated as red and the six remaining measures with no target were rated grey and were reported for information.</p> <p>Mr Edwards provided an update on the key areas of performance improvement. The latest quarterly position for Alcohol and Drugs for January to March 2025 remained positive with a performance of 90.5%, which exceeded the national target of 90%. The acute activity in relation to new outpatients, endoscopy and imaging exceeded the planned position for June 2025. The performance in relation to the number of CAMHS patients seen in under 18 weeks of referral remained positive, with current performance exceeding the national target in June 2025. There was a slight improvement in performance in relation to the Cancer 31 Day waiting times standard on the previous months' position, however further work was required.</p> <p>Mr Edwards highlighted some key challenging areas, including performance in relation to the percentage of MSK Physiotherapy patients seen in under 4 weeks and performance in relation to the Cancer 62 Day waiting times. There had been a marginal</p>		

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	<p>improvement on the previous month's position, increasing from 64.0% in May 2025 to 64.4% in June 2025, however, overall performance remained challenged due to the continued increase in USOC referrals. It was noted that this was a clear area of focus for the executive team.</p> <p>In response to a question regarding the 62-day cancer waiting times and the additional work to address the waiting times, the Board were advised that external scrutiny had been sought from the Scottish Government cancer team, which resulted in a review of the NHSGGC pathways and how they aligned with pathways across Scotland. There had also been external scrutiny from NHS Lanarkshire to ensure pathways were optimal within GG&amp;C, as NHS Lanarkshire had revised local pathways and were demonstrating improved performance. There was ongoing scrutiny and oversight in this particular area by the Deputy Chief Executive to ensure improvement, including validation of individual patient pathways. In addition, clinicians had been identified in each specialty to provide additional overview. A Project Manager had been appointed to further support improvement, making sure there was a robust programme plan in place and revising trajectories for each of the cancer types that make up the 62-day piece.</p> <p>The Board acknowledged that this was an area of focus and welcomed the external scrutiny; however, the Chair reinforced the impact that cancer has on patients and families and the responsibility of the Board to deliver care within the target timeframe. She noted that the Board were not meeting trajectories and had not been for a number of months. The Chair advised that, following an update to the Finance, Planning and Performance Committee, specific actions had been put in place, including the Chair and Vice Chair receiving regular updates via the Chief Executive, Deputy Chief Executive, Director of Access and Director of Regional Services. It was agreed that a Deep Dive into Cancer Performance would be shared at the October Board. She highlighted the importance of setting ambitious trajectories for 2026/27 to ensure services remained appropriately resourced.</p> <p>The Board agreed that, although they were assured by the actions and focus, they were not assured by the current performance against the 62-day target.</p> <p>In response to a question regarding the main challenges of piloting of e-triage in other areas, the Board noted that eHealth were evaluating the Clyde sector and reviewing the technology available. The Board received assurance that this was a priority and a commitment to ensure no Emergency Department's had an untriaged waiting room.</p>		Mr Edwards

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	<p>In response to a request for an updated version of the Assurance Information Framework, the Board noted that the current version would be circulated to members, however, the AIF was in the process of being updated as part of the IPQR, therefore an updated version would be submitted to the December Board meeting.</p> <p>In response to a question regarding TTG patients, and whether the £10m funding from the Scottish Government would be sufficient to address the challenge, the Board noted that, although 7750 was now the target, work remained ongoing to review the current situation and drive this position down.</p> <p>In response to a question regarding Paediatric surgery waiting times, Mr Edwards advised that work was taking place with other Boards, NHS Grampian in particular, regarding capacity that would help to reduce the challenged areas.</p> <p>In response to a question regarding Vascular surgery not being on the list, the Board recognised that of the majority of vascular surgery was an emergency delivered service.</p> <p>In response to a question regarding Emergency Department pressures and the work that could be done to spread pressure by using MIU in a different way, the Board were assured that signposting and redirection was in place. There were significant resources in place and additional resources requested to support this in each of the ED sites. Mr Edwards noted that FNC Plus opened in August 2025, explaining the role of FNC Plus in co-ordinating patients to MIUs reviewing GP calls to support making decisions.</p> <p>In relation to staff sickness absence rates, it was noted that, although a lot of work was being done, the Board remained below target. The Board were assured that work was being taken forward, including the refreshed Attendance Partnership Group. A new Board wide action plan had also been developed and there was a section to focus on long term absence. It was confirmed that the Staff Governance Committee had oversight of the position.</p> <p>The Board were content to note the paper.</p> <p><b><u>NOTED</u></b></p>		Ms McEwan

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<b>127.</b>	<b>Healthcare Associated Infection Report</b>		
	<p>The Board considered the Healthcare Associated Infection Report [Paper 25/107] presented by Professor Angela Wallace, Nurse Director, for assurance. Professor Wallace introduced Ms Sandra Devine, Director of Infection Prevention and Control, who provided a short overview of the paper.</p> <p>The paper covered the period May and June 2025. The report included the Scottish Government Standards on Healthcare Associated Infections Indicators for Staphylococcus aureus bacteraemias (SAB), Clostridioides difficile infections (CDI), E. coli bacteraemias (ECB), which were within the control limits and required no escalation.</p> <p>Ms Devine reported that the rate for CDI and ECB were below the target, and the SAB rate was within the control limits but above the national rate. Ms Devine advised there was a clear focus on reducing infection and the report detailed the actions being taken forward. The report included an expanded hand hygiene monitoring section for assurance. Each month 350 audits were undertaken locally in wards and departments across the Board with the assurance audits done by the hand hygiene co-ordinator. Ms Devine reported that MRSA and CPE clinical risk assessment local data indicated that NHSGGC were above 90% standard for both these indicators.</p> <p>In response to a question regarding the amber and a red rating in relation to COVID, and whether there was any evidence in a shift in the severity of COVID presentations, the Board were assured that there was a national programme tracking illness and indicators of the disease in the public. At this point in time there were no changes highlighted, however, the Board received assurance that there was an ongoing surveillance programme in place.</p> <p>In response to a question regarding hand hygiene and compliance, the Board were advised that the compliance rate across the Board was generally good and achieving 100% was the aim. Hand hygiene remained a daily focus and was regularly audited.</p> <p>The Board were content to note the paper.</p> <p><b><u>NOTED</u></b></p>		

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<b>128.</b>	<b>IJB Leads Reports</b>		
	The Chair advised that an integrated report had been intended for the meeting. The report required input from each Chief Officer, however, was unable to be completed within the timescale. Therefore, the update had reverted back to the IJB Leads reports for this meeting.		
	<b>a) East Dunbartonshire</b>		
	Ms Libby Cairns, Non-executive Board member, reported that the new Chief Nurse Kathleen Halpin would take up position in September 2025. It was anticipated that the audited accounts for 23/24 would be presented to next Performance, Audit and Risk Committee in September 2025.		
	The Board were content to note the update.		
	<b><u>NOTED</u></b>		
	<b>b) East Renfrewshire</b>		
	Ms Mehvish Ashraf, Non-executive Board member, reported that there was an unannounced inspection of Wellington House and a number of development days were planned.		
	The Board were content to note the update.		
	<b><u>NOTED</u></b>		
	<b>c) Glasgow City</b>		
	Dr Paul Ryan, Non-executive Board member, highlighted that Homelessness was a challenge for the HSCP. He noted that this was a financial challenge and as part of the budget settlement there was a paper going to the city administration this morning noting that the forecasted challenge would put pressure on the reserves.		
	Then Board were content to note the update.		
	<b><u>NOTED</u></b>		
	<b>d) Inverclyde</b>		
	Mr David Gould, Non-executive Board member, reported that a session had been held with the focus on ongoing transformation work		

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	<p>to simplify the way service users can access services. He noted that March 2026 was a key date for rolling that out.</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		
	<b>e) Renfrewshire</b>		
	<p>Ms Margaret Kerr, Non-executive Board member, reported that a new Chief Officer was in post. She also noted that a key IJB meeting was coming up which would focus on proposed public service changes and there had been a lot of activity with public interaction.</p> <p>Then Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		
	<b>f) West Dunbartonshire</b>		
	<p>Ms Michelle Wailes, Non-executive Board member, reported that the IJB had met on Tuesday with key updates on an update on the service review for Learning Disability services, approved the work in relation to the transformation of unscheduled care reform for NHS. The IJB also received the regular finance update which was not showing a favourable outcome at year end, however assurance was received that work was underway to look at areas of savings to bring this back in line.</p> <p>Then Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		
<b>129.</b>	<b>NHSGGC Finance Report</b>		
	<p>The Board considered the NHSGGC Finance Report [Paper 25/109] presented by Ms Fiona McEwan, Assistant Director of Finance, for assurance.</p> <p>Ms McEwan presented the month 3 position as at 30<sup>th</sup> June 2025. She reported an overspend of £42.7m, of which £35.7m was attributed to unachieved savings being offset by a pay and non-pay overspend of £7.0m. Acute was overspent by £8.5m in pay and non-pay and corporate areas were underspent by £1.1m for pay and non-pay. Partnerships had a pay and non-pay underspend of £0.4m.</p>		

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	<p>Ms McEwan highlighted that there had been some key allocations/ investments. These included additional planned care allocation of £28.6m to support delivery of 52 week wait patients by 31st March 2026, with a further £10m confirmed on the 4<sup>th</sup> of August 2025. Unscheduled Care funding of £21m to support delivery of high impact actions to improve flow and patient access and Hospital @ Home funding of £2.6m. This would be closely monitored throughout the year.</p> <p>In terms of Sustainability and Value, £19.9m had been achieved on a full year recurring basis. On an in-year basis (recurring and non-recurring) £75.9m has been achieved. The recurring forecast was c£45m which was significantly short of the recurring target of £93.7m. The report highlighted that the pace of both delivery and identification of savings would have to increase if the Boards targets were to be achieved.</p> <p>Ms McEwan reported that the total capital expenditure incurred to 30<sup>th</sup> June 2025 was £10.0m, and this amounted to 12% of 100% of the capital budget, leaving a balance of £73.2m to be incurred to the 31<sup>st</sup> of March 2026. At month 3, 57% of the total capital allocation had firm orders or incurred spend. There was £35.8m uncommitted across specific projects across the business continuity programmes and this would be progressed through the normal governance routes.</p> <p>In summary Ms McEwan reported that the overall financial challenge for NHSGGC in 2025/26 was £217.8m. The financial plan was approved on the assumption was that there is the non-recurring sustainability payment from Scottish Government of £55.1m, a recurring savings target of £93.7m and a non-recurring target of £69.0m to derive a balanced position. The decision was taken at month 3 to revise the current from a balance position to a deficit of £45m. This is due to current operational pressures and slow progress on the sustainability and value programme. Ms McEwan provided assurance that a number of actions had been taken forward to try and improve this position and that a number of dedicated meetings were taking place. The position would be closely monitored.</p> <p>The Chief Executive reported that the Scottish Government were closely monitoring the position. She offered assurance around the additional work in relation to Sustainability &amp; Value and the 4% Blueprint to look at the whole model of our provision of service. The Board received assurance that a meeting had taken place with the Scottish Government, and they were content with the forecast deficit and there were a number of deep dives and actions put in place to improve the position.</p>		



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	<p>In terms of the Sustainability and Value challenges, and whether the level of involvement was correct or had to be widened, the Board acknowledged that S&amp;V remained business as usual and was always a focus. In terms of wider schemes, there was more planning and work required to look at resources to take this forward.</p> <p>In response to a question regarding the capital programme and the uncommitted budget, the Board were advised that this was not unusual for this time of year and was due to the timing of the planned projects included in the capital plan. The Board noted that uncommitted meant no order or spend against it, however, it had been allocated to a specific project, and it was agreed that the wording would be reconsidered for future reports.</p> <p>The Chair confirmed that any Board Member was welcome to observe any governance committees where more detailed discussions were held.</p> <p>The Board were assured by the report provided.</p> <p><b><u>NOTED</u></b></p>		Ms McEwan
<b>130.</b>	<b>Strategic Programme Update</b>		
	<p>The Board considered the Strategic Programme Update [Paper 25/110] presented by Mr William Edwards, Deputy Chief Executive, for assurance.</p> <p>Mr Edwards provided an update on the progress of the Transforming Together Programme and the implementation of the GGC Way Forward Plan. The key objectives of our Transforming Together Strategy and the GGC Way Forward Plan were to: improve access, harness digital and innovation, shift the balance of care and in turn improving population health.</p> <p>The GGC Way Forward was now well established, with the establishment of a Whole Systems Oversight Group (WSOG) chaired by Deputy Chief Exec and Executive Oversight Group (EOG) chaired by Chief Executive and 3 sector based groups representing North, South and Clyde. The main focus was tactical incremental improvements in ED and across the hospitals sites to support the teams who work in these pressurised environments.</p> <p>Mr Edwards noted that the aim of Transforming Together was to reduce system pressures, reduce occupancy and create capacity. A</p>		

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	<p>number of areas had progressed with initiatives, for example FNC Plus which offered another place for patients to be directed and take pressure of acute site. In addition, there were 51 intermediate care beds commissioned across partnerships, with 32 open and the remainder to be commissioned. This would assist with discharge and focus on patients who had a longer length of stay. The commitment to Hospital @ Home remained, with a particular focus in Glasgow City and Renfrewshire. Mr Edwards highlighted that Glasgow City HSCP had committed to supporting AWI patients being discharged at home with an enhanced support model. This was being developed, and further updates would be provided in due course. Mr Edwards also confirmed that there would be paediatric Hospital @ Home beds opening. Mr Edwards reported that there were currently 69 OPAT beds with supported improvement plans to increase OPAT beds to 117.</p> <p>A Saturday and Sunday Allied Health Professional (AHP) service at GRI/RAH and QE was progressing. There was additional social work support to target long term delays in hospital sites by looking at ground floors of hospitals and how we configure them differently. The work for this was underway and would conclude with options in September.</p> <p>In response to a question regarding the governance of the Infrastructure Group and the focus, the Board were assured that the groups fed into the Transforming Together Executive Oversight Group. The areas of focus included the Primary Care Programme Board, Mental Health Programme Board, Cancer and Planned Care and Best Start and Neonatal.</p> <p>In response to a question regarding Paediatric Hospital @ Home, the Board were advised that this was at the early stages of scoping but there was an allocation set aside to develop the space and updates would continue to be provided as this progressed.</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		
131.	<b>Quality Strategy, Quality Everyone Everywhere – Impact Report 2024/25</b>		
	The Board considered the Quality Strategy, Quality Everyone Everywhere – Impact Report 2024/25 [Paper 25/111] presented by Professor Angela Wallace, Director of Nursing, for assurance.		

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	<p>Professor Wallace highlighted the level of engagement with the public across NHSGGC in developing the Strategy and noted the work that had taken place in implementing the year 1 approved priorities. Professor Wallace noted that the Strategy aligned with the GGC Way Forward.</p> <p>The report highlighted some of the areas of progress including building the conditions and being intentional about the delivery. The report included examples of the connections that had been made and provided examples of engagement with colleagues. Significant progress had been made in relation to the 44 planned actions.</p> <p>Professor Wallace reported that the team were looking forward to year 2 priorities, which were in development, and continuing to connect with the GGC Way Forward. The Board observed that the Strategy contributed to shaping the culture and the role of the People Committee and that plans for a development day were underway.</p> <p>In response to a question regarding the Kindness Programme, the Board noted that feedback had been gathered regarding what kindness looked like to staff, and consideration given to what it might look like in terms of training and development. The foundations for a House of Kindness were being built upon, which included listening to people and building on what matters which would then inform the culture work.</p> <p>The Board were content to approve the strategy.</p> <p><b><u>NOTED</u></b></p>		
<b>132.</b>	<b>Research and Innovation Strategy Update</b>		
	<p>The Board considered the Research and Innovation Strategy Update [Paper 25/112] presented by Dr Scott Davidson, Medical Director, for assurance. Dr Davidson introduced Professor Jesse Dawson, Director of Research and Innovation, who provided a short overview of the key highlights of the paper.</p> <p>Dr Davidson highlighted that, since approval of the Strategy in August 2024, there had been significant internal and national change in terms of staffing, new Scottish Government priorities and the implementation of the Transforming Together and the GGC Way Forward strategies. He advised that the Strategy was responsive, and the team were in the process of ensuring that innovation aligned with strategic transformation. There was a collaborative relationship with</p>		

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	<p>the University of Glasgow, which included a recent collaboration on a £50m research proposal submission looking at cardiovascular disease inequality and prevention study.</p> <p>Professor Dawson reported that a key focus in recent months was on the operationalisation of commercial research delivery centre which was now operational and would increase commercial research. The budget would be split on bringing the latest innovations in research and clinical imaging to the city and to provide staff capacity to deliver greater volumes of clinical research in priority areas.</p> <p>In recent months, there had been 2 Glasgow led National Institute for Health and Care Research (NIHR) funded clinical trials. We were also front and centre of the UK wide commercial research delivery centres network.</p> <p>The Board noted that discussions were taking place with a UK wide rare diseases network to enhance capability for their diseases research. NHSGGC had been selected as part of the new UK dementia trials network as a site and given resource to expand research in that area. This was being followed up with an application for funding for further trials in the dementia space.</p> <p>In terms of future plans, Professor Dawson advised that there was a need to deliver on research commercial centre and a need to increase activity. In terms of infrastructure, he noted that we were now at the stage of feasibility and costing to bring MRI in and hope this would come to fruition.</p> <p>The Board were content to note the report.</p> <p><b><u>NOTED</u></b></p>		
<b>133.</b>	<b>United Nations Convention on the Rights of the Child (Incorporation)(Scotland) Bill (UNRC) Annual Report</b>		
	<p>The Board considered the United Nations Convention on the Rights of the Child (Incorporation)(Scotland) Bill (UNRC) Annual Report [Paper 25/113] presented by Dr Emilia Crighton, Director of Public Health, for assurance.</p> <p>Dr Crighton provided an overview of the report on the progress towards UNCRC compliance, noting that the report had been scrutinised by the Population Health and Wellbeing Committee. The United Nations Convention on the Rights of the Child (Incorporation)</p>		

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	<p>(Scotland) Act 2024 came into force in July 2024 and an action plan was agreed by the Board to focus on key areas of action, organised into four delivery work streams. It was noted that NHS Boards were required to submit reports on children's rights progress to the Scottish Government for review. The first report was due in 2026.</p> <p>In relation to the child friendly complaints procedure, launched by the Scottish Public Services Ombudsman in June 2024, the steps that had been taken to roll the training out across staff groups and a start date for using the new procedure. The Board were advised that the complaints team were working closely with teams, including Women and Children's services and a whole team approach had been taken due to the complexity. An update on the work that had been carried out to date would be circulated to members.</p> <p>The Board discussed the children's rights outlined in the report and observed that the legislation focused on the wider rights for children. The Board noted that whilst financial constraints existed, the primary challenge related to capacity, however, there were strategies to mitigate risk and address these issues which included co-ordination among health services, social care and education sectors and by relocating responsibility across different areas to maximise outcomes and uphold the principles of UNRC. The Board were also advised that the draft Promise Bill would further augment this and there were more discussions to take place in relation to this.</p> <p>The Board were content to note the report.</p> <p><b><u>NOTED</u></b></p>		Professor Wallace
<b>134.</b>	<b>Finance, Planning and Performance Committee</b>		
	<p>a) Chair's Report of meeting held on 7 August 2025 b) Approved Minute of meeting held on 10 June 2025</p> <p>The Board were content to note the update.</p> <p><b><u>NOTED</u></b></p>		
<b>135.</b>	<b>Staff Governance Committee</b>		
	<p>a) Chair's Report from Meeting 12 August 2025 b) Approved Minute of meeting held on 20 May 2025</p>		

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	The Board were content to note the update. <b><u>NOTED</u></b>		
<b>136.</b>	<b>Area Clinical Forum</b>		
	a) Chair's Report from Meeting 14 August 2025 b) Approved Minute of meeting held on 12 June 2025  The Board were content to note the update. <b><u>NOTED</u></b>		
<b>137.</b>	<b>People Committee – Update Meeting</b>		
	a) Chair's Report from Meeting 13 August 2025  The Board were content to note the update. <b><u>NOTED</u></b>		
<b>138.</b>	<b>Date and Time of Next Meeting</b>		
	The next meeting would be held on Thursday 30 October 2025 at 9.30 am via MS Teams. <b><u>NOTED</u></b>		