

NHS Greater Glasgow and Clyde	Paper No. 26/65
Meeting:	NHSGGC Board Meeting
Meeting Date:	25 June 2026
Title:	Key Updates from Standing Committee
Sponsoring Director:	Dr Lesley Thomson KC, Chair of NHSGGC
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1. Purpose

The purpose of this paper is to provide an update on the key information shared with our Standing Committees since our last Board Meeting to ensure transparency in discussion across our committees and the decisions made as appropriately delegated in line with the Scheme of Delegation. This paper is in addition to the Standing Committee reports shared with each Board outlining topics of discussion. The paper will pull main topics of discussion for transparency and will not include all standing committees, which will be covered in the Standing Committee Chair's Reports. The paper will expand on agenda items that would be considered in the public interest to further increase transparency of our discussions and decisions.

2. Executive Summary

The paper summarises the key updates shared with:

- People and Staff Governance Committee – 7 May 2026
- Finance, Planning and Performance Committee – 28 May 2026
- Audit and Risk Committee – 4 June 2026

3. Recommendations

The Board is asked to note the information shared with our Standing Committees.

4. Response Required

This paper is presented for awareness.

5. Impact Assessment

The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:

• Better Health	<u>Positive</u> impact
• Better Care	<u>Positive</u> impact
• Better Value	<u>Positive</u> impact
• Better Workplace	<u>Positive</u> impact
• Equality & Diversity	<u>Positive</u> impact
• Environment	<u>Positive</u> impact

6. Engagement & Communications

The content of this paper was considered by the Chair and the Director of Corporate Services and Governance.

7. Governance Route

N.A

8. Date Prepared & Issued

Prepared on: 15 June 2026

Issued on: 17 June 2026

Key Standing Committee Updates May/June 2026

1. People and Staff Governance Committee – 7 May 2026

The Committee approved the People and Staff Governance Committee Terms of Reference and Annual Report for onward submission to the Board, confirming they are fit for purpose.

The People and Staff Governance Corporate Risk Register was reviewed and approved, with risks considered appropriate and supported by mitigating actions.

Delivery of Workforce Strategy Phase One (2025–2030) was largely achieved, with 90% of actions completed and remaining actions progressing into 2026/27, providing assurance of tangible progress across strategic priorities.

The Committee received an update on the NHSGGC Culture Programme, noting strong staff engagement foundations alongside challenges relating to psychological safety, trust and consistency of leadership behaviours.

The Fairer NHSGGC Monitoring Report 2025–26 and associated Anti-Racism Plan were approved for Board submission, demonstrating compliance with the Equality Act 2010 and progress across workforce equality priorities.

Progress was noted across workforce equality activity, including leadership development, inclusive recruitment, and achievement of Equally Safe at Work Bronze accreditation.

The Committee reviewed progress on the Internal Communications and Employee Engagement Strategy, noting significant advancement including Investors in People accreditation, increased staff engagement activity and enhanced communication platforms. A proposal to extend the Strategy for a further year (2026/27) was supported to allow consolidation during a period of organisational change.

The Committee was assured on Safety, Health and Wellbeing, including introduction of a Health and Safety Dashboard highlighting performance across key indicators, with some areas requiring continued improvement.

The Committee received assurance on Medical Revalidation, noting high levels of compliance with no non-engagement recommendations to the GMC and ongoing actions to improve appraisal capacity.

Board Appeals: Increased volumes have created operational pressures; improvements to scheduling and governance processes are delivering reduced resolution times.

Bullying and Harassment cases: While expected timescales are 150 days, a number of cases exceed this, with actions in place to improve timeliness, oversight and case management.

2. Finance, Planning and Performance Committee – 28 May 2026

The Committee received the Finance Report (Month 12) and was assured on the year-end financial position, noting an improved position to a £2.5m surplus. Delivery of the Sustainability and Value (S&V) Programme achieved 100% of the in-year target (£217.8m), however only 32.8% of recurring savings were achieved, with financial sustainability continuing to rely on non-recurring measures. Future plans include a £194.7m savings challenge for 2026/27 with strengthened governance and reporting arrangements.

The Committee considered the Integrated Performance and Quality Report (IPQR) and noted mixed performance, with strong delivery across some indicators however ongoing challenges in areas including delayed discharges, mental health and unscheduled care. The Committee was advised that emergency medicine performance remained below trajectory and would require further focus.

The Committee reviewed the Annual Delivery Plan (ADP) arrangements, noting the revised planning timescales (July 2026–March 2027) and approach to seeking virtual approval in advance of Board consideration. Continued quarterly monitoring was confirmed.

The Committee considered the Interface Communications and Engagement Plan, welcoming the programme of work however requesting further refinement of key messages, including alignment with clinical priorities and partner agencies. It was noted that a revised proposal will be developed.

The Committee received the Transforming Together – GGC Way Forward Portfolio Report and noted continued positive progress across programmes, including improvements in urgent care pathways, primary care developments and expansion of the Virtual Hospital model.

The Committee reviewed the GP Out of Hours Service Annual Report, noting sustained high patient satisfaction overall and service improvements, but highlighting lower satisfaction in Inverclyde and requesting further analysis and continued annual reporting.

The Committee approved the Disposal Plan for the West Glasgow Ambulatory Care Hospital Site, supporting a demolition-led approach subject to Scottish Government funding and noting ongoing stakeholder engagement and governance arrangements.

3. Audit and Risk Committee – 4 June 2026

The Committee received the Fraud Report and Counter Fraud Services Update, noting six live cases across the organisation, with further improvements implemented including mandatory fraud awareness training. Ongoing risks, including theft of drugs, continue to be actively monitored.

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The Committee considered the National Fraud Initiative Outcomes Report, noting that three instances of employee fraud were identified through data matching exercises, with associated financial loss of approximately £3,500.

The Committee reviewed key components of the Annual Accounts governance framework, approving the Best Value Statement and endorsing the Statement of Assurance and Governance Statement. The Committee received assurance that audit processes remain on track, with no significant issues identified and final audit completion scheduled ahead of Board submission in June 2026.

The Committee received the External Audit Progress Update, noting that the audit was materially complete with no significant findings to date, with finalisation procedures underway.

The Committee received a range of Internal Audit Reports, noting overall reasonable assurance across governance, risk management and control frameworks. Areas for improvement were highlighted in discharge planning and procurement, while pharmacy stock controls identified specific governance and control issues requiring further attention.

4. Recommendations

The Board is asked to note this update on the range of discussions held within the Standing Committees in line with the Scheme of Delegation.