



NHS Greater Glasgow and Clyde	Paper No 26/68g
Meeting:	NHS GGC Board Meeting
Meeting Date:	25 June 2026
Title:	2025-26 Governance Committees Annual Reports
Sponsoring Director/Manager:	Michael Breen, Executive Director of Finance & Deputy Chief Executive
Report Author:	Michael Breen, Executive Director of Finance & Deputy Chief Executive

1. Purpose

The purpose of the paper is to present the 2025-26 Governance Committees Annual Reports for consideration, review, amendment (as required), and approval.

The 2025-26 Standing Committee Annual Reports are all attached at **Appendix 1** and includes:

- 1) Area Clinical Forum
- 2) Audit and Risk Committee
- 3) Clinical and Care Governance Committee
- 4) Finance, Planning and Performance Committee
- 5) People Committee
- 6) Population Health and Wellbeing Committee
- 7) Remuneration Committee
- 8) Staff Governance Committee

2. Executive Summary

The paper can be summarised as follows:

All Governance Committees are required to submit an Annual Report to the NHS GGC Board. Annual Reports from Governance Committees provide assurance that the Committee has fulfilled its duties in accordance with its approved Terms of Reference and supports the Health Board's overall review of the effectiveness of systems of internal control.

In addition to demonstrating how the committee's discharge their responsibilities, the Annual Reports are expected to provide an assessment of the effectiveness of governance, risk management, and internal control systems within each of the Committee's remits.

The Annual Reports therefore includes summaries of:

- Committee Purpose
- Membership and attendance
- Frequency of meetings
- Key areas of business considered.
- Outcomes and Decisions
- Statement of Assurance

3. Recommendations

The NHS GGC Board is asked to consider the following recommendations:

- Consider the 2025-26 Governance Committee Annual Reports
- Review and comment on the content of the Annual Reports.
- Approve the 2025-26 Governance Committee Annual Reports as set out in Appendix 1.

4. Response Required

This paper is presented for **Approval**.

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 issues addressed in this paper were subject to the following engagement and communications activity:

The Chair of each of the Governance Committees have been involved in the drafting of the 2025-26 Annual Reports. Each Standing Committee has also approved its 2025-26 Annual Report for onward governance and assurance processes.

7. Governance Route

This paper has been previously considered by the following groups as part of its development:

- The paper was approved by the Audit and Risk Committee 18 June 2026
- The paper is being presented to NHSGGC Board on 25 June 2026

8. Date Prepared & Issued

Date Prepared: 12 June 2026

Date Issued: 19 June 2026

9. Appendices

- Appendix 1 Draft 2025-26 Standing Committee's Annual Reports.

Appendix 1

Greater Glasgow and Clyde NHS Health Board Annual Report of the Area Clinical Forum 2025/26

1. Introduction

The year 2025/26 saw the Committee meet on six occasions. The meetings continued to be held in a hybrid model.

2. Purpose

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, Standing Orders require that this Standing Committee submits an annual report to the Board. This report is submitted in fulfilment of this requirement.

3. Area Clinical Forum

3.1 Purpose of Committee

The purpose of the Area Clinical Forum is to provide the NHS Board with the assurance that the multi-professional view of the advisory structures for medical, dental, nursing and midwifery, pharmaceutical, optometric, allied health professionals, healthcare scientists, psychology and health and social care partnerships to NHS Greater Glasgow and Clyde ensure the involvement of all the professions across the local NHS system in the decision-making process.

The core functions of the Area Clinical Forum will be to support the work of NHS Greater Glasgow and Clyde by:

- Providing NHS Greater Glasgow and Clyde with a clinical perspective on the development of the Local Health Plan and the Board's strategic objectives through the Area Clinical Forum Chair, whilst being fully engaged in NHS Board business
- Reviewing the business of the Area Professional Committees to promote a co-ordinated approach on clinical matters among the different professions and within the component parts of NHS Greater Glasgow and Clyde
- Promoting work on service design, redesign and development priorities and playing an active role in advising NHS Greater Glasgow and Clyde on potential service improvement
- Sharing best practice among the different professionals and actively promoting multi-disciplinary working - in both health care and health improvement
- Engage and communicate widely with local clinicians and other professionals, with a view to encouraging broader participation in the work of the Area Professional

Committees to ensure that local strategic and corporate developments fully reflect clinical service delivery

3.2 **Composition**

During the financial year ended 31 March 2026 membership of the **Area Clinical Forum** comprised:

Chairperson - Dr Morven McElroy (From 14 August 2025)

Chairperson – Dr Lesley Rousselet (up unto culmination of 12 June 2025 meeting)

Membership

- Mr David Mccoll, Interim Chair of the Area Dental Committee (From 12 March 2026)
- Dr Anita Belbin, Chair of Area Dental Committee (until 9 January 2026)
- Ms Karen Brazier, Healthcare Sciences Lead, Area Allied Health Professions and Healthcare Scientists Committee
- Mr Steven Meldrum, Vice Chair of Area Psychology Committee
- Ms Margaret Doherty, Vice Chair of Area Nursing and Midwifery Committee
- Dr Mark Fawcett, Vice Chair of Area Medical Committee
- Deirdre McCormick, Vice Chair of Public Protection Forum
- Ms Sarah Freel, Chair of Area Optometric Committee
- Mr Jonathan Waugh, Vice Chair of Area Optometric Committee
- Dr Lucy Gamble, Chair of the Area Psychology Committee
- Ms Helen Little, Vice Chair of Area Allied Health Professions and Healthcare Scientists Committee (Up unto 31 March 2026)
- Dr Morven McElroy, Chair of the Area Medical Committee
- Ms Kathy McFall, Chair of Area Allied Health Professions and Healthcare Scientists Committee (Up unto culmination of 23 March 2026)
- Mr Josh Miller, Chair of the Area Pharmaceutical Committee
- Ms Fiona Smith, Area Allied Health Professions and Healthcare Scientists Committee
- Ms Anne Thomson, Vice Chair of Area Pharmaceutical Committee – Hospital Pharmacy
- Ms Denise Wilkinson, Chair of the Area Nursing and Midwifery Committee

In Attendance

- Dr Scott Davidson, Medical Director
- Professor Angela Wallace, Nurse Director
- Professor Jann Gardner
- Ms Abbie Mawell, Secretariat Officer
- Mr Ross Jack, Secretariat Officer
- Ms Ali Marshall, Depute Director of Planning
- Ms Elaine Hamilton, Lead Nurse Care Home Collaborative
- Mr Joel Martin, Secretariat Officer
- Ms Louise Russell, Secretariat Officer
- Mr Neil Warbrick, Head of Strategy, Programmes, and Innovation
- Mr Jonathon Todd, Head of Information Management
- Ms Kim Donald, Corporate Services Manager - Governance
- Dr Claire Harrow, Deputy Medical Director

- Ms Claire MacArthur, Director of Planning
- Mr Neil McSeveney, Deputy Director of Communications
- Ms Elaine Vanhegan, Director of Corporate Services and Governance, Board Administration
- Ms Helena Jackson, Head of Health and Social Care Staffing

3.3 Meetings

The Committee met on six occasions during the period from 1 April 2025 to 31 March 2026 on the undernoted dates:

- 10 April 2025 – informal meeting
- 12 June 2025
- 14 August 2025
- 9 October 2025
- 11 December 2025
- 12 February 2026

The attendance schedule is attached at Appendix 1.

All meetings the Area Clinical Forum were quorate. In addition, there was a meeting scheduled for 10 April 2025 which was cancelled due to the number of apologies received as this was during the Easter holiday period, therefore an informal discussion was held.

3.4 Business

The Committee considered both routine and specific work areas during the financial year 2025/2026. Areas considered included:

- Executive Update on Ongoing Board Business
- Brief Update from Each Advisory Committee on Salient Business Points and Minutes to note
- Review of Terms of Reference
- Winter Planning Update
- Flu Vaccination Update
- Care Homes Update
- People Committee Update
- CAHMS Update
- National Area Clinical Forum Chairs Group Update
- Annual Review 2024/2025
- OD Session
- Health and Social Care Staffing Act
- Digital Strategy Update
- Winter Communications Update

Full details of the business items considered are attached at Appendix 2.

Minutes of the meetings of the Area Clinical Forum have been timeously submitted to the Board for its information.

4. Outcomes

Through the financial year the Committee were presented with various items and these can be summarised as follows:

Election of Office Bearers

Dr Rousselet informed the Forum that the 12 June 2025 meeting of the Area Clinical Forum would be her final meeting as Chair, as her four-year term had concluded. Ms Kim Donald reported that nominations were being accepted for the new Chair and subsequently a Non-Executive Board Member.

Members were asked to submit nominations via Dr Rousselet or Ms Vanhegan by Monday 16 June 2025.

Governance Moving Forward

The Committee received an update on the creation of a new governance structure created to support the improvement of services across the Board and improve access to these services. An agreement had been made with the Scottish Government to recruit a Deputy Chief Executive to help to support the delivery services across NHSGGC, which would allow for the Chief Executive to focus on collaborations across the Board. Upcoming changes within the Governance Structure to the Forum and the relevance of each of the new and existing Committees were also highlighted to members.

Transforming Together

The Committee were informed by Claire McArthur that prior to the First Minister's statement on reform, they had developed an approved clinical roadmap. This plan included strategies to enhance patient access, incorporate digital and innovative care solutions, and optimise the use of technology. Following a successful bid for additional funding to support planned and urgent care, a plan had been developed to allocate this funding within these services.

Annual Report 2024/25

Ms Kim Donald presented the Committee Annual Report for approval. This was also submitted to the June Board meeting. Members were asked to provide suggestions for agenda items for future meetings.

Annual Review of Terms of Reference

The Committee were asked to review its remit as part of the annual review process to ensure the remit remained fit for purpose providing assurance for onward approval at the Board.

Annual Review 2025

The Annual Review had been held on 8 September 2025 and required approval from the Forum regarding the summary of discussions across 2025/26.

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The Forum were content to approve the summary and agreed the following agenda items.

Item 1 – Workforce: HCSSA and Reduced Working Week

Item 2 - Digital Strategy: Integration of Digital Solutions

Item 3 - Realistic Medicine, Communication and Sustainability.

Annual Review Debrief

The Forum discussed the meeting held on 8 September 2025 and noted it was a productive session. Ms Jenni Minto MSP was receptive, and while outcomes were pending, the conversation was constructive. Professor Angela Wallace was invited to clarify the scheduling process and confirmed that a formal summary letter would follow, capturing key points and feedback.

AHP Update

Ms Pauline Johnson shared updates on workforce planning and presented data from May 2025 across twelve professions and introduced a tool that tracked key indicators such as sickness absence and training. Ms Johnson also described a three-year leadership development investment across strategic, digital, and person-centred areas, with a focus on Quality Improvement. A new programme for team leads had also been developed to support leadership and staff retention.

Winter Planning

Ms Ali Marshall noted that the 2025/26 Winter Plan outlined seven key priorities, including the establishment of escalation huddles, the Interface, and Care Programme (including virtual ward capacity and FNC+), and the protection of planned and cancer care services, and aligned with ongoing transformation programmes. It also included commitments to urgent care improvement, flow commissioning, and seven-day working. These priorities were supported by high-impact actions and milestones designed to deliver cumulative impact across urgent and planned care workstreams

Care Home Strategy Update

The Committee received updates on progress made over the last 12 months regarding support provided to 178 Care Homes and details of key achievements which included strengthened governance arrangements now aligned with the national My Health, My Care, My Home framework.

Annual Cycle of Business

The Forum were asked to review the Annual Cycle of Business, which would run through to February 2026, to ensure all strategic planning updates and themed reports were covered.

Update from Director of Planning

Ms Claire MacArthur presented an update on the GGC the Way Forward programme, part of the Transforming Together portfolio, and a key response to the

HIS ED review. The programme addresses critical themes such as staffing, facilities, patient flow, escalation, incident reporting, culture, and communication.

Vaccination Update

The Forum discussed low uptake and reduced visibility of peer vaccinators. Professor Angela Wallace offered to share peer immuniser data and acknowledged challenges in flu vaccine communication and uptake, particularly in Glasgow. There was a commitment to improve awareness and reporting through Core Briefs and follow-up actions.

Health and Social Care Staffing Act Update

Ms Helena Jackson provided a presentation to update on implementation of the Health and Care Staffing (Scotland) Act, confirming the shift from programme delivery to an oversight phase focused on embedding processes. Quarterly assurance reporting had been established. Ms Jackson outlined progress on the Workforce Business Systems Programme, which integrated e-rostering, SafeCare for real-time staffing and risk escalation, as well as future modules such as Allocate Rota and e-job planning.

5. Conclusion

5.1 Statement of Assurance

As Chair of the Area Clinical Forum during year 2025/26, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Forum has allowed the Forum to fulfil its remit as detailed in the Standing Orders. As a result of the work undertaken during the year I can confirm that adequate and effective governance arrangements were in place across NHSGGC during the year.

I would again pay tribute to the dedication and commitment of fellow members of the Forum and to all attendees. This past year has seen many changes to the Area Clinical Forum. I would thank all those members of staff who have prepared reports and attended meetings of the Forum and NHSGGC for their excellent support of the Committee.

Dr Morven McElroy
Chairperson
On behalf of the Area Clinical Forum

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APPENDIX 1

Area Clinical Forum 2025-26

PRESENT

NAME	POSITION	ORGANISATION	14.04.25	12.06.25	14.09.25	09.10.25	11.12.25	12.02.26
Dr Anita Belbin	Chair of the Area Dental Committee (until 9 January 2026)	NHSGGC	P	P	P	P	P	P
Mr David McColl	Vice Chair of Area Dental Committee / Chair of Area Dental Committee (from 9 January 2026)	NHSGGC	AA	A	A	A	A	AA
Ms Karen Brazier	Healthcare Sciences Lead, Area Allied Health Professions and Healthcare Scientists Committee	NHSGGC	AA	A	A	A	A	A
Dr Lucy Gamble	Chair of the Area Psychology Committee	NHSGGC	A	A	A	P	P	P
Dr Steven Meldrum	Vice Chair of the Area Psychology Committee	NHSGGC	A	P	AA	AA	A	AA
Ms Margaret Doherty	Vice Chair of Area Nursing and Midwifery Committee	NHSGGC	A	AA	A	A	A	AA

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NAME	POSITION	ORGANISATION	14.04.25	12.06.25	14.09.25	09.10.25	11.12.25	12.02.26
Dr Mark Fawcett	Vice Chair of Area Medical Committee	NHSGGC	AA	AA	A	A	A	AA
Ms Sarah Freel	Chair of the Area Optometric Committee	NHSGGC	P	P	P	AA	P	AA
Ms Helen Little	Vice Chair of the Area Allied Health Professions and Healthcare Scientists Committee (up unto 31 March 2026)	NHSGGC	P	P	P	P	P	P
Dr Morven McElroy	Chair of the Area Clinical Forum and Chair of the Area Medical Committee	NHSGGC	AA	AA	P	P	P	P
Ms Kathy McFall	Chair of the Area Allied Health Professions and Healthcare Scientists Committee	NHSGGC	AA	P	P	P	P	P
Mr Josh Miller	Chair of the Area Pharmaceutical Committee	NHSGGC	AA	P	P	P	P	AA
Dr Lesley Rousselet	Chair of the Area Clinical Forum (up unto culmination of 12 June 2025 meeting)	NHSGGC	P	P	N/A	N/A	N/A	N/A
Ms Fiona Smith	Area Allied Health Professions and Healthcare Scientists Committee	NHSGGC	A	P	P	P	P	P

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NAME	POSITION	ORGANISATION	14.04.25	12.06.25	14.09.25	09.10.25	11.12.25	12.02.26
Ms Anne Thomson	Vice Chair of Area Pharmaceutical Committee – Hospital Pharmacy	NHSGGC	A	P	P	AA	P	AA
Ms Denise Wilkinson	Chair of the Area Nursing and Midwifery Committee	NHSGGC	A	A	A	A	P	AA

IN ATTENDANCE

NAME	POSITION	ORGANISATION	14.04.25	12.06.25	14.09.25	09.10.25	11.12.25	12.02.26
Professor Jann Gardner	Chief Executive	NHSGGC	P	-	-	-	-	-
Ms Abbie Maxwell	Secretariat Officer	NHSGGC	P	P	-	-	-	-
Mr Neil Warbrick	Head of Strategy, Programmes & Innovation	NHSGGC	P	-	-	-	-	-
Mr Jonathan Waugh	Vice Chair of Area Optometric Committee (attended on behalf of Sarah Freel)	NHSGGC	P	-	-	-	-	-
Mr Ross Jack	Secretariat Officer	NHSGGC	-	-	-	P	P	-
Ms Claire MacArthur	Director of Planning	NHSGGC	-	P			P	
Professor Angela Wallace	Nurse Director	NHSGGC	-	P	P	P	P	AA
Dr Emilia Crighton	Director of Public Health	NHSGGC	-		-	-	-	
Ms Kim Donald	Corporate Services Manager - Governance	NHSGGC	-	P	P	-	P	-
Ms Elaine Hamilton	Lead Nurse Care Home Initiative	NHSGGC	-	-	-	P	-	-

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NAME	POSITION	ORGANISATION	14.04.25	12.06.25	14.09.25	09.10.25	11.12.25	12.02.26
Ms Helena Jackson	Head of Health and Social Care Staffing	NHSGGC	-	-	-	-	P	-
Ms Ali Marshall	Depute Director of Planning	NHSGGC	-	-	-	P	-	-
Claire Harrow	Deputy Medical Director – Acute	NHSGGC	-	-	P	-	-	-
Dr Scott Davidson	Medical Director	NHSGGC	AA	P	A	AA	-	P
Mr Neil McSeveney	Deputy Director of Communications	NHSGGC	-	-	-	-	-	P
Ms Elaine Vanhegan	Director of Corporate Services and Governance – Board Administration	NHSGGC	-	P	-	-	-	AA
Ms Louise Russell	Secretariat Officer	NHSGGC	-	-	-	-	-	P
Mr Joel Martin	Secretariat Officer	NHSGGC	-	-	-	-	-	P
Mr Jonathon Todd	Head of Information Management	NHSGGC	-	-	-	-	-	P

Key

- P - Present
- A - Absent - no apologies received
- AA - Absent - apologies received
- Attendance not required

APPENDIX 2**Area Clinical Forum
Schedule of Business Considered 2025-2**

Date of meeting	Title of Business Discussed
10 April 2025 (informal discussion)	<ul style="list-style-type: none"> • Welcome and Apologies • Chief Executive Update • Closing Remarks and Key Messages for the Board
12 June 2025	<ul style="list-style-type: none"> • Welcome and Apologies • Declarations of Interest • Minutes of Previous Meeting: 13 February 2025 & Meeting note from 10 April 2025 meeting • Matters Arising • Election of Office Bearers • Executive Update on Ongoing Board Business • Governance Moving Forward • Transforming Together • Annual Report 2024/25 • Terms of Reference • Brief Update from Each Advisory Committee on Salient Business Points and Minutes to Note • Closing Remarks and Key Messages for the Board • ACF Members only – Open Discussion
14 August 2025	<ul style="list-style-type: none"> • Welcome and Apologies • Declarations of Interest • Minutes of Previous Meeting: 3 June 2025 • Matters Arising • Executive Update on Ongoing Board Business • Annual Review – 2025 • Brief Update from Each Advisory Committee on Salient Business Points and Minutes to Note • Closing Remarks and Key Messages for the Board • ACF Members only – Open Discussion
9 October 2025	<ul style="list-style-type: none"> • Welcome and Apologies • Declarations of Interest • Minutes of Previous Meeting: 14 August 2025 • Matters Arising • Executive Update on Ongoing Board Business • Annual Review Debrief • AHP Update • Winter Planning • Care Home Strategy Update

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Date of meeting	Title of Business Discussed
	<ul style="list-style-type: none"> • Brief Update from Each Advisory Committee on Salient Business Points and Minutes to Note • Annual Cycle of Business • Closing Remarks and Key Messages for the Board • ACF Members Only – Open discussion
11 December 2025	<ul style="list-style-type: none"> • Welcome and Apologies • Declarations of Interest • Minutes of Previous Meeting: 9 October 2025 • Matters Arising • Executive Update on Ongoing Business • Update from Director of Planning • Brief Update from Each Advisory Committee on Salient Business Points and Minutes to Note • Vaccination Update • Health and Social Care Staffing Act • Closing Remarks and Key Messages for the Board • ACF Members Only – Open Discussion
12 February 2026	<ul style="list-style-type: none"> • Welcome and Apologies • Declarations of Interest • Minutes of Previous Meeting: 11 December 2025 • Matters Arising • Executive Update on Ongoing Board Business • Digital Strategy • Winter Communications Update • Brief Update from Each Advisory Committee on Salient Business Points and Minutes to Note • Closing Remarks and Key Messages for the Board • ACF Members Only – Open Discussion

Version Control	April 2026
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Medical Director
Approved by:	Area Clinical Forum
Approved date:	April 2026
Date for review:	April 2027
Replaces previous version:	June 2025



Greater Glasgow and Clyde NHS Board 2025-26 Annual Report of the Audit & Risk Committee (1 April 2025 to 31 March 2026)

1. Introduction

This Annual Report is submitted to the NHS Greater Glasgow and Clyde (NHS GGC) Board. It provides assurance that the Audit and Risk Committee has fulfilled its duties in accordance with its approved Terms of Reference and supports NHSGGC's overall review of the effectiveness of systems of internal control.

2. Purpose

Each standing committee is required to submit an annual report to the NHSGGC Board to support its annual review of the effectiveness of internal control systems. In addition to demonstrating how the Committee has discharged its responsibilities, the Annual Report provides an assessment of the effectiveness of governance, risk management, and internal control systems within the Committee's remit.

3. Audit & Risk Committee

3.1 Purpose of the Committee

The purpose of ARC is to scrutinise and provide assurance to the NHSGGC Board on five key areas. These are as follows:

- Public money is safeguarded and properly accounted for.
- Financial Statements are prepared timeously and give a true and fair view of the financial position of the Board for the period in question.
- Business is conducted in accordance with law and proper standards governing the NHS and its interface with partner organisations.
- Reasonable steps are taken to prevent and detect fraud and other irregularities.
- NHS GGC's overall governance framework including risk management are robust and effective.

The Audit and Risk Committee (ARC) supports the Board and the Accountable Officer by reviewing the comprehensiveness, reliability, and integrity of assurances. For this purpose, assurance is defined as an evaluated, evidence-based opinion on the effectiveness of the organisation's governance, risk management, and internal control frameworks.

3.2 Meetings and Attendees

The Committee met on five occasions during the period from 1 April 2025 to 31 March 2026. All meetings of ARC were quorate. The meetings took place on the undernoted dates:

- 3 June 2025
- 17 June 2025
- 18 September 2025
- 2 December 2025
- 19 March 2026

The Chair, Vice Chair and Executive Leads for the Committee during 2025-26 were as follows:

- Chair - Ms Michelle Wailes
- Vice Chair - Ms Margaret Kerr
- Executive Lead - Mr Colin Neil, Director of Finance (to 5 October 2025)
- Executive Lead - Mr Michael Breen, Director of Finance (from 6 October 2025)

In addition to the Chair, Vice-Chair and Executive leads there were four other members of the Committee. These were as follows:

- Mr Brian Auld, Non-Executive Board Member
- Cllr Jacqueline Cameron, Non-Executive Board Member
- Dr Rebecca Metcalfe, Non-Executive Board Member
- Mr Charles Vincent, Non-Executive Board Member

The Committee was supported by a range of attendees including members of the Health Board Executive, senior staff, and external and internal audit. A full attendance schedule for each meeting is attached at Appendix 1.

3.3 Business

ARC undertook a comprehensive and structured programme of business during the 2025–26 financial year. The programme encompassed routine responsibilities such as the review of financial controls, risk management frameworks, internal and external audit activity, and governance arrangements as well as a range of specific work areas and emerging issues requiring focused scrutiny and assurance. Full details of the business items considered are attached at Appendix 2.

Minutes of the meetings of ARC were timeously submitted to the NHS GGC Board for assurance together with a separate report from the Chair of the Committee.

The Committee undertook a review of its Terms of Reference, which were subsequently approved, ensuring continued alignment with best practice and organisational requirements.

4. Outcomes

Throughout the financial year, the Committee received a comprehensive programme of reports, updates, and assurance papers aligned to its remit. These outputs have been group into the five key areas of Committee business detailed in section 3.1.

4.1 Public money is safeguarded and properly accounted for

2025-26 Annual Audit and Consolidated Accounts

The Committee approved the Annual Audit and Consolidated Accounts and was advised that NHSGGC had successfully achieved its three key financial targets for 2025–26. These were the Revenue Resource Limit, Capital Resource Limit and Cash Requirement. This outcome was delivered despite a significant overall financial challenge faced by NHSGGC during the year.

Further detail was incorporated within the report on sustainability and environmental reporting, reflecting the introduction of additional statutory and policy-related reporting requirements in this area. In doing so, the report emphasised the growing importance of environmental considerations within NHS GGC's governance and assurance framework. It also acknowledged and aligned with NHS GGC's newly established strategic frameworks-*The GGC Way Forward* and *Transforming Together* which underpin the organisation's longer-term direction for service transformation and delivery.

The Committee was assured that, in the opinion of the Chief Internal Auditor, NHSGGC has an established framework of governance, risk management and internal controls that provides reasonable assurance over the effective and efficient achievement of the Board's objectives. The Committee noted that this represents the highest level of assurance available through the internal audit process.

The Committee also received assurance from the 2025-256 Annual Audit Report presented by Ernst and Young (EY) and acknowledged the positive progress made by NHS GGC in strengthening its financial management and governance arrangements. In particular, the Committee noted that the annual audit resulted in only four new recommendations, representing a significant achievement. It was further recognised that NHS GGC remained on track to meet all reporting deadlines and had made substantial progress in addressing prior audit findings, with a large proportion of outstanding actions from previous years now successfully closed.

Healthcare Charity Committee

The Committee was advised that the Healthcare Charity Committee had considered the 2025-26 Accounts and associated audit reports in detail and had been content to endorse the accounts for formal approval, following appropriate scrutiny and review.

Tender Waivers

The Committee received an overview of Standing Financial Instructions (SFI) waiver activity for the 2025-26 Financial Year, including detailed reporting on higher-value waivers and the associated procurement strategies in place to reduce reliance on such waivers in future. The Committee was assured that robust governance arrangements, monitoring processes and controls were in place to oversee waiver activity and support compliance with procurement requirements.

Best Value Statement

The Committee approved the Best Value Statement and received an overview of the annual report on the Best Value Framework, including the supporting evidence demonstrating NHSGGC's approach to delivering continuous improvement, efficiency, and effective use of resources.

Patient Private Funds Annual Report and Audit Report

The Committee considered the Patient Private Funds Annual Accounts and Audit Report from BDO for 2025-26 and authorised the Chief Executive and the Director of Finance sign the abstract of receipts and payments and authorised the Director of Finance to sign the letter of representation. The Committee noted that there were no changes to final materiality from the levels determined at planning.

Bad Debt Write Off

The Committee received an update on bad debts written off during the 2025-26 Financial Year and approved the write-off of debts in accordance with the limits set out within the Scheme of Delegation, providing assurance that appropriate governance and authorisation arrangements were applied.

4.2 Financial Statements are prepared timeously and give a true and fair view of the financial position of the Board for the period in question

2025-26 NHSGGC Accounting Policies

The Committee approved the annual update to the NHSGGC Accounting Policies, noting that these would be applied in the preparation of the 2025–26 Annual Report and Accounts, ensuring continued compliance with relevant accounting standards and guidance.

2025-26 Annual Audit Plan

The Committee was assured by the Annual Audit Plan for the year ending 31 March 2026 and noted the identified key risk areas and proposed audit approach, providing confidence that the audit would be delivered on a robust and risk-based basis.

External Audit Action Tracker

The Committee was assured through regular updates on progress in implementing the audit recommendations arising from the Annual Accounts audit, providing ongoing oversight and confirmation that appropriate actions were being taken in a timely and effective manner.

4.3 Business is conducted in accordance with law and proper standards governing the NHS and its interface with partner organisations

Legal Claims

The Committee noted the quarterly summaries of legal activity, providing oversight of the range and progression of legal cases across the organisation. The Committee was further assured by the Legal Claims Annual Report, which offered a comprehensive overview of claims management, trends, and associated risks, supporting assurance over the effectiveness of legal governance arrangements.

Freedom of Information

The Committee received a quarterly overview of Freedom of Information (FOI) activity and noted a significant improvement in performance, particularly in the proportion of requests responded to within statutory timescales. The Committee was also advised of minor amendments to the FOI Policy, including the introduction of mandatory training to strengthen compliance and support continued improvement in FOI performance.

4.4 Reasonable steps are taken to prevent and detect fraud and other irregularities

Fraud Report and Counter Fraud Services

The Committee received regular updates on current fraud cases, alongside assurance on the actions being undertaken across NHSGGC to prevent, detect and investigate fraud. This included the review of quarterly patient exemption statistics and regular Counter Fraud Service (CFS) reports.

The Committee also considered the CFS Annual Report for 2025–26 and noted the NHSGGC Fraud Annual Action Plan, which had been updated to reflect progress against agreed Board actions. In addition, the Committee noted that the Health Board has introduced mandatory fraud awareness training for all staff with targeted additional training in relevant areas.

Fraud Policy and Fraud Response Plan

The Committee approved the revised Fraud Policy and Fraud Response Plan and emphasised the importance of ensuring effective communication and staff awareness of both documents, recognising this as a key element in supporting a strong counter-fraud culture across the organisation.

Whistleblowing

The Committee was presented with a comprehensive overview of whistleblowing activity for each quarter of 2025-26 and was advised that all whistleblowing investigations were undertaken in line with the National Whistleblowing Standards and NHS GGC's Whistleblowing Policy, providing assurance over the robustness and integrity of the processes in place.

The Committee was further assured by the Whistleblowing Annual Report for 2025-26, which provided a detailed assessment of activity, themes, and outcomes across the year. In addition, the Committee noted the ongoing programme of work to embed the national standards and strengthen organisational culture, including actions aimed at increasing staff confidence in raising concerns and the effectiveness of the whistleblowing process.

GP Data Breach

The Committee received a summary of a recent data breach incident involving inappropriate access to clinical records by a member of GP practice staff and was assured that the matter had been thoroughly investigated. The Committee noted the actions taken in response to the incident and the lessons learned, providing assurance that appropriate controls and improvements had been implemented to mitigate the risk of recurrence.

4.5 NHS GGC's overall governance framework including risk management are robust and effective

Annual Review of Governance – Operational Requirements

The Committee endorsed the Annual Review of Governance Operational Requirements for submission to the NHS Board, recognising that ongoing activity was in place to ensure NHS GGC's governance arrangements remain aligned with the principles set out in the *Blueprint for Good Governance (2nd edition)*.

The Committee also noted that the Standing Financial Instructions had been reviewed and updated where required, with amendments appropriately aligned to the Scheme of Delegation. It was further noted that all Committees had undertaken a review of their respective Terms of Reference and Annual Reports, supporting a comprehensive and consistent approach to governance assurance across the organisation.

Statement of Assurance and Draft Governance Statement

The Committee endorsed the Statement of Assurance and Draft Governance Statement.

Losses and Compensation Payments

The Committee received an update on losses, compensations and special payments incurred by the Board during the 2025/26 financial year, as reported within the Board's SFR 18 return, providing assurance over the nature, value, and governance of such transactions.

Corporate Risk Register

The Committee received regular updates on the Corporate Risk Register and was advised that routine reviews of risks had been undertaken throughout the year. This work was alongside a number of detailed Corporate Risk Reviews to provide enhanced scrutiny, challenge, and assurance over key strategic risks.

Internal Audit

The Committee was presented with a comprehensive programme of Internal Audit reports covering a wide range of strategic, operational and governance areas.

In addition to considering the individual audit reports, the Committee received regular progress updates on the implementation of management actions, providing ongoing oversight and assurance that identified issues were being addressed appropriately. The Committee also considered the Internal Audit Annual Report for 2025-26, which summarised the overall findings and assurance provided across the year.

Furthermore, the Committee approved the Strategic Internal Audit Plan for the period 2026-27 to 2027-28, ensuring that future audit activity is aligned to the Board's key risks and strategic priorities. The Committee also approved the extension of the Internal Audit Service through to June 2028, supporting continuity of provision and sustained independent assurance.

Risk Management

The Committee endorsed the Risk Management Policy and Strategy for submission to the NHS GGC Board, noting that these documents set out the overarching framework for the identification, assessment, and management of risk across the organisation.

The Committee also approved the new Risk Management Procedure, which provides a clear, step-by-step approach to risk management and incorporates the updated NHS Scotland Risk Scoring Matrix, supporting greater consistency and transparency in risk assessment.

In addition, the Committee approved the Risk Management Annual Report, providing assurance on the effectiveness and maturity of the Board's risk management arrangements over the reporting period.

The Committee noted NHS GGC's significant contribution to the national review of the NHS Risk Impact Matrix, alongside substantial progress in reviewing and refining the Risk Appetite Statement. It was also advised that a review of the Risk Management structure within DATIX (NHS GGC's Risk Management System) had commenced, aimed at strengthening consistency and usability.

As part of the 2025-26 objectives, targeted training had been delivered to Directors and General Managers, supporting improved risk awareness, leadership engagement, and the effective application of risk management processes across the organisation.

Information Governance Steering Group

The Committee was presented with the minutes of the Information Governance Steering Group and was assured by the key discussions, decisions and actions progressed throughout the year, which demonstrated effective oversight and governance of information governance matters across the organisation.

Business Continuity Policy

The Committee received an update on the current status of business continuity planning across NHSGGC and considered the draft Business Continuity Policy in detail.

While the draft Policy was welcomed, the Committee concluded that the version presented required further development and refinement. It was therefore agreed that an updated version would be brought back for further consideration at a future meeting.

5. Conclusion

5.1 Statement of Assurance

As Chair of the Audit & Risk Committee for 2025-26, I am assured that the integrated approach adopted throughout the year together with the frequency of meetings, the breadth of business considered, and the range of attendees has enabled the Committee to effectively discharge its responsibilities in line with the Standing Orders.

The comprehensive scope of the Committee's work has provided appropriate oversight, scrutiny and assurance, and I am satisfied that adequate and effective governance arrangements were in place across NHS GGC during the period.

I would wish to place on record my appreciation of the dedication and commitment demonstrated by fellow Committee members and attendees. I also extend my thanks to all staff who have contributed to the Committee's work through the preparation of high-quality reports and attendance at meetings, as well as to the Executive Leadership Team for their continued support.

Michelle Wailes
Chair
On behalf of the Audit & Risk Committee

2025-26 Attendance at Audit & Risk Committee**Present**

Name	Position	Organisation	03-Jun-25	17-Jun-25	18-Sep-25	02-Dec-25	19-Mar-26
Mr Brian Auld	Non-Executive Board Member	NHSGGC	A	P	P	P	P
Mr Michael Breen	Director of Finance	NHSGGC	-	-	-	P	P
Cllr Jacqueline Cameron	Non-Executive Board Member	NHSGGC	A	A	P	A	A
Ms Margaret Kerr	Non-Executive Board Member	NHSGGC	P	P	P	P	P
Dr Rebecca Metcalfe	Non-Executive Board Member	NHSGGC	P	P	P	P	P
Mr Colin Neil	Director of Finance	NHSGGC	P	P	P	-	-
Mr Charles Vincent	Non-Executive Board Member	NHSGGC	P	P	P	P	A
Ms Michelle Wailes	Non-Executive Board Member	NHSGGC	P	P	P	P	P

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In Attendance

Name	Position	Organisation	03-Jun-25	17-Jun-25	18-Sep-25	02-Dec-25	19-Mar-26
Ms Denise Brown	Director of Digital Services	NHSGGC	P	P	P	P	P
Mr Martin Cawley	Non-Executive Board Member	NHSGGC	-	P	-	-	-
Mr Russell Coulthard	Deputy Chief Operating Officer	NHSGGC	-	-	-	P	-
Mr Euan Cronin	Assistant Head of Financial Services	NHSGGC	P	-	P	P	P
Dr Scott Davidson	Medical Director	NHSGGC	P	P	-	-	-
Ms Kim Donald	Corporate Services Manager - Governance	NHSGGC	-	P	-	P	-
Mr David Eardley	Internal Auditor	Azets	-	-	-	P	P
Mr William Edwards	Deputy Chief Executive/Chief Operating Officer	NHSGGC	P	-	P	-	P
Professor Jann Gardner	Chief Executive	NHSGGC	P	P	-	-	-
Mr Martin Gill	BDO	BDO	-	-	P	-	-
Ms Katrina Heenan	Chief Risk Officer	NHSGGC	P	-	P	P	P
Mr Paul Kelly	Internal Auditor	Azets	-	-	P	-	P
Ms Rachel King	Internal Auditor	Azets	P	P	P	P	-
Ms Jillian Neilson	Programme Manager	NHSGGC	-	-	-	P	P
Mr Stephen Reid	External Auditor	EY	-	P	-	P	-
Ms Louise Russell	Secretariat Manager	NHSGGC	P	P	P	-	P
Mr Chris Sanderson	Head of Procurement	NHSGGC	-	P	-	-	-
Mr Michael Sheils	Head of Financial Services	NHSGGC	P	P	P	P	P
Ms Natalie Smith	Interim Director of Human Resources and Organisational Development	NHSGGC	-	P	-	-	-
Mr John Thomson	Assistant Director of Finance	NHSGGC	P	P	P	P	P
Dr Lesley Thomson KC	Chair	NHSGGC	P	P	P	P	P

BOARD OFFICIAL
OFFICIAL SENSITIVE
DRAFT

Name	Position	Organisation	03-Jun-25	17-Jun-25	18-Sep-25	02-Dec-25	19-Mar-26
Ms Elaine Vanhegan	Director of Corporate Services and Governance	NHSGGC	P	P	P	-	P
Ms Rachael Weir	Internal Auditor	Azets	P	-	-	-	-
Ms Elizabeth Young	Internal Auditor	Azets	-	-	P	-	-
Ms Rachel Wynne	External Auditor	EY	P	P	P	P	P

P Present
A Absent
- Attendance not required

Appendix 2**Audit & Risk Committee
2025-26 Schedule of Business Considered**

Date of meeting	Title of Business Discussed
3 June 2025	<ul style="list-style-type: none"> • Welcome and Apologies • Declarations(s) of Interest(s) • Minutes of the Meeting of the Audit and Risk Committee held on 18 March 2025 • Matters Arising <ul style="list-style-type: none"> - Rolling Action List • Urgent Items of Business • Annual Fraud Report and Counter Fraud Services Update • NHSGGC Annual Accounts <ul style="list-style-type: none"> - Governance Statement - Losses and Compensation Payments • Internal Audit Reports <ul style="list-style-type: none"> - Internal Audit Progress Report - Strategic and Operational Planning - Medicines Governance - Procurement Investigation – Summary Report - Management Action Follow Up Q1 2025/26 • Risk Management Annual Report • Corporate Risk Register • Information Governance Steering Group Update • Whistleblowing Quarter 4 and Annual Report 2024/25 • Committee Governance <ul style="list-style-type: none"> - Terms of Reference - Committee Annual Report • Closing Remarks and Key Messages for the Board • Date and Time of Next Scheduled Meeting
17 June 2025	<ul style="list-style-type: none"> • Welcome and Apologies • Declarations(s) of Interest(s) • Minutes of the Meeting of the Audit and Risk Committee held on 3 June 2025 • Matters Arising <ul style="list-style-type: none"> - Rolling Action List • Urgent Items of Business • Update from Healthcare Charity Committee • Internal Audit Reports <ul style="list-style-type: none"> - Staff Training and Development - Revised Strategic and Operational Planning - Internal Audit Annual Report 2024/25 • Tender Waivers • Statement of Assurance and Draft Governance Statement • Best Value Statement • Annual Review of Governance – Operational Requirements • Legal Update Annual Report • Freedom of Information Annual Report

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Date of meeting	Title of Business Discussed
	<ul style="list-style-type: none"> • Information Governance Steering Group Annual Report • Annual Audit and Consolidated Accounts for 2024/25 • 2024/25 Annual Audit Report from Ernst and Young • Closing Remarks and Key Messages for the Board • Date and Time of Next Scheduled Meeting
18 September 2025	<ul style="list-style-type: none"> • Welcome and Apologies • Declarations(s) of Interest(s) • Minutes of the Meeting of the Audit and Risk Committee held on 17 June 2025 • Matters Arising <ul style="list-style-type: none"> - Rolling Action List • Urgent Items of Business • Fraud Report and Counter Fraud Services Update • Patient Private Funds Annual Report • External Audit Debrief & Action Tracker • Business Continuity Planning Overview • Corporate Risk Register • Risk Management <ul style="list-style-type: none"> - Risk Management Policy - Risk Management Strategy - Risk Management Procedure • Freedom Of Information Quarter 1 Report • Whistleblowing Quarter 1 Report • Information Governance Steering Group Update • Committee Annual Cycle of Business 2025/26 • Internal Audit Reports <ul style="list-style-type: none"> - Internal Audit Progress Report - Environmental Sustainability - Freedom of Information (FOI) - Property Transaction Monitoring - Management Action Follow Up – Q2 2025/26 • Closing Remarks and Key Messages for the Board • Extension of Internal Audit Service • Date and Time of Next Scheduled Meeting
2 December 2025	<ul style="list-style-type: none"> • Welcome and Apologies • Declarations(s) of Interest(s) • Minutes of the Meeting of the Audit and Risk Committee held on 18 September 2025 • Matters Arising <ul style="list-style-type: none"> - Rolling Action List • Urgent Items of Business • Fraud Report and Counter Fraud Services Update • Counter Fraud Policy and Response Plan • 2025-26 External Audit Draft Audit Plan • External Audit Action Tracker • Corporate Risk Register • Internal Audit Reports <ul style="list-style-type: none"> - Internal Audit Progress Report - Risk Management

BOARD OFFICIAL

Date of meeting	Title of Business Discussed
	<ul style="list-style-type: none"> - Waiting List Management- Clinically Urgent and Long Wait Patients - Management Action Follow-Up Quarter 3 2025/26 • NIS (Network and Information System) • Freedom Of Information <ul style="list-style-type: none"> - Quarter 2 Report - FOI Policy • Legal Claims Biannual Report • Whistleblowing Quarter 2 Report • Business Continuity Policy • Closing Remarks and Key Messages for the Board • Date and Time of Next Scheduled Meeting
19 March 2026	<ul style="list-style-type: none"> • Welcome and Apologies • Declarations(s) of Interest(s) • Minutes of the Meeting of the Audit and Risk Committee held on 3 December 2025 • Matters Arising <ul style="list-style-type: none"> - Rolling Action List • Urgent Items of Business • Fraud Report and Counter Fraud Services Update • 2025-26 Bad Debt Write Off • 2025-26 NHSGGC Accounting Policies • 2025-26 Annual Audit Plan • External Audit Actions Tracker • Corporate Risk Register • Proposed Extension of Internal Audit Service • Draft 2026-27 to 2027-28 Strategic Internal Audit Plan • Internal Audit Reports <ul style="list-style-type: none"> - Internal Audit Progress Report - Whistleblowing - Communication Strategy - Workforce Planning - Information Governance - Internal Audit Follow Up Report • GP Data Breach • Freedom Of Information Quarter 3 Report • Whistleblowing <ul style="list-style-type: none"> - Quarter 3 Report - Speak Up! Next Steps (Whistleblowing) • Committee Annual Cycle of Business • Information Governance Steering Group Update • Closing Remarks and Key Messages for the Board • Date and Time of Next Scheduled Meeting

Version Control	21 May 2026
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Director of Finance
Approved by:	Audit & Risk Committee
Approved date:	
Date for review:	April 2027
Replaces previous version:	June 2025

**Greater Glasgow and Clyde NHS Board
Annual Report of the Clinical and Care Governance Committee 2025/26**

6. Introduction

The year 2025/26 saw the Committee meet on four occasions. The meetings continued to be held in a hybrid model.

7. Purpose

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, Standing Orders require that this Standing Committee submits an annual report to the Board. This report is submitted in fulfilment of this requirement.

8. Clinical and Care Governance Committee

8.1 Purpose of the Committee

The purpose of the Clinical and Care Governance Committee (CCCG) is to scrutinise and provide assurance to the NHS Board regarding the following key areas. This includes approval of the delivery of the Board's objectives and areas as outlined in the Scheme of Delegation as approved and allocated to the Committee by the NHS Board, and any operational objectives, as required.

- Oversight of the development and implementation of the Board's Clinical Governance Policy and Quality NHS Strategy
- Oversight of the development and implementation of the Nursing and Midwifery Strategy
- Oversight of the development and implementation of the Maternity and Neonatal Strategy
- Ensuring clinical and care governance arrangements are effective in improving and monitoring the safety and quality of clinical care
- Ensure oversight of person-centred care and feedback reflecting learning
- That NHSGGC fulfils its statutory obligations relating the Board's Duty of Quality - including Duty of Candour
- Provide scrutiny in respect of clinical services proposals, to ensure that they are consistent with the continued provision of safe and effective care
- That the implications of the Safe Staffing legislation, as identified through the Staff Governance Committee, are considered, and any impact on clinical care escalated
- Appropriate governance in respect of risks, as allocated to the C&CGC by the Audit and Risk Committee relating to *clinical care and safety* reviewing risk identification, assessment, and mitigation in line with the NHS Board's risk appetite and agreeing appropriate escalation
- Promotion of clinical leadership and staff engagement in the improvement and monitoring of the quality of clinical care

8.2 Composition

During the financial year ending 31 March 2026 membership of the Clinical and Care Governance Committee comprised:

Chairperson – Dr Paul Ryan

Vice Chair – Ms Cath Cooney

Executive Lead – Dr Scott Davidson, Medical Director

Membership

- Ms Cath Cooney, Non Executive Board Member, NHSGGC
- Mr Giovanni D'Alessio, Non Executive Board Member, NHSGGC (from December 2025)
- Dr Scott Davidson, Medical Director, NHSGGC
- Ms Dianne Foy, Non Executive Board Member, NHSGGC
- Mr Graham Haddock OBE, Non Executive Board Member, NHSGGC (from June 2025)
- Ms Margaret Kerr, Non Executive Board Member, NHSGGC (from June 2025)
- Dr Morven McElroy, Non Executive Board Member, NHSGGC (from September 2025)
- Cllr Katie Pragnell, Non Executive Board Member, NHSGGC
- Dr Lesley Rousselet, Non Executive Board Member, NHSGGC (to June 2025)
- Dr Paul Ryan, Non Executive Board Member, NHSGGC
- Dr Lesley Thomson KC, Chair, NHSGGC
- Ms Karen Turner, Non Executive Board Member, NHSGGC (from June 2025)
- Professor Angela Wallace, Nurse Director, NHSGGC

In Attendance

- Ms Gillian Bowskill, Associate Nurse Director, Infection Prevention and Control, NHSGGC
- Ms Libby Cairns, Non Executive Board Member, NHSGGC
- Ms Chloe Cowan, Senior Research and Innovation Manager, NHSGGC
- Ms Mandy Crawford, Corporate Services Manager – Complaints and Public Affairs, NHSGGC
- Professor Jesse Dawson, Director of Research and Innovation, NHSGGC
- Dr David Dodds, Chief of Medicine, Regional Services, NHSGGC
- Ms Kim Donald, Corporate Services Manager, Governance, NHSGGC
- Ms Gillian Duncan, Corporate Executive Business Manager, NHSGGC
- Dr Una Graham, Deputy Medical Director, Mental Health, and Addictions, NHSGGC
- Ms Judith Godden, Manager/Scientific Officer for Research Ethics, NHSGGC
- Dr Claire Harrow, Deputy Medical Director, Acute Services, NHSGGC
- Ms Elaine Hamilton, Lead Nurse, Care Home Collaborative, NHSGGC
- Ms Katrina Heenan, Chief Risk Officer, NHSGGC
- Dr Mark Henderson, Clinical Lead in Organ Donation, NHSGGC
- Mr Ross Jack, Secretariat Officer, NHSGGC
- Mr Jamie Kinloch BEM, Non Executive Board Member, NHSGGC
- Dr Deirdre McCormick, Chief Nurse, Head of Public Protection Service, NHSGGC

- Professor Colin McKay, Deputy Medical Director, Corporate, NHSGGC
- Ms Nicola Munro, PA to Board Chair, NHSGGC
- Ms Jillian Neilson, Corporate Services Manager – Governance, NHSGGC
- Dr John O'Dowd, Interim Director of Public Health, NHSGGC
- Mr Derrick Pearce, Chief Officer, East Dunbartonshire HSCP, NHSGGC
- Ms Lynn Pritchard, Nurse Consultant Infection Prevention and Control, NHSGGC
- Mr Jamie Redfern, Director, Women and Children's Services, NHSGGC
- Ms Paula Spaven, Director of Clinical and Care Governance, NHSGGC
- Dr Stuart Sutton, Deputy Medical Director – Primary and Community Care, NHSGGC
- Ms Elaine Vanhegan, Director of Corporate Services and Governance, NHSGGC
- Ms Janice Watt, Interim Director of Pharmacy, NHSGGC
- Ms Sandra Devine, Director of Infection Prevention and Control, NHSGGC

8.3 Meetings

The Committee met on four occasions during the period from 1 April 2025 to 31 March 2026 on the undernoted dates:

- 3 June 2025
- 4 September 2025
- 4 December 2025
- 5 March 2026

The attendance schedule is attached at Appendix 1.

All meetings of the Clinical and Care Governance Committee were quorate.

8.4 Business

The Committee considered both routine and specific work areas during the financial year 2025/26. Areas considered included:

- Healthcare Improvement Scotland – June 2022 Assurance of Infection Prevention and Control Inspection at the Queen Elizabeth University Hospital
- Mental Health Clinical Governance Update – Exception Report
- Public Protection Update
- Clinical Governance Biannual Report (Clinical Risk, Clinical Effectiveness, HSMR and SNAP)
- Patient Experience Reports
- Healthcare Associated Infection Reporting Template (HAIRT)
- NHSGGC Policy and Procedure for Managing Significant Adverse Events
- Controlled Drugs Annual Report
- Extract from Corporate Risk Register
- Fatal Accident Inquiries Updates
- Skye House Update
- Acute Services Clinical Governance Updates
- Primary and Community Care Clinical Governance Updates
- Mental Health Clinical Governance Update

- Public Protection Governance Report
- Care Homes Update
- Assurance Information Framework KPIs - Safety and Quality Programmes
- Significant Adverse Event Review (SAER) Update and In-depth Review
- Feedback, Comments, Concerns, Compliments and Complaints Annual Report 2024/2025
- NHSGGC Clinical Governance Annual Report 2024-25
- NHSGGC Duty of Candour Annual Report 2024-25
- Public Protection Strategy Annual Update
- West of Scotland Research Ethics Service Annual Report 2024-2025
- Prison Healthcare Governance Report
- Clinical Governance Biannual Report
- NHSGGC Policy and Procedure for Managing Significant Adverse Events
- West of Scotland Cancer Network QPI Action Plans/Reports
- Pharmacy and Medicines Governance Report
- Organ Donation Activity Report
- Maternity and Neonatal Strategy Annual Update
- Infection Prevention and Control Annual Report 2024/25
- Update from Healthcare Improvement Scotland (HIS) Unannounced Safe Delivery of Care Inspections and Mental Welfare Commission Inspections
- Duty of Candour Policy and Procedure and Annual Report Addendums (2023-24 and 2024-5)
- Health and Care (Staffing) (Scotland) Act 2019 (HCSSA) Annual Report to Scottish Government
- Directorate of Research and Innovation Annual Report 2025

Full details of the business items considered are attached at Appendix 2.

Minutes of the meetings of the Committee have been timeously submitted to the Board for its information.

9. Outcomes

Through the financial year the Committee were presented with various items and these can be summarised as follows:

9.1 Patient Experience Report and Feedback, Comments, Concerns, Compliments and Complaints Annual Report 2024/25

The Committee received quarterly overviews of complaints performance, wider patient, and family feedback mechanisms and how these translated into improvement. The Committee also endorsed the annual report on Feedback, Comments, Concerns, Compliments and Complaints prior to submission to the NHS Board. This set out NHSGGC's performance against Stage 1 and Stage 2 complaints. The Committee noted that there had been a 7% increase in complaints since the previous year with an overall performance of 74% of Stage 1 and Stage 2 complaints closed within the timescale. The Committee noted that NHSGGC became the first NHS Board in Scotland to reach over 3,000 Care Opinion stories in one year, 78% of which had been positive.

9.2 Acute Services Clinical Governance Update – Exception Report

The Committee was provided with an update on progress and activity within acute services clinical governance setting out the key successes over the year as well as the key areas of challenge and risk and an overview of the cross-system learning. The Committee noted the work that had been undertaken across the system to support EDs and Unscheduled Care performance. The Committee were also provided with an update on progress and activity within acute services including the current position on Significant Adverse Event Reviews; work on diabetes safety; the conclusion of the Short Life Working Group on medicines appropriation; and the development of a pre-symptomatic Huntington's Disease pathway.

9.3 Mental Health Clinical Governance Update

The Committee were provided with an update on progress and activity within mental health services clinical governance setting out the key successes over the year noting the key updates which included the care and treatment of patients under compulsory treatment orders; the development of a plan to provide assurance on compliance on smoking legislation; the work with the PEPI and Communications Team around the support of patients presenting with possible Neurodevelopmental Disorders; The Committee were advised that the Mental Welfare End of Year visit had taken place on 21 May 2025 and action plans were developed and monitored through the governance group. The Committee also noted an update on the Safer Drug Consumption Facility (the Thistle Service) which had been operational since January 2025.

9.4 Primary and Community Care Clinical Governance Update – Full Report

The Committee was provided with an update on progress and activity within primary and community care services setting out the key successes over the year as well as the key areas of challenge and risk. The Committee was also provided with an overview of the digital dermatology app; the current position on Significant Adverse Event Reviews; an update on the Topiramate Pregnancy Prevention Programme; the Cervical Smear National Audit Report; the Coil Training Project Outcome and Scottish Public Services Ombudsman reports.

9.5 Public Protection Update

The Committee were provided with an update on governance and activity within public protection including updates on the implementation of the Public Protection Strategy delivery plan; development of the Public Protection Quality Assurance Framework; and an update on Adult Support and Protection referrals; and an update on Interagency Referral Discussion as well as workforce capacity and education. The Committee also endorsed the annual update on the Public Protection Strategy before it was submitted to the NHS Board. This included the key actions, achievements and future priorities in safeguarding vulnerable populations and were assured by the multi-agency approaches, workforce development, quality assurance, and the integration of digital solutions. The Committee was content to endorse the report which would be presented to the NHS Board on 30 October 2025.

9.6 Clinical Governance Biannual Report (Clinical Risk, Clinical Effectiveness, HSMR and SNAP)

The Committee were assured by the biannual updates which included updates on key data and activities in relation to clinical governance related KPIs. The Committee noted the work to reduce delays in completing overdue Significant Adverse Event Reviews and to reduce the number of breached clinical guidelines.

9.7 Healthcare Associated Infection Reporting Template (HAIRT)

The Committee received regular updates on performance against the Healthcare Associated targets for *Staphylococcus aureus* bacteraemias (SAB), *Clostridioides difficile* infections (CDI), *E. coli* bacteraemia (ECB), incidents and outbreaks and all other Healthcare Associated Infections' (HCAI) activities across NHS GGC. The Committee were assured by NHS GGC's performance. The Committee were also presented with a deep dive into the increase in CDI number during xxx, noting that this had reduced significantly and there had been no trends identified. The Committee also received a presentation on hand hygiene which provided an overview of the work that was underway, where improvements had been made and what further improvements could be made.

9.8 Controlled Drugs Annual Report

The Committee received a comprehensive update on the activity of the Controlled Drugs Governance Team from 1 January – 31 December 2024 and were provided with assurance that the management of controlled drugs in NHS GGC met the required standards.

9.9 Extract from the Corporate Risk Register

The Committee received regular updates on the risks aligned to the Committee and were assured that these were reviewed by risk owners and approved any proposed changes throughout the year.

9.10 Skye House Update

The Committee was provided with an overview of the current position with regards to Skye House and noted the ongoing scrutiny and assurance work. The Committee was also advised that an Executive Oversight Group was in place.

9.11 Care Homes Update

The Committee received an update on the continued development of the Care Homes Support Model across the six HSCPs highlighting the impact of the Collaborative Care Home Support Teams and the Care Home Collaborative in supporting the delivery of high quality patient care. The Committee were assured by the key achievements which included strengthening of governance arrangements, the culture of shared learning and continuous improvement as well as a number of quality improvement initiatives which had delivered good outcomes.

9.12 NHSGGC Clinical Governance Annual Report 2024-25

The Committee was provided with assurance in relation to the management of clinical governance arrangements, as well as an overview of the activity undertaken during the year to provide high quality, person-centred care which was effective and safe. The Committee was also advised on improvement and good practice work that had taken place across the Board. The Committee endorsed the report prior to submission to the NHS Board.

9.13 NHSGGC Duty of Candour Annual Report 2024-25 (and Addendums) and Duty of Candour Policy and Procedure

The Committee endorsed the report prior to submission to the NHS Board and was advised that there had been good compliance with the statutory regulations under Duty of Candour. The Committee also endorsed the addendum reports for 2023/24 and 2024/25 which provided updated figures and information that were not concluded at the time of the initial report. The Committee also approved the policy and procedure for Duty of Candour noting that the policy would improve the support, timeliness, quality and consistency of communication when an unexpected or unintended incident occurs and provide clear information to staff on what they should do when they are involved in an incident and the support available to them. The policy and procedure had been reviewed in line with updated Scottish Government guidance and the updated NHSGGC Policy for Managing Significant Adverse Events.

9.14 West of Scotland Research Ethics Service Annual Report 2024-25

The Committee received endorsed the West of Scotland Research Ethics Service Annual Report prior to submission to the NHS Board noting the service's purpose, structure, functions, and key activities, including information on the number of research applications that were reviewed during the year. The Committee were also provided with information on the challenges and developments for 2025/26 including the upcoming changes to clinical trial regulations and system processes and were assured by the preparations underway to ensure full compliance with this.

9.15 Prison Healthcare Governance Report

The Committee received an overview of the prison healthcare service during January – December 2024 noting that population numbers remained high and the health needs of the prison population were complex and presented significant challenges.

9.16 West of Scotland Cancer Network QPI Action Plans/Reports

The Committee received an overview of the QPI programme and its governance structure as well as an update on the published QPI reports and were assured by the work ongoing to close the actions indicated in these.

9.17 Pharmacy and Medicines Governance Report

The Committee were assured by the ongoing work in medicines safety and security within NHSGGC to support the safe and efficient use of medicines.

9.18 Organ Donation Activity Report

The Committee were provided with an update on organ donation activity within NHSGGC and the work of the Organ and Tissue Donation and Transplantation Committee. The Committee were assured by the continued efforts to facilitate organ and tissue donation and maximise the referral of potential donors.

9.19 Maternity and Neonatal Strategy Update

The Committee were provided with a high level update on progress and activity against the Strategy.

9.20 Infection Control Annual Report

The Committee were assured by the Annual Report which provided an update on the range of infection prevention and control activities in place across NHSGGC including performance against national indicators and were advised that NHSGGC continued to seek opportunities for research and quality improvement. The Committee were assured by the report which would now be presented to the NHS Board.

9.21 Health and Care (Staffing) (Scotland) Act 2019 (HCSSA) Annual Report to Scottish Government

The Committee endorsed the second of the legislated annual reports prior to it being submitted to the NHS Board; publication via the website Health & Care (Staffing) (Scotland) Act 2019 - NHSGGC; and submission to Scottish Government and the Scottish Patient Safety Commissioner.

9.22 Directorate of Research and Innovation Annual Report

The Committee were assured by the key achievements and activity in 2025 as well as the priorities for research and innovation in 2026, noting that there were 1,000 active studies with over 8,000 participants.

9.23 Assurance Information Framework KPIs – Safety and Quality programmes

The Committee received updates on the Safety and Quality Programme Key Performance Indicators (KPIs) aligned to the Committee including details on the rate of Acute inpatient falls, the rate of cardiac arrests per 1,000 discharges and the Hospital Standardised Mortality Ratio in Acute hospitals as well as an update on the Improvement Programmes aligned to these areas.

9.24 Fatal Accident Inquiries Update

The Committee received regular updates on the Fatal Accident Inquiries (FAIs) that had been escalated to it by the Inquiries Oversight Sub Committee to ensure appropriate oversight, learning and governance. This included an update on the implementation of actions following recommendations and observations set out in FAI Determinations.

9.25 Update from Healthcare Improvement Scotland (HIS) unannounced Safe Delivery of Care Inspections and Mental Welfare Commission Inspections

The Committee were assured by the report that was developed to update and offer assurance regarding actions taken in response to unannounced Healthcare Improvement Scotland (HIS) inspections across NHS Greater Glasgow and Clyde (NHS GGC) Acute Services; provide an update on the three remaining outstanding actions arising from HIS inspections undertaken between 2019 and 2025; Provide an update on the current, active HIS unannounced Safe Delivery of Care inspection at the Queen Elizabeth University Hospital (QEUH) Maternity Unit; and provide an overview of the joint unannounced HIS/Mental Welfare Commission (MWC) inspection at Skye House in August 2025 and the MWC unannounced visit to Claythorn House in February 2026.

9.26 Significant Adverse Event Reviews (SAERs) in NHSGGC

The Committee received updates on SAER activity performance and improvement including an overview of the in-depth review into NHSGGC's approach to managing Significant Adverse Event Reviews (SAER) which provided assurance on ongoing learning and improvement and noted the significant improvement in SAER performance delivery. The Committee endorsed the NHSGGC Policy for Managing Significant Adverse Events before this was submitted to the NHS Board. The policy had been consulted on throughout NHSGGC and aligned with the HIS "A national framework for reviewing and learning from adverse events" published in February 2025.

10. Conclusion

10.1 Statement of Assurance

As Chair of the Clinical and Care Governance Committee during year 2025/26, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Standing Orders. As a result of the work undertaken during the year I can confirm that adequate and effective governance arrangements were in place across NHSGGC during the year.

I would again pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee and the Executive Leadership Team for their excellent support of the Committee.

Dr Paul Ryan

Chairperson

On behalf of the Clinical and Care Governance Committee

Attendance at Clinical and Care Governance Committee 2025/26**Present**

Name	Position	Organisation	03-Jun-25	04-Sep-25	04-Dec-25	05-Mar-26
Ms Cath Cooney	Non Executive Board Member	NHSGGC	P	P	P	P
Mr Giovanni D'Alessio	Non Executive Board Member	NHSGGC	-	-	P	P
Dr Scott Davidson	Medical Director	NHSGGC	P	P	A	A
Ms Dianne Foy	Non Executive Board Member	NHSGGC	P	P	A	P
Mr Graham Haddock OBE	Non Executive Board Member	NHSGGC	P	P	P	A
Ms Margaret Kerr	Non Executive Board Member	NHSGGC	P	P	P	P
Dr Morven McElroy	Non Executive Board Member	NHSGGC	-	P	A	P
Cllr Katie Pragnell	Non Executive Board Member	NHSGGC	P	P	A	P
Dr Lesley Rousselet	Non Executive Board Member	NHSGGC	P	-	-	-
Dr Paul Ryan	Non Executive Board Member	NHSGGC	P	P	P	P
Dr Lesley Thomson KC	Chair	NHSGGC	P	P	A	P
Ms Karen Turner	Non Executive Board Member	NHSGGC	P	A	P	P
Professor Angela Wallace	Nurse Director	NHSGGC	P	P	P	P

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In Attendance

Name	Position	Organisation	03-Jun-25	04-Sep-25	04-Dec-25	05-Mar-26
Ms Gillian Bowskill	Associate Nurse Director, Infection Prevention and Control	NHSGGC	P	-	-	-
Ms Libby Cairns	Non Executive Board Member	NHSGGC	-	P	-	-
Ms Chloe Cowan	Senior Research and Innovation Manager	NHSGGC	-	P	-	-
Ms Mandy Crawford	Corporate Services Manager – Complaints and Public Affairs	NHSGGC	P	P	P	P
Professor Jesse Dawson	Director of Research and Innovation	NHSGGC	-	-	-	P
Dr David Dodds	Chief of Medicine, Regional Services	NHSGGC	-	-	P	-
Ms Kim Donald	Corporate Services Manager, Governance	NHSGGC	-	P	P	-
Ms Gillian Duncan	Corporate Executive Business Manager	NHSGGC	P	P	P	P
Dr Una Graham	Deputy Medical Director, Mental Health, and Addictions	NHSGGC	P	-	P	-
Ms Judith Godden	Manager/Scientific Officer for Research Ethics	NHSGGC	-	P	-	-
Dr Claire Harrow	Deputy Medical Director, Acute Services	NHSGGC	-	P	-	P
Ms Elaine Hamilton	Lead Nurse, Care Home Collaborative	NHSGGC	-	P	-	-
Ms Katrina Heenan	Chief Risk Officer	NHSGGC	P	P	P	P
Dr Mark Henderson	Clinical Lead in Organ Donation	NHSGGC	-	-	P	-
Mr Ross Jack	Secretariat Officer	NHSGGC	-	P	-	-
Mr Jamie Kinloch BEM	Non Executive Board Member	NHSGGC	-	-	P	-
Dr Deirdre McCormick	Chief Nurse, Head of Public Protection Service	NHSGGC	P	P	P	-
Professor Colin McKay	Deputy Medical Director, Corporate	NHSGGC	-	-	P	P
Ms Nicola Munro	PA to Board Chair	NHSGGC	-	-	P	-
Ms Jillian Neilson	Corporate Services Manager – Governance	NHSGGC	-	-	P	P
Dr John O'Dowd	Clinical Director, Glasgow City HSCP Interim Director of Public Health) (Feb 2026)	NHSGGC	-	-	P	-

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Name	Position	Organisation	03-Jun-25	04-Sep-25	04-Dec-25	05-Mar-26
Mr Derrick Pearce	Chief Officer, East Dunbartonshire HSCP	NHSGGC	-	P	-	-
Ms Lynn Pritchard	Nurse Consultant Infection Prevention and Control	NHSGGC	-	-	-	P
Mr Jamie Redfern	Director, Women and Children's Services	NHSGGC	-	-	P	-
Ms Paula Spaven	Director of Clinical and Care Governance	NHSGGC	P	P	P	P
Dr Stuart Sutton	Deputy Medical Director – Primary and Community Care	NHSGGC		P		P
Ms Elaine Vanhegan	Director of Corporate Services and Governance	NHSGGC	P	P	P	
Ms Janice Watt	Interim Director of Pharmacy	NHSGGC	P	-	P	
Ms Sandra Devine	Director of Infection Prevention and Control	NHSGGC	-	-	P	-

P Present
 A Absent
 - Attendance not required

Clinical and Care Governance Committee Schedule of Business Considered 2025/26

Date of meeting	Title of Business Discussed
3 June 2025	<ul style="list-style-type: none"> • Welcomes, Apologies, and Introductory Remarks • Declarations(s) of Interest(s) • Minutes of Meeting held on 4 March 2025 • Matters Arising <ul style="list-style-type: none"> a) Rolling Action List • Urgent Items of Business • Overview • Healthcare Improvement Scotland – June 2022 Assurance of Infection Prevention and Control Inspection at the Queen Elizabeth University Hospital • Mental Health Clinical Governance Update – Exception Report • NHSGGC Internal Quality of Care Review – Skye House – Phase 1 Report • Public Protection Update • Clinical Governance Biannual Report (Clinical Risk, Clinical Effectiveness, HSMR and SNAP) • Patient Experience Report Quarter 4 • Healthcare Associated Infection Reporting Template (HAIRT) • NHSGGC Policy and Procedure for Managing Significant Adverse Events • Controlled Drugs Annual Report • Committee Governance <ul style="list-style-type: none"> a) Terms of Reference b) Annual Report c) 2025/26 Annual Cycle of Business • Extract from Corporate Risk Register • Board Infection Control Committee – Minute of the Meeting held on 17 February 2025 • Board Clinical Governance Forum – Minute of the Meetings held on 10 February 2025 • Closing Remarks and Key Messages for Board • Date of Next Meeting
4 September 2025	<ul style="list-style-type: none"> • Welcomes, Apologies, and Introductory Remarks • Declarations(s) of Interest(s) • Minutes of Meeting held on 3 June 2025 • Matters Arising <ul style="list-style-type: none"> a) Rolling Action List • Urgent Items of Business • Overview • Fatal Accident Inquiries Update • Skye House Update • Acute Services Clinical Governance Update – Exception Report • Primary and Community Care Clinical Governance Update – Full Report

Date of meeting	Title of Business Discussed
	<ul style="list-style-type: none"> • Care Homes Update • Assurance Information Framework KPIs - Safety and Quality Programmes • Healthcare Associated Infection Reporting Template (HAIRT) • Significant Adverse Event Review (SAER) Update • Patient Experience Report Quarter 1 • Feedback, Comments, Concerns, Compliments and Complaints Annual Report 2024/2025 • NHSGGC Clinical Governance Annual Report 2024-25 • NHSGGC Duty of Candour Annual Report 2024-25 • Public Protection Strategy Annual Update • West of Scotland Research Ethics Service Annual Report 2024-2025 • Extract from Corporate Risk Register • Board Infection Control Committee – Minute of the Meeting held on 23 April 2025 • Boardwide Clinical Governance Forum – Minutes of the Meetings held on 18 April 2025 and 16 June 2025 • Public Protection Forum – Minute of the Meeting held on 12 February 2025 • Closing Remarks and Key Messages for Board • Date of Next Meeting
4 December 2025	<ul style="list-style-type: none"> • Welcomes, Apologies, and Introductory Remarks • Declarations(s) of Interest(s) • Minutes of Meeting held on 4 September 2025 • Matters Arising <ul style="list-style-type: none"> a) Rolling Action List • Urgent Items of Business • Overview • Fatal Accident Inquiries Update • Mental Health Clinical Governance Update • Public Protection Governance Report • Prison Healthcare Governance Report • Clinical Governance Biannual Report • Significant Adverse Event Review (SAER): In-depth Review • NHSGGC Policy and Procedure for Managing Significant Adverse Events • Healthcare Associated Infection Reporting Template (HAIRT) – including CDI Analysis SBAR • Patient Experience Report Quarter 2 • West of Scotland Cancer Network QPI Action Plans/Reports • Pharmacy and Medicines Governance Report • Organ Donation Activity Report • Maternity and Neonatal Strategy Annual Update • Infection Prevention and Control Annual Report 2024/25 • Extract from Corporate Risk Register • Annual Cycle of Business • Board Infection Control Committee – Minute of the Meetings held on 18 June and 9 September 2025

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Date of meeting	Title of Business Discussed
	<ul style="list-style-type: none"> • Boardwide Clinical Governance Forum – Minute of Meeting held on 18 August 2025 • Public Protection Forum – Minute of the Meeting held on 19 June 2025 • Closing Remarks and Key Messages for Board • Date of Next Meeting
5 March 2026	<ul style="list-style-type: none"> • Welcomes, Apologies, and Introductory Remarks • Declarations(s) of Interest(s) • Minutes of Meeting held on 4 December 2025 • Matters Arising <ul style="list-style-type: none"> a) Rolling Action List • Urgent Items of Business • Overview • Update from Healthcare Improvement Scotland (HIS) Unannounced Safe Delivery of Care Inspections and Mental Welfare Commission Inspections • Fatal Accident Inquiries – Update on Recommendations • Primary Care and Community Care Clinical Governance Update – Exception Report • Acute Services Clinical Governance Update – Full Report • Assurance Information Framework KPIs – Safety and Quality Programmes • Significant Adverse Event Reviews (SAER) – Update • Healthcare Associated Infection Reporting Template including Hand Hygiene Deep Dive • Patient Experience Report Quarter 3 • Duty of Candour • Policy and Procedure • Annual Report Addendums (2023-24 and 2024-5) • Health and Care (Staffing) (Scotland) Act 2019 (HCSSA) Annual Report to Scottish Government • Directorate of Research and Innovation Annual Report 2025 • Extract from Corporate Risk Register • Annual Cycle of Business 2026/27 • Board Infection Control Committee: <ul style="list-style-type: none"> • Minutes of the Meeting held on 21 October 2025 • Minutes of the Meeting held on 9 December 2025 • Boardwide Clinical Governance Forum • Minutes of the Meeting held on 20 October 2025 • Minutes of the Meeting held on 8 December 2025 • Closing Remarks and Key Messages for Board • Date of Next Meeting

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Version Control	19 May 2026
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Medical Director
Approved by:	Clinical and Care Governance Committee
Approved date:	June 2026
Date for review:	June 2027
Replaces previous version:	June 2025

Greater Glasgow and Clyde NHS Board

2025-26 Annual Report of the Finance Planning and Performance Committee (1 April 2025 to 31 March 2026)

11. Introduction

The Finance Planning and Performance Committee met on seven occasions during 2025–26, with all meetings continuing to be conducted on a hybrid basis.

12. Purpose

Each Standing Committee is required to submit an annual report to the NHS Greater Glasgow and Clyde (NHS GGC) Board to support its annual review of the effectiveness of internal control systems, and this report is presented in fulfilment of that requirement.

13. Finance Planning and Performance Committee

13.1 Purpose of the Committee

The remit of the Finance, Planning and Performance Committee is to scrutinise and provide assurance to the NHS GGC Board on the following key areas:

- Financial Management
- Property and Asset Infrastructure
- Strategic Planning
- Performance Monitoring
- Risk Management
- Stakeholder Engagement.

The Committee's remit covers the areas of NHS GGC business set out in the Scheme of Delegation and includes the following responsibilities:

- Promoting active and collaborative governance across the healthcare system
- Monitoring progress towards the achievement of NHS GGC aims and objectives.
- Oversight of the management of the specific corporate risks allocated to FPPC by the Audit Committee relating to finance, planning, performance, and property.

13.2 Composition

During the financial year ending 31 March 2026 membership of the Finance Planning and Performance Committee comprised:

Chairperson- Ms Margaret Kerr, Non-Executive Board Member

Vice Chair- Mr Paul Ryan, Non-Executive Board Member

Executive Lead- Mr Colin Neil, Director of Finance (to 5 October 2025)

Executive Lead- Mr Michael Breen, Director of Finance (from 6 October 2025)

Membership

- Ms Mehvish Ashraf, Non-Executive Board Member
- Mr Brian Auld, Non-Executive Board Member
- Mr Michael Breen, Director of Finance (from 6 October 2025)
- Ms Libby Cairns, Non-Executive Board Member
- Ms Ann Cameron-Burns, Non-Executive Board Member
- Mr Martin Cawley, Non-Executive Board Member
- Ms Cath Cooney, Non-Executive Board Member
- Dr Emilia Crighton, Director of Public Health (to 11 February 2026)
- Cllr Chris Cunningham, Non-Executive Board Member
- Mr Giovanni D'Alessio, Non-Executive Board Member
- Dr Scott Davidson, Medical Director
- Mr William Edwards, Deputy Chief Executive/Chief Operating Officer
- Ms Dianne Foy, Non-Executive Board Member
- Professor Jann Gardner, Chief Executive
- Mr David Gould, Non-Executive Board Member
- Mr Graham Haddock OBE, Non-Executive Board Member
- Ms Margaret Kerr, Non-Executive Board Member
- Mr Jamie Kinlochan, Non-Executive Board Member
- Ms Lesley McDonald, Non-Executive Board Member
- Dr Morven McElroy, Non-Executive Board Member
- Professor Iain McInnes, Non-Executive Board Member
- Dr Becky Metcalfe, Non-Executive Board Member
- Ms Ketki Miles, Non-Executive Board Member
- Cllr Robert Moran, Non-Executive Board Member
- Mr Colin Neil, Director of Finance (to 5 October 2025)
- Mr John O'Dowd, Interim Director of Public Health (from 12 February 2026)
- Dr Paul Ryan, Non-Executive Board Member
- Dr Lesley Thomson KC, Chair of NHS Greater Glasgow, and Clyde
- Mr Charles Vincent, Non-Executive Board Member
- Ms Michelle Wailes, Non-Executive Board Member
- Professor Angela Wallace, Nurse Director

In Attendance

- Mr Andrew Baillie, Assistant Director-Infrastructure Planning and Delivery
- Ms Denise Brown, Director of Digital Services
- Ms Frances Burns, Head of Strategic Planning and Health Improvement
- Ms Sandra Bustillo, Director of Communications and Public Engagement,
- Mr Daniel Connelly, Deputy Director of Public Engagement
- Mr Russell Coutthard, Deputy Chief Operating Officer
- Ms Beth Culshaw, Chief Officer, West Dunbartonshire HSCP
- Mr Jesse Dawson, Director of Research and Innovation
- Ms Gillian Duncan, Corporate Executive Business Manager
- Ms Kim Donald, Corporate Services Manager, Governance
- Mr Stuart Donald, Head of Performance
- Ms Ann Forsyth, Head of Primary Care Support
- Mr Robert Gardner, General Manager Laboratory Medicine

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- Dr Una Graham, Deputy Medical Director, MH & ADRS
- Ms Susan Groom, Director of Regional Services
- Ms Katrina Heenan, Chief Risk Officer
- Mr Gordon Love, Head of Property & Asset Management
- Ms Claire MacArthur, Director of Planning
- Mr Fraser McJannett, Director of Primary Care and GP OOH
- Mr Paul McKenna, Head of Financial Improvement
- Ms Ali Marshall, Depute Director of Planning
- Ms Fiona McEwan, Assistant Director of Finance- Financial Planning & Performance
- Ms Keira McLuskey, Head of Sustainability
- Mr Neil McSeveny, Deputy Director of Communications
- Ms Jillian Neilson, Corporate Services Manager, Governance/Board Secretary
- Ms Carron O'Byrne, Interim Chief Officer, Renfrewshire HSCP
- Mr Derrick Pearce, Chief Officer, East Dunbartonshire HSCP
- Ms Elaine Quail, Staff Side Partnership Lead
- Mrs Louise Russell, Secretariat Manager (Minutes)
- Mr Chris Sanderson, Head of Procurement
- Ms Natalie Smith, Interim Director of Human Resources and Organisational Development
- Professor Tom Steele, Director of Estates and Facilities
- Mr Jonathan Todd, Head of Information Management
- Mr Pat Togher, Chief Officer, Glasgow City HSCP
- Ms Ann Traquair Smith, Director of Diagnostics
- Ms Elaine Vanhegan, Director of Corporate Services and Governance
- Ms Janice Watt, Interim Director of Pharmacy
- Mr Scott Wilson, Senior Business and Delivery Manager

Following approval at the October 2025 NHS GGC Board meeting, the Finance, Planning and Performance Committee (FPPC) transitioned to a revised operating model. Under this approach, meetings are scheduled on alternate months when the NHS GGC Board is not convened, with all Board members included within the Committee's membership. This change reflects the NHS GGC Board's commitment to an agile governance framework, ensuring that scrutiny and decision-making arrangements remain flexible, proportionate, and aligned to organisational need.

The revised model also responds to the evolving national governance landscape, including changing expectations across the system and an increasing emphasis on streamlined and integrated oversight. By broadening membership to include the full Board and aligning the Committee cycle with core NHS GGC Board business, the FPPC is better positioned to provide timely assurance, support strategic decision-making, and strengthen collective ownership of key financial, performance and planning matters.

13.3 Meetings

The Committee met on seven occasions during the period from 1 April 2025 to 31 March 2026 on the undernoted dates:

- 8 April 2025
- 10 June 2025
- 7 August 2025
- 9 October 2025
- 11 December 2025
- 29 January 2026
- 25 March 2026

All meetings of the Finance Planning and Performance Committee were quorate. The full attendance schedule for each meeting is attached at Appendix 1.

13.4 Key Areas of Business Considered

The Committee undertook a comprehensive programme of business during the 2025–26 financial year, reflecting its core role in overseeing financial performance, strategic planning, and organisational delivery. This included regular scrutiny of recurring matters to ensure ongoing assurance, alongside focused consideration of specific priority areas aligned to the Board's strategic objectives. Key areas considered during the year included:

- Financial Monitoring Report
- Financial Plan 2025/26 – Final and 2026/27 – Draft
- IJB Financial Plan Summary
- Capital Plan 2025/26 – Final and Draft 2026-27 Formula Capital Allocation and Expenditure Proposals
- Performance Report including Cancer Performance Report
- Integrated Performance and Quality Report (IPQR)
- IJB Annual Performance Report Summary
- Corporate Risk Register
- QEUH Fire Door Replacement Business Case
- RAH Maternity Brickwork Business Case
- Procurement Strategy 2025–28
- Labs Managed Service Contract
- West Glasgow ACH
- Larkfield Hospital
- Winter Plan Update
- Stakeholder Communication and Engagement Strategy – Annual Update
- Primary Care Strategy – Annual Update
- Renfrewshire Strategic Plan
- ADP Quarterly Summary Report
- NHSGGC Draft Delivery Plan 2025/26
- GP OOH One Year Impact
- Larkfield Hospital
- Research and Innovation Strategy 2024-29 Update
- QEUH Legal Claim Update

- Health and Safety Update - Ligature
- Annual Delivery Plan – Quarterly Summary Reports
- Winter Plan 2025/26
- Adult Mental Health Strategy Annual Update
- Disposal of West Glasgow Ambulatory Care Hospital
- Integration Schemes
- Larkfield Unit, Inverclyde Royal Hospital End of PFI Agreement
- QEUH Civil Litigation Update
- Strategies to Improve the Cost-Effective Use of Medicines in NHSGGC
- Transforming Together - GGC Way Forward Report
- National Benchmarking - Neurodevelopmental Disorder (NDD) Services
- Digital Strategy Annual Update
- Public Dental Service
- Sustainability Strategy Annual Update

Full details of the business items considered are attached at Appendix 2.

Minutes of the meetings of the Finance Planning and Performance Committee Finance were timeously submitted to the NHS GGC Board for assurance together with a separate report from the Chair of the Committee.

14. Outcomes

Throughout the financial year, the Committee received a comprehensive programme of reports, updates, and assurance papers aligned to its remit for oversight of performance, finance, quality, and governance purposes.

14.1 Financial Monitoring

The Committee received regular and detailed updates on NHS GGC's financial position throughout 2025-26, enabling ongoing scrutiny of in-year performance, emerging risks, and the delivery of financial recovery actions.

Following submission to the Scottish Government, formal confirmation was received on 31 March 2025 that the NHS GGC three-year Financial Plan had been approved. The Committee considered the implications of this approval, including key assumptions, financial trajectories, and associated risks, and subsequently endorsed the Plan for onward approval by the Board.

14.2 Performance

The Committee received regular updates on performance against key indicators as set out within the Performance Assurance Information Framework, enabling ongoing scrutiny of delivery across core operational and strategic priorities.

As part of this, the Committee reviewed and endorsed the introduction of the new Integrated Performance and Quality Report, noting its strengthened alignment of performance, quality, and patient safety information to support more comprehensive and transparent assurance.

In addition, the Committee considered a detailed overview of cancer services within NHS GGC, which set out current performance challenges, underlying capacity and demand pressures, and the range of improvement actions being progressed. The Committee sought assurance on the robustness of recovery plans and the governance arrangements in place to support sustainable improvement.

The Committee was further supported in its oversight role through consideration of the Annual Reports from the six Health and Social Care Partnerships. These provided a summary of key performance themes, achievements, and areas of challenge across integrated services. The Committee was assured that the reports reflected a consistent and structured approach to performance management, with appropriate focus on outcomes, service delivery, and continuous improvement across the system.

14.3 2025/26 - 2027/28 Capital Plan and Draft 2026-27 Formula Capital Allocation and Expenditure Proposals

At the outset of the financial year, the Committee considered and endorsed the Capital Plan for submission to the NHS Board. This set out the estimated level of available capital resources and provided an update on progress with the allocation of funding across the initial three-year planning period, supporting transparency and alignment with strategic infrastructure priorities.

As the year progressed, the Committee received a detailed overview of the draft 2026-27 Formula Capital Allocation and associated expenditure proposals. This included consideration of the prioritisation framework applied to the overall allocation, reflecting service pressures, asset sustainability requirements, and strategic investment needs.

14.4 Annual Delivery Plan Quarterly Summary Report

The Committee approved the Annual Delivery Plan for 2025-26, recognising its alignment with the NHS GGC Board's strategic priorities and national planning requirements. Throughout the year, the Committee maintained oversight of delivery through the receipt of quarterly summary progress reports,

14.5 IJB Financial Plan Summary

The Committee received the Integration Joint Board (IJB) Financial Plan Summary, which provided an update on the IJB financial plans for 2025-26. This enabled the Committee to consider the financial position across the integrated system, including key assumptions, pressures, and alignment with wider Board planning.

The Committee was advised that all IJB financial plans had been formally approved by their respective Integration Joint Boards, providing assurance on the robustness of local financial planning arrangements and the governance processes underpinning them.

14.6 Delivery Plan Quarterly Summary Reports and 2025-26 Delivery Plan 2025/26

The Committee endorsed the 2025-26 Delivery Plan prior to its submission to the NHS Board, recognising its alignment with national requirements and local strategic priorities. The Committee was advised that initial feedback from the Scottish Government had been positive and considered the detail of this response, including any areas requiring further clarification or refinement. In addition, the Committee discussed the timing and sequencing of the Delivery Plan's internal governance processes, emphasising the importance of ensuring that Board Members have sufficient opportunity to review, scrutinise, and agree the Plan in advance of formal submission.

14.7 QEUH Fire Door Business Case

The Committee approved the business case for funding to undertake fire door replacement works within the Queen Elizabeth University Hospital (QEUH) and Royal Hospital for Children (RHC). The proposed programme of works was based on a risk-prioritised approach, informed by the condition of existing fire doors and the findings of the Single Building Fire Risk Assessment.

The Committee noted that the works would be delivered over the 2025-26 and 2026-27 financial years, with prioritisation focused on addressing the highest risk areas first. It was further recognised that subsequent phases of the programme would be subject to the development and approval of a new business case, ensuring continued oversight, robust governance, and alignment with statutory fire safety requirements and estate management priorities.

14.8 RAH Maternity Brickwork Business Case

The Committee approved the business case for funding to deliver remedial works addressing the safety and structural issues associated with the external brickwork façade of the Royal Alexandra Hospital (RAH) Maternity Building.

14.9 Labs Managed Service Contract

The Committee noted the extensive and robust evaluation process undertaken in relation to the Laboratory Managed Service Contract (MSC). Following due consideration, the Committee approved progression to the mandatory 10-day standstill period in line with procurement regulations and endorsed the subsequent award of the contract, subject to completion of the tender evaluation and the identification of a preferred bidder.

14.10 Adult Mental Health Strategy Annual Update

The Committee received updates on progress against the NHS GGC Mental Health Strategy 2023-2028, which provided assurance on delivery against key priorities and highlighted the prevailing service pressures across the system.

The Committee was advised on a number of significant areas of focus, including the next steps in relation to option appraisal and community and public engagement on current mental health services and potential areas for improvement. In addition,

updates were provided on the review of the adult ADHD pathway, reflecting growing demand and the need to ensure sustainable and equitable access to services.

14.11 Stakeholder Communication and Engagement Strategy – Annual Update

The Committee were assured by the progress and delivery in Year 1 of the 2024-27 Stakeholder Communications and Engagement Strategy.

14.12 Primary Care Strategy – Annual Update

The Committee was advised that Year 1 of the Primary Care Strategy focused on building effective whole-system working and developing medium to long-term approaches to the key enablers needed to deliver primary care ambitions, including sustainability, while addressing the main strategic challenges and risks.

14.13 GP OOH One Year Impact

The Committee endorsed the GP OOH One Year Impact before it was submitted to the NHS Board. The Committee received an update on the background to the service and discussed the impact of the new model, including how this was monitored from the patient perspective across each sector and whether data was available on missed appointments caused by patient transport delays.

14.14 Research and Innovation Strategy 2024-29 Update

The Committee was assured by the update on progress against the objectives of the 2024-2029 Research and Innovation Strategy and the key operational plans to advance those objectives in the following year.

14.15 QEUH Legal Claim Update

The Committee received updates on the progress of the litigation process.

14.16 Health and Safety Update – Ligature

The Committee was assured by the update on progress with capital and improvement works to reduce ligature risks in high-risk mental health wards and emergency departments, alongside training to strengthen staff awareness. The Committee noted an Executive Oversight Group was in place to monitor progress against the plan.

14.17 2025-26 Winter Plan

The Committee endorsed the Winter Plan before it was submitted to the NHS Board. It was advised that senior leaders across the whole system had developed a streamlined approach based on seven key priorities for winter 2025-26. Progress in delivery and impact would be monitored from November 2025 to March 2026. The Committee also discussed the importance of public, and staff messaging and noted the work underway to ensure targeted communications were in place.

14.18 2025-28 Procurement Strategy

The Committee endorsed the updated Procurement Strategy for April 2025 to March 2028 before it was presented to the NHS Board. The Strategy set out NHS GGC's approach to procurement over the next three financial years.

14.19 West Glasgow ACH

The Committee reaffirmed that West Glasgow ACH was surplus to requirements following detailed discussion of the process, background, and the Board's 2015 decision. Following this, the Trawl process was completed in line with Scottish Government guidance. As no formal expressions of interest were received, NHS GGC was able to proceed with open market disposal.

The Committee were advised that activity to support the proposed disposal was at an advanced stage and engagement with Glasgow City Council had confirmed a clear planning and development framework to inform future redevelopment, which was anticipated to be mixed-use and residential led, with a strong emphasis on the delivery of social and affordable housing.

14.20 Larkfield Unit

The Committee was advised that the current Private Finance Initiative (PFI) contract for Larkfield Hospital was due to expire on 31 October 2025 and approved the process to bring the Larkfield Unit fully into NHS GGC ownership once the contract ended.

14.21 Renfrewshire Strategic Plan

The Committee received an update on the consultation draft of Renfrewshire IJB's refreshed 2025-27 Strategic Plan.

14.22 Integration Schemes

The Committee received an update on the ongoing actions, next steps, and anticipated timeline for completing the review of IJB Integration Schemes.

14.23 Strategies to Improve the Cost-Effective Use of Medicines in NHS GGC

The Committee was advised on the strategies being taken forward in Primary Care and the Acute Division to promote the cost-effective use of medicines while maintaining safe, high-quality care. The Committee noted the scale of this work programme and received assurance on how priorities were being managed, including engagement with service management teams and healthcare professionals involved in prescribing and administering medicines.

14.24 National Benchmarking - Neurodevelopmental Disorder (NDD) Services

The Committee noted that national benchmarking work was underway in response to a significant rise in demand for NDD assessments in children, young people, and adult services across Scotland.

14.25 Digital Strategy Annual Update

The Committee was assured by the positive progress in delivering the 2023–2028 Digital Strategy. Key developments included e-triage, improved care through the large-scale rollout of digital care plans across Glasgow, and greater value from AI-enabled voice recognition in Women and Children's Services.

14.26 Public Dental Service

The Committee received an overview of the current operational position of the Public Dental Service, the impact of temporary service withdrawals from four sites, and the proposed approach to a comprehensive Future Service Model Review.

The Committee was assured that communications were an integral part of service engagement. The Committee also noted that the proposal would be submitted to the East Dunbartonshire IJB for consideration before returning to the Committee for approval and onward submission to the NHS GCC Board.

14.27 Sustainability Strategy Annual Update

The Committee noted the annual report on progress against climate-related aims and duties under the Scottish Government's Policy for NHS Scotland on the Climate Emergency and Sustainable Development.

15. Conclusion

15.1 Statement of Assurance

As Chair of the Finance, Planning and Performance Committee for 2025-26, I am assured that the integrated approach adopted throughout the year together with the frequency of meetings, the breadth of business considered, and the range of attendees has enabled the Committee to effectively discharge its responsibilities in line with the Standing Orders.

The comprehensive scope of the Committee's work has provided appropriate oversight, scrutiny and assurance, and I am satisfied that adequate and effective governance arrangements were in place across NHS GGC during the period.

I would wish to place on record my appreciation of the dedication and commitment demonstrated by fellow Committee members and attendees. I also extend my thanks to all staff who have contributed to the Committee's work through the preparation of high-quality reports and attendance at meetings, as well as to the Executive Leadership Team for their continued support.

Margaret Kerr
Chair

On behalf of the Finance, Planning and Performance Committee

Attendance at Finance, Planning and Performance Committee 2024/25**Present**

Name	Position	Organisation	08-Apr-25	10-Jun-25	07-Aug-25	09-Oct-25	11-Dec-25	29-Jan-26	25-Mar-26
Mr Brian Auld	Non-Executive Board Member	NHS GGC	-	-	-	-	-	A	P
Mr Michael Breen	Director of Finance	NHS GGC	-	-	-	P	P	P	P
Ms Libby Cairns	Non-Executive Board Member	NHS GGC	-	-	-	-	-	P	P
Ms Ann Cameron-Burns	Non-Executive Board Member	NHS GGC	P	P	P	-	P	-	-
Mr Martin Cawley	Non-Executive Board Member	NHS GGC	P	P	P	P	P	P	P
Ms Cath Cooney	Non-Executive Board Member	NHS GGC	-	-	-	-	-	P	A
Dr Emilia Crighton	Director of Public Health	NHS GGC	P	P	P	-	-	-	-
Cllr Chris Cunningham	Non-Executive Board Member	NHS GGC	A	P	A	A	A	P	A
Mr Giovanni D'Alessio	Non-Executive Board Member	NHS GGC	-	-	-	-	P	P	A
Dr Scott Davidson	Medical Director	NHS GGC	P	P	P	P	P	P	A
Mr William Edwards	Deputy Chief Executive/Chief Operating Officer	NHS GGC	P	P	P	P	P	P	P
Ms Dianne Foy	Non-Executive Board Member	NHS GGC	-	-	-	-	-	P	P
Professor Jann Gardner	Chief Executive	NHS GGC	P	P	P		P	P	P
Mr David Gould	Non-Executive Board Member	NHS GGC	A	P	P	P	P	P	P

BOARD OFFICIAL

Name	Position	Organisation	08-Apr-25	10-Jun-25	07-Aug-25	09-Oct-25	11-Dec-25	29-Jan-26	25-Mar-26
Mr Graham Haddock OBE	Non-Executive Board Member	NHS GGC	-	-	-	-	-	A	P
Ms Margaret Kerr	Non-Executive Board Member	NHS GGC	P	P	P	P	P	P	P
Mr Jamie Kinloch BEM	Non-Executive Board Member	NHS GGC	-	-	-	-	-	P	P
Ms Lesley McDonald	Non-Executive Board Member	NHS GGC	P	P	P	P	P	A	A
Dr Morven McElroy	Non-Executive Board Member	NHS GGC	-	-	-	-	-	A	P
Professor Iain McInnes	Non-Executive Board Member	NHS GGC	-	-	-	P	P	-	-
Dr Becky Metcalfe	Non-Executive Board Member	NHS GGC	-	-	-	P	P	P	P
Ms Ketki Miles	Non-Executive Board Member	NHS GGC	A	P	P	P	P	P	P
Cllr Robert Moran	Non-Executive Board Member	NHS GGC	-	-	-	-	-	P	P
Mr Colin Neil	Director of Finance	NHS GGC	P	P	P	P	-	-	-
Mr John O'Dowd	Interim Director of Public Health	NHS GGC	-	-	-	-	-	P	P
Dr Paul Ryan	Non-Executive Board Member	NHS GGC	P	P	P	P	P	P	P
Dr Lesley Thomson KC	Chair	NHS GGC	P	P	P		P	P	P
Mr Charles Vincent	Non-Executive Board Member	NHS GGC	P	P	P	P	P	P	P
Ms Mehvish Ashraf	Non-Executive Board Member	NHS GGC	A	P	P	P	P	P	A
Ms Michelle Wailes	Non-Executive Board Member	NHS GGC	P	P	P	P	P	P	A
Professor Angela Wallace	Nurse Director	NHS GGC	P	A	P	P	P	P	P

BOARD OFFICIAL

In Attendance

Name	Position	Organisation	08-Apr-25	10-Jun-25	07-Aug-25	09-Oct-25	11-Dec-25	29-Jan-26	25-Mar-26
Mr Andrew Baillie	Assistant Director - Infrastructure Planning and Delivery	NHS GGC	-	-	P	-	-	-	-
Ms Denise Brown	Director of Digital Services	NHS GGC	P	-	P	P	P	P	-
Ms Frances Burns	Head of Strategic Planning and Health Improvement	NHS GGC	P	-	-	-	-	-	-
Ms Sandra Bustillo	Director of Communications and Public Engagement	NHS GGC	P	P	P	P	P	A	A
Mr Daniel Connelly	Deputy Director of Public Engagement	NHS GGC	-	-	-	-	-	-	P
Mr Russell Coutlhard	Deputy Chief Operating Officer	NHS GGC	-	-	-	-	-	P	A
Ms Beth Culshaw	Chief Officer	West Dunbartonshire HSCP	P	P	P	P	P	P	P
Mr Jesse Dawson	Director of Research and Innovation (Item 11)	NHS GGC	-	-	P	-	-	-	-
Ms Gillian Duncan	Corporate Executive Business Manager	NHS GGC	-	-	-	P	P	-	-
Ms Kim Donald	Corporate Services Manager, Governance	NHS GGC	P	P	P	P	P	-	-
Mr Stuart Donald	Head of Performance	NHS GGC	-	-	-	-	-	-	P
Ms Ann Forsyth	Head of Primary Care Support	NHS GGC	P	-	-	-	-	-	-

BOARD OFFICIAL

Name	Position	Organisation	08-Apr-25	10-Jun-25	07-Aug-25	09-Oct-25	11-Dec-25	29-Jan-26	25-Mar-26
Mr Robert Gardner	General Manager Laboratory Medicine (Item 10)	NHS GGC	-	-	P	-	-	-	-
Dr Una Graham	Deputy Medical Director, MH & ADRS	NHS GGC	-	-	-	P	-	-	-
Ms Susan Groom	Director of Regional Services	NHS GGC	-	-	-	P	-	-	-
Ms Katrina Heenan	Chief Risk Officer	NHS GGC	P	P	P	P	P	P	P
Mr Gordon Love	Head of Property & Asset Management (item 16)	NHS GGC	P	-	-	-	-	-	P
Ms Claire MacArthur	Director of Planning	NHS GGC	-	P	-	P	P	P	P
Mr Fraser McJannett	Director of Primary Care and GP OOH	NHS GGC	P	P	-	-	-	-	-
Mr Paul McKenna	Head of Financial Improvement (item 17)	NHS GGC	P	-	P	-	-	-	-
Ms Ali Marshall	Depute Director of Planning	NHS GGC	P	-	-	P	-	-	-
Ms Fiona McEwan	Assistant Director of Finance- Financial Planning & Performance	NHS GGC	-	P	P	P	-	-	-
Ms Keira McLuskey	Head of Sustainability	NHS GGC	-	-	-	-	-	-	P
Mr Neil McSeveny	Deputy Director of Communications	NHS GGC	-	-	-	-	-	-	P
Ms Jillian Neilson	Corporate Services Manager, Governance/Board Secretary	NHS GGC	-	-	-	-	P	P	P
Ms Carron O'Byrne	Interim Chief Officer	Renfrewshire HSCP	P	-	-	-	-	-	-

BOARD OFFICIAL

Name	Position	Organisation	08-Apr-25	10-Jun-25	07-Aug-25	09-Oct-25	11-Dec-25	29-Jan-26	25-Mar-26
Mr Derrick Pearce	Chief Officer	East Dunbartonshire HSCP	P	P	P	P	P	P	P
Ms Elaine Quail	Staff side Partnership Lead	NHS GGC	-	-	-	P	-	-	-
Mrs Louise Russell	Secretariat Manager (Minutes)	NHS GGC	P	P	P	-	-	P	P
Mr Chris Sanderson	Head of Procurement	NHS GGC	P	-	P	-	-	-	-
Ms Natalie Smith	Interim Director of Human Resources and Organisational Development	NHS GGC	-	P	-	P	P	P	P
Professor Tom Steele	Director of Estates and Facilities	NHS GGC	P	P	-	P	P	-	-
Mr Jonathan Todd	Head of Information Management	NHS GGC	-	-	-	-	-	-	P
Mr Pat Togher	Chief Officer	Glasgow City HSCP	P	-	-	P	-	-	-
Ms Ann Traquair Smith	Director of Diagnostics	NHS GGC	P	-	-	-	-	-	-
Ms Elaine Vanhegan	Director of Corporate Services and Governance	NHS GGC	P	P	P	-	P	P	-
Ms Janice Watt	Interim Director of Pharmacy	NHS GGC	-	-	-	-	P	-	-
Mr Scott Wilson	Senior Business and Delivery Manager	NHS GGC	P	P	-	-	-	-	-

P Present
 A Absent
 - Attendance not required

Finance, Planning and Performance Committee Schedule of Business Considered 2024/25

Date of meeting	Title of Business Discussed
08 April 2025	<ul style="list-style-type: none"> • Welcome and Apologies • Introductory Remarks • Declaration(s) of Interest(s) • Minutes of Previous Meeting <ul style="list-style-type: none"> - Minutes of Meeting held on 11 February 2025 • Matters Arising <ul style="list-style-type: none"> - Rolling Action List • Urgent Items of Business • Financial Monitoring Report • Financial Plan 2025/26 – Final • IJB Financial Plan Summary • Capital Plan 2025/26 – Final • QEUH Fire Door Replacement Business Case • RAH Maternity Brickwork Business Case • Performance Report • Procurement Strategy 2025–28 • Labs Managed Service Contract • West Glasgow ACH • Larkfield Hospital • Winter Plan Update • Stakeholder Communication and Engagement Strategy – Annual Update • Primary Care Strategy – Annual Update • Renfrewshire Strategic Plan • Corporate Risk Register • Committee Governance <ul style="list-style-type: none"> - Terms of Reference - Annual Report - 2025/26 Annual Cycle of Business • Closing Remarks and Key Messages for the Board • Date and Time of Next Scheduled Meeting
10 June 2025	<ul style="list-style-type: none"> • Welcome and Apologies • Introductory Remarks • Declaration(s) of Interest(s) • Minutes of Previous Meeting <ul style="list-style-type: none"> - Minutes of Meeting held on 8 April 2025 • Matters Arising <ul style="list-style-type: none"> - Rolling Action List • Urgent Items of Business • ADP Quarterly Summary Report • NHSGGC Draft Delivery Plan 2025/26 • GP OOH One Year Impact • Financial Monitoring Report • Performance Report

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	<ul style="list-style-type: none"> - Month 12 – 2024/25 - Month 1 – 2025/26 • Corporate Risk Register • Committee Governance <ul style="list-style-type: none"> - Terms of Reference - 2025/26 Annual Cycle of Business • Closing Remarks and Key Messages for the Board • Date and Time of Next Scheduled Meeting
07 August 2025	<ul style="list-style-type: none"> • Welcome and Apologies • Introductory Remarks • Declaration(s) of Interest(s) • Minutes of Previous Meeting <ul style="list-style-type: none"> - Minutes of Meeting held on 10 June 2025 • Matters Arising <ul style="list-style-type: none"> - Rolling Action List • Urgent Items of Business • Financial Monitoring Report – Month 3 • Performance Report • Larkfield Hospital • Labs Managed Service Contract • Research and Innovation Strategy 2024-29 Update • QEUH Legal Claim Update • Corporate Risk Register • Closing Remarks and Key Messages for the Board • Date and Time of Next Scheduled Meeting
09 October 2025	<ul style="list-style-type: none"> • Welcome and Apologies • Introductory Remarks • Declaration(s) of Interest(s) • Minutes of Previous Meeting <ul style="list-style-type: none"> - Minutes of Meeting held on 7 August 2025 • Matters Arising <ul style="list-style-type: none"> - Rolling Action List • Urgent Items of Business • Financial Monitoring Report • Performance Report • Cancer Performance Report • IJB Annual Performance Report Summary • Health and Safety Update - Ligature • Delivery Plan – Q1 Summary Report • Winter Plan 25/26 • Adult Mental Health Strategy Annual Update • Disposal of West Glasgow Ambulatory Care Hospital • Integration Schemes • Larkfield Unit, Inverclyde Royal Hospital End of PFI Agreement • QEUH Civil Litigation Update – Atrium Wall Linings • Corporate Risk Register • Closing Remarks and Key Messages for the Board • Date and Time of Next Scheduled Meeting
11 December 2025	<ul style="list-style-type: none"> • Welcome and Apologies • Introductory Remarks

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	<ul style="list-style-type: none"> • Declaration(s) of Interest(s) • Minutes of Previous Meeting <ul style="list-style-type: none"> - Minutes of Meeting held on 9 October 2025 • Matters Arising <ul style="list-style-type: none"> - Rolling Action List • Urgent Items of Business • Finance Report as at 31 October 2025 (Month 7) <ul style="list-style-type: none"> - Performance Report - Cancer Performance Report • Finance Plan (2026-2027) Update • Strategies to Improve the Cost-Effective Use of Medicines in NHSGGC • 2025/26 Delivery Plan – Q2 Summary Report • Transforming Together - GGC Way Forward Report • Corporate Risk Register • Closing Remarks and Key Messages for the Board • Date and Time of Next Scheduled Meeting
29 January 2026	<ul style="list-style-type: none"> • Welcome, Apologies and Introductory Remarks • Declaration(s) of Interest(s) • Minutes of Previous Meeting <ul style="list-style-type: none"> - Minutes of Meeting held on 11 December 2025 • Matters Arising <ul style="list-style-type: none"> - Rolling Action List • Urgent Items of Business • Finance Report as at November 2025 (Month 8) • Performance Report (November 2025) • Finance Plan 2026-2027 v1 (January 2026) (Revenue and Capital) • Transforming Together - GGC Way Forward Report • National Benchmarking - Neurodevelopmental Disorder (NDD) Services • Disposal of West Glasgow Ambulatory Care Hospital Site (Update) • Digital Strategy Annual Update • Corporate Risk Register (December 2025) • Closing Remarks and Key Messages for the Board • Date and Time of Next Scheduled Meeting
25 March 2026	<ul style="list-style-type: none"> • Welcome, Apologies and Introductory Remarks • Declaration(s) of Interest(s) • Minutes of Previous Meeting <ul style="list-style-type: none"> - Minutes of Meeting held on 29 January 2026 • Matters Arising <ul style="list-style-type: none"> - Rolling Action List • Urgent Items of Business • Finance Report (Month 10) • Integrated Performance and Quality Report IPQR • Draft 2026-27 Formula Capital Allocation and Expenditure Proposals • Transforming Together GGC Way Forward Portfolio Status Report • Disposal of West Glasgow Ambulatory Care Hospital Site (Update) • Public Dental Service • Sustainability Strategy Annual Update • Corporate Risk Register

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	<ul style="list-style-type: none">• Closing Remarks and Key Messages for the Board• Date and Time of Next Scheduled Meeting
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Version Control	18 May 2026
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Director of Finance
Approved by:	Finance Planning and Performance Committee
Approved date:	June 2026
Date for review:	April 2027
Replaces previous version:	June 2025

2025-26 Annual Report of the People Committee

1. Introduction

The year 2025/26 saw the creation of the People Committee, which met formally on four occasions and additionally held an update meeting and a development session. The meetings were held in a hybrid model.

2. Purpose

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, Standing Orders require that this Standing Committee submits an annual report to the Board. This report is submitted in fulfilment of this requirement.

3. People Committee

3.1 Purpose of Committee

The overall purpose of the People Committee is to shape the culture of the organisation in line with the Board's core values and principles of Listening, Learning, Transforming Together and those of realistic medicine. This affords the highest priority at Board level to equality, diversity, and inclusion. The Committee will seek to identify and recommend transformative improvement opportunities, enabling the NHSGGC to flourish and deliver best practice for patients, their families, and colleagues.

There was an agreement to amalgamate the People Committee and the Staff Governance Committee to form the People and Staff Governance Committee (PSGC) from 1 April 2026.

3.2 Composition

During the financial year ending 31 March 2026 membership of the People Committee comprised:

Chair – Dr Lesley Thomson KC
Vice Chair – Ms Cath Cooney

MEMBERSHIP

Ms Mehvish Ashraf, Non Executive Board Member, NHSGGC
Mr Brian Auld, Non Executive Board Member, NHSGGC
Cllr Jacqueline Cameron, Non Executive Board Member, NHSGGC
Ms Ann Cameron-Burns, Non Executive Board Member, NHSGGC
Dr Emilia Crighton, Director of Public Health, NHSGGC

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Dr Scott Davidson, Medical Director, NHSGGC
Ms Dianne Foy, Non Executive Board Member, NHSGGC
Professor Jann Gardner, Chief Executive, NHSGGC
Mr David Gould, Non Executive Board Member, NHSGGC
Cllr Colette McDiarmid, Non Executive Board Member, NHSGGC
Dr Morven McElroy, Non Executive Board Member, NHSGGC
Dr Becky Metcalfe, Non Executive Board Member, NHSGGC
Ms Ketki Miles, Non Executive Board Member, NHSGGC
Dr John O'Dowd, Interim Director of Public Health, NHSGGC
Cllr Katie Pragnell, Non Executive Board Member, NHSGGC
Dr Lesley Rousselet, Non Executive Board Member, NHSGGC
Dr Lesley Thomson KC, Chair, NHSGGC
Professor Angela Wallace, Nurse Director, NHSGGC

IN ATTENDANCE

Ms Nicola Bailey, Interim Deputy Director of HR, NHSGGC
Ms Sandra Bustillo, Director of Communications and Public Engagement, NHSGGC
Ms Kim Donald, Board Secretary, NHSGGC
Ms Gillian Duncan, Corporate Services Business Manager, NHSGGC
Ms Katrina Heenan, Chief Risk Officer, NHSGGC
Mr Jamie Kinloch, Non Executive Board Member, NHSGGC
Mr Andrew McCready, Deputy Staff Side Lead, Unite the Union
Ms Moira MacDonald, Head of Learning and Education, NHSGGC
Ms Lesley McDonald, Non Executive Board Member, NHSGGC
Mr Neil McSeveny, Deputy Director of Communications, NHSGGC
Ms Nicola Munro, PA to Board Chair, NHSGGC
Ms Jillian Neilson, Corporate Services Manager, Governance, NHSGGC
Ms Kate Rocks, Chief Officer, Inverclyde HSCP
Ms Natalie Smith, Interim Director of Human Resources and Organisational Development, NHSGGC
Mr Liam Spence, Head of Staff Experience, NHSGGC
Mr Pat Togher, Chief Officer, Glasgow City HSCP
Ms Elaine Vanhegan, Director of Corporate Services and Governance, NHSGGC

3.3 Meetings

The Committee met on four occasions during the period from 1 April 2025 to 31 March 2026 on the undernoted dates:

- 20 May 2025
- 25 September 2025
- 20 November 2025
- 19 February 2026

The Committee also held an update meeting on 13 August 2025 and a development session on 3 October 2025.

The attendance schedule is attached at Appendix 1.

All meetings of the People Committee were quorate.

3.4 Business

The Committee considered both routine and specific work areas during the financial year 2025/26. Areas considered included:

- Committee Governance including the Terms of Reference, Membership & Attendees, Core Topics for Committee Going Forward and Training for Committee Members
- Supreme Court Ruling Actions and Updates
- NHSGGC Culture Audit Assessment – Phase 1
- People Committee Development Session and Development Plan Update
- Hackathon 4 – Culture, and the Culture Hackathon Output and Next Steps
- Presentation on Healthcare Staff Experience in Gaza
- Future of the People Committee
- District Nursing Job Evaluation Dispute
- NHSGGC Anti-Racism Plan Progress Report 2025/26
- Personal Development Planning and Review (PDPR) Updates
- Corporate Risk Register

Full details of the business items considered are attached at Appendix 2.

Minutes and Chair's Reports of the meetings of the Committee have been timeously submitted to the Board for its information.

4. Outcomes

Through the financial year the Committee were presented with various items and these can be summarised as follows:

4.1 Committee Governance and Future of the People Committee

At its first meeting on 20 May 2025, the Committee approved the terms of reference, membership, core topics, and training for members acknowledging that there would be a transition period and amendments to the terms of reference and cycle of business would be reviewed on a regular basis. Similarly core topics for prioritisation would also be considered.

The Committee were advised that the NHS Board at its meeting in December 2025 had approved the merging of the People Committee and the Staff Governance Committee into a new People and Staff Governance Committee and the meeting on 19 February 2026 would be the last meeting of the People Committee in its current format. The Terms of Reference for the new Committee were presented to the NHS Board on 26 February 2026 with the first meeting of the new People and Staff Governance Committee scheduled to take place on 7 May 2026.

4.2 Supreme Court Ruling

The Committee received regular updates on the Supreme Court Ruling, the impact on NHSGGC and the actions taken by the Board to ensure compliance, including the introduction of gender-neutral facilities and a confidential helpline for staff and managers. The Committee noted that the final guidance from the Equalities and

Human Rights Commission was awaited and that NHSGGC was working closely with the Central Legal Office (CLO) on the position as well as making sure that the Equality Impact Assessment (EQIA) was up-to-date, demonstrating NHSGGC's balanced consideration of rights and proportionate approach.

4.3 Culture Map – Update

The Committee received an update on the work undertaken by the HR team regarding an organisational review of culture, including feedback from iMatters and Investors in People and were assured that a review of current support programmes was also being considered. The Committee noted that there was an independent review being undertaken following the HIS ED Report, and diligence in this area to ensure that our colleagues were fully supported. The outcome of this review was expected later in the year and initial feedback had been positive.

4.4 Committee Priorities/Development Day

The Committee considered the priorities raised at the first meeting of the People Committee in May and reflected on the escalation of PDP&R performance by the Staff Governance Committee to the Board. The Committee agreed that a strategic approach was required to ensure that the impact of our wider organisational programmes, including GGC the Way Forward, were appropriately communicated and feedback and engagement remained a focus.

A Development Session took place on 3 October 2025 following which the Committee received an update on the key points from the session, the focus of which was to build a shared understanding of the purpose, priorities, and ways of working of the Committee. This had been an excellent event with members fully engaged and making a commitment to fostering an inclusive organisational culture.

The Committee were content with the key priorities that had been proposed under the themes of Engagement; Education/Learning and Development; and Operational and a development plan was prepared which was circulated to the Committee in 2025 with assurance that this work would be taken forward by the new People and Staff Governance Committee.

4.5 Corporate Risk Register

The Committee received regular updates on the corporate risks, scores and mitigating actions aligned to it in the Corporate Risk Register noting that the risk on “positive, engaging and diverse culture” had been reassigned to the People Committee from the Staff Governance Committee. The Committee were advised that the risk would now be amalgamated with the Staff Governance Committee Risk Register for the new People and Staff Governance Committee.

4.6 NHSGGC Culture Audit Assessment – Phase 1

The Committee were advised that the Culture Audit consolidated feedback from a range of sources including iMatter responses and Investors in People engagements as well as input from other strategic engagements with staff. The Committee noted the key findings, strengths, and challenges from the Audit as well as recommendations for next steps.

4.7 Hackathon 4 – Culture

The Committee were advised of the arrangements for the Hackathon on culture that was taking place on 5 December 2025 noting that the focus would be to discuss our current culture; the need for new interventions; and to develop a toolkit to address different sizes of cultural challenges.

Following the Hackathon, the Committee received an update on the output and next steps. The Committee were advised that a key action from the Hackathon was to develop a culture toolkit for each level of culture challenge. Further work was underway to develop and finalise the toolkit, and a progress update would be provided to the first meeting of the People and Staff Governance Committee.

4.8 PDP&R Update

The Committee received regular updates on the work on Personal Development Planning and Review (PDP&R), including updates on compliance with the target and the ongoing work to meet the 80% target by the end of March 2026. The Committee were also advised of the work underway to drive improvement and awareness and were provided with assurance that PDP&R was a priority across the organisation. The Committee noted that developing staff experience in the PDP&R process had been enhanced by staff feedback through Collaborative Conversations and this work would remain a priority for the new People and Staff Governance Committee.

4.9 Experience in Gaza

The Committee received a presentation from two senior oncology specialists from the Beatson West of Scotland Cancer Centre about their experience in helping to transform breast cancer services for women living in Gaza, establishing the region's first dedicated breast cancer service, and introducing multidisciplinary care. Their work had also included training and mentoring local teams in the area as well as arranging placements in Scotland. The Committee asked the Deputy Chief Executive to become executive lead for this, taking forward the proposed next steps to further support this important initiative and reporting back on progress. The Human Resources and Communications teams would continue to promote awareness of the support and resources that are available to staff who are affected by ongoing events.

4.10 District Nursing Job Evaluation Dispute

The Committee were provided with assurance that the uplift in District Nursing grades had been completed and further work was ongoing to resolve the remaining job evaluation issues that had been raised by the Trade Unions.

4.11 Bullying and Harassment

The Committee received a verbal update on the management of bullying and harassment and Employee Relation cases following concerns raised regarding delays in progressing these. The Committee were not assured by the timeframe for cases to be concluded and the proposed target and asked for further work to be undertaken on this for discussion at the first meeting of the new People and Staff Governance Committee.

4.12 NHSGGC Anti-Racism Plan Progress Report 2025/26

The Committee received the first annual Progress Report relating to actions captured in NHSGGC's Anti-Racism Plan for assurance and were invited to comment on the actions for 2026/27. The Committee were advised on activity to identify and remove discrimination based on the protected characteristic of race for minority ethnic employees and patients. The report also set out the proposed anti-racism actions for 2026/27.

5. Conclusion

Statement of Assurance

As Vice Chair of the People Committee during financial year 2025/2026, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed the Committee to fulfil its remit as detailed in the Standing Orders. As a result of the work undertaken during the year I can confirm that adequate and effective governance arrangements were in place across NHSGGC during the year.

I would again pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee and the Executive Leadership Team for their excellent support of the Committee.

Ms Cath Cooney
Vice Chair
on behalf of People Committee

People Committee 2025/26

Present

Name	Position	Organisation	20 May 2025	25 September 2026	20 November 2025	19 February 2026
Ms Mehvish Ashraf	Non Executive Board Member	NHSGGC	P	P	P	P
Mr Brian Auld	Non Executive Board Member	NHSGGC	A	P		
Cllr Jacqueline Cameron	Non Executive Board Member	NHSGGC	P	P	P	A
Ms Ann Cameron-Burns	Non Executive Board Member	NHSGGC	P	A	A	
Ms Cath Cooney	Non Executive Board Member	NHSGGC	P	P	P	P
Dr Emilia Crighton	Director of Public Health	NHSGGC	P	P	A	-
Dr Scott Davidson	Medical Director	NHSGGC	P	A	P	P
Ms Dianne Foy	Non Executive Board Member	NHSGGC	P	P	P	P
Professor Jann Gardner	Chief Executive	NHSGGC	P	A	A	P
Mr David Gould	Non Executive Board Member	NHSGGC	P	A	P	P
Cllr Colette McDiarmid	Non Executive Board Member	NHSGGC	P	P	P	A
Dr Morven McElroy	Non Executive Board Member	NHSGGC	-	P	P	P
Dr Becky Metcalfe	Non Executive Board Member	NHSGGC	P	P	P	P
Ms Ketki Miles	Non Executive Board Member	NHSGGC	P	P	P	P
Dr John O'Dowd	Interim Director of Public Health	NHSGGC	-	-	-	P
Cllr Katie Pragnell	Non Executive Board Member	NHSGGC	A	A	A	A
Dr Lesley Rousselet	Non Executive Board Member	NHSGGC	P	-	-	-
Dr Lesley Thomson KC	Chair	NHSGGC	P	A	P	P
Professor Angela Wallace	Nurse Director	NHSGGC	-	A	P	P

BOARD OFFICIAL

In Attendance

Name	Position	Organisation	20 May 2025	25 September 2026	20 November 2025	19 February 2026
Ms Nicola Bailey	Interim Deputy Director of HR	NHSGGC	-	-	-	P
Ms Sandra Bustillo	Director of Communications and Public Engagement	NHSGGC	P	P	P	A
Ms Kim Donald	Board Secretary	NHSGGC	P		P	
Ms Gillian Duncan	Corporate Services Business Manager	NHSGGC	P	P	P	P
Ms Katrina Heenan	Chief Risk Officer	NHSGGC	-	P	P	P
Mr Jamie Kinloch	Non Executive Board Member	NHSGGC	-	-	P	-
Mr Andrew McCready	Deputy Staff Side Lead	Unite the Union	-	-	-	P
Ms Moira MacDonald	Head of Learning and Education	NHSGGC	-	-	P	P
Ms Lesley McDonald	Non Executive Board Member	NHSGGC	-	-	-	P
Mr Neil McSeveny	Deputy Director of Communications	NHSGGC	-	-	-	P
Ms Nicola Munro	PA to Board Chair	NHSGGC	-	-	P	P
Ms Jillian Neilson	Corporate Services Manager, Governance	NHSGGC	-	-	-	P
Ms Kate Rocks	Chief Officer,	Inverclyde HSCP	-	A	P	P
Ms Natalie Smith	Interim Director of Human Resources and Organisational Development	NHSGGC	P	P	P	P
Mr Liam Spence	Head of Staff Experience	NHSGGC	-	P	P	P
Mr Pat Togher	Chief Officer	Glasgow City HSCP	A	P	A	A
Ms Elaine Vanhegan	Director of Corporate Services and Governance	NHSGGC	P	P	P	P

Key

P - Present A - Absent - Attendance not required

Appendix 2**People Committee
Schedule of Business Considered 2025/26**

Date of Meeting	Title of Business Discussed
20 May 2025	<ul style="list-style-type: none"> • Introductory Remarks, Welcome and Apologies • Declarations(s) of Interest(s) • Urgent Items of Business • Committee Governance <ul style="list-style-type: none"> - Terms of Reference - Membership & Attendees - Core Topics for Committee Going Forward - Training for Committee Members • Once for Scotland Workforce Policies / Supreme Court Ruling • Closing Remarks and Key Messages for the Board • Schedule for 2025/26 to be confirmed
25 September 2025	<ul style="list-style-type: none"> • Introductory Remarks, Welcome and Apologies • Declarations(s) of Interest(s) • Urgent Items of Business • Minutes of Previous Meetings <ul style="list-style-type: none"> a) Minutes of Meeting held on 20 May 2025 b) Minutes of Meeting held on 13 August 2025 • Matters Arising <ul style="list-style-type: none"> a) Rolling Action List • Committee Governance – Terms of Reference • Corporate Risk Register • NHSGGC Culture Audit Assessment – Phase 1 • Supreme Court Ruling – Actions Update • Closing Remarks and Key Messages for the Board • Date of Next Meeting
20 November 2025	<ul style="list-style-type: none"> • Introductory Remarks, Welcome and Apologies • Declarations(s) of Interest(s) • Urgent Items of Business • Minutes of Meeting held on 25 September 2025 • Matters Arising <ul style="list-style-type: none"> a) Rolling Action List • People Committee Development Session • Hackathon 4 – Culture • PDP Update • Corporate Risk Register • Supreme Court Ruling – Actions Update • Closing Remarks and Key Messages for the Board • Date of Next Meeting

BOARD OFFICIAL

Date of Meeting	Title of Business Discussed
19 February 2026	<ul style="list-style-type: none"> • Introductory Remarks, Welcome and Apologies • Healthcare Staff Experience in Gaza • Declarations(s) of Interest(s) • Urgent Items of Business • Minutes of Meeting held on 20 November 2025 • Matters Arising <ul style="list-style-type: none"> a) Rolling Action List b) Future of People Committee c) District Nursing Job Evaluation Dispute • NHSGGC Anti-Racism Plan Progress Report 2025/26 • Culture Hackathon Output and Next Steps • Response to Supreme Court Ruling Update • Personal Development Planning and Review (PDPR) Update • People Committee Development Plan Update • Corporate Risk Register • Closing Remarks and Key Messages for the Board • Date of Next Meeting

Version Control	May 2026
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Interim Director of Human Resources and Organisational Development
Approved by:	People and Staff Governance Committee
Approved date:	June 2026
Date for review:	June 2027
Replaces previous version:	June 2025



NHS Greater Glasgow and Clyde

2025-26 Annual Report of the Population Health and Wellbeing Committee

1. Introduction

The year 2025/26 saw the Committee meet on four occasions. The meetings continued to be held in a hybrid model.

2. Purpose

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, Standing Orders require that this Standing Committee submits an annual report to the Board. This report is submitted in fulfilment of this requirement.

3. Population Health and Wellbeing Committee

3.1 Purpose of Committee

The overall purpose of the Population Health and Wellbeing Committee is to ensure a dedicated focus on population health across the whole system, overseeing the delivery of the Public Health Strategy - Turning the Tide Through Prevention - 2018-2028, and working in partnership to promote public health priorities and provide advice and assurance to the NHS Board.

3.2 Composition

During the financial year ending 31 March 2026 membership of the Population Health and Wellbeing Committee comprised:

Chair – Mr Charles Vincent
Vice Chair – Ms Karen Turner

MEMBERSHIP

- Ms Libby Cairns, Non Executive Board Member, NHSGGC
- Cllr Jacqueline Cameron, Non Executive Board Member, NHSGGC
- Dr Emilia Crighton, Director of Public Health, NHSGGC (to 11 February 2026)
- Ms Dianne Foy, Non Executive Board Member, NHSGGC
- Professor Jann Gardner, Chief Executive, NHSGGC
- Mr David Gould, Non Executive Board Member, (from 21 August 2025)
- Mr Jamie Kinloch BEM, Non Executive Board Member, NHSGGC (from 25 August 2025)

- Mr Graham Haddock OBE, Non Executive Board Member, NHSGGC (to 30 June 2025)
- Cllr Colette McDiarmid, Non Executive Board Member, NHSGGC (until 27 March 2026)
- Ms Ketki Miles, Non Executive Board Member, NHSGGC (from 21 August 2025)
- Cllr Robert Moran, Non Executive Board Member, NHSGGC
- Dr John O'Dowd, Interim Director of Public Health (from 12 February 2026)
- Dr Lesley Thomson KC, Chair, NHSGGC
- Ms Karen Turner, Non Executive Board Member, NHSGGC
- Mr Charles Vincent, Non Executive Board Member, NHSGGC

IN ATTENDANCE

- Ms Anna Baxendale, Head of Health Improvement, Public Health
- Dr Helen Benson, Consultant in Public Health
- Dr Rebecca Campbell, Consultant in Public Health, Mental Health
- Dr Daniel Carter, Consultant in Public Health
- Mr John Dawson, Head of Strategy and Transformation, Public Health Scotland
- Ms Kim Donald, Corporate Services Manager – Governance
- Ms Gillian Duncan, Corporate Executive Business Manager
- Ms Katrina Heenan, Chief Risk Officer
- Mr Neil Irwin, Service Lead, Public Health
- Ms Heather Jarvie, Public Health Programme Manager
- Dr Iain Kennedy, Consultant in Public Health Medicine
- Dr Trevor Lakey, Health Improvement and Inequalities Manager, Mental Health Alcohol and Drugs, Glasgow City HSCP
- Mr Alastair Low, Interim Manager, Equality & Human Rights Team
- Dr Michael McGrady, Chief of Dentistry/Consultant in Dental Public Health
- Ms Jennifer McLean, Interim Director
- Ms Maša Mekina, Senior Public Health Information Analyst
- Dr Catriona Milosevic, Consultant in Public Health Medicine
- Ms Linda Morris, Public Health Programme Manager
- Ms Fiona Moss, Head of Health Improvement & Inequality
- Ms Nicola Munro, PA to Chair
- Ms Lesley Nish, Child, and Maternal Health Programme Manager
- Ms Carron O'Byrne, Interim Chief Officer, Renfrewshire HSCP
- Dr John O'Dowd, Interim Deputy Director of Public Health
- Ms Marion O'Neil, General Manager, Public Health
- Mr Derrick Pearce, Chief Officer, East Dunbartonshire HSCP
- Dr Alison Potts, Consultant in Public Health
- Ms Elaine Vanhegan, Director of Corporate Services and Governance
- Dr Beatrix Von Wissmann, Consultant in Public Health

3.3 Meetings

The Committee met on four occasions during the period from 1 April 2025 to 31 March 2026 on the undernoted dates:

- 15 April 2025

- 17 June 2025
- 23 October 2025
- 22 January 2026

The attendance schedule is attached at Appendix 1.

All meetings of the Population Health and Wellbeing Committee were quorate.

3.4 Business

The Committee considered both routine and specific work areas during the financial year 2025/26. Areas considered included:

- Epidemiology Updates
- NHSGGC Public Health Screening Annual Report 2024
- Meeting the Requirements of Equality Legislation - A Fairer NHSGGC - Monitoring Report 2024-25 and Equalities Scheme 2025-2029
- Public Health Strategy 2018-2028: Turning the Tide through Prevention Annual Update
- NHSGGC Board Pandemic Response Plan
- United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill (UNCRC) Annual Report
- Joint Health Protection Plan 2025-2027
- Healthy Weight Obesity and Prevention and Early Intervention for Type 2 Diabetes (T2DM) Update
- Public Health Action Plan
- Local Child Poverty Action Reports
- Corporate Risk Register Extract
- Update on Drug-Related Deaths and Drug Harms in Greater Glasgow and Clyde
- Vaccination and Immunisation Performance Report
- Vaccination and Immunisation Annual Report (1 September 2024 – 30 August 2025)
- Population Health Framework
- Child and Maternal Health Screening Programme Annual Report
- Child Oral Health Indicators and Publication of National Dental Inspection Programme Report for 2024/25
- Public Mental Health Progress Report
- Population Health Framework
- Assurance Information Quarterly Report
- Extract from the Corporate Risk Register
- Committee Governance - Terms of Reference, Annual Report and 2025/26 Annual Cycle of Business

Full details of the business items considered are attached at Appendix 2.

Minutes of the meetings of the Committee have been timeously submitted to the Board for its information.

4. Outcomes

Through the financial year the Committee were presented with various items and these can be summarised as follows:

4.1 Epidemiology Update

The Committee received regular epidemiology updates including:

- An update on the prevalence of Salmonella and Campylobacter cases in GGC in 2024.
- An overview of the remit and work of the Public Health Protection Unit.
- An update on the data associated with drug-related deaths and drug harms.
- An update on maternal and child health.

4.2 Vaccination and Immunisation Performance Report

The Committee received a comprehensive activity summary for all NHSGGC Vaccination Programmes from 1 September 2024 to 31 March 2025 and were updated on the various vaccination programmes and the uptake of vaccines. The Committee were informed that uptake rates had fallen since the peak of the pandemic and noted the development plan for future vaccination programmes to engage with groups who had a low uptake including the work that was underway to improve staff vaccination.

4.3 NHSGGC Public Health Screening Annual Report 2024

The Committee received information about NHSGGC screening programmes for the period 1 April 2023 to 31 March 2024. This included a summary of activity across the different child and adult screening programmes. The Committee were also advised of the work being undertaken to address the poorer uptake of screening in some population groups. The Committee were also informed of the National Action Plan as well as the key areas of focus for NHSGHC.

4.4 Meeting the Requirements of Equality Legislation – A Fairer NHSGGC

The Committee were advised that the equality monitoring report outlined the progress made in meeting the requirements of equality legislation as set out in the Equality Act 2010 (Specific Duties) Scotland Regulations 2012 covering the period from January 2024 to December 2025. The report detailed the actions taken to deliver a fair and equitable service across NHSGGC's four Corporate Plan priorities: Better Care, Better Health, Better Workplace, and Better Value. The Committee were advised that the Strategy detailed mainstreaming actions and specific equality outcomes aimed at creating a fairer and more inclusive healthcare environment for all staff and patients.

4.5 Public Health Strategy 2018-2028: Turning the Tide through Prevention Annual Update

The Committee received an updated position against the priorities outlined in the refreshed 2024 Director of Public Health Report. The Committee were advised that overall delivery was good and received an update on progress in the key areas.

The Committee were also advised of the priority work that would be focused on in 2025/26. Committee members specifically asked about prevention in relation to vaping and were advised of the work that was underway both locally and nationally.

4.6 NHSGGC Board Pandemic Response Plan

The Committee were advised that the plan described the overall strategic response to a pandemic by NHSGGC providing a framework for pandemic preparedness and response and set out the procedures and arrangements for managing a pandemic within NHSGGC. The Committee noted that it was anticipated this plan would require to be reviewed once the findings of the ongoing public inquiries at UK and Scotland level were available.

4.7 United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill (UNCRC) Annual Report

The Committee were informed that the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 came into force in July 2024. This embedded the recognition and protection of children's rights within Scots law and legally required public bodies to act in compliance with the framework. An action plan was agreed by the NHS Board in October 2024 and the report provided an update on NHSGGC's progress towards UNCRC compliance noting the progress to date and the proposed future actions.

4.8 Assurance Information Quarterly Report

The Committee received quarterly updates on progress against the key priorities outlined in the Public Health Assurance Information Framework, including a detailed synopsis of NHSGGC's progress against each of the priorities and identified mitigating actions where required. The Committee noted the funding challenges but acknowledged the ongoing commitment to population health and the opportunity to work in different ways to maintain focus on inequalities and prevention. The Committee were advised that these would be reviewed alongside the Population Health Framework.

4.9 Extract from Corporate Risk Register

The Committee received regular updates on the Corporate Risk Register and were advised that the risks continued to be updated monthly with the risk owners.

4.10 Committee Governance

The Committee approved the Terms of Reference and Annual Report which formed part of the annual governance review which would be presented to the NHS Board in June 2025. The Committee also approved the Annual Cycle of Business which set out the work of the Committee for the year.

4.11 Joint Health Protection Plan 2025-2027

The Committee received the Joint Health Protection Plan that had been prepared by the Public Health (Health Protection) Liaison Working Group and provided an

overview of health protection priorities, provision, and preparedness to fulfil the Board's statutory responsibility under section 7 of the Public Health etc. (Scotland) Act 2008. The Plan was a reference document which mapped out local health protection structures and functions and also included an outline work plan that had been developed by partner agencies and the Liaison Working Group, focusing on preparedness, resilience, and public engagement over the next two years. The Committee had a detailed discussion regarding the plan and its link to the wider Framework.

4.12 Healthy Weight Obesity and Prevention and Early Intervention for Type 2 Diabetes (T2DM) Update

The Committee received an annual update on key aspects of Healthy Weight; Obesity and Prevention and Early Intervention for Type 2 Diabetes (T2DM) across GGC and received a short presentation on the work to promote healthy weight and prevent overweight and obesity within the population including some real life case studies. The Committee were advised that the interventions were tailored to different age groups providing a comprehensive approach to weight management and lifestyle changes.

4.13 Public Health Action Plan

The Committee received an update on actions to deliver against the recommendations that were proposed and endorsed by the Board following the Public Health and Prevention Board seminar held in March 2024. The Committee noted that the national Public Health Framework was due to be published and would form the focus of the actions for the Committee.

4.14 Local Child Poverty Action Reports

The Committee received the reports for East Renfrewshire HSCP, Glasgow City HSCP, Inverclyde HSCP, Renfrewshire HSCP and West Dunbartonshire HSCP. The Committee were advised that these annual reports were required by the Child Poverty (Scotland) Act 2017 and described measures to address child poverty. The themes across the reports include financial inclusion and income maximisation; economic empowerment and employability; early intervention and prevention; the promotion of health and wellbeing, noting the importance of partnership working.

4.15 Update on Drug-Related Deaths and Drug Harms in Greater Glasgow and Clyde

The Committee received an update noting that drug-related deaths and drug harms remained a significant public health concern and were a public health priority for NHSGGC and reflected in the Annual Delivery Plan. There had been a decrease in the number of drug-related deaths in 2024 and, despite an increase in 2023, there was an overall downward trend, however, the number of deaths remained high. The Committee also noted the work that was ongoing around preventing the transmission of Blood Borne Viruses.

4.16 Vaccination and Immunisation Annual Report (1 September 2024 – 30 August 2025)

The Committee noted the performance of the vaccination programme over the last year and were advised of the work that would continue over the next year to improve uptake across all programmes, including this year's winter vaccination campaign. The Committee discussed the staff flu vaccination uptake and were concerned that the rate remained low and asked that this issue was referred to the Board to request further communication in an effort to improve this.

4.17 Scotland's Population Health Framework

The Committee received an overview of the Framework which was published in June 2025 and set out the long-term approach to improving Scotland's health and reducing health inequalities. The Committee were advised about the structure of the Framework, its vision and aim and the initial priorities for 2025/26 - embedding prevention in our systems and Improving healthy weight. The Committee noted the close working between NHSGGC and Public Health Scotland and noted their 10 year strategy which was published in January 2026. All of the different strands would be brought together in delivering the Framework in NHSGGC. This would be a significant piece of work going forward both for the Population Health and Wellbeing Committee and for the NHS Board.

4.18 Child and Maternal Health Update

The Committee received a presentation and a paper 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 noted the progress made and were advised that the programme of work was on track across maternity and early years. Whilst the engagement with the universal health visiting programme has been stable or increased, further work is required to improve the proportion of assessments completed for the 4-5 year visit. This programme is a key component in reducing and responding to early developmental concerns, and NHSGGC levels of concern identified remains above the national level (although has recovered from the increase seen post-pandemic). There continued to be a Board-wide focus on prevention and early intervention in the earliest year and there would be ongoing monitoring of the four maternity focus areas (smoking cessation, alcohol interventions, equity of access, breastfeeding) via the Maternity and Public Health Forum. The Committee were assured by the significant work that was ongoing recognising that there was more to do in this space and the importance of the support of the Committee.

4.19 Child and Maternal Health Screening Programme Annual Report

The Committee received an overview on NHSGGC's child and maternal health screening programmes for the period 1 April 2024 to 31 March 2025 for assurance. This report provided an analysis of variations in screening uptake across key demographic factors, including the Scottish Index of Multiple Deprivation (SIMD), ethnicity, and geographic characteristics such as Health and Social Care Partnership areas and, where applicable, maternity sites. The report also included key priority actions for 2024/25. The Committee were assured by the significant

work that was ongoing noting that reducing inequalities in screening was crucial to the work of the Committee.

4.20 Child Oral Health Indicators and Publication of National Dental Inspection Programme (NDIP) report for 2024/25

The Committee received an overview on the current status and context of the Child Oral Health Indicators and key activities for the coming year. The Committee were advised of the sustained stability (and some improvements) in oral health outcomes in NHSGGC, however, it was noted that there were variations across different Health and Social Care Partnerships. There had been an increase in the Care Index for NHSGGC, indicating more teeth with decay were being treated restoratively, however, this remained below pre-pandemic levels. The Committee also noted that there continued to be oral health inequalities, with children in more deprived areas having worse oral health outcomes, but there had been some slight improvements in these areas, reducing the gap between the most and least deprived. The Committee discussed the Childsmile programme and how this could be refocused to ensure further progress. Members were pleased to hear that a new dental practice would be opening in Inverclyde under the Scottish Dental Access Initiative.

4.21 Public Mental Health Progress Report

The Committee received an overview on progress across the life-course public mental health delivery in NHSGGC for assurance. The Committee were advised that population mental health pressures continued to rise in both the children and adult populations. There had been progress in public mental health across NHSGGC, including actions on perinatal mental health, children and young people's self-harm prevention, neurodevelopmental pathways, crisis/distress response, inclusion, and social prescribing as well as the ongoing work to achieve parity of Distress Brief Intervention (DBI) access and hours and to sustain Community Link Workers and third-sector supports. The Committee also noted the planned communications campaign for 'MyApp: My Mental Health' and continued capacity-building for suicide prevention training in acute services. The Committee were assured by the progress made and would look at ways to add value to this work going forward.

5. Conclusion

Statement of Assurance

As Chair of the Population Health and Wellbeing Committee during financial year 2025/2026, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed the Committee to fulfil its remit as detailed in the Standing Orders. As a result of the work undertaken during the year I can confirm that adequate and effective governance arrangements were in place across NHSGGC during the year.

I would again pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee and the Executive Leadership Team for their excellent support of the Committee.

Mr Charles Vincent
Chair
on behalf of Population Health and Wellbeing Committee

Population Health and Wellbeing Committee 2025/26**Present**

Name	Position	Organisation	15 April 2025	17 June 2025	23 October 2025	22 January 2026
Ms Libby Cairns	Non Executive Board Member	NHSGGC	P	P	P	P
Cllr Jacqueline Cameron	Non Executive Board Member	NHSGGC	P	AA	P	P
Dr Emilia Crighton	Director of Public Health	NHSGGC	P	P	P	P
Ms Dianne Foy	Non Executive Board Member	NHSGGC	P	P	P	P
Professor Jann Gardner	Chief Executive	NHSGGC	AA	AA	AA	AA
Mr David Gould	Non Executive Board Member	NHSGGC	-	-	P	P
Mr Graham Haddock OBE	Non Executive Board Member	NHSGGC	P	AA	-	-
Mr Jamie Kinlochan BEM	Chief Officer	NHSGGC	-	-	P	P
Cllr Colette McDiarmid	Non Executive Board Member	NHSGGC	A	P	P	P
Ms Ketki Miles	Non Executive Board Member	NHSGGC	-	-	P	P
Cllr Robert Moran	Non Executive Board Member	NHSGGC	P	AA	P	P
Dr Lesley Thomson KC	Chair	NHSGGC	AA	AA	P	AA
Ms Karen Turner	Non Executive Board Member	NHSGGC	P	P	P	P
Mr Charles Vincent	Non Executive Board Member	NHSGGC	P	P	P	P

In Attendance

Name	Position	Organisation	15 April 2025	17 June 2025	23 October 2025	22 January 2026
Ms Anna Baxendale	Head of Health Improvement	NHSGGC	P	P	P	P
Dr Helen Benson	Consultant in Public Health	NHSGGC	-	P	-	-
Dr Rebecca Campbell	Consultant in Public Health, Mental Health	NHSGGC	-	-	-	P
Dr Daniel Carter	Consultant in Public Health	NHSGGC	-	-	P	-
Mr John Dawson	Head of Strategy and Transformation	Public Health Scotland	P	P	P	-
Ms Kim Donald	Corporate Services Manager, Governance	NHSGGC	P	P	P	-
Ms Gillian Duncan	Corporate Executive Business Manager (Minutes)	NHSGGC	P	P	P	P
Ms Katrina Heenan	Chief Risk Officer	NHSGGC	AA	P	AA	P
Dr Iain Kennedy	Acting Lead Clinician for Health Protection	NHSGGC	P	P	P	P
Dr Trevor Lakey	Health Improvement and Inequalities Manager, Mental Health Alcohol and Drugs	Glasgow City HSCP	-	-	-	P
Mr Neil Irwin	Service Lead, Public Health	NHSGGC	P	P	P	P
Ms Heather Jarvie	Public Health Programme Manager	NHSGGC	-	-	-	P
Mr Alastair Low	Interim Manager, Equality & Human Rights Team	NHSGGC	P	-	-	-
Dr Michael McGrady	Chief of Dentistry/ Consultant in Public Health	NHSGGC	-	-	-	P

BOARD OFFICIAL

Name	Position	Organisation	15 April 2025	17 June 2025	23 October 2025	22 January 2026
Ms Jennifer McLean	Interim Director	Glasgow Centre of Population Health	-	-	-	P
Ms Maša Mekina	Senior Public Health Information Analyst	NHSGGC	-	-	P	P
Dr Catriona Milosevic	Consultant in Public Health	NHSGGC	-	-	-	P
Ms Linda Morris	Public Health Programme Manager	NHSGGC	-	P	-	-
Ms Fiona Moss	Head of Health Improvement & Inequality,	Glasgow City HSCP	AA	P	P	P
Ms Nicola Munro	PA to Chair	NHSGGC	-	-	P	P
Ms Lesley Nish	Child and Maternal Health Programme Manager	NHSGGC	-	-	P	-
Ms Carron O'Byrne	Interim Chief Officer	Renfrewshire HSCP	P	AA	-	-
Dr John O'Dowd	Interim Deputy Director of Public Health	NHSGGC	-	-	-	P
Ms Marion O'Neill	General Manager, Public Health	NHSGGC	P	P	P	P
Mr Derrick Pearce	Chief Officer	East Dunbartonshire HSCP	-	AA	P	P
Dr Alison Potts	Consultant in Public Health	NHSGGC	P	-	-	P
Ms Elaine Vanhegan	Director of Corporate Services and Governance	NHSGGC	AA	AA	P	AA
Dr Beatrix Von Wissmann	Interim Deputy Director of Public Health	NHSGGC	P	-	P	P

Key

P - Present

A - Absent - no apologies received

AA - Absent - apologies received

- Attendance not required

Appendix 2

**Population Health and Wellbeing Committee
Schedule of Business Considered 2025/26**

Date of Meeting	Title of Business Discussed
15 April 2025	<ul style="list-style-type: none"> • Introductory Remarks, Welcome and Apologies • Declarations(s) of Interest(s) • Minute of Previous Meeting held on 21 January 2025 • Matters Arising <ul style="list-style-type: none"> - Rolling Action List • Urgent Items of Business • Epidemiology Update • Vaccination and Immunisation Performance Report • NHSGGC Public Health Screening Annual Report 2024 • Meeting the Requirements of Equality Legislation - A Fairer NHSGGC: <ul style="list-style-type: none"> - Monitoring Report 2024-25 - Equalities Scheme 2025-2029 • Public Health Strategy 2018-2028: Turning the Tide through Prevention Annual Update • NHSGGC Board Pandemic Response Plan • United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill (UNCRC) Annual Report • Assurance Information Quarterly Report • Extract from the Corporate Risk Register • Committee Governance: <ul style="list-style-type: none"> - Terms of Reference - Annual Report - 2025/26 Annual Cycle of Business • Closing Remarks and Key Messages for the Board • Verbal Update by the Chair • Date of Next Meeting
17 June 2025	<ul style="list-style-type: none"> • Introductory Remarks, Welcome and Apologies • Declarations(s) of Interest(s) • Minute of Previous Meeting held on 15 April 2025 • Matters Arising <ul style="list-style-type: none"> - Rolling Action List • Urgent Items of Business • Epidemiology Update • Joint Health Protection Plan 2025-2027 • Healthy Weight Obesity and Prevention and Early Intervention for Type 2 Diabetes (T2DM) Update

BOARD OFFICIAL

Date of Meeting	Title of Business Discussed
	<ul style="list-style-type: none"> • Quarter 4 Public Health Assurance Information Progress Report • Public Health Action Plan • Corporate Risk Register Extract • Closing Remarks and Key Messages for the Board • Date of Next Meeting
23 October 2025	<ul style="list-style-type: none"> • Introductory Remarks, Welcome and Apologies • Declarations(s) of Interest(s) • Minute of Previous Meeting held on 17 June 2025 • Matters Arising <ul style="list-style-type: none"> - Rolling Action List • Urgent Items of Business • Epidemiology Update • Annual Cycle of Business • Quarter 1 Public Health Assurance Information Progress Report • Local Child Poverty Action Reports <ul style="list-style-type: none"> - East Renfrewshire HSCP - Glasgow City HSCP - Renfrewshire HSCP - West Dunbartonshire HSCP • Corporate Risk Register Extract • Update on Drug-Related Deaths and Drug Harms in Greater Glasgow and Clyde • Vaccination and Immunisation Annual Report (1 September 2024 – 30 August 2025) • Population Health Framework • Closing Remarks and Key Messages for the Board • Date of Next Meeting
22 January 2026	<ul style="list-style-type: none"> • Introductory Remarks, Welcome and Apologies • Declarations(s) of Interest(s) • Minute of Previous Meeting held on 23 October 2025 • Matters Arising <ul style="list-style-type: none"> - Rolling Action List • Urgent Items of Business • Epidemiology Update <ul style="list-style-type: none"> - Child and Maternal Health Update - Child and Maternal Health Screening Programme Annual Report • Child Oral Health Indicators and Publication of National Dental Inspection Programme Report for 2024/25 • Public Mental Health Progress Report • Local Child Poverty Action Report – Inverclyde • Population Health Framework • Quarter 2 Public Health Assurance Information Progress Report

BOARD OFFICIAL

Date of Meeting	Title of Business Discussed
	<ul style="list-style-type: none"> • Annual Cycle of Business 2026/27 • Corporate Risk Register Extract • Closing Remarks and Key Messages for the Board • Date of Next Meeting

Version Control	April 2026
Author:	Director of Corporate Services and Governance
Responsible Executive Lead:	Director of Public Health
Approved by:	Population Health and Wellbeing Committee
Approved date:	April 2026
Date for review:	April 2027
Replaces previous version:	June 2025

GREATER GLASGOW AND CLYDE NHS BOARD

ANNUAL REPORT OF REMUNERATION COMMITTEE

1. INTRODUCTION

- 1.1 The year 2025/26 saw meetings continued to be held in a hybrid model, with the Committee's Cycle of Business covered. The exception to this was the meeting scheduled for 26 March 2026 which was subsequently rescheduled for 27 May 2026 and therefore does not fall within the scope of this Annual Report.

2. PURPOSE

- 2.1 To assist the Board in conducting a regular review of the effectiveness of the systems of internal control, Standing Orders require that this Standing Committee submits an annual report to the Board. This report is submitted in fulfilment of this requirement.

3. REMUNERATION COMMITTEE

3.1 Purpose of Committee

- 3.1.1 The remit of the Remuneration Committee is to ensure the application and implementation of fair and equitable pay systems on behalf of the Board, as determined by Ministers and the Scottish Government, and described in MEL(1993)114 and subsequent amendments. This includes approval of delivery of the Corporate Objectives and areas as outlined in the Scheme of Delegation as approved and allocated to the Committee by the NHS Board, and any operational objectives, as required.
- 3.1.2 The Committee will determine and regularly review the pay arrangements for the NHS Board's Senior Managers whose posts are part of the Executive Cohort (national pay grades - D to I) and Senior Management Cohort (national pay grades - A to C) and ensure that an effective system of performance management for these groups is in operation; and will receive updates on a regular basis, at least annually, on the remuneration arrangements for Non-Executive Members of the NHS Board in accordance with SGHD guidance through the Board Chair.
- 3.1.3 The Committee seek assurance of the implementation of the pay and terms and conditions of employment of the Executive and Senior Management cohorts of the NHS Board as set out in Ministerial Directions, terms of employment, basic pay, and performance related pay increases.

- 3.1.4 The Remuneration Committee as the Grandparent reviewer of the Chief Executive, will approve the performance outcome annually on consideration of the performance appraisal from the Board Chair.
- 3.1.5 The Committee will agree any severance Processes / Policies / Procedures in respect of all staff including Executive and Senior Managers e.g. premature retirements under the NHS Superannuation Scheme.
- 3.1.6 The Committee will undertake a governance role in respect of reviewing and providing an oversight to national pay and performance matters and seek assurance of their application and implementation within NHSGGC.
- 3.1.7 The Committee will monitor and scrutinise key data and information as per the Board's Assurance Information Framework as part of Active Governance.

3.2 Composition

- 3.2.1 During the financial year ending 31 March 2026 membership of the **Remuneration Committee** comprised:

Chair:

David Gould (from 1 June 2025)

Vice Chair:

Keki Miles

MEMBERSHIP

- Ann Cameron-Burns, Employee Director
- Professor Jann Gardner, Chief Executive
- Dr Lesley Thomson KC, Board Chair
- Karen Turner (until 31 May 2025)
- Michelle Wailes (from 1 June 2025)

IN ATTENDANCE

- Kim Donald, Corporate Services Manager – Governance
- Natalie Smith – Interim Director of Human Resources and Organisational Development

3.3 Meetings

- 3.3.1 The Committee met on three occasions during the period from 1 April 2025 to 31 March 2026 on the undernoted dates:

- 3 April 2025
- 26 June 2025
- 13 August 2025

3.3.2 The attendance schedule is attached at Appendix 1.

3.3.3 All meetings of the Remuneration Committee were quorate.

3.3.4 In addition to the meetings outline in 3.3.1, Remuneration Committee members approved the creation of the Deputy Chief Operating Officer role, via email, in May 2025.

3.4 Business Outcomes

3.4.1 The Committee considered both routine and specific work areas during the financial year 2025/26.

3.4.2 Outlined below are details of some of the key areas of work considered, along with a brief summary of each, with full details of all Committee business items considered attached at Appendix 2.

3.5 Update on Executive and Senior Manager Appointments, Leavers, Interim Arrangements and Changes

3.5.1 The Committee received a written update from the Chief Executive regarding the appointment to Executive Director positions across 2025/26. The Committee was provided with verbal assurance that coaching and mentoring were available, along with succession planning.

3.6 Executive and Senior Manager Performance Appraisals Outcomes

3.6.1 The Committee received assurance from the Chief Executive and Board Chair as Grandparent, regarding the performance outcome of the Executive Directors and Other Corporate Directors including those members of staff who were given a 'Superior' performance outcome and outlining the reasoning behind the performance ratings.

3.7 Staff Governance Committee

3.7.1 As detailed within the Terms of Reference, the Staff Governance Committee is provided with assurance that systems and procedures are in place through the Remuneration Committee to manage Executive and Senior Manager pay.

3.7.2 During 2025/26, verbal updates on the business of the Remuneration Committee were provided at the Staff Governance Committee through the Employee Director. These updates highlighted that the Staff Governance Committee had:

- Been assured by the updates on Executive and Senior Manager Appointments, Leavers/Interim Arrangements and Changes.
- Approved the Chief Executives 2024/25 performance outcome and noted outcomes for the remaining Executive and Senior Manager Cohorts.

4. CONCLUSION AND STATEMENT OF ASSURANCE

- 4.1 As Chair of the Remuneration Committee, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Standing Orders. As a result of the work undertaken during the year I can confirm that adequate and effective governance arrangements were in place across NHSGGC during the year.
- 4.2 I pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I thank all those members of staff who have prepared reports and attended meetings of the Committee and NHSGGC for their excellent support of the Committee.

David Gould

Chair

On behalf of the NHSGGC Remuneration Committee

APPENDIX 1 – Staff Governance Committee 2025-26**PRESENT (all NHSGGC)**

NAME	POSITION	3 Apr 2025	26 Jun 2025	13 Aug 2025
David Gould	Chair	P	A	P
Ketki Miles	Vice Chair	P	P	A
Ann Cameron Burns	Member	P	A	P
Professor Jann Gardner	Member/Chief Executive	P	P	P
Dr Lesley Thomson KC	Member/Board Chair/Interim Chair	P	P	P
Karen Turner	Member	P	-	-
Michelle Wailes	Member	-	P	P

IN ATTENDANCE (all NHSGGC)

NAME	POSITION	3 Apr 2025	26 Jun 2025	13 Aug 2025
Kim Donald	Corporate Services Manager - Governance	P	P	P
Natalie Smith	Interim Director of Human Resources and Organisational Development	P	P	P

Key

P - Present

A - Absent - apologies received

- Attendance not required

APPENDIX 2**Remuneration Committee
Schedule of Business Considered 2025-26**

Date of Meeting	Title of Business Discussed
3 April 2025	Minutes of Meeting held on 10 February 2025 Matters Arising <ul style="list-style-type: none"> Rolling Action List Urgent Items of Business <ul style="list-style-type: none"> None Deputy Chief Executive Officer Role Interface Care Director Role Review of Senior Roles Remuneration Committee Annual Report 2024/25
26 June 2025	Minutes of Meeting held on 3 April 2025 Matters Arising <ul style="list-style-type: none"> Rolling Action List Performance Appraisal Chief Executive Performance Outcome Chief Executive Direct Reports Performance Outcomes Remaining Executive Cohort Performance Outcomes Senior Manager Performance Outcomes Update on Executive and Senior Manager Appointments, Leavers/ Interim Arrangements and Changes Remuneration Arrangements for Non-Executive Members of the NHS Board Update Employee Director's Report of Staff Governance Committee
13 August 2025	Minutes of Meeting held on 26 June 2025 Matters Arising <ul style="list-style-type: none"> Rolling Action List Urgent Items of Business <ul style="list-style-type: none"> None Chief Executive and Direct Report Objectives 2025/26

	<p>Update on Executive and Senior Manager Appointments, Leavers/ Interim Arrangements and Changes</p> <p>Employee Director's Report of Staff Governance Committee</p>
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NHS Greater Glasgow and Clyde

2025-26 Annual Report of the Staff Governance Committee

6. Introduction

The year 2025/26 saw the Committee meet on four occasions. The meetings continued to be held in a hybrid model.

7. Purpose

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, Standing Orders require that this Standing Committee submits an annual report to the Board. This report is submitted in fulfilment of this requirement.

8. Staff Governance Committee

8.1 Purpose of Committee

The purpose of the Staff Governance Committee (the Committee) is to provide assurance to the Board that NHS Greater Glasgow and Clyde (NHSGGC) meets its obligations in relation to Staff Governance under the National Health Service Reform (Scotland) Act 2004 and the Staff Governance Standard ('the Standard'). The Staff Governance Committee is a Standing Committee of the NHS Board.

The Committee seeks to ensure that Staff Governance mechanisms are in place that take responsibility for performance against the Staff Governance Standard and are accountable for oversight of progress towards achievement of the Standard.

The Committee ensures that structures and policies are in place to provide assurance that, as set out in the NHS Scotland Staff Governance Standard, all staff are:

- Well informed;
- Appropriately trained and developed;
- Involved in decisions;
- Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued; and,
- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients, and the wider community.

Reflecting NHSGGC's commitment to partnership working, the Staff Governance Committee is co-chaired by the Employee Director.

The Committee gains assurance that the Staff Governance Standard is being applied through the outputs on the workforce performance reports and through presentations, on a rotational basis, from the relevant Chief Officer / Director for each Health and Social Care Partnership (HSCP), Acute Service and Corporate Directorate to the Staff Governance Committee.

In addition to the above, NHSGGC compliance with the Staff Governance Standard is reviewed through a series of implementation plans and strategies, service presentations, policy review and regular NHSGGC Workforce Strategy implementation plan updates. The Committee also scrutinised the Board-wide Assurance Plan and the annual return to Scottish Government in relation to the Staff Governance Standard.

8.2 Composition

During the financial year ending 31 March 2026, membership of the Staff Governance Committee comprised:

Joint Chairs:

M Ashraf, Non-Executive Director (from 13 August 2025)
A Cameron-Burns, Employee Director
K Miles, Non-Executive Director (until 12 August 2025)

MEMBERSHIP

Dr L Thomson KC, Board Chair (ex-officio)
Prof J Gardner, Chief Executive (ex-officio)
M Ashraf, Non-Executive Director (until 12 August prior to Co-Chair role)
B Auld, Non-Executive Director
Cllr R Moran, Non-Executive Director
Cllr C McDiarmid, Non-Executive Director
Cllr M McGinty, Non-Executive Director
Dr P Ryan, Non-Executive Director

IN ATTENDANCE (DETAIL AS PER APPENDIX 1)

M Allen, Senior Administrator
Dr J Armstrong, Medical Director
G Ayling-Whitehouse, Head of HR – Estates and Facilities
N Bailey, Interim Depute Director of Human Resources
M Breen, Director of Finance
F Carmichael, Staff Side Lead, Acute Partnership Forum
A Chappell, Chief Officer, East Renfrewshire HSCP
C Cooney, Non-Executive Board Member
Dr E Crighton, Director of Public Health (until 11 February 2026)
B Culshaw, Chief Officer, West Dunbartonshire HSCP
Dr S Davidson, Medical Director
K Donald, Corporate Services Manager – Governance
G Duncan, Corporate Executive Business Manager

C Ferguson, Human Resources Manager– Inverclyde HSCP
M Gardner Deputy Nurse Director, Acute
A Hair, Partnership Representative – Unite the Union
K Heenan, Chief Risk Officer
D Hudson, Staff Experience Advisor
H Jackson, Head of Health and Care (Staffing) (Scotland) Act Programme
T Keenan, Assistant Chief Officer – Glasgow City HSCP (until 12 August 2025)
C Kennedy, HR Manager – Corporate Services
CA Keogh, Head of Human Resources – Corporate Services
M Macdonald, Head of Learning & Education
S MacLean, Human Resources Manager, Renfrewshire HSCP
D Mains, Health, and Safety Manager
M McCarthy, Staff Side Lead, Glasgow City HSCP Staff Partnership Forum
B McClean, Chief Officer, Renfrewshire HSCP
A McCready, Deputy Staff Side Lead, UNITE
Dr C McKay, Deputy Medical Director – Corporate
S Munce, Head of Workforce Planning and Resources
J Neilson, Corporate Services Manager – Board Secretary
Dr M Pay, Workforce Strategy Manager
Dr C Perry, Director of Medical Education
E Quail, Staff Side Secretary / APF Secretariat
C Reichle, Staff Side Partnership Lead
C Reid, HR Manager, East Renfrewshire HSCP
C Rennie, Workforce Planning Manager
K Rocks, Chief Officer, Inverclyde HSCP
N Smith, Interim Director of Human Resources and Organisational Development
J Somerville, Head of Occupational Health
L Spence, Head of Staff Experience
Prof T Steele, Director of Estates and Facilities
P Togher, Chief Officer, Glasgow City HSCP
Prof A Wallace, Executive Director of Nursing
A Walton, Staff Side Partnership Lead (Area Partnership Forum)
F Warnock, Head of Health and Safety

8.3 Meetings

During the period 1 April 2025 to 31 March 2026, the Committee met on four occasions, on the undernoted dates:

- 20 May 2025
- 12 August 2025
- 27 November 2025
- 12 February 2026

The attendance schedule is attached at Appendix 1.

All meetings of the Staff Governance Committee were quorate.

8.4 Business

The Committee considered both routine and specific work areas during the financial year 2025/26. Outlined below are details of some of the key areas of work considered, along with a brief summary of each, with full details of all Committee business items considered attached at Appendix 2.

The Committee gave due consideration to the four pillars outlined in the Workforce Strategy, whilst also seeking assurance that the work programme was aligned to the Board Objectives and Operational Priorities.

9. Outcomes

Through the financial year the Committee were presented with various items and these can be summarised as follows:

9.1 Staff Governance Standard Assurance Workplan

Committee members noted that the Staff Governance Standard Assurance sets out actions and activities aligned to the five strands of the Staff Governance Standard and provides a mechanism for annual assurance to the Scottish Government, complementing the Workforce Strategy Action Plan.

The Committee noted that Workplan will be presented and approved by the Committee annually and identified three themes for Directorate/HSCP assurance presentations – in 2026 the Committee agreed these would be Attendance Management, use of iMatter feedback and improving PDP&R compliance. The identified themes will be subject to annual review by the newly created People & Staff Governance Committee.

9.2 Service Assurance Presentations

The Committee received Service Assurance Presentations from a number of Directorates and Health and Social Care Partnerships, with each providing an update on how they were meeting the five strands of the Staff Governance Standard and providing a case study, focussed on a key achievement.

9.3 Public Health Directorate

Key achievements included workforce planning, manager training, and Directorate Communications.

Workforce Planning was presented as the Directorate's case study, highlighting how a Steering Group drove this work forward, following feedback from all staff groups. Work continued throughout 2025, including formal consultation with staff, with the new structure in place for financial year 2026/27.

9.4 Glasgow City Health and Social Care Partnership

Key achievements included the introduction of Performance Improvement Groups, a succession planning tool pilot and opening of The Thistle – Safer Drug Consumption Unit.

The Performance Review Group was presented as the HSCP's case study, highlighting that in response to concerns about the performance monitoring

approach, which did not provide assurance, a new Performance Improvement Groups approach had been agreed in partnership and is now reporting to the Finance, Audit and Scrutiny Committee.

9.5 Inverclyde Health and Social Care Partnership

Key achievements included the Maximising Independence initiative, HCSWs completing nursing training and staff development.

Maximising Independence was presented as the HSCP's case study. This work aims to enhance support for people to self-manage their health and wellbeing, enabling them to keep well, age well, build resilience and live independently for longer.

9.6 East Renfrewshire Health and Social Care Partnership

Key achievements included the successful closure of Netherton Learning Disability In-Patient Unit, continued provision of a varied Physical and Mental Wellbeing Programme for staff and progress on the implementation of the new Mosaic case recording system.

Successful closure of Netherton Learning Disability In-Patient Unit was presented as the HSCP's case study. This was delivered via strong partnership working throughout and there were positive outcomes for staff who were able to remain working in Learning Disability In-Patient Service. There was also Staff Side acknowledgement of excellent partnership working.

9.7 Renfrewshire Health and Social Care Partnership

Key achievements included a new staff health and wellbeing event, the Staff Development Programme and the annual HSCP Staff Awards.

A staff health and wellbeing event was showcased as the HSCP's case study. The event offered HSCP staff meaningful opportunities to pause, recharge, and explore what support is available for them. The event featured strong support from a wide range of local partner organisations, which added up to more than 30 stallholders across five themed rooms, a packed lecture programme and warm, welcoming atmosphere that celebrated connection, care, and community.

9.8 Finance Directorate

Key achievements included improved PDP&R compliance, improvements in their iMatter response rate and Employee Engagement Index, launch of a new graduate entrant programme and reestablishment of the Modern Apprenticeship within Procurement.

The Directorate highlighted staff involvement in Procurement Strategy development as their case study. Staff identified key procurement challenges and agreed priorities and actions for the next three years. As a result, the Procurement Team is keen to hold similar sessions to address specific challenges and opportunities and further strengthen staff engagement.

9.9 Estates and Facilities Directorate

Key achievements included improved PDP&R compliance, an increased focus on workforce planning and continuing to support and promote employability programmes.

The 2025 Staff Awards Event was presented as the Directorate's case study, highlighting how the event celebrated hard-working, innovative, collaborative, and committed staff, including positive feedback themes such as celebrating colleagues, recognition and providing a supportive atmosphere.

9.10 NHSGGC Workforce Strategy 2021-2025 and 2025-2030

At their May 2025 meeting, the Committee, for assurance, reviewed and scrutinised final progress of the Workforce Strategy 2021-2025, with a particular focus on the fourth and final phase Action Plan (1 April 2024 – 31 March 2025). The Committee noted that the Strategy was concluded, with 38 of the 40 commitments complete, one continuing to progress and one no longer a commitment.

Also at the May 2025 meeting, the Committee considered and approved, for onward approval to the Board, the Workforce Strategy 2025-2030. Committee members noted the Strategy is closely aligned with the Scottish Government's Transform and Reform priorities, supporting ambitions to improve access, harness digital innovation, shift the balance of care, and improve population health. Committee members noted key focuses over the next five years included empowering staff through skills development and support, nurturing talent and career progression, prioritising diversity, and inclusivity, embracing technology to streamline processes, and ensuring consistent communication across the organisation.

At the three remaining meetings of the 2025/26 cycle, the Committee, for assurance, monitored progress of the defined Phase 1 (1 April 2025 to 31 March 2026). At the end of 2025/26, of the 40 actions within the Action Plan, 36 were complete whilst four are being continued into 2026/27.

As part of these progress reports, the Committee received focussed updates on specific elements of the Workforce Strategy, these being Workforce Equality, Widening Access to Employment, Leadership and Culture and Core HR Activity, with highlights covered in 2.4.5 to 2.4.8, below.

9.11 Workforce Equality

The Committee noted that NHSGGC has a focussed annual Workforce Equality plan, approved and managed via the Workforce Equality Group (WEG), which includes in its membership four non-Executives, partnership representatives and the Chairs of the staff led equality groups. Progress against this plan is scrutinised by the Committee annually to ensure it is contributing to the delivery of the strategic aim of a Better Workplace and is being delivered in line with the Staff Governance Standard and the organisational values.

The Committee was provided with assurance in relation to Workforce Equality in May 2025, as part of the Workforce Strategy update.

The 2024/25 plan was built around five underpinning themes. The table below sets out progress against those themes. An update on actions on the 2025/26 plan will be presented to the Committee in May 2026.

Theme	2024/25 Highlights from the plan overseen by the Workforce Equality Group
Our staff are treated fairly and consistently, with dignity and respect, in an environment where diversity is valued.	<ul style="list-style-type: none"> • EDI training rolled out to people managers and will continue into 2025/26 • An anti-racism objective has been added for Executive and Senior Managers • NHSGGC's first Anti-racism plan agreed by the Board in December 2024 • New 2025-29 Fairer Glasgow Scheme agreed for April 2025 publication • Neuro-diversity resource pack developed
Continuing to build an inclusive culture, where all staff feel listened to and are confident in speaking up.	<ul style="list-style-type: none"> • Held successful events for Pride, South Asian Heritage Month, Disability History Month and Black History Month • Additional hate crime communications and sessions delivered in August and October 2024 • EDI Learning Event with 250 delegates successfully took place in August 2024 • Sexual Harassment: Cut It Out programme established with action plan for accreditation
Ensure our data collection is legally compliant and is used to continuously improve the equality and diversity of our workforce.	<ul style="list-style-type: none"> • Integrated EDI reporting into local storyboards to ensure accountability at all levels of NHSGGC
Take action to reduce gender, disability and ethnicity pay gaps.	<ul style="list-style-type: none"> • Action plan developed which has led to progress in reducing gender, disability and ethnicity pay gaps
Ensure delivery of our equality commitments to the attraction, development, retention, and career advancement opportunities of all employees within our diverse workforce.	<ul style="list-style-type: none"> • Staff Forum / Network representation as part of the following recruitment: <ul style="list-style-type: none"> ○ Chief Executive ○ Chief Officer ○ Director of HR & OD ○ Director of Digital (current) ○ Director of Procurement (current) ○ Director of Estates and Facilities (current) ○ Deputy Director of Access and Performance ○ General Manager, ED Medicine

Theme	2024/25 Highlights from the plan overseen by the Workforce Equality Group
	<ul style="list-style-type: none"> ○ General Manager, Surgical South ○ Deputy Director of Finance – Financial Planning ○ Deputy Director of Finance – Financial Services ○ Chief Nurse – Adults, Children and Families ○ Board Medical Director ● Coaching and mentoring offered to staff from our equalities Forums / Network to support career development ● Third BME Leadership Programme cohort commenced

9.12 Widening Access to Employment

The Committee was assured around the Widening Access to Employment Action Plan:

- Delivery is through multi-partner working at local, regional, and national levels, supported internally by HROD, Finance, Directors, Service Leads, Ambassadors and Staff Side.
- Employability programmes structured around three areas:
 - **Apprenticeships** – 42 Modern Apprentices graduated in August 2025 across 11 frameworks; 72 remain in training. Planning underway for 2026/27 recruitment, aligned with SDS Apprenticeship Week and school engagement events.
 - **Pre-employment** – Programmes supporting confidence and readiness for work, including:
 - King's Trust partnership (12 young people in hospital services placements).
 - Project Search (supporting young people with learning disabilities/autism; 24 trainees across Glasgow and Inverclyde).
 - Armed Forces Talent Programme (NES-funded internship; NHSGGC expressing interest for 2026/27).
 - Local Employability Partnerships (East Renfrewshire placements for unemployed/low-income parents).
 - **Careers outreach** – Engagement with schools and young people through:
 - Get Ready programmes (Medicine, Physiotherapy, Podiatry; 83 engagements April–October 2025).
 - Developing Young Workforce STEM events (510 young people engaged during Careers Week 2025).
 - RCN Cadet scheme (11 placements during spring break).

9.13 Leadership and Culture

The Committee was provided with assurance on the following key areas:

- Following full Investors in People (IiP) accreditation in June 2024, NHSGGC is embedding the framework across all clusters, aiming for reaccreditation by 2027. Cluster plans were informed by IiP, iMatter, and Collaborative Conversations.
- The Civility Saves Lives (CSL) programme has grown, with 270+ Champions and 46 Leads active across clusters. A refreshed action plan (July 2025) included new initiatives such as e-learning, awareness sessions, and a Civility and Kindness Day.
- Key leadership programmes included:
 - NES Leading for the Future: 5 NHSGGC participants
 - West of Scotland Adaptive Leadership: 18 NHSGGC participants
 - Medical Managers: 51 participants
 - Nursing & Midwifery Development: 81 in pilot cohort; 2 more cohorts planned through 2026 (approx. 200 staff)
 - BME Leadership Programme: 30 participants
 - Leadership Accelerator: In 2025 (40 places)
 - Estates & Facilities: Developing bespoke programme

9.14 Core Human Resources Activity

The Committee was provided with assurance around Core Human Resources activity, noting the following:

- **Core HR Overview** – The Core HR function is the central hub for people management, delivering strategic leadership, operational HR support, and specialist services across the organisation. Key priorities this year included improving attendance, strengthening case progression, and supporting the rollout of updated NHS Scotland Once for Scotland workforce policies. Directorate-wide action plans – such as the Board-Wide Absence Action Plan – improved toolkit clarity, management capability, and consistency of policy application. Core HR also contributed significantly to organisational change activity and staff wellbeing initiatives.
- **Heads of HR / HR Managers** – Heads of HR, supported by HR Managers, provide strategic workforce leadership across Acute, Corporate and HSCP services, ensuring alignment of workforce priorities to service needs. Over the year, they led workforce planning activity, enhanced absence management and reporting, strengthened recruitment governance, and supported major change programmes. A significant achievement included organisational preparedness

for potential industrial action, with extensive modelling and planning completed, although ultimately not activated.

- **HR Support and Advice Unit (HRSAU)** – The HRSAU operates as the first-line contact for HR enquiries, providing generalist advice, case management, and policy interpretation. In 2025 the team handled 16,150 enquiries, managing on average 222 employee relations cases and 819 attendance cases per month. The Unit's increased focus on early intervention through clinics, coaching and proactive case review, improved case progression, and enhanced manager capability. Specialist Employment Relations support continued to be provided for complex cases and tribunal matters.
- **Medical Staffing** – The Medical Staffing team delivers specialist HR support for medical and dental staff, covering job planning, appraisal and revalidation, resident doctor monitoring, and compliance with national and regulatory requirements. Over the past year, the team maintained delivery of high-risk functions, improved medical absence reporting, and strengthened governance through regular Medical Workforce meetings. They also contributed to industrial action planning by modelling potential impacts and supporting service contingency arrangements.
- **Safety, Health, and Wellbeing** – The Committee was provided with assurance twice across 2025/26 in relation to Safety, Health and Wellbeing and advised of a range of activities being developed and deployed, as outlined below, taken from the most recent update as at November 2025:
- **Ligature Risk Reduction** – The Interim Director of HR&OD and Director of Estates & Facilities are leading efforts to reduce ligature risks in relation to Capital Planning works and supports the drive to improve the training compliance for the Ligature Awareness Module. Updates on decant plans and works in Acute Emergency Departments have been provided to the Executive Oversight Committee. All actions in the Suicide Reduction Activity Plan are now complete, including the development of a Ligature Awareness Training Video.
- **Ligature Training Update – GGC292: Ligature Awareness Module** – NHSGGC Ligature awareness training completion increased to 68% in March 2026. A targeted approach identified 3,087 at March 2026 as being in scope requiring to complete the Ligature Awareness Module, with 2,110 staff completing it.
- **Self-Audits – Completed by the Services** – 5,013 self-audits were completed in 2025/26 compared to 2,056 in 2024/25. The highest risks are Self-Harm, Suicide due to the impact on the family of the patient plus the board's reputation due to previous Health and Safety Executive (HSE) involvement, and Violence Reduction due to the volume of incidents our staff are involved in and the potential impact upon sickness absence.
- **SHaW Audits – Completed by the SHaW Team** – 1,071 SHaW audits have been completed since April 2025 to March 2026, compared to 612 for the same period in 2024/25. Compliance scores for Violence Reduction is at 70% (same

position at March 2025) and Self-Harm sits at 56% (56% in March 2025). Both are lower than the respective self-audit scores, indicating a need for further focus on the risk assessment and training of staff.

- **Current Enforcement Activity by the Health and Safety Executive** – The HSE visited the Royal Alexandra Hospital Emergency Department following a patient suicide to undertake an investigation; a report has been submitted to the Procurator Fiscal and we are waiting to be advised of their intentions.

A HSE investigation at Queen Elizabeth University Hospital Ward 5c has been closed with no further action to be taken.

Potential enforcement action from the HSE at Glasgow Royal Infirmary Radiography Department following a patient fall has been avoided and the matter has been closed by the HSE with no further action to be taken.

- **Queen Elizabeth University Hospital Ward 4c (issued 17 Dec 2019 at sist)**

The HSE investigation was initiated by the deaths of two patients who had contracted Cryptococcus at QEUH. HSE's enquiries prompted further investigations into the suitability and management of the ventilation systems serving wards where patients particularly vulnerable to infection were located to ensure there was adequate control of risk.

The Head of Health and Safety, with Estates and Facilities, continue to work through the schedule of the Improvement Notice for the identified wards being Ward 6A Paediatric Haemato-Oncology, Ward 4C, Haemato-Oncology and Ward 4B Bone Marrow Transplant, in advance of any potential follow up inspections or requests by the HSE.

- **Glasgow Royal Infirmary (GRI)**

The HSE undertook a planned inspection on 10 March 2026 of the Containment Level 3 facilities at the GRI advising of two actions in relation to below.

Action 1, SVC4509662/AW/1: To comply with the law, you must design and implement a system for the planning, organisation, monitoring, and review of planned and preventative maintenance of safety critical equipment within the CL3 laboratory. Compliance date is 10 September 2026.

Action 2, SVC4509662/AW/2: To comply with the law, you must implement a process for emergency spill procedures, which includes foreseeable scenarios, for the CL3 laboratory. Compliance date is 10 June 2026.

Actions are progressing well and no issues to meet the timescales have been reported.

- **Health and Safety Executive Training Compliance** – Training compliance in relation to Sharps, Moving and Handling and Falls remains an area of focus. Ligature Awareness Module is now included within the monthly update. The Committee noted areas with improved compliance, and those requiring further improvement.

- **Overdue Health and Safety Datix Incidents** – There has been an improvement made since April 2025 when the number of overdue Datix incidents was 5,633. Although the number of overdue incidents remains above target, significant efforts by the services now shows there are only 1,944 now overdue in March 2026. A reduction of 3,689 incidents.
- **Task Calendar** – The Safety, Health and Wellbeing Task Calendar, launched in August 2023, supports legal and policy compliance. NHSBBG compliance score is currently at 59%, with progress in merging departments ongoing. Diagnostics, Women and Children's sectors with Estates & Facilities have shown notable improvements. HR&OD, East Dunbartonshire HSCP and Oral Health are achieving 100% compliance. This remains a continued focus by the Health and Safety Team to support the services to drive up their number of departments to be merged and with the completion of their applicable tasks.
- **Mental Health and Wellbeing** – Since January 2024, the Occupational Health Psychology and Wellbeing Service has received over 2,200 referrals, reduced its waiting list by 38%, and demonstrated strong outcomes, with most staff remaining in or returning to work and 93% showing improved mental health. Support is delivered through individual therapy, therapeutic groups, a responsive Critical Incident Team, and a wide-ranging peer support model, including over 1,000 trained Peer Supporters and themed Peer Support Hubs. Health promotion activities, wellbeing events, and targeted programmes such as Staff Witness Support, Civility Saves Lives, and the Staff Hardship Fund have been well utilised and positively received. Building on this strong foundation, plans for 2026 focus on expanding resources, communications, and everyday wellbeing initiatives to further support staff across the organisation.

9.15 Medical Education and Revalidation

The Committee was assured by the Board Medical Director and Director of Medical Education's update on Medical Education and Revalidation during 2025/26.

In November 2025, the Committee noted the specific updates and achievements in relation to Medical Education:

- Three departments are currently within a formal Deanery quality process, with this representing a reduction from the previous update in February 2025.
- NHSGGC has one department remaining on enhanced monitoring – General Internal Medicine at the Queen Elizabeth University Hospital (QEUH). Two recommendations remain where further improvements are required; work is ongoing to address these.
- The Director of Medical Education has supported several initiatives that aim to address some of the needs of the medical workforce, including enhanced induction for International Medical Graduates, the Chief Resident Development Programme and Consultant Induction.
- A seven-day induction period for new FY1 doctors is key to ensuring they are well prepared and safe to commence clinical duties in their first August rotation. This has been modified in recent years to best address the clinical and non-clinical priorities of those joining the medical workforce.

- There are 44 Chief Residents across 28 departments, supported by development days and mentoring. Sessions cover leadership and wellbeing, with further workshops planned. The Clinical Leadership Development Programme will recruit a new cohort in 2026.

The Committee noted the specific updates in relation to Medical Revalidation objectives in 2024/25:

Medical Workforce and Scope of Responsibility – The NHSGGC Responsible Officer oversees 3,993 doctors, including 2,707 in Secondary Care and 156 bank doctors. The number of salaried Clinical Fellows has increased slightly, with appraisal and revalidation now formally within the Responsible Officer's remit. Doctors working exclusively through the Medical Staffbank increased by 29% compared with 2023/24, and NHSGGC remains responsible for their appraisal and revalidation.

Appraisal Completion and Revalidation Outcomes (2024/25) – A key focus during 2024/25 was ensuring appraisals were completed within the correct appraisal phase. Of the 1,073 doctors due for revalidation, 949 were successfully revalidated. Deferrals were most commonly due to delays in appraisal completion or feedback. No recommendations for non-engagement were made. Overall appraisal completion rates were comparable with pre-2020 levels.

Patient Feedback and Digital Developments – Uptake of the electronic patient feedback system remains lower than the paper-based approach, though an Electronic Patient Questionnaire pilot has been introduced with expected growth in usage. Updates to the Scottish Online Appraisal Resource (SOAR) were implemented in January 2025, reflecting changes to the four domains of Good Medical Practice.

Good Medical Practice and Professional Standards – The GMC's updated Good Medical Practice guidance, effective from January 2024, places increased emphasis on respectful, fair, and supportive working environments. These principles are embedded within the appraisal and revalidation process.

Appraiser Capacity and Workforce Challenges – The ratio of appraisers to appraisees remains challenging. Ongoing efforts are in place to recruit and support appraisers, including promoting the appraiser role and developing a secondary care appraisal network.

9.16 Health and Care Staffing Scotland Act Programme

Every quarter, the Committee was provided with an overview of the key priorities of the Health and Care (Staffing) (Scotland) Act (2019), and the progress being made across NHSGGC for assurance.

At the February 2026 meeting, the Committee was provided with the second of the legislated Annual reports on the Health and Care (Staffing) (Scotland) Act 2019, for approval by the Staff Governance Committee and the NHSGGC Board in April 2026, for publication and submission by 30 April 2026.

The Committee noted that the annual report follows the Scottish Government's statutory guidance under the Health and Care (Staffing) (Scotland) Act 2019. Section 12IM of the 1978 Act mandates that relevant organisations submit an annual report detailing their compliance with key staffing duties, such as ensuring appropriate staffing levels, real-time assessments, risk escalation, clinical advice, and staff training.

The Committee noted that NHSGGC's overall compliance assessment is Reasonable Assurance. The report covers April 2025 – March 2026, but since it was drafted in January 2026, full-year data is unavailable. Instead, the report provides assurance levels for Q3 (December 2025) and projections for Q4 (March 2026), aligning with the approach taken by other Health Boards.

The Committee noted the assurance level at the end of quarter three and the project assurance for the end of quarter four as Reasonable and approved, via email, the recommendation to submit for consideration and approval to the NHSGGC Board in April 2026.

9.17 iMatter 2025

The Committee noted key information in relation to iMatter, including:

- There had been a slight overall increase in the number of responses within NHSGGC, up from 53% in 2024, to 54% (27,098 individual responses) in 2025. This compared favourably to the rate of survey responses across Scotland, which saw a slight reduction in 2025.
- Nationally, the Employee Engagement Index (EEI) score increased by one point to 77 in 2025, while NHSGGC remained steady at 76, though remaining in the Green, Strive and Celebrate category.
- Whilst the National action planning rate within eight weeks remained steady at 56%, NHSGGC improved by 2%, reaching 58%.
- The Overall Experience score nationally was 7.0, which is in line with the NHSGGC score. Encouragingly, within NHSGGC, the Overall Experience score rose from 6.9 to 7.0, highlighting a maintained positive sentiment across the organisation.
- 71% of staff agree or agree strongly that they are confident to safely raise any concerns they have.

The Committee was assured that iMatter data has informed and influenced a number of continuous improvement activities, including:

- Development of a short-one pager guide for managers to reflect action required for each stage of iMatter. This supported improved engagement, particularly at action planning stage.
- You Said / We Did communications, corporately and locally to showcase the ways in which the employee voice has influenced action. Shortly, an overview of progress from last year's Board plan will be shared with staff, in advance of the new plan being approved.

- Working with the National Short-Life Working Group to identify potential improvements for iMatter 2026, based on feedback and re-review of the 2019 Strathclyde University recommendations.

9.18 Workforce Information Storyboard

The Committee was provided with assurance on a range of KPIs including establishment, staff turnover, staff availability, statutory and mandatory training compliance and Personal Development and Planning Review completion.

The Committee noted a reduction in annualised staff turnover during 2025/26, with NHSGGC turnover sitting at 6.6% as at January 2026.

The Committee noted Sickness Absence continues to be challenging, with latest figures at 8.8% - the highest since December 2022 (this reduced to 7.4 % at February 2026). The Committee was assured that Action Plans and trajectories are in place and continually monitored for each area to help reduce absence and support return to work, with focus on early intervention and enhanced support for stress-related absence. Following the final Staff Governance Committee meeting of 2025/26, the Corporate Management Team approved the creation of ten dedicated posts to specifically support attendance management.

The Committee noted an increase in Personal Development Planning and Review completion to 70.2% at December 2025. Conversely, Statutory / Mandatory learning steadily decreased during 2025 with six of nine modules falling below 90%. Local Action Plans are in place to support increases.

9.19 Sexual Harassment Programme

The Committee was provided, for assurance, with an update on the Sexual Harassment Programme: Cut It Out, noting the following significant achievements.

- NHSGGC received confirmation in January 2026 that we are the first NHS Board in Scotland to earn the Equally Safe at Work (ESaW) Bronze Accreditation.
- 75% of staff surveyed were aware of the "Cut it Out" programme.
- Presentations and updates have been delivered to over 1500 managers and staff through 23 local Partnership Forums and to the NHSGGC Directorate Management Meetings.
- We also presented to the Grand Round (a teaching forum for the medical community) to engage with consultants, specialist (SAS) doctors, and newly qualified medical staff.
- Over 400 managers have completed the dedicated sexual harassment learning and education module.
- Since the programme began, we have seen an increase in staff contacting the HR Support and Advice Unit (HRS AU). During the reporting period (October 2024 to September 2025), there were 27 distinct sexual harassment enquiries, resulting in 43 instances where advice was sought or a case was initiated. This

level of activity suggests increased awareness of reporting processes and indicates that staff feel more safe and secure in raising concerns, supported by clearer routes for escalation and appropriate managerial support, with these figures providing a baseline for monitoring trends for future reporting periods.

The Committee noted that the programme has successfully raised awareness across the Board, with the next step being to further embed a culture of zero tolerance and to continue building trust in formal reporting systems, so that every staff member feels safe to speak up without fear of repercussions.

9.20 Remuneration Committee

As detailed within the Terms of Reference, the Staff Governance Committee provides assurance that systems and procedures are in place through the Remuneration Committee to manage Executive and Senior Manager pay.

During 2025/26, verbal updates on the Remuneration Committee meetings of 3 April 2025, 26 June 2025 and 13 August 2025, were given by the Employee Director. These updates highlighted that the Remuneration Committee had:

- Been assured by the updates on Executive and Senior Manager Appointments, Leavers / Interim Arrangements and Changes, including the creation of a number of posts to support the Interface Directorate;
- Noted Consultants' Discretionary Points 2023/24 Outcomes;
- Noted an update on Executive and Senior Manager (ESM) Pay Arrangements for 2024/25;
- Approved the Chief Executives 2024/25 performance outcome and noted outcomes for the remaining Executive and Senior Manager Cohorts.

The Committee, outwith its meeting Cycle, approved via email, the creation a Deputy Chief Operating Officer role in May 2025.

Moving forward, the newly established People and Staff Governance Committee will continue to receive updates and assurance from the Remuneration Committee, in line with the Committee's remit.

9.21 Other Items

Details of other business items considered by the Committee during 2024/25 are attached at Appendix 2, including, approval of the revised Health and Safety Policy, NMC Referrals, Staff Governance Workplan, updated on Board Appeals and Risk Register updates.

The Committee also received reports from the Area Partnership Forum at each meeting. As well as providing highlights from all items discussed at the monthly APF meetings, these reports reflected that partnership working has been challenging over the last year due to the local need to consider efficiencies and develop sustainability and value programmes that may affect staff. We will continue to work in partnership to maximise engagement at all levels.

Throughout 2025/26, there has been a continued focus on Board Member visibility, through a programme of visits across NHSGGC Hospital sites. More recently, non-executive Board Members, and members of the Staff Governance Committee, Mehvish Ashraf and Dr Paul Ryan, visited the Human Resources Organisational Development (HROD) team, gaining first-hand insight into how their work supports our people, patients, and organisation, as well as the overall work of the Committee.

Minutes of the meetings of the Committee and the Committee Chair's Report have been timeously submitted to the Board for its information.

10. Conclusion

The topics and summaries outlined in section 2.4 above, cover the range of items presented, with the Committee providing approval and receiving assurance throughout 2025/26, as required.

Statement of Assurance

As Joint Chairs of the Staff Governance Committee during financial year 2025/26, we are satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in Standing Orders. As a result of the work undertaken during the year we can confirm that adequate and effective Staff Governance arrangements were in place across NHS Greater Glasgow and Clyde during the year.

We pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. We thank all those members of staff who have prepared reports and attended meetings of the Committee and NHS Greater Glasgow and Clyde for their excellent support of the Committee.

We highlight that 2025/26 marks the end of the Staff Governance Committee in its own right, as discussed by the full Committee. For 2026/27 onwards, the Staff Governance Committee will merge with the People Committee to form the People and Staff Governance Committee.

Mehvish Ashraf

Ann Cameron-Burns

Joint Chairs on behalf of the Staff Governance Committee

Appendix 1 - STAFF GOVERNANCE COMMITTEE ATTENDANCE RECORD – 2025/26

NAME	POSITION	ORGANISATION	Date 20/05/25	Date 12/08/25	Date 27/11/25	Date 12/02/26
PRESENT						
A Cameron-Burns	Co-Chair	NHSGGC	P	P	A	A
K Miles	Co-Chair	NHSGGC	P	P	-	-
M Ashraf	Member/NED	NHSGGC	P	P	P	P
B Auld	Member/NED	NHSGGC	P	A	P	A
Prof J Gardner	Member / Chief Executive	NHSGGC	P	A	A	P
Cllr R Moran	Member/NED	NHSGGC	A	P	P	P
Cllr C McDiarmid	Member/NED	NHSGGC	P	A	A	P
Cllr M McGinty	Member/NED	NHSGGC	P	P	A	A
Dr P Ryan	Member/NED	NHSGGC	A	P	P	P
Dr L Thomson KC	Member / Board Chair	NHSGGC	P	P	P	P

NAME	POSITION	ORGANISATION	Date 20/05/25	Date 12/08/25	Date 27/11/25	Date 12/02/26
IN ATTENDANCE						
M Allen	Senior Administrator	NHSGGC	P	-	P	P
Dr J Armstrong	Medical Director	NHSGGC	P	-	-	-
G Ayling-Whitehouse	Head of HR – Estates and Facilities	NHSGGC	-	-	-	P
N Bailey	Interim Depute Director of Human Resources	NHSGGC	P	A	P	P
M Breen	Director of Finance	NHSGGC	-	-	-	P
F Carmichael	Staff Side Lead, Acute Partnership Forum	NHSGGC	P	A	A	P

BOARD OFFICIAL

A Chappell	Chief Officer, East Renfrewshire HSCP	East Renfrewshire HSCP	-	P	-	-
C Cooney	Non-Executive Board Member	NHSGGC	-	-	-	P
Dr E Crighton	Director of Public Health	NHSGGC	P	-	-	-
B Culshaw	Chief Officer, West Dunbartonshire HSCP	West Dun HSCP	P	A	P	A
Dr S Davidson	Medical Director	NHSGGC	A	-	P	A
K Donald	Corporate Services Manager – Governance	NHSGGC	P	P	-	-
G Duncan	Corporate Executive Business Manager	NHSGGC	-	P	-	-
C Ferguson	Head of HR – Inverclyde HSCP	Inverclyde HSCP	-	P	-	-
M Gardner	Deputy Nurse Director	NHSGGC	-	P	P	P
A Hair	Partnership Representative – Unite the Union	NHSGGC	-	-	A	-
K Heenan	Chief Risk Officer	NHSGGC	P	P	P	P
D Hudson	Staff Experience Advisor	NHSGGC	P	P	P	P
H Jackson	Head of Health and Care (Staffing) (Scotland) Act Programme	NHSGGC	-	P	P	P
T Keenan	Assistant Chief Officer	Glasgow City HSCP	P	A	-	-
C Kennedy	HR Manager – Corporate	NHSGGC	-	-	-	P
CA Keogh	Head of Human Resources – Corporate Services	NHSGGC	P	-	-	-
M Macdonald	Head of Learning & Education	NHSGGC	P	P	P	P
S MacLean	Human Resources Manager, Renfrewshire HSCP	NHSGGC	-	P	P	-
D Mains	Health and Safety Manager	NHSGGC	-	P	-	-
M McCarthy	Staff Side Lead, Glasgow City HSCP Staff Partnership Forum	NHSGGC	A	-	-	-

BOARD OFFICIAL

B McClean	Chief Officer, Renfrewshire HSCP	Renfrewshire HSCP	-	-	P	-
A McCready	Deputy Staff Side Lead, UNITE	NHSGGC	P	P	P	P
Dr C McKay	Deputy Medical Director – Corporate	NHSGGC	P	-	-	P
S Munce	Head of Workforce Planning and Resources	NHSGGC	P	P	P	P
J Neilson	Corporate Services Manager – Board Secretary	NHSGGC	-	-	P	P
Dr M Pay	Workforce Strategy Manager	NHSGGC	P	P	P	P
Dr C Perry	Director of Medical Education	NHSGGC	-	-	P	
E Quail	Staff Side Secretary / APF Secretariat	NHSGGC	P	P	A	
C Reichle	Staff Side Partnership Lead	NHSGGC	-	A	-	P
C Reid	HR Manager, East Renfrewshire HSCP	East Renfrewshire HSCP	-	P	-	-
C Rennie	Workforce Planning Manager	NHSGGC	P	P	P	P
K Rocks	Chief Officer, Inverclyde HSCP	Inverclyde HSCP	-	P	-	-
N Smith	Interim Director of Human Resources and Organisational Development	NHSGGC	P	P	P	P
J Somerville	Head of Occupational Health	NHSGGC	-	-	P	A
L Spence	Head of Staff Experience	NHSGGC	P	P	P	P
Prof T Steele	Director of Estates and Facilities	NHSGGC	-	-	-	P
P Togher	Chief Officer, Glasgow City HSCP	Glasgow City HSCP	P	-	-	-
Prof A Wallace	Executive Director of Nursing	NHSGGC	P	P	A	A
A Walton	Staff Side Partnership Lead (Area Partnership Forum)	NHSGGC	A	P	A	-

BOARD OFFICIAL

F Warnock	Head of Health and Safety	NHSGGC	P	-	P	A
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Key

P	Present
A	Absent
-	Attendance not required

Appendix 2

**STAFF GOVERNANCE COMMITTEE
SCHEDULE OF BUSINESS CONSIDERED 2025/26**

DATE OF MEETING	TITLE OF BUSINESS DISCUSSED
20 May 2025	<p>Minutes of Meeting held on 18 February 2025</p> <p>Matters Arising:</p> <ul style="list-style-type: none"> • Rolling Action List <p>Urgent Items of Business:</p> <ul style="list-style-type: none"> • Emergency Department Survey Feedback <p>Matters Directly Related to the Staff Governance Standard:</p> <ul style="list-style-type: none"> • Assurance Presentation: <ul style="list-style-type: none"> ○ Public Health Directorate ○ Glasgow City HSCP • Safety, Health, and Wellbeing <p>Reports that Support Compliance with the Staff Governance Standard:</p> <ul style="list-style-type: none"> • Workforce Strategy 2021-25 and Workforce Equalities / Anti-Racism Update • Workforce Plan 2025-28 • Medical Revalidation • Staff Governance Committee Annual Report 2024/25 • Annual Review of Terms of Reference <p>Other Relevant Reports:</p> <ul style="list-style-type: none"> • Staff Governance Workforce Performance Report • Human Resources Risk Register • Area Partnership Forum Report • Cycle of Business 2025/26
12 August 2025	<p>Minutes of Meeting held on 20 May 2025</p> <p>Matters Arising:</p> <ul style="list-style-type: none"> • Rolling Action List <p>Urgent Items of Business:</p> <ul style="list-style-type: none"> • None <p>Matters Directly Related to the Staff Governance Standard:</p> <ul style="list-style-type: none"> • Assurance Presentations: <ul style="list-style-type: none"> ○ Inverclyde HSCP ○ East Renfrewshire HSCP <p>Reports that Support Compliance with the Staff Governance Standard:</p>

DATE OF MEETING	TITLE OF BUSINESS DISCUSSED
	<ul style="list-style-type: none"> • Workforce Strategy 2025-30: Phase One Action Plan and Leadership and Culture Update • Health and Safety Policy • Health and Care Staffing Scotland Act Programme Update • Nursing and Midwifery Council Referrals and Assurance (Annual Report) • Remuneration Committee Update <p>Other Relevant Reports:</p> <ul style="list-style-type: none"> • Board Appeals Update • Audit Plan Update: Staff Training & Development, Succession Planning and 2025/26 Audit • Staff Governance Workforce Performance Report • Human Resources Risk Register • Area Partnership Forum Report
27 November 2025	<p>Minutes of Meeting held on 12 August 2025</p> <p>Matters Arising:</p> <ul style="list-style-type: none"> • Rolling Action List <p>Urgent Items of Business:</p> <ul style="list-style-type: none"> • Industrial Action Update <p>Matters Directly Related to the Staff Governance Standard:</p> <ul style="list-style-type: none"> • Assurance Presentations: <ul style="list-style-type: none"> ○ Renfrewshire HSCP • Staff Governance Assurance Workplan • NHSScotland Staff Governance Standard 2024-2025: Assurance of Compliance <p>Reports that Support Compliance with the Staff Governance Standard:</p> <ul style="list-style-type: none"> • Workforce Strategy 2025-30: Phase One Action Plan and Widening Access to Employment Update • Safety, Health, and Wellbeing • Health and Care Staffing Scotland Act Programme <p>Other Relevant Reports:</p> <ul style="list-style-type: none"> • Medical Education • Board Appeals Update • Staff Governance Workforce Performance Report • Human Resources Risk Register • Area Partnership Forum Report
12 February 2026	<p>Minutes of Meeting held on 27 November 2025</p>

DATE OF MEETING	TITLE OF BUSINESS DISCUSSED
	<p>Matters Arising:</p> <ul style="list-style-type: none"> • Rolling Action List <p>Urgent Items of Business:</p> <ul style="list-style-type: none"> • District Nurses Update • Board Appeals <p>Matters Directly Related to the Staff Governance Standard:</p> <ul style="list-style-type: none"> • Future of the Staff Governance Committee • Assurance Presentation: <ul style="list-style-type: none"> ○ Finance Directorate ○ Estates and Facilities Directorate • Internal Communications and Employee Engagement Strategy Update • iMatter 2025 <p>Reports that Support Compliance with the Staff Governance Standard:</p> <ul style="list-style-type: none"> • Workforce Strategy 2025-30: Phase One Action Plan and Core Human Resources Activity • Health and Care Staffing Scotland Act Programme: Annual Report <p>Other Relevant Reports:</p> <ul style="list-style-type: none"> • Workforce Plan – Annual Update • Staff Governance Workforce Performance Report • Human Resources Risk Register • Area Partnership Forum Report • Cycle of Business 2026/27