

**NHS GREATER GLASGOW AND CLYDE**

**Minutes of the Meeting of the  
Audit and Risk Committee  
held on Thursday 19 March 2026 at 9.30am  
hybrid at JB Russell House/Microsoft Teams**

**PRESENT**

Ms Michelle Wailes (in the Chair)

Mr Brian Auld (for item 14b)	Ms Margaret Kerr
Mr Michael Breen	Dr Rebecca Metcalfe

**IN ATTENDANCE**

Ms Denise Brown	Director of Digital Services
Mr Russell Coulthard	Deputy Chief Operating Officer
Mr Euan Cronin	Assistant Head of Financial Services
Mr David Eardley	Internal Auditor, Azets
Ms Katrina Heenan	Chief Risk Officer
Ms Jillian Neilson	Programme Manager
Mr Stephen Reid	External Auditor, EY
Mr Michael Sheils	Head of Financial Services
Dr Lesley Thomson KC	NHSGGC Chair
Mr James Thomson	Observer
Mr John Thomson	Assistant Director of Finance
Ms Rachel Weir	Internal Auditor, Azets
Ms Rachel Wynne	External Auditor, EY

			<b>ACTION BY</b>
<b>01.</b>	<b>Welcome and Apologies</b>		
	Ms Wailes welcomed those present to the meeting of the Audit & Risk Committee.		
	Apologies were noted on behalf of Mr Charles Vincent and Cllr Jacqueline Cameron.		
	Mr Brian Auld was unable to attend the full meeting, however, would be joining for Item 14b, Whistleblowing Internal Audit.		
	The Chair welcomed Mr James Thomson who was joining the meeting as an observer. Mr Thomson was taking up post as Deputy Director of Finance following the retirement of Mr John Thomson, current Assistant Director of Finance.		

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			<b>ACTION BY</b>
	The Chair advised members that a private meeting was scheduled to take place at 12.30pm.  <b><u>NOTED</u></b>		
<b>02.</b>	<b>Declaration(s) of Interest(s)</b>		
	The Chair invited members to declare any interests in matters being discussed. There were no declarations of interest made.  <b><u>NOTED</u></b>		
<b>03.</b>	<b>Minutes of Previous Meeting</b>		
	The Committee considered the minute of the Audit and Risk Committee meeting held on 3 December 2025 [ARC(M)25/05] and were content to accept the minute of the meeting as a complete and accurate record.  <b><u>APPROVED</u></b>		
<b>04.</b>	<b>Matters Arising</b>		
	<p><b>a) Rolling Action List</b></p> <p>The Committee considered the Rolling Action List [Paper No. 26/01] and noted that 2 actions remained ongoing and noted the following update:</p> <p><u>Minute 83b - Risk Management</u></p> <p>In relation to the work undertaken linked to the internal audit recommendations, Ms Heenan, Chief Risk Officer, provided an update on the specific risk actions. Ms Heenan advised that there were 16 actions, 4 complete, 3 partially complete and 9 not yet due. The Committee noted that significant work was taking place to close the actions. Further details would be included within the Risk Management Annual Workplan scheduled for the next meeting. The Committee agreed to re-open the action and close off at the June 2026 meeting.</p> <p><u>Minute 80 – 2025-26 External Audit Draft Audit Plan</u></p> <p>Clarification was requested on the revised sections on leadership and governance.</p> <p><u>Minute 89 - Business Continuity Policy</u></p> <p>Although marked as closed, clarification was sought on progress and timing. The item is expected to be included in a forthcoming</p>		Secretariat

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	<p>Board Seminar, with the date to be confirmed. Further work on the policy is ongoing, and an update will be provided. It was agreed the action should remain open, with a revised timescale reflecting both the Seminar and the substantive update.</p> <p><u>Minute 85 – Freedom of Information Quarter 2 Report</u></p> <p>Clarification was requested on the breakdown of fees to be included in the report.</p> <p>The Committee were content to note the updates approve the paper as an accurate record.</p> <p><b><u>APPROVED</u></b></p>		Mr Paterson
<b>05.</b>	<b>Urgent Items of Business</b>		
	<p>The Chair invited members to raise any urgent items of business. No items were raised.</p> <p><b><u>NOTED</u></b></p>		
<b>06.</b>	<b>Fraud Report and Counter Fraud Services Update</b>		
	<p>The Committee considered the Fraud Report and Counter Fraud Services Update [Paper 26/02] presented by Mr Euan Cronin, Assistant Head of Financial Services, for assurance.</p> <p>The paper provided an update on current fraud cases and the actions undertaken to prevent, detect and investigate fraud in the period 1 April 2025 to 31 January 2026.</p> <p>There were 92 allegations reported during the period and no new cases identified, however, a new case had been added for wider awareness relating to a national review of the Pharmacy First Service. At the end of the period there were 7 ongoing cases in the Fraud Register and 16 open allegations.</p> <p>Mr Cronin reported an increase in the volume of enquiries compared to last year, mainly due to Human Resource related matters and historical under-reporting. A review of enquiries raised by Human Resources was carried out and referred to CFS where appropriate. In only one case had the matter already been known, and Police Scotland had been involved, therefore no further action was taken. Mr Cronin advised that a meeting was held with Human Resource managers to remind them about the Framework and a lessons learned exercise was being undertaken in relation to an incident reported in the paper.</p> <p>In response to a question concerning Pharmacy First, specifically whether the matter related to particular community pharmacies or was a more general issue, and what action was being taken, the</p>		

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	<p>Committee noted that concerns existed both in relation to specific pharmacies and at a broader level. Mr Cronin noted that a national piece of work was being carried out and CFS had been visiting pharmacies to check adherence to the guidance and the Pharmacy First guidance had been reissued. CFS had also undertaken a data analysis exercise and would keep the matter under review for a period of six months. Concerns regarding potential overclaiming by pharmacies through Pharmacy First had been reported.</p> <p>In relation to training modules, the Committee noted that mandatory training is overseen through Staff Governance, but additional assurance is required for fraud-related modules. Mr Cronin advised that the Once for Scotland training does not fully reflect local requirements and will consider further action with Human Resources, including targeted engagement or revised communications. Delivery and uptake will continue to be monitored, supported by targeted campaigns, with progress reviewed over the next two reporting cycles.</p> <p>The Committee noted that Human Resources is an appropriate source of advice where concerns arise. It was agreed the matter should be referred to the People Committee to ensure training is fully embedded, with ongoing assurance provided through the People Committee and Staff Governance Committee. Subject to agreement on feedback and its inclusion in annual reports, the action should be closed at one of the June Committee meetings.</p> <p>The Committee were content to note the update.</p> <p><b><u>NOTED</u></b></p>		Mr Cronin
<b>07.</b>	<b>2025-26 Bad Debt Write Off</b>		
	<p>The Committee considered the 2025-26 Bad Debt Write Off [Paper 26/03] presented by Mr Michael Breen, Director of Finance, for approval.</p> <p>Mr Breen provided an overview of the paper, noting that Committee approval is required for any individual debt write-off exceeding £20,000.</p> <p>The report highlighted two significant debts, each in excess of this threshold, which were recommended for write-off. These related to two companies currently in administration, and it was assessed that there is a low likelihood of any recovery. The combined value of these debts amounts to £82,693.17.</p>		

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	<p>In addition, the paper included a number of smaller debts with an aggregate value of £44,071.85. Mr Breen confirmed that these would be written off under delegated authority, in line with the Board's Standing Financial Instructions.</p> <p>The Committee considered the report and was content to approve the recommended write-offs.</p> <p><b><u>APPROVED</u></b></p>		
<b>08.</b>	<b>2025-26 NHSGGC Accounting Policies</b>		
	<p>The Committee considered the 2025/26 NHS GGC Accounting Policies [Paper 26/04] presented by Mr John Thompson, Assistant Director of Finance, for approval.</p> <p>Mr Thomson provided an overview of the proposed Accounting Policies to be applied in the preparation of the 2025-26 Annual Report and Accounts. Mr Thomson confirmed that there were no material changes to the overall policy framework, with any updates clearly identified within the report.</p> <p>The Committee noted that the adoption of IFRS 17 (Insurance Contracts) remains a holding position. This standard is primarily applicable to insurance entities and is not expected to have a significant impact on NHS GGC.</p> <p>It was further noted that a presentational change has been introduced whereby operational assets are now described as being held for their operational capacity rather than their service potential.</p> <p>The Committee was advised that the full suite of accounting policies was set out within the Appendix to the report and recommended for approval.</p> <p>The Committee were content to approve the paper.</p> <p><b><u>APPROVED</u></b></p>		
<b>09.</b>	<b>2025-26 Annual Audit Plan</b>		
	<p>The Committee considered the 2025-26 Annual Audit Plan [Paper 26/05] presented by Ms Rachel Wynne.</p> <p>MS Wynne noted that the plan had been updated since December 2025 to reflect minor revisions, including refreshed sector context, adjustments to timing, alignment with the financial forecast, clearer articulation of risks, and recognition of changes</p>		

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	<p>within the finance team. The inclusion of audit fees and ongoing discussions regarding potential additional fees was also noted.</p> <p>The Committee discussed whether recent Board governance developments had been sufficiently reflected. While generally content, it was agreed that wording could be refined for clarity. Interim audit work was noted, with no material findings identified to date.</p> <p>Members discussed the transparency of additional audit fees, seeking greater clarity on the scope of the base fee and the basis for further charges. It was noted that additional fees may arise due to changes in standards, risk, or specific audit requirements, and that full costs are not always known until year end. It was agreed that further discussion would take place out with the meeting to improve transparency.</p> <p>The Committee noted that previous comments had been addressed and no further amendments were required.</p> <p>Management's approach to accruals and estimates was considered, with assurance provided that this remains a robust and routine year-end process, supported by comprehensive working papers and with no material changes anticipated.</p> <p>The Committee were content to note the paper.</p> <p><b><u>NOTED</u></b></p>		
<b>10.</b>	<b>External Audit Actions Tracker</b>		
	<p>The Committee considered the External Audit Actions Tracker [Paper 26/06] presented by Mr John Thomson, Assistant Director of Finance, for assurance.</p> <p>Mr Thomson reported progress against the 10 audit recommendations, comprising four arising from the 2024-25 audit and six carried forward. The paper outlined actions taken and progress against each.</p> <p>In relation to the Remuneration Report, lessons learned from 2024-25 have been incorporated into updated procedures, with additional training undertaken with EY in January 2026. A trial run of the reporting process was also completed. Members noted that work on governance and transitional changes was progressing. While some elements remain subject to final payroll and pension confirmations, reasonable progress has been made and key lessons identified.</p> <p>The Committee were content to note the update.</p> <p><b><u>NOTED</u></b></p>		

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11.	<b>Corporate Risk Register</b>		
	<p>The Committee considered the Corporate Risk Register [Paper 26/07] presented by Ms Katrina Heenan, Chief Risk Officer, for approval.</p> <p>Ms Heenan provided an overview of the current Corporate Risk Register, highlighting changes since the previous reporting period.</p> <p>The report covered activity from November 2025 to January 2026, with October 2025 data included for completeness. Ms Heenan noted that risks continue to be subject to monthly review, with the Corporate Risk Register updated accordingly to reflect emerging issues and changes in risk profile. The risks presented had previously been reviewed and endorsed by the Corporate Management Team on 6 February 2025.</p> <p>The Committee received an update on changes to risk scores during the period. Risk 3036 (Financial Sustainability-Revenue) had been reduced to a score of 20, reflecting a reduced financial impact aligned to the in-year reduction in deficit and progress towards a 1% breakeven position.</p> <p>Positive progress was also noted in respect of Risk 3059 (Mandatory Staff Training and Development), with actions taken to address internal audit recommendations and improve compliance levels.</p> <p>Risk 3432 (Industrial Action) had been increased in November 2025 following notification of industrial action, with a further increase proposed in early January 2026. However, this was subsequently reduced back to its original level following the stand-down of industrial action.</p> <p>Ms Heenan advised that significant progress had been made in delivering risk management actions. Of the 54 actions recorded, 18 had been completed. 3 actions had revised completion dates, 6 were less than 3 months old, 13 were more than 3 months old, and 14 were not yet overdue.</p> <p>The Committee noted that two risks had reduced in score during the reporting period.</p> <p>In discussion, the Committee considered risks relating to ageing infrastructure and the associated replacement programme. A query was raised regarding the process for prioritisation and escalation of funding requirements. Mr Breen confirmed that these matters would be considered through the remit of the Capital Planning Group.</p>		

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	<p>The Committee were content to approve the paper.</p> <p><b><u>APPROVED</u></b></p>		
<b>12.</b>	<b>Proposed Extension of Internal Audit Service</b>		
	<p>The Committee considered the Proposed Extension of Internal Audit Service [Paper 26/08] presented by Mr John Thomson, Assistant Director of Finance, for approval.</p> <p>Representatives from Azets withdrew for this item.</p> <p>Mr Thomson sought approval to extend the current contract with Azets to June 2028. This was considered to provide a more appropriate timeframe to support the audit planning cycle and allow for a more considered review of future arrangements, alongside potential pricing benefits.</p> <p>The Committee noted the challenging internal audit market and the strong performance and established working relationship with Azets, including delivery against KPIs and a well-developed understanding of NHS GGC and its operating environment. Continuity of provision to June 2028 was considered to provide important risk mitigation.</p> <p>It was agreed that, subject to approval, early planning for future procurement arrangements should commence to ensure readiness and to allow sufficient lead-in time for any transition recognising the complexity of changing provider.</p> <p>The Committee approved the proposed extension, noting that this represented the final opportunity to extend the contract under the current framework.</p> <p><b><u>APPROVED</u></b></p>		
<b>13.</b>	<b>Draft 2026-27 to 2027-28 Strategic Internal Audit Plan</b>		
	<p>The Committee considered the Draft 2026-27 to 2027-28 Strategic Internal Audit Plan [Paper 26/09] presented by Mr David Eardley, Azets, for approval.</p> <p>The plan was noted to be informed by an updated audit needs assessment and aligned to NHS GGC's risk profile. Proposed audit areas had been agreed in principle, with detailed internal audit scopes to be developed for each review.</p> <p>Members welcomed the focus on clinical and care governance, alongside IT and data, and noted alignment with other assurance activity.</p>		



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	<p>The Committee discussed a number of areas in more detail.</p> <p>Members requested clearer alignment of the health and safety audit with regulatory requirements and infrastructure-related risks.</p> <p>Further clarity was also sought on the scope and intended value of the performance monitoring audit.</p> <p>In relation to staff governance, absence management was supported as a priority area.</p> <p>The proposed cyber-related work was also considered, with members recognising existing assurance activity and highlighting the need to carefully consider timing and scope.</p> <p>Overall, the plan was considered to be clear, risk-based and well developed. Members emphasised the importance of defining scope appropriately, sequencing audits effectively and ensuring outputs provide practical value.</p> <p>The Committee were content to approve the paper.</p> <p><b><u>APPROVED</u></b></p>		
<b>14.</b>	<b>Internal Audit Reports</b>		
	<p>The Committee considered the paper Internal Audit Reports [Paper 26/10] presented by Azets for assurance.</p> <p>a) <u>Internal Audit Progress Report</u></p> <p>The paper provided a summary of internal audit activity since the last meeting. Delivery was noted to be on track for year end, with the programme progressing as planned and the Annual Opinion scheduled for June 2026.</p> <p>The Committee noted that Appendix 1 set out details of each audit, with additional pharmacy work progressed and summarised in Appendix 2. It was confirmed that this work would be reported separately to the Committee, as agreed.</p> <p>Following implementation of a new system, EY had undertaken additional pharmacy-related work. Internal audit had also completed a review and identified actions to provide assurance that any issues had been appropriately addressed.</p> <p>b) <u>Whistleblowing</u></p> <p>The Committee noted that the Internal Audit report reflected fieldwork undertaken in summer 2025; however, it was</p>		

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	<p>acknowledged that the accompanying presentation provided a more current position.</p> <p>The current amber rating was considered appropriate, reflecting both areas of good practice and those requiring further development. Positive assurance was drawn from the progress made, particularly in relation to the development of supporting materials, including the user guide, website and wider resources, which promote awareness of whistleblowing arrangements and support staff confidence in speaking up.</p> <p>The Committee also noted the presence of effective data management arrangements.</p> <p>The Committee welcomed the actions taken to strengthen the speak-up culture and acknowledged the existence of a clear and focused action plan to support continuous improvement.</p> <p>A typographical amendment was highlighted on page 9 (first bullet point), where “work is needed to increase confirmed” should be corrected to “work is needed to increase confidence.”</p> <p>In response to a query regarding guidance updates, the Committee received assurance that all actions had been completed and that the guidance had been fully refreshed.</p> <p>The Committee revisited earlier concerns regarding the monitoring of actions and recommendations arising from whistleblowing cases, as previously discussed in September 2025.</p> <p>While progress was recognised, it was acknowledged that whistleblowing arrangements have not yet reached the desired level of maturity.</p> <p>The Committee therefore agreed that the amber assessment remains appropriate. Members also recognised the inherent complexity of whistleblowing arrangements.</p> <p>Finally, the Committee noted that the updated report and presentation had been provided out with the usual reporting cycle. While this was recognised as an unusual position, it was considered appropriate considering the delay in finalising the Internal Audit report for submission to the Audit and Risk Committee.</p> <p>c) <u>Communication Strategy</u></p> <p>The report noted that internal communications are currently focused on employee engagement. It identified a requirement for minor improvement in relation to the current Strategy, which is</p>		

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	<p>nearing the end of its lifecycle, and recommended the development of a refreshed Strategy.</p> <p>Challenges were highlighted in relation to both the volume of communications and the staffing mix. Notwithstanding this, a number of examples of good practice were identified, particularly in engaging staff who are not desk-based.</p> <p>Seven areas for improvement were identified, including monitoring and performance reporting. While the Strategy set out ten key priorities, the audit found that associated actions were not being monitored routinely and were not subject to consistent review.</p> <p>d) <u>Workforce Planning</u></p> <p>The Committee noted clear evidence of good practice in workforce planning, underpinned by a strong organisational commitment to continuous improvement and meaningful staff engagement. Eight areas for improvement were identified; however, these were assessed as minor in nature.</p> <p>It was recognised that errors were present in the finalised version of the Strategy, and these should be clearly identified, corrected and updated as a matter of priority.</p> <p>In addition, the role and remit of the Workforce Steering Group requires review to ensure it is fully current and aligned to the governance arrangements supporting delivery of the Strategy.</p> <p>While local actions are being progressed by teams and reported centrally, the Committee noted that there is currently no formal mechanism in place to validate supporting evidence prior to actions being closed. Strengthening this assurance process would provide greater confidence in delivery and reporting.</p> <p>Finally, the Committee emphasised the importance of ensuring that stakeholder engagement undertaken throughout the process is explicitly recognised and documented within the Strategy.</p> <p>e) <u>Information Governance</u></p> <p>The Committee noted that a number of areas of good practice had been identified, with only minor amendments required at this stage.</p> <p>In particular, members recognised the strength of the existing Information Governance framework, including a comprehensive suite of supporting policies and the provision of mandatory GDPR training for all staff.</p>		

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	<p>However, it was highlighted that, while GDPR training is mandatory, equivalent requirements are not currently in place for corporate records management. Members raised concerns in relation to data breaches, the need for more consistent central oversight, and the fact that records of processing activities are not yet fully compliant with regulatory requirements.</p> <p>Further discussion considered whether the delegated model outlined in Section 4 remains appropriate, or whether there may be merit in moving towards a more centralised approach. It was suggested that there could be value in bringing these functions together to strengthen consistency, oversight, and resilience, particularly in the context of increasing demand. Members agreed that this should be explored further through the Information Governance Steering Group.</p> <p>In response to questions regarding the rise in requests, it was noted that the operating environment has become increasingly complex, with broader societal factors also likely contributing.</p> <p>f) <u>Internal Audit Follow Up Report</u></p> <p>The Committee noted that 39 open actions were carried forward, with a further 33 actions added during the reporting period, resulting in 72 actions subject to follow-up. Of these, 26 actions had been completed, 25 were assessed as partially complete, 17 were not yet due, and 4 were recorded as incomplete due to no response being received.</p> <p>The outstanding incomplete actions relate to the 2024-25 audit of Waiting List Management for psychological services hosted within Glasgow HSCP and Alcohol and Drug Recovery Services (ADRS), which are managed individually by each HSCP. The Committee noted that Glasgow HSCP has confirmed that engagement will take place to progress these matters.</p> <p>The Committee acknowledged the number of overdue actions and emphasised the importance of actions being delivered within agreed timescales. It was further agreed that a review would be undertaken to strengthen reporting arrangements between Committees and enhance oversight of action tracking.</p> <p>The Committee was content to note the update.</p> <p><b><u>NOTED</u></b></p>		

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<b>15.</b>	<b>GP Data Breach</b>		
	<p>The Committee considered the GP Data Breach [Paper 26/11] presented by Ms Denise Brown, Director of Digital Services, for assurance.</p> <p>Ms Brown provided an update on a recent data breach incident involving inappropriate access to clinical records by a member of GP Practice staff. Ms Brown outlined the actions taken to date, the findings from the review of the incident, and the oversight exercised by the Information Governance Steering Group.</p> <p>The Committee noted that a series of communications had been issued to Primary Care, with significant support from the Local Medical Committee (LMC). These communications served as an important reminder of professional and statutory obligations in relation to access to patient records.</p> <p>In response to a question regarding the robustness of audit arrangements, including the ability to identify gaps at an individual level and maintain an effective audit trail, Ms Brown confirmed that relevant systems do maintain comprehensive audit logs. These had been utilised as part of the investigation and provided assurance regarding retrospective review capability.</p> <p>Regarding the ability to proactively identify and flag concerns, it was noted that this remains an area under development at a national level. Work is progressing to enhance reporting arrangements to support the identification of unusual access patterns and to enable these to be flagged to GP Practices for local review. The development of pattern recognition and trend analysis was highlighted as a key area for further improvement. The Committee acknowledged that the incident was unsatisfactory; however, it was noted that no regulatory or formal action had been taken against NHS GGC.</p> <p>The Committee were content to note the report.</p> <p><b><u>NOTED</u></b></p>		
<b>16.</b>	<b>Freedom of Information Quarter 3 Report</b>		
	<p>The Committee considered the Freedom of Information Quarter 3 Report [Paper 26/12] presented by Mr Iain Paterson, Corporate Services Manager – Compliance, for assurance.</p> <p>Mr Paterson reported that performance had reached 90% compliance and confirmed that NHS GGC had been de-escalated from Level 3 Intervention by the Scottish Information Commissioner. This reflected sustained improvement and the</p>		

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	<p>maintenance of strong Freedom of Information (FOI) compliance over the preceding 12 months. It was noted that the additional capacity introduced in 2024 had been instrumental in delivering the current level of performance.</p> <p>While acknowledging the significant progress achieved, Mr Paterson highlighted that maintaining this level of performance would be dependent on sustaining appropriate support arrangements across NHS GGC.</p> <p>Members welcomed the progress made, including the de-escalation from Level 3 Intervention, and recognised the achievement of reaching 90% compliance as a significant milestone.</p> <p>The Committee were content to note the update.</p> <p><b><u>NOTED.</u></b></p>		
17.	<b>Whistleblowing Quarter 3 Report</b>		
	<p>The Committee considered the Whistleblowing Quarter 3 Report [Paper 26/13] presented by Ms Jillian Neilson, Corporate Services Manager – Governance/Board Secretary.</p> <p><b>a) Quarter 3 Report</b></p> <p>The report covered the period from 1 October 2025 to 31 December 2025, during which four concerns were raised. Of these, two progressed to formal Stage 2 cases. Two Stage 2 whistleblowing investigations were subsequently concluded and closed.</p> <p>The Committee highlighted the importance of ensuring that recommendations arising from closed cases are systematically tracked and monitored.</p> <p>Members also requested updates on staff training to be incorporated into future reporting.</p> <p>To support a fuller understanding of the issues raised, it was suggested that a dedicated session be arranged to provide a more detailed briefing to Committee members.</p> <p>The Committee also noted that the 2026-27 action plan referenced within the paper is currently in development.</p> <p><b>b) Speak Up! Next Steps (Whistleblowing)</b></p> <p>The Committee noted the paper and the programme of activity supporting the <i>Speak Up!</i> campaign, with a focus on enhancing</p>		

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	<p>engagement on whistleblowing and increasing overall confidence in the effectiveness of the processes in place.</p> <p>The Committee were content to note the update.</p> <p><b><u>NOTED</u></b></p>		
<b>18.</b>	<b>Committee Annual Cycle of Business</b>		
	<p>The Committee considered the Committee Annual Cycle of Business [Paper 26/14] presented by Ms Elaine Vanhegan, Director of Corporate Services and Governance, for approval.</p> <p>The Committee were content to approve the paper.</p> <p><b><u>APPROVED</u></b></p>		
<b>19.</b>	<b>Information Governance Steering Group Update</b>		
	<p>The Committee considered the Information Governance Steering Group Update [Paper 26/15] presented by Mr Michael Breen, Director of Finance, for assurance.</p> <p>The Committee were content to note the paper.</p> <p><b><u>NOTED</u></b></p>		
<b>20.</b>	<b>Closing Remarks and Key Messages for the Board</b>		
	<p>The Chair noted that this would be the final meeting for Mr John Thomson, Assistant Director of Finance, and Ms Denise Brown, Director of Digital Services, ahead of their retirement. On behalf of the Committee, the Chair expressed sincere thanks for their significant contributions and extended best wishes for a long and fulfilling retirement.</p> <p>The Chair thanked members for their attendance and formally closed the meeting. It was noted that a summary report of the key items discussed would be prepared for submission to the next meeting of the NHS GGC Board.</p> <p><b><u>NOTED</u></b></p>		
<b>21.</b>	<b>Date and Time of Next Scheduled Meeting</b>		
	<p>The next meeting would be held on 4 June 2026 at 9.30 am hybrid at JB Russell House/via MS Teams.</p>		