

NHS GREATER GLASGOW AND CLYDE

**Minutes of the Meeting of the
Audit and Risk Committee
held on Tuesday 2 December 2025 at 9.30am
hybrid at JB Russell House/Microsoft Teams**

PRESENT

Ms Michelle Wailes (in the Chair)

Mr Brian Auld	Dr Rebecca Metcalfe
Mr Michael Breen	Mr Charles Vincent
Ms Margaret Kerr	

IN ATTENDANCE

Ms Denise Brown	Director of Digital Services
Mr Russell Coulthard	Deputy Chief Operating Officer
Mr Euan Cronin	Assistant Head of Financial Services
Ms Kim Donald	Corporate Services Manager – Governance (Minute)
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 John Thomson	Assistant Director of Finance
Ms Rachel Weir	Internal Auditor, Azets
Ms Rachel Wynne	External Auditor, EY

			ACTION BY
73	Welcome and Apologies		
	<p>M Wailes welcomed those present to the 2 December 2025 meeting of the Audit and Risk Committee. M Wailes welcomed Mr Michael Breen, Director of Finance, to his first meeting of the Audit and Risk Committee in his capacity as Director of Finance in NHSGGC. M Wailes also welcomed Mr David Eardley, Internal Auditor Azets, who would be taking over from Ms Elizabeth Young.</p> <p>Apologies were noted on behalf of Cllr Jacqueline Cameron and Prof Jann Gardner.</p> <p>NOTED</p>		

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			ACTION BY
74	Declaration(s) of Interest(s)		
	<p>The Chair invited members to declare any interests in any of the matters being discussed. There were no declarations of interest made.</p> <p><u>NOTED</u></p>		
75	Minutes of Previous Meeting		
	<p>The Committee considered the minute of the Audit and Risk Committee meeting held on 18 September 2025 [ARC(M)25/03] and were content to accept the minute of the meeting as a complete and accurate record.</p> <p><u>APPROVED</u></p>		
76	Matters Arising		
	<p>a) Rolling Action List</p> <p>The Committee considered the Rolling Action List [Paper No. 25/49] and were content to approve as an accurate record and receive updates on the ongoing actions at the 19 March 2026 meeting.</p> <p><u>APPROVED</u></p>		
77	Urgent Items of Business		
	<p>The Chair invited members to raise any urgent items of business. There were no issues raised.</p> <p><u>NOTED</u></p>		
78	Fraud Report and Counter Fraud Services Update		
	<p>The Committee considered the Fraud Report and Counter Fraud Services Update [Paper 25/50] presented by Mr Euan Cronin, Assistant Head of Financial Services, for assurance.</p> <p>Mr Cronin advised that 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 October 2025. Mr Cronin noted there were 51 allegations reported during the period which was broadly in line with the same period in the previous year.</p>		

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	<p>Mr Cronin outlined the themes of the allegations and noted the action from the 18 September 2025 meeting where there was a request for further information in relation to the reporting of secondary employment. Mr Cronin explained that the development of the training matrix was a welcome addition and would be rolled out when the mandatory training was in place.</p> <p>In response to a question regarding the new regulations with regards to the Economic Crime and Corporate Transparency Act (2023) introduced on 1 September 2025 and whether this would require additional resourcing, Mr Cronin confirmed that there was not a significant resource requirement due to the number of internal controls already in place.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>		
79	Fraud Policy and Fraud Response Plan		
	<p>The Committee considered the Fraud Policy and Fraud Response Plan [Paper 25/51] introduced by Mr Michael Breen, Director of Finance, for approval.</p> <p>Mr Breen explained that Counter Fraud Services expect all NHS Scotland Health Boards to have a Fraud Response Plan in place which would form part of the Board's internal control system, as well as complying with the Bribery Act (2015). Mr Breen noted that NHSGGC had previously reviewed the Fraud Response Plan in December 2022, with the Policy and Plan now being combined to provide staff with a more straightforward point of reference in relation to fraud. Mr Cronin advised that the documents were largely unchanged, but highlighted the following amendments:</p> <ul style="list-style-type: none"> • The documents had been updated to reflect CFS Counter Fraud Strategy 2022-26 • The documents will be updated and reviewed bi-annually as opposed to every 3 years. <p>In response to a question regarding communication with staff, Mr Breen reinforced the importance of making staff aware of their responsibilities and that there had been a number of strategies to achieve this including articles within the Core Brief.</p> <p>A query was raised regarding the accuracy of the flowchart with regards to reporting Executive and Non-Executive activity. It was agreed that a distinction would be made between Executive and Non-Executive, with Non-Executive reporting including the Board Chair and Director of Finance along with the Chair of ARC.</p>		Mr Breen

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	Subject to the above, the Committee were content to approve the Fraud Policy and Fraud Response Plan. <u>APPROVED</u>		
80	External Audit Draft Audit Plan 25/26		
	<p>The Committee considered the External Audit Draft Audit Plan 2025/26 [Paper 25/52] presented by Mr Stephen Reid, EY, for assurance.</p> <p>Mr Reid noted that this was the fourth year of EY's five-year appointment as NHSGGC's external auditor. The report was presented as provisional, and a final report would be presented when the planning activities had been completed. Mr Reid advised that materiality remains largely unchanged, however, the financial level of which errors are reported have been aligned to Audit Scotland requirements of £1m. Mr Reid highlighted a new area of risk regarding financial statements preparation and explained that this was in relation to the number of changes at senior level within the Finance Management Team. Mr Reid also referenced some work in relation to the use of resources for transformation and the creation of the Interface Division.</p> <p>In response to a query regarding leadership and governance, Ms Wynne confirmed that this was a wider focus regarding embedding the changes across the Board and the report would be updated to reflect this.</p> <p>The statement made by the Cabinet Secretary on 13 November 2025 regarding Sub-National was also discussed, noting that this was a national change and would be considered within the final report.</p> <p>In response to a question regarding the risk surrounding the financial statement preparations Mr Breen noted that he was content with the risk being highlighted and noted that mitigations would be put in place including the appointment of 2 Deputy Directors of Finance to replace existing staff. Mr Thomson explained the additional resourcing that had already been put in place over the past 2 years to support the Annual Accounts preparation.</p> <p>With regards to the fees applicable Mr Reid explained the timing from Audit Scotland had caused delays; however, an anticipated additional fee would be included in the next report presented to committee on 19 March 2026.</p> <p>In response to a query regarding the timing of the Prescribing Internal Audit, Mr Reid confirmed that external audit would take</p>		Ms Wynne

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	<p>cognisance of the internal audit work and seek to understand the findings to inform their areas of focus.</p> <p>A query was also raised regarding Property Valuations, and in particular in relation to the sale of Yorkhill. Mr Reid confirmed that external audit and the Finance Team would work closely on this to ensure appropriate disclosures are made.</p> <p>The Committee were content to note the paper.</p> <p><u>NOTED</u></p>		
81	External Audit Action Tracker		
	<p>The Committee considered the External Audit Action Tracker [Paper 25/53] presented by Mr John Thomson, Assistance Director of Finance, for assurance.</p> <p>Mr Thomson confirmed that 11 of the 17 external audit actions had now been closed. There were 4 recommendations from the 2024-25 audit which included 10 outstanding actions. It was agreed that the report presented to the Committee on 19 March 2026 would provide an update against each of the outstanding areas.</p> <p>The Committee were content to note the paper.</p> <p><u>NOTED</u></p>		Mr Thomson
82	✓		
	<p>The Committee considered the Corporate Risk Register [Paper 25/24] presented by Ms Katrina Heenan, Chief Risk Officer, for approval.</p> <p>Ms Heenan provided an overview of the current Corporate Risk Register and that no changes that had been made since the last meeting. Ms Heenan noted that 91% of the 60 risk actions had been reviewed since the last committee meeting. Ms Heenan explained that actions continued to be progressed with the risk owners and monitored/scrutinised by the Corporate Management Team.</p> <p>Ms Heenan also shared an update presentation regarding the Corporate Risk Rescoring Status and the timeline for completion.</p> <p>In response to a query regarding the completion of the summary reviews and how these trigger a red status, Ms Heenan explained that the data is reported to the Corporate Management Team monthly, e.g. October 2025 data is considered by the CMT in</p>		Ms Heenan

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	November 2025. Ms Margaret Kerr requested some time with Ms Heenan to better understand this process, and it was agreed that Ms Katrina Heenan make contact to arrange a suitable time		
	The Committee were content to note the update provided.		
	<u>NOTED</u>		
83	Internal Audit Reports		
	<p>The Committee considered the paper Internal Audit Reports [Paper 25/55] 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, and it was noted that there had been a delay to the reporting of the Whistleblowing internal audit due to further clarification and discussion around some of the rating and recommendations. Mr Thomson explained that there had been meetings with Azets to discuss the scope, and supplementary evidence had been provided which had resulted in some changes to scoring.</p> <p>A decision had been made to include Mr Brian Auld, Whistleblowing Champion to provide further context with a further meeting held in November 2025. Mr Auld noted that the emphasis on continuous improvement was correct, however, felt the report at this stage of development lacked recognition of the work taken by the Board to date.</p> <p>Dr Lesley Thomson KC noted Whistleblowing was a key area of focus for the Board and requested that the Audit and Risk Committee allocate appropriate time to discuss the Whistleblowing internal audit report on 19 March 2026. It was agreed that the Committee would be notified by email when the audit was finalised.</p> <p>b) <u>Risk Management</u></p> <p>The paper outlined a rating of ‘substantial improvement’ while acknowledging the key developments made since Ms Heenan was appointed as Chief Risk Officer. Ms Weir explained that the Board was in transition to a new Risk Strategy and there was evidence of work required regarding consistency in approach at operational level. Ms Weir noted the need for a process around escalation and de-escalation to be embedded across the Board. It was recognised that there was a heavy reliance on Ms Heenan to take forward this work which resulted in a single source of fragility in the system.</p>	<p>Mr Thomson</p> <p>Mr Thomson</p>	

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	<p>In response to a question regarding the inconsistencies at service level, Ms Heenan explained that there was a 6-week communications plan being rolled out which included videos and myth busters to make the information relatable to staff.</p> <p>Key policy changes have been communicated to risk owners across each directorate and work was ongoing with risk champions around engagement, including within the HSCTPs.</p> <p>Mr Breen noted the journey of improvement and that a review of resourcing would take place to ensure resilience. It was agreed that a paper would be brought back to the March meeting which outlines the work undertaken linked to the internal audit recommendations, as well as the engagement work with risk owners and champions.</p>		<p>Mr Breen</p> <p>Ms Heenan</p>
	<p>c) <u>Waiting Times Management</u></p> <p>The internal audit report noted a rating of minor improvement required. Ms Weir reflected on the new Access Policy, noting that overall, the policy was clear and aligned to national guidance and work was underway to embed the new policy across the organisation. Ms Weir highlighted system limitations with regards to Trakcare, but that upgrades to the system were anticipated.</p> <p>In response to a comment regarding the clinical validation of waiting lists and the resourcing required, Ms Weir recognised that the Board had considered this but there was no evidence available to inform an audit opinion.</p> <p>With regards to communication to staff regarding the new policy, Mr Coulthard assured the Committee that this was an opportunity to review individual services regarding the access policy and how applicable this would be to their service/patient groups. Mr Coulthard advised that the application would be nuanced and patient-centred.</p>		
	<p>d) <u>Management Action Follow-Up Q3</u></p> <p>Ms Weir confirmed that 61 actions had been followed up in the quarter, with 22 completed, 2 partially completed and 9 remaining incomplete. Ms Weir noted that this was due to a lack of updates from relevant services in order to track through to completion. Dr Lesley Thomson KC highlighted that a lack of response was not acceptable and there was a requirement for urgent follow up with narrative to be presented to the committee going forward against each incomplete action moving forward. Mr Michael Breen agreed with the view of Dr</p>		

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	<p>Lesley Thomson KC and agreed to take an action forward with Executive Sponsors</p> <p>In response to a query regarding the length of time to conclude the Public Health Screening action, Ms Weir advised that this was in relation to the timing of the new policy and suggested that this would be completed within the next report presented to committee.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>		Mr Breen
84	Network Information System (NIS) Audit Update		
	<p>The Committee considered the NIS Audit Update [Paper 25/56] presented by Ms Denise Brown, Director of Digital Services, for assurance.</p> <p>Ms Denise Brown presented the NIS Audit which had been undertaken in September 2025. She highlighted the improved performance from the previous year from 97% to 99%, with one area outstanding. Ms Denise Brown advised that this was the final audit cycle for NIS, and the audit approach would move to a new cyber assurance framework audit, which was welcomed. Ms Brown advised the process for the new audit cycle had begun nationally and a number of engagement activities had taken place with Health Boards. Ms Denise Brown advised that a paper outlining the new audit regime would be presented to a future Audit and Risk Committee.</p> <p>The Committee commended Ms Denise Brown for an outstanding audit result and were content to note the update.</p> <p>The Committee were content to note the report.</p> <p><u>NOTED</u></p>		Ms Brown
85	Freedom of Information Quarter 2 Report		
	<p>The Committee considered the Freedom of Information Quarter 2 Report [Paper 25/57] presented by Mr Iain Paterson, Corporate Services Manager – Compliance, for assurance.</p> <p>Mr Iain Paterson outlined the increase in number of requests received, including the number of complex requests increasing by 50%. Mr Iain Paterson also noted that the team had monitored the change of the source of requests and there had been a marked increase in the number received from political and media sources. Mr Iain Paterson outlined the increase in performance in</p>		

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	the quarter and noted that the Scottish Information Commissioner had advised that the Board would remain on level 3 escalation until the end of the calendar year before the escalation would be reviewed.		
	Dr Lesley Thomson KC outlined her disappointment at the Scottish Information Commissioner's decision not to de-escalate the Board despite the level of improved, and sustained, performance. Dr Lesley Thomson She advised that Ms Elaine Vanhegan had submitted a letter on behalf of the Board Chair, and the Committee on 20 November 2025, regarding the lack of public recognition of the improvement the Board has made with regards to FOI performance in the last 12 months.		
	In response to a query regarding EIR FOIs and fees, Mr Paterson agreed to include this breakdown within the Q3 report.		Mr Paterson
	The Committee were content to note the update.		
	<u>NOTED.</u>		
86	Freedom of Information Policy		
	The Committee considered the Freedom of Information Policy [Paper 25/58] presented by Mr Iain Paterson, Corporate Services Manager – Compliance, for approval.		
	Mr Iain Paterson highlighted the following small amendments: <ul style="list-style-type: none"> • Removal of Corporate Directors' responsibilities • Commitment to mandatory training 		
	Mr Iain Paterson noted that these changes were in line with the recommendations outlined within the internal audit report.		
	The Committee were content to approve the policy.		
	<u>APPROVED</u>		
87	Legal Claims Biannual Report		
	The Committee considered the Legal Claims Biannual Report [Paper 25/59] presented by Mr Iain Paterson, Corporate Services Manager – Compliance, for assurance.		
	Mr Iain Paterson noted that the number of open claims had increased by 1/5 th since 2022, with the CLO attributing this to the introduction of the qualified one-way shift, which was introduced in 2021, making it difficult for defenders to reclaim expenses. Mr		

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	<p>Iain Paterson noted that the majority of the open claims sat with the larger hospitals, and the highest value remained within maternity services.</p> <p>In response to a question regarding the number of claims received within the period, Mr Iain Paterson agreed to include this detail in future reports.</p> <p>The Committee discussed the importance of triangulating information received in claims across health and safety and staff training.</p> <p>In response to a question regarding wider learning from claims, it was noted that the Boardwide Learning System was being developed and linked to the Quality Strategy. Key learning from complaints and SAERs was delegated to the Clinical and Care Governance Committee.</p> <p>The Committee agreed that the report was heavily weighted to monetary risk where internal control risk was also important to capture.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>		Mr Paterson
88	Whistleblowing Quarter 2 Report		
	<p>The Committee considered the Whistleblowing Quarter 2 Report [Paper 25/60] presented by Ms Kim Donald, Corporate Services Manager – Governance</p> <p>Ms Kim Donald highlighted the following additions to the report:</p> <ul style="list-style-type: none">• Stage 3 recommendations• Contact with Confidential Contact themes• Number of completed TURAS modules <p>Mr Brian Auld noted the ongoing engagement work with the services which had been positive. The Committee were pleased with the changes to the report.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>		
89	Business Continuity Policy		

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	<p>The Committee considered the Business Continuity Policy [Paper 25/61] presented by Dr Emilia Crighton, Director of Public Health, for endorsement.</p> <p>Dr Emilia Crighton noted that this was the first time the Audit and Risk Committee had seen the policy which outlined the robust framework in place within the Board to respond to challenges, including defining roles and responsibilities across the services. Dr Emilia Crighton noted that the policy was a statutory requirement.</p> <p>The Committee while welcoming the policy and context provided by Dr Emilia Crighton had a detailed discussion regarding the policy . A number of key improvement points were noted including that inequalities should be at the heart of the policy</p> <p>The Audit & Risk Committee agreed the current draft could not be endorsed to be presented to the Board and as such given the critical importance of the subject matter it was agreed that the policy would be added to a seminar date in 2026 for discussion and review, before returning to the Audit and Risk Committee then the Board for final approval.</p> <p><u>DEFERRED</u></p>		Dr Crighton / Ms Vanhegan
90	Closing Remarks and Key Messages for the Board		
	<p>The Chair thanked colleagues for attending and closed the meeting. A report on the key items of discussion would be prepared for the next meeting of the NHS Board.</p> <p><u>NOTED</u></p>		
91	Date and Time of Next Scheduled Meeting		
	<p>The next meeting would be held on 19 March 2026 at 9.30 am via MS Teams.</p>		