

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Clinical and Care Governance Committee held on Thursday 5 March 2026 at 2.00 pm hybrid in the Board Room, JB Russell House, and via Microsoft Teams

PRESENT

Dr Paul Ryan (in the Chair)

Ms Cath Cooney	Cllr Katie Pragnell
Mr Giovanni D'Alessio	Dr Lesley Thomson KC
Ms Dianne Foy	Ms Karen Turner
Ms Margaret Kerr	Professor Angela Wallace
Dr Morven McElroy	

IN ATTENDANCE

Ms Mandy Crawford	Corporate Services Manager – Complaints and Public Affairs (for Item 14)
Professor Jesse Dawson	Director of Research and Innovation (for Item 17)
Ms Gillian Duncan	Corporate Executive Business Manager (Minutes)
Dr Claire Harrow	Deputy Medical Director, Acute Services (for Item 10)
Ms Katrina Heenan	Chief Risk Officer
Professor Colin McKay	Deputy Medical Director, Corporate
Ms Jillian Neilson	Corporate Services Manager – Governance
Ms Lynn Pritchard	Nurse Consultant Infection Prevention and Control (for Item 13)
Ms Paula Spaven	Director of Clinical and Care Governance
Dr Stuart Sutton	Deputy Medical Director, Primary and Community Care (for Item 9)

		ACTION BY
1.	Welcome, Apologies and Introductory Remarks	
	The Committee Chair welcomed those present to the March meeting of the Clinical and Care Governance Committee.	
	Apologies were noted on behalf of Dr Scott Davidson, Ms Sandra Devine, Professor Jann Gardner and Mr Graham Haddock.	

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	<p>The Committee Chair introduced Professor Sir Lewis Ritchie who was attending the start of today's meeting to introduce himself and engage with members. Professor Sir Lewis had been appointed as co-chair of the Safety and Public Confidence Oversight Group; he stated that he would be happy to arrange to meet with anyone who wished to discuss any aspects of the group's work.</p> <p><u>NOTED</u></p>		
2.	Declarations(s) of Interest(s)		
	<p>The Committee Chair, Dr Paul Ryan, invited Committee Members to declare any interests in the items discussed.</p> <p>There were no interests noted.</p> <p><u>NOTED</u></p>		
3.	Minutes of Previous Meeting		
	<p>The Committee considered the minute of the meeting held on 4 December 2025 [CCCG(M)25/04] and were content to approve the minutes as a full and accurate record of the meeting subject to recording apologies on behalf of Dr Morven McElroy.</p> <p><u>APPROVED</u></p>		
4.	Matters Arising from Minutes		
	<p>a) Rolling Action List</p> <p>The Committee considered the items detailed on the Rolling Action List [Paper 26/01] presented by Ms Jillian Neilson, Corporate Services Manager – Governance, for approval.</p> <p>The Committee noted that there were five items proposed for closure with updates provided in the RAL.</p> <p><u>Item 32 – HIS Assurance of Infection Prevention and Control</u></p> <p>This would remain as ongoing on the RAL but would be amended to take account of the discussion at Item 7.</p> <p><u>Item 77 – Fatal Accident Inquiries Update</u></p> <p>Professor McKay confirmed that there was an excellent bereavement support service available and he could provide a formal update on that would be provided at the next meeting.</p>		

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	The Committee were content to approve the Rolling Action List. <u>APPROVED</u>		
5.	Urgent Items of Business		
	The Committee Chair invited members to raise any urgent items of business that were not on the agenda. There were no items raised. <u>NOTED</u>		
6.	Overview		
	The Committee Chair invited Professor Colin McKay, Deputy Medical Director, Corporate, and Professor Angela Wallace, Nurse Director, to provide an overview of any key areas not included on the agenda for awareness. The Committee were content to note the update. <u>NOTED</u>		
7.	Update from Healthcare Improvement Scotland (HIS) Unannounced Safe Delivery of Care Inspections and Mental Welfare Commission Inspections		
	The Committee considered the Update from Healthcare Improvement Scotland (HIS) Unannounced Safe Delivery of Care Inspections and Mental Welfare Commission Inspections [Paper 26/02] presented by Professor Angela Wallace, Nurse Director, for awareness. Professor Wallace provided an update regarding actions taken in response to unannounced Healthcare Improvement Scotland (HIS) inspections across Acute Services; on the three remaining outstanding actions arising from HIS inspections undertaken between 2019 and 2025; on the current, active HIS unannounced Safe Delivery of Care inspection at the Queen Elizabeth University Hospital Maternity Unit; and 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. The actions had been compiled into a single tracker which would provide assurance to the Committee that actions arising from inspections were closed. She advised that the joint MWC/HIS inspection at Ward 4 at the Royal Hospital for Children had unfortunately been omitted but would be added. This would provide a comprehensive update, bringing together all inspections, including unannounced, announced, and follow-up reviews, into one document. Professor Wallace provided an		

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	overview on some key areas from the report summarising the completed actions and outstanding items.		
	<p>The Board Chair thanked Professor Wallace for the helpful update and said that the Board was directly involved in approving action plans following each inspection with the Chair and Chief Executive signing off the action plans.</p> <p>It was noted that a Board briefing on Skye House had been held the previous day providing an update on actions, noting that some areas, such as culture, staffing, and procedures, would take longer to resolve. Professor Wallace highlighted significant ongoing work regarding the environment including heating and outdoor spaces. There were concerns expressed about differences in funding for educational provision across different Local Authority areas and a suggestion that this should be raised with the Scottish Government to achieve consistent funding for education. Professor Wallace said that she would do so, noting that these differences in educational provision had already been highlighted. Mr Pearce said there was ongoing work to ensure a therapeutic environment with a range of activities and as part of that ensure a balanced education provision across all sites and discussions on improving culture were taking place with the Interim Director of Human Resources and Organisation Development.</p> <p>Professor Wallace also clarified the governance route, advising that safe care inspections for acute services were presented to the Acute Services Clinical Governance Forum and mental health inspections were presented to the Mental Health Clinical Governance Forum and this paper was intended to provide a broad overview across the system. Therefore, although the original action had been to track the actions from the HIS reports it was agreed to broaden the ongoing action on the RAL to include HIS inspections, joint inspections and other clinically significant issues.</p> <p>The Committee were assured by the update provided.</p> <p><u>NOTED</u></p>		Secretariat
8.	Fatal Accident Inquiries Update		
	<p>The Committee considered the Fatal Accident Inquiries Update [Paper 26/03] presented by Professor Colin McKay, Deputy Medical Director, Corporate, for assurance.</p> <p>Professor McKay provided an update of all Fatal Accident Inquiries (FAIs) that NHSGGC was currently participating in and an update on the implementation of actions following recommendations and observations set out in FAI Determinations and he summarised the ongoing activity. The Committee Chair added that the appendix</p>		

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	<p>listed upcoming FAIs, some of which may be high profile, although not necessarily directly relevant to the Committee. When an FAI determination was made, it was presented to the NHS Board for follow-up recommendations and observations.</p> <p>There were concerns raised about the number of suicides in Scottish prisons and whether this figure was unusually high. Professor McKay was unable to comment on whether these figures were excessive but confirmed such events were not uncommon. He advised that NHSGGC had its own prisons team which investigated incidents involving patients who had died in custody, carrying out mandatory Significant Adverse Event Reviews (SAERs) and he could provide feedback on specifics if required. Professor Wallace added that health input was part of the process, even though the prisons were the lead reviewer, and all cases were subject to the FAI process with a regular update provided to the Mental Health Clinical Governance Forum. Deaths in custody were recorded a by the Scottish Government. Sadly, deaths in Scottish prisons were among the highest in Europe and this was a challenging and persistent issue.</p> <p>In response to a query, Professor McKay acknowledged that the update did not provide a clear indication of the pathway to completion of all recommendations and suggested that existing tracking systems used in other clinical governance groups could be adopted to provide a more cohesive overview and he would review how best to take this forward.</p> <p>Professor McKay responded to a query about bereavement support explaining that although NHSGGC had a different system to NHS Lothian it was recognised as effective and supportive.</p> <p>The Committee were assured by the update.</p> <p><u>ASSURED</u></p>		Professor McKay
9.	Primary Care and Community Care Clinical Governance Update – Exception Report		
	<p>The Committee considered the Primary Care and Community Care Clinical Governance Update – Exception Report [Paper 26/04] presented by Dr Stuart Sutton, Deputy Medical Director, Primary and Community Care, for assurance.</p> <p>Dr Sutton provided an update on progress and activity within primary care and community care including 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.</p>		

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	<p>Efforts were ongoing to resolve all overdue SAERs and the number of SAERs outstanding was now small but completing these remained challenging due to their complexity and the involvement of multiple agencies. A significant piece of work had been undertaken on the Topiramate pregnancy prevention programme and, following an initial audit, an electronic form was sent to all practices to confirm they were following appropriate guidance and all practices who had not responded were being contacted by the relevant clinical directors. This was expected to be completed by the next report. It was noted that two SPSO complaints had been upheld. The first related to challenges in accessing the appropriate individual to submit a complaint and there had been discussion on improving clarity for patients seeking to complain about a primary care provider. The second complaint concerning removal from a practice list had resulted in several recommendations which had been highlighted to the Board's Clinical Governance Forum.</p> <p>The Committee Chair asked about the national issue with cervical smear coding. Dr Sutton confirmed that this had been a historical challenge, where incorrect coding resulted in some individuals with a 'no cervix' code being overlooked for screening. All cases had been reviewed individually and changes to process should prevent incorrect coding from happening in the future. Issues related to hysterectomy coding had now been addressed.</p> <p>The Committee were assured by the report.</p> <p><u>ASSURED</u></p>		
10.	Acute Services Clinical Governance Update – Full Report		
	<p>The Committee considered the Acute Services Clinical Governance Update – Full Report [Paper 26/05] presented by Dr Claire Harrow, Deputy Medical Director, Acute Services, for assurance.</p> <p>Dr Harrow provided 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.</p> <p>The overall SAERs position had improved with 25 overdue as at today although further work was required to close breached SAERs and continue progress with Sectors actively working to improve their position. Quality Assurance processes were now streamlined, with regular updates provided to the Board Clinical Governance Forum. Diabetes safety was recognised as a key risk and there was an acute-wide diabetes safety group and local safety groups within</p>		

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	<p>each adult bed-holding sector. Clinical risk colleagues provided a quarterly overview of Datix-recorded diabetes incidents and this data was then distributed to enhance local intelligence and identify any hotspots. The diabetes MCN (Managed Clinical Network) had also been key in identifying both educational and practical opportunities as well as supporting the creation of systems that reduce the risk of poor decision-making. The Short-Life Working Group (SLWG) on medicines appropriation had completed its work resulting in standardised processes to enhance medicine safety across the Division. A pre-symptomatic Huntington's disease pathway had been developed which demonstrated the commitment to delivering high quality, person-centred care and was commended as an example of positive patient experience and equity of care within the division.</p> <p>In response to a query regarding forensic psychiatric wards, Dr Harrow clarified that low and medium risk cases sat within acute services but there was excellent linkage between the mental health and forensic mental health teams and if there were any concerns Dr Harrow would link with mental health colleagues.</p> <p>The Committee acknowledged that the report provided extensive information on the considerable activity underway but asked how this provided assurance to the Committee. Dr Harrow acknowledged that the report was intended more for awareness than assurance, however, due to the Division's size and complexity, the aim was to provide assurance that this reflected current and active issues, with appropriate responses in place. Professor Wallace added that there was significant detail behind all of these areas even if this was not fully visible in the report.</p> <p>Ms Spaven clarified that breached guidelines referred to those overdue for review and she said that focused work was being undertaken to address overdue guidelines.</p> <p>The Committee were assured by the report, however, noted the caveats around assurance discussed above.</p> <p><u>ASSURED</u></p>		
11.	Assurance Information Framework KPIs – Safety and Quality Programmes		
	<p>The Committee considered the Assurance Information Framework KPIs – Safety and Quality Programmes [Paper 26/06] presented by Ms Paula Spaven, Director of Clinical and Care Governance, for assurance.</p>		

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	<p>Ms Spaven said that this was the biannual routine report which provided an overview of the 5 Key Performance Indicators (KPIs) aligned to the Quality and Safety Programmes including inpatient falls and falls with harm, the most recent (KPI) data and the ongoing improvement programme. All trends within the data had been reviewed and no concerns had been identified.</p> <p>In response to a query about falls with harm, Ms Spaven said that the data was presented as a control chart which was sensitive to small sample sizes and variation. However, when viewed as a run chart, the same trends were not evident. The team had examined the patterns and were assured that there was no cause for concern.</p> <p>It was suggested that the HSMR data in figure 6 might be better suited to a line chart, as bar charts were difficult to interpret where trends differed across hospital locations. Ms Spaven said she would review how the data could be presented differently in the next report.</p> <p>The Committee were assured by the report.</p> <p><u>ASSURED</u></p>		Ms Spaven
12.	Significant Adverse Event Reviews (SAER) – Update		
	<p>The Committee considered the Significant Adverse Event Reviews (SAER) – Update [Paper 26/07] presented by Ms Paula Spaven, Director of Clinical and Care Governance, for assurance.</p> <p>Ms Spaven provided an update on SAERs and noted significant improvement in overdue SAERs. The ongoing improvement journey, and the requirement for system-wide actions to reduce unnecessary SAERs. Ms Spaven said that a paper was currently being developed to outline a pathway to zero with the focus on every stage of the SAER process, from investigation and reporting to enhanced oversight. She would provide an update to future meetings of the Committee to ensure visibility of ongoing improvement work and progress.</p> <p>In response to a query about how decisions were documented, Ms Spaven said that decisions were noted on the updated briefing note which provided the background to the adverse event and recorded the decision making about the appropriate level of review.</p> <p>Ms Cooney commended the recently shared patient story video that illustrated the significant impact of delays on SAERs. Ms Spaven said that the video had received positive responses from staff members and was viewed as a meaningful message which reinforced the importance of reducing the occurrence of overdue SAERs.</p>		

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	The Committee were assured by the report. <u>ASSURED</u>	
13.	Healthcare Associated Infection Reporting Template (HAIRT) including Hand Hygiene Deep Dive	
	<p>The Committee considered the Healthcare Associated Infection Reporting Template (HAIRT) [Paper 26/08] presented by Professor Angela Wallace, Nurse Director, for assurance.</p> <p>Professor Wallace said the report provided a performance update against quarter 3 data for infection control indicators, covering a range of activities during November and December. Performance on hand hygiene, cleaning, and estates compliance had remained stable, and MRSA rates met national standards. Outbreaks of flu and COVID-19 had been effectively managed during this period. There had been a slight increase in the national rate of Staphylococcus infections in December, however, recent figures indicated this had now returned to the target level with ongoing improvement work focused on device-related infections. The ECB rates remained within control limits and consistent with national rates, with improvements observed in January and a continued downward trend in February. Clostridioides difficile (C. diff) figures were slightly above the target of 21 in December and January. Hand hygiene compliance remained strong and mandatory screening compliance was positive. Quality Improvement Network (QIN) and assurance activities were ongoing, with staff engagement and continued involvement of patients and the public.</p> <p>Ms Pritchard provided a short 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. NHS GGC was the only board in Scotland to have a Local Board Hand Hygiene Coordinator who audited compliance. It was noted that compliance was improving, with some areas now achieving scores of 100% and where scores were lower targeted actions were implemented. Audits were conducted monthly in wards and education was provided across all areas, including face-to-face sessions with smaller groups and real-time feedback with staff and managers receiving individual feedback when non-compliance was observed. Toolbox talks were ongoing, and links to videos were distributed with audit reports or departmental emails with two specific videos produced via LearnPro. World Hand Hygiene Day was observed every year on 5 May. Looking ahead, new approaches to education, including electronic resources and innovative materials, were being explored. Audit reports were</p>	

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	<p>regularly updated, and the IPCI network now featured a hand hygiene stream. Ms Pritchard provided assurance that hand hygiene remained a key priority and continuous improvement was vital to protect staff and services.</p> <p>In response to a query about understanding why there were still areas of non-compliance, Ms Pritchard said that part of the quality improvement process involved collaborative conversations which was an approach that had previously been undertaken in the community where various reasons for non-compliance had been identified. The intention was to replicate this approach within inpatient areas to better understand the factors influencing staff behaviour and develop strategies to address these issues.</p> <p>The Committee were assured by the update.</p> <p><u>ASSURED</u></p>		
14.	Patient Experience Report Quarter 3		
	<p>The Committee considered the Patient Experience Report Quarter 3 [Paper 26/09] presented by Professor Angela Wallace, Nurse Director, for assurance. Professor Wallace deferred to Ms Mandy Crawford, Corporate Services Manager, Complaints, to discuss the key highlights from the report.</p> <p>Ms Crawford reported that during the period from October to December 2025, there had been a slight increase in the number of complaints received. Stage 1 performance was 84% and Stage 2 performance showed a slight improvement compared to previous periods, with an overall rate of 73%. Further work was still required on Stage 2 complaints and this had been raised with the appropriate teams. The Scottish Public Services Ombudsman (SPSO) had received 113 cases related to NHSGGC complaints in this quarter with 5 under investigation and 44 at the pre-investigation stage. Outcomes included one fully upheld complaint and three that were not upheld. The themes identified remained consistent with previous quarters. There had been a slight decrease in Care Opinion feedback, although 79% of responses remained positive overall. The Patient Experience and Public Involvement (PEPI) team continued to deliver responder training and there were now 404 staff members able to respond to complaints and feedback. The Royal Hospital for Children (RHC) had launched the Care Opinion Bear initiative which encouraged young people to feedback. The person-centred care initiative remained on track and was currently being tested with the aim of full implementation in the spring.</p>		

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	The Committee were assured by the report. <u>ASSURED</u>	
15.	Duty of Candour	
	a) Policy and Procedure	
	<p>The Committee considered the Duty of Candour Policy and Procedure [Paper 26/10] presented by Paula Spaven, Director of Clinical and Care Governance, for approval.</p> <p>Ms Spaven said 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. Ms Spaven highlighted that the key change to the policy was the development of a prospective Duty of Candour tracking system. to record and identify incidents and it was intended that this would be operational by 1 April 2026. The policy had been developed in line with the Policy Development Framework and due governance and had been subject to wide consultation across GGC. It had also been endorsed by the Area Partnership Forum and the Corporate Management Team.</p> <p>In response to a query about how realistic it would be to implement a prospective system; Ms Spaven said the plan was to run the two systems in parallel to understand how this would work and ensure the quality of data.</p> <p>The Committee were content to approve the policy and procedure.</p> <p><u>APPROVED</u></p>	
	b) Duty of Candour Annual Report Addendums (2023-24 and 2024-5)	
	<p>The Committee considered the Duty of Candour Annual Report Addendums (2023-24 and 2024-5) [Paper 26/11] presented by Ms Paula Spaven, Director of Clinical and Care Governance, for endorsement prior to onward submission to the Board.</p> <p>Ms Spaven advised that the most recent figures available for the two separate reports covering two years demonstrated good compliance and work was planned to enhance the content of these reports and to expand learning from Duty of Candour events and to implement prospective tracking. The addendum for 2023/24 had been missed previously and was now being</p>	

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	presented alongside the 2024/25 addendum for due diligence in governance. Moving forward the addendum would be presented annually in March.	
	The Committee were content to endorse the addendums which would be presented to the NHS Board on 30 April 2026 before being published on the NHSGGC website and the Scottish Government notified.	
	<u>ENDORSED</u>	
16.	Health and Care (Staffing) (Scotland) Act 2019 (HCSSA) Annual Report to Scottish Government	
	The Committee considered the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA) Annual Report to Scottish Government [Paper 26/12] presented by Professor Angela Wallace, Nurse Director, for awareness.	
	Professor Wallace said that this was the second of the legislated annual reports prior to it proceeding to the NHS Board on 30 April 2026, publication via the website Health & Care (Staffing) (Scotland) Act 2019 - NHSGGC and submission to Scottish Government and the Scottish Patient Safety Commissioner. The report had been approved by the recent Staff Governance Committee but was required to be presented to this Committee for awareness. She highlighted the significant work that had been undertaken by staff in the development and support of this report.	
	The Committee were content to note the report.	
	<u>NOTED</u>	
17.	Directorate of Research and Innovation Annual Report 2025	
	The Committee considered the Directorate of Research and Innovation Annual Report 2025 [Paper 26/13] presented by Dr Scott Davidson, Medical Director and Professor Jesse Dawson, Director of Research and Innovation, for awareness.	
	Professor Dawson said the report highlighted the Directorate's key achievements and strategic priorities within research and innovation. The organisation remained highly research-active with over 1,000 ongoing studies, with this number remaining broadly stable over the last few years. Over 8,000 participants had been enrolled, which was an increase in engagement, however, enrolment in commercial clinical trials had not improved and remained an area of focus. There had been a diverse array of trials in the past year, particularly	

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	<p>in oncology, and mental health research was a significant area of success and growth, having been selected as a site for the dementia trials framework. Innovation activities had also been robust with the West of Scotland Innovation Hub performing strongly, receiving recognition through several awards and some projects being nominated for the CSO Achievement Awards. Education had been enhanced, with the development of a “How to Be a Great Chief Investigator” course and collaborations with universities. The first NHSGGC R&I conference was being held this year. Outreach work had increased, with an emphasis on patient and public engagement and the intention to involve stakeholders at a strategic level in the coming year. The use of data was strong with a number of projects ongoing and the next development would focus on enhancing the trusted research environment and enhancing access to processing units in collaboration with the University of Glasgow. Several innovative projects were underway, including gentamicin gene testing, gene testing for clopidogrel, and patches for stroke care. A key objective for the next year was better aligning innovation capabilities with the Board’s strategic objectives. Other goals included expanding the mental health research portfolio, increasing patient involvement in public and patient involvement work, furthering educational initiatives and supporting national networks and objectives.</p> <p>Professor Dawson said that when it came to delivery, we were the biggest and most research active in terms of clinical trials. There was a real emphasis in Scotland for NHSGGC to work together with other Boards and academia.</p> <p>In response to a query, Professor Dawson confirmed that we had been involved in and fully supportive in the National Institute for Health Research (NIHR) and British Heart Foundation (BHF) exercise and while the specific work was not fully defined we would be actively engaged in the process.</p> <p>In response to a query about acceleration in research speed and impact, Professor Dawson acknowledged improvements but said there was still room for growth, particularly in the use of data to identify participants. While innovation activities, especially through the West of Scotland Innovation Hub, had become more agile and efficient, there were ongoing efforts to reduce study setup times and maximise efficiency in participant recruitment.</p> <p>The Committee were content to note the report.</p> <p>NOTED</p>		

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18.	Extract from Corporate Risk Register	
	<p>The Committee considered the Extract from Corporate Risk Register [Paper 26/14] presented by Katrina Heenan, Chief Risk Officer, for approval.</p> <p>Ms Heenan advised that there were two risks assigned to the Committee and these had been reviewed since the previous meeting with no change to the risk scores proposed during this period. Two actions had been completed, two actions had their due date changed to more appropriate completion dates and three actions were overdue at the end of January 2026. Work was ongoing to score these against the revised risk matrix and, following approval, these would be reported to the next meeting of the Committee.</p> <p>There was a query about the process for addressing risks that may not be substantial enough to prompt a formal change but were critical, for example, the importance of ensuring the safe and effective use of medicines, and whether items highlighted in meeting papers initiated further discussion and action. Ms Heenan said that concerns were discussed with the relevant risk owner and, as part of the wider risk management approach, work was carried out to identify additional actions that should be captured and recorded from a corporate perspective. She said that she would take this issue offline with the risk owner to ensure this was fully incorporated into the risk management process.</p> <p>In response to a query about the public protection risk, Ms Heenan said that information on training was being communicated in the core brief during the week. There had been a January update but further progress had been made and this should be complete before the next Corporate Management Team. Professor Wallace said that there had been an ambitious approach taken regarding training and some posts had been secured to deliver this, however, this had contributed to the prolonged visibility of the risk.</p> <p>It was also noted that the IT systems risk had been outstanding for some time and Ms Heenan said she was aware that work was progressing with Chief Officers. Professor Wallace added that there was an action plan agreed with Chief Officers and this should be completed by the beginning of April and the updated actions would be going to Corporate Management Team before being presented to the Committee.</p> <p>The Committee were content to approve the Corporate Risk Register.</p> <p>APPROVED</p>	Ms Heenan

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19.	Annual Cycle of Business 2026/27	
	<p>The Committee considered the Annual Cycle of Business 2026/27 [Paper 26/15] presented by Jillian Neilson, Corporate Services Manager, Governance, for approval.</p> <p>Ms Neilson set out the topics of discussion that were aligned to the Committee across the 2026/27 schedule ensuring that a forward planning process was in place. She noted that this was a dynamic document and any changes would be advised to the Committee.</p> <p>The Committee were content to approve the Annual Cycle of Business.</p> <p><u>APPROVED</u></p>	
20.	Board Infection Control Committee – Minute of the Meetings held on 21 October and 9 December 2025	
	<p>The Committee considered the Board Infection Control Committee – Minutes of the Meetings held on 21 October and 9 December 2025 presented for assurance and were content to note the minutes.</p> <p><u>NOTED</u></p>	
21.	Boardwide Clinical Governance Forum – Minute of the Meetings held on 20 October and 8 December 2025	
	<p>The Committee considered the Board Clinical Governance Forum – Minutes of the Meetings held on 20 October and 8 December 2025 [BCGF(M) 25/05 and 25/06]] presented for assurance and were content to note the minutes.</p> <p><u>NOTED</u></p>	
22.	Closing Remarks and Key Messages for Board	
	<p>The Chair provided an overview of the discussion and advised that a Chair's Report would be prepared for the NHS Board. He thanked the Committee for their attendance and closed the meeting.</p> <p><u>NOTED</u></p>	
23.	Date of Next Meeting	
	<p>The next meeting would take place on Thursday 4 June 2026 at 2.00 pm.</p>	