

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Clinical and Care Governance Committee held on Thursday 4 December 2025 at 2.00 pm in the Board Room, JB Russell House, and via Microsoft Teams

PRESENT

Dr Paul Ryan (in the Chair)

Ms Cath Cooney	Ms Margaret Kerr
Mr Giovanni D'Alessio	Ms Karen Turner
Mr Graham Haddock	Professor Angela Wallace

IN ATTENDANCE

Ms Mandy Crawford	Corporate Services Manager – Complaints and Public Affairs (for Item 86)
Ms Sandra Devine	Director of Infection Prevention and Control
Ms Kim Donald	Corporate Services Manager - Governance
Dr David Dodds	Chief of Medicine, Regional Services (for Item 89)
Ms Gillian Duncan	Corporate Executive Business Manager (Minutes)
Dr Una Graham	Deputy Medical Director, Mental Health and Addictions (for Item 79)
Dr Mark Henderson	Clinical Lead in Organ Donation (for Item 90)
Ms Katrina Heenan	Chief Risk Officer
Mr Jamie Kinlochan	Non Executive Board Member (observing)
Dr Deirdre McCormick	Chief Nurse, Head of Public Protection Service
Professor Colin McKay	Deputy Medical Director, Corporate
Ms Nicola Munro	PA to Board Chair
Ms Jillian Neilson	Programme Manager
Dr John O'Dowd	Clinical Director, Glasgow City HSCP (for Item 81)
Mr Jamie Redfern	Director, Women and Children's Services (for Item 90)
Ms Paula Spaven	Director of Clinical and Care Governance
Ms Elaine Vanhegan	Director of Corporate Services and Governance
Ms Janice Watt	Interim Director of Pharmacy

BOARD OFFICIAL

			ACTION BY
73.	Welcome, Apologies and Introductory Remarks		
	<p>The Committee Chair welcomed those present to the December meeting of the Clinical and Care Governance Committee.</p> <p>Apologies were noted on behalf of Dr Scott Davidson, Ms Dianne Foy, Professor Jann Gardner, Dr Claire Harrow, Dr Morven McElroy and Dr Lesley Thomson KC. Professor Colin McKay, Deputy Medical Director, Corporate, was deputising for Dr Davidson. The Committee Chair welcomed Mr Giovanni D'Alessio who had recently joined NHSGGC as a Non Executive Board Member and who would be joining this Committee. The Chair also welcomed Mr Jamie Kinloch who had also recently joined NHSGGC as a Non Executive Board Member and would be observing today's meeting.</p> <p><u>NOTED</u></p>		
74.	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>The Committee Chair declared an interest in Item 90 – Organ Donation Activity Report as the presenter was a family member and advised that the Committee Vice Chair, Ms Cath Cooney, would lead on this item.</p> <p><u>NOTED</u></p>		
75.	Minutes of Previous Meeting		
	<p>The Committee considered the minute of the meeting held on 4 September 2025 [CCCG(M)25/03] and were content to approve the minutes as a full and accurate record of the meeting.</p> <p><u>APPROVED</u></p>		
76.	Matters Arising from Minutes		
	<p>a) Rolling Action List</p> <p>The Committee considered the items detailed on the Rolling Action List [Paper 25/47] presented for approval.</p>		

BOARD OFFICIAL

			ACTION BY
	<p>The Committee noted that there were four items proposed for closure with updates provided in the RAL. It was agreed that Item 32 – HIS Assurance of Infection Prevention and Control would be changed to ongoing to ensure that the Safe Delivery of Care Inspection updates were tracked through the Committee.</p> <p>The Committee were content to approve the Rolling Action List subject to the change noted above.</p> <p><u>APPROVED</u></p>		
77.	Overview		
	<p>Dr Ryan 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.</p> <p>The Committee were content to note the update.</p> <p><u>NOTED</u></p>		
78.	Fatal Accident Inquiries Update		
	<p>The Committee considered the fatal Accident Inquiries Update [Paper 25/48] presented by Professor Colin McKay, Deputy Medical Director, Corporate, for assurance.</p> <p>Professor McKay provided an update on the ongoing activity in response to the two recommendations and seven observations set out in the FAI Determination into the death of Sophia Smith that was published on 15 October 2025 and reported to the Board on 30 October 2025. He advised that the response to the two recommendations required to be submitted to the Court by 8 December 2025. The first recommendation related to screening for neonates and the work to review the operating procedures for neonatal screening in NHSGGC was due to be completed by the end of 2025. Public Health Scotland were (PHS) were considering their action in response to the second recommendation and NHSGGC would support PHS and other agencies in relation to this. There seven observations were also included within the paper along with corresponding responses. The Committee Chair clarified while the observations were not mandatory these would be treated the same as actions to ensure robust follow-up and governance by the Committee.</p>		

BOARD OFFICIAL

		ACTION BY
	<p>There was a query on whether Observation 6 included neonatal surgical consultant colleagues and Professor McKay would confirm this. In response to a query on Observation 7, Professor McKay said that although NHSGGC did not currently have specific bereavement officers, extensive bereavement support was provided and the submission to the Crown reflected this.</p> <p>The Committee were assured by the update.</p> <p><u>ASSURED</u></p>	Professor McKay
79.	Mental Health Clinical Governance Update	
	<p>The Committee considered the Mental Health Clinical Governance Update [Paper 25/49] presented by Dr Una Graham, Deputy Medical Director, Mental Health and Addictions, for assurance.</p> <p>Dr Graham reported that the current demand on mental health services remained both for inpatients and in the community. There continued to be staffing challenges and efforts were ongoing to improve the position both locally and nationally level. Progress had been made on documentation related to restricted patients with staff briefings and training implemented which should lead to improvements in quality and consistency. The Mental Welfare Commission (MWC) visit was due to take place the next day and it was anticipated that key findings would include the low rate of consent certificates, however, significant work had been undertaken over the past year to address this issue, including the introduction of seven-minute briefings and a LearnPro module. A paper would be presented to the Directors Group in the coming weeks to provide further updates on this. The Thistle Centre had now been open for nearly a year and overall feedback had generally been positive.</p> <p>Efforts to reduce self-harm were ongoing, with the programme to remove ligature points well underway in both mental health and acute areas, particularly Emergency Departments. 67% of staff had now completed LearnPro training and wellbeing toolkits and resources were currently being developed.</p> <p>Dr Graham provided an update on Skye House, noting that the inspection report from the joint Mental Welfare Commission and Healthcare Improvement Scotland were due to be published early next year. The Royal College of Psychiatrists Invited Review Team had completed the desktop review and site visit with the report also expected to be available in early 2026. All this work was monitored</p>	

BOARD OFFICIAL

			ACTION BY
	<p>through the Board's Executive Oversight Group. Dr Graham said that there a high number of Subject Access Requests and in response to a query, she said that she was not aware of any specific themes from these but she would review these in more detail and provide an update in the next report. Additionally, Dr Graham noted that one key outcome from the joint reviews was the Scottish Government's request for the MWC to examine restrictive practices, such as safe holds and restraints, across all inpatient sites. The MWC would undertake this review in all relevant units, and the Scottish Government would subsequently update the code of practice to reflect any necessary changes.</p> <p>Dr Graham provided clarification regarding the CESR process, explaining that the pathway enabled doctors who had not undergone training through NES to submit evidence to demonstrate that the competencies required to become a consultant had been met. While the pathway was not a solution to the existing staffing challenges, it was a valuable tool to improve recruitment and retention.</p> <p>The Committee were assured by the update.</p> <p>NOTED</p>		Dr Graham
80.	Public Protection Governance Report		
	<p>The Committee considered the Public Protection Governance Report [Paper 25/50] presented by Dr Deirdre McCormick, Chief Nurse, Head of Public Protection Service, for assurance.</p> <p>Dr McCormick provided a brief overview of the key points outlined in the paper including the number and reasons for Interagency Referral Discussions (IRDs) requested, the number of advice line calls received and the workforce capacity. She noted that the risk register score remained at 9 and monthly updates were provided on DATIX.</p> <p>In response to a query about SAERS that had been open in both child and adult protection for a significant length of time, Ms Spaven said that there had been focused work undertaken to close these and there was a trajectory which should see the majority closed by the end of December 2025. Professor Wallace agreed that while this was a complex and sensitive area the delays were unacceptable and provided assurance that these were constantly reviewed and support provided.</p>		

BOARD OFFICIAL

			ACTION BY
	<p>In response to a query about IRDs, Dr McCormick said that the data related to referral to IRD and most IRDs would result in a specific outcome for statutory colleagues and she could provide more detail about the process if that would be helpful. Professor Wallace suggested that it might be helpful to arrange a Board Member visit to the Public Protection Unit and this would be suggested to colleagues responsible for planning visits.</p> <p>In response to a query about the removal of child protection supervision activities, Dr McCormick said that anyone requiring supervision would receive it and provided assurance that for staff dealing with complex cases, supervision was always made available and there was no significant risk at present. The Committee noted the position but emphasised the need for clarity regarding this risk and assurance that there was a clear position on this.</p> <p>In response to a query, Dr McCormick confirmed that this was the first time learning and education activity had been paused and was due to staff movement and the need to manage priorities and demands within the service and this would recommence as soon as possible, noting that additional staff were in the process of being recruited. Professor Wallace added that while the team provided leadership in this area, the primary focus was on individuals at risk of harm and there had been discussions on the possibility of establishing a different model that would support both learning and education initiatives and those most at risk of harm.</p> <p>The Committee were assured by the update noting the comments above.</p> <p><u>ASSURED</u></p>		
81.	Prison Healthcare Governance Report		
	<p>The Committee considered the Prison Healthcare Governance Report [Paper 25/51] presented by Dr John O'Dowd, Clinical Director, Glasgow City HSCP, for assurance.</p> <p>Dr O'Dowd said that this was the fourth annual report on prison governance. The prison population remained high with significant challenges related to the overall health profile of individuals in custody, ongoing concerns about substance misuse and the physical condition of prison buildings. Although the number of complaints remained high these had continued to reduce and the majority of complaints were around dissatisfaction with medication.</p>		

BOARD OFFICIAL

			ACTION BY
	<p>Recruitment and retention of both medical and nursing staff continued to be challenging and plans were in place to address this. HMP Barlinnie had been inspected in November 2024 and was deemed generally acceptable and the formal report from the inspection of HMP Low Moss was awaited. Safety measures had been implemented following recommendations from the review into deaths in custody.</p> <p>The Committee were assured by the update.</p> <p><u>ASSURED</u></p>		
82.	Clinical Governance Biannual Report		
	<p>The Committee considered the Clinical Governance Biannual Report [Paper 25/52] presented by Ms Paula Spaven, Director of Clinical and Care Governance, for assurance.</p> <p>Ms Spaven provided some key highlights from the report. Although there had been a slight improvement in compliance with breached guidelines, the position was still not near the target and work was ongoing work to increase efficiency in some of the central processes for guideline review. Duty of Candour (DoC) compliance was good and further detail had been added on the types of DoC with a stronger emphasis on actions and tracking. In relation to the learning system, scoping work was ongoing to build a platform that would be a searchable online hub and a further update on progress would be provided early next year.</p> <p>In response to a query about the Hospital Standardised Mortality Ratio (HSMR) in Clyde where the figures remained above the Scottish average, Ms Spaven provided an update on work that was ongoing in this area and advised that the Key Performance Indicators (KPIs) report which was due to be presented to the next meeting of the Committee would include further details on HSMR.</p> <p>In response to a query about global majority communities and the higher presence of diabetes, Ms Spaven said that a diabetes improvement group had been established overseeing a number of workstreams to address specific aspects and actions highlighted in the recommendations and she would provide a fuller update on the progress of these workstreams in due course. Professor Wallace added that the actions identified were also being taken forward within maternity services.</p>		

BOARD OFFICIAL

			ACTION BY
	The Committee were assured by the update. <u>ASSURED</u>		
83.	Significant Adverse Event Review (SAER): In-depth Review		
	<p>The Committee considered the Significant Adverse Event Review (SAER): In-depth Review [Paper 25/53] presented by Ms Paula Spaven, Director of Clinical and Care Governance, for assurance.</p> <p>Ms Spaven said there had already been significant improvements in performance, although progress had been slower than anticipated mainly due to the complexity of some SAERs. The current focus was on addressing the backlog of SAERs and ensuring a sustainable improved position going forward. There was ongoing work to consider the threshold for initiating SAERs as well as how to streamline the SAERs process and embed quality assurance earlier in the process. Actions to improve support and resources for SAERs were also being considered, including the establishment of a central support role and expansion of the clinical risk resources. A review of clinical governance arrangements had been commissioned by the Medical Director.</p> <p>In response to a query about the timeline for reviewing the quality assurance process, Ms Spaven reported that the review had been completed with a paper due to be presented to the Board Clinical Governance Forum (BCGF) next week. A business case for additional resources was also being prepared and would be submitted to the Corporate Management Team (CMT) early in the new year. Professor McKay said there were particular challenges in relation to mental health SAERs due to complexity and as part of the overall review process, work was ongoing to determine whether a simplified version of the commissioning process could be developed for these reviews.</p> <p>The Committee were assured by the update.</p> <p><u>ASSURED</u></p>		
84.	NHSGGC Policy and Procedure for Managing Significant Adverse Events		
	The Committee considered the NHSGGC Policy and Procedure for Managing Significant Adverse Events [Paper 25/54] presented by		

BOARD OFFICIAL

			ACTION BY
	<p>Ms Paula Spaven, Director of Clinical and Care Governance, for endorsement prior to onward Board approval.</p> <p>Ms Spaven said that the interim policy and procedure for Significant Adverse Event Reviews (SAERs) had come into effect from 1 July 2025. There had been no amendments made to the policy document and only some minor changes made to the procedure. An extensive SAERs toolkit was now in place and subject to ongoing review, evaluation, and update. Work was also underway to redesign the StaffNet pages. The updated SAER template now included a question on equalities and an Equality Impact Assessment (EQIA) had been completed.</p> <p>The Committee questioned whether the wording in the procedure would ensure that all relevant information was captured, particularly regarding routine data that could identify patterns related to protected characteristics. Ms Spaven said that the SAER template now included a question for the lead reviewer to determine whether a protected characteristic had an impact, with the potential to strengthen this in future revisions. There was also a mechanism in place to gather feedback from staff, and the inclusion of demographic information in the staff survey was under review. Professor McKay said that significant work was taking place to improve the approach to supporting staff including the establishment of a responsible officer advisory group which would provide more senior corporate oversight.</p> <p>There were queries about Section 3 of the policy, specifically the role of the NHS Board in the SAER process. Ms Vanhegan clarified the process, noting that while the responsibility for learning from SAERs was the responsibility of this Committee, the NHS Board also required assurance that learning and improvement was taking place. It was agreed that the policy would be amended to make the NHS Board's role more explicit.</p> <p>Subject to the change outlined above, the Committee were content to endorse the policy and it would now be presented to the NHS Board on 20 December 2025.</p> <p><u>ENDORSED</u></p>		

			ACTION BY
85.	Healthcare Associated Infection Reporting Template (HAIRT) – including CDI Analysis SBAR		
	<p>The Committee considered the Healthcare Associated Infection Reporting Template (HAIRT) – including CDI Analysis SBAR [Paper 25/55] presented by Ms Sandra Devine, Director of Infection Prevention and Control, for assurance.</p> <p>Ms Devine reported that rates continued to be within control limits and in November Staphylococcus aureus bacteraemias (SABs) and Clostridioides difficile infections (CDI) rates had been below the national average. Compliance rates in the third quarter were over 90% and Infection Prevention and Control (IPC) was well embedded throughout the organisation. Following a recent increase in CDI infections, a detailed analysis had been commissioned and the findings indicated that this increase had been consistent across the country and was influenced by a variety of factors, only some of which were able to be addressed. There was a query about whether the increased use of Proton Pump Inhibitors (PPIs) was a possible contributor to CDI rates but Ms Devine said that limitations in accessing prescribing data had meant this could not be included in the analysis at this time.</p> <p>In response to a query about flu and its impact across acute inpatient sites, Ms Devine said the situation was being closely monitored with twice weekly reports to track numbers and trends. A core brief had recently been issued relating to mask wearing by visitors and staff in high-risk clinical areas during periods of high prevalence.</p> <p>The Committee were assured by the report.</p> <p><u>ASSURED</u></p>		
86.	Patient Experience Report Quarter 2		
	<p>The Committee considered the Patient Experience Report – Quarter 2 [Paper 25/56] presented by Ms Mandy Crawford, Corporate Services Manager – Complaints and Public Affairs, for assurance.</p> <p>Ms Crawford reported that there had been 1,552 complaints received during Quarter 2 which was a 2% decrease from the previous quarter. Overall performance was 73% of complaints responded to within the required timescales, however, Stage 2 performance had continued to decline. Ms Crawford had met with</p>		

BOARD OFFICIAL

			ACTION BY
	<p>the prison team and it was hoped that performance would improve in quarter 3. There continued to be good engagement through feedback with over 1,000 stories on Care Opinion over the quarter, 75% of which were positive. The Scottish Public Services Ombudsman (SPSO) issued two decisions during the period: one complaint had been upheld, and the other was partly upheld. The recurring themes in complaints remained consistent, with the same five top themes identified. The Patient Centred Care (PCC) standards were being refreshed with extensive staff and patient engagement before being launched in 2026.</p> <p>The Committee were assured by the report.</p> <p><u>ASSURED</u></p>		
87.	West of Scotland Cancer Network QPI Action Plans/Reports		
	<p>The Committee considered the West of Scotland Cancer Network QPI Action Plans/Reports [Paper 25/57] presented by Dr David Dodds, Chief of Medicine, Regional Services, for assurance.</p> <p>Dr Dodds explained that the QPIs were a group of clinically driven and nationally agreed parameters to improve patient survival, reduce variance in cancer treatment across Scotland and improve patient experience ensuring patient centred care. These were reviewed quarterly at the Regional Cancer Advisory Group (RCAG) with national scrutiny and oversight provided by Healthcare Improvement Scotland. A new Regional Cancer Oversight Group (RCOG) had been established this year to provide assurance that there was a forensic examination of QPIs and all Boards had input to this group. 11 QPI reports had been published during the six month time period from March 2025 to August 202 and the report provided an update on the actions identified for NHSGGC from the published reports.</p> <p>In response to specific clinical queries, Dr Dodds provided assurance that all QPIs were under active review. The Committee also asked if it was possible for future reports to provide clarity on specific areas identified as outliers and Dr Dodds said that this was difficult within the context of regional services but provided assurance that this was addressed as part of the Managed Clinical Network (MCN) work.</p>		

BOARD OFFICIAL

			ACTION BY
	The Committee were assured by the report. <u>NOTED</u>		
88.	Pharmacy and Medicines Governance Report		
	<p>The Committee considered the Pharmacy and Medicines Governance Report [Paper 25/58] presented by Ms Janice Watt, Interim Director of Pharmacy, for assurance.</p> <p>Ms Watt provided an update on key areas. She advised that DATIX and SAERs were used to record and analyse medication incidents with learning disseminated through various groups as well as targeted teaching and training for Foundation Year 1 (FY1) doctors. A range of bulletins was produced to share insights from incidents and learning. Another area of focus was medicines security and misappropriation and the report covered the use of systems and processes to address this, including a Short Life Working Group (SLWG) on the complexities of moving medicines through the system. The report also described specific work undertaken in paediatrics, acknowledging the specific challenges in this area which made the identification of incorrect doses more difficult.</p> <p>In response to a query, Ms Watt said reducing medicines waste was important across both primary/community care and acute services. She highlighted ongoing efforts to improve the process for ordering and supplying medicines in care homes and noted that minimising waste and maximising efficiency would be a focus for the newly established pharmacist post for care homes. In acute, maintaining correct stock levels was a continuing area of focus. Ms Watt also noted that the workforce continued to be reviewed to ensure sufficient pharmacy support workers to manage medicines waste and provide effective stock control.</p> <p>The Committee were assured by the report.</p> <p><u>ASSURED</u></p>		
89.	Organ Donation Activity Report		
	The Committee considered the Organ Donation Activity Report [Paper 25/59] presented by Dr Mark Henderson, Clinical Lead in Organ Donation, for assurance.		

BOARD OFFICIAL

			ACTION BY
	<p>Dr Henderson said that as well as Clinical Lead, he was attending as representative of the Organ and Tissue Donation and Transplantation Committee and provided an overview of the paper setting out the key highlights. Within NHSGGC, there had been 25 solid organ donors last year, which was a decrease from the previous year, although this figure was consistent with other large Boards. The Board had achieved a silver rating for referral of circulatory cases and a bronze rating across other areas. The presence of Specialist Nurses for Organ Donation (SNODs) remained below average and had received an amber rating. Efforts were being made locally to address this and Dr Henderson was pleased to note that a slight increase had been observed in the year to date. A forthcoming change to organ retrieval coordination was anticipated, with NHS Blood and Transplant (NHSBT) planning to adopt the SCORE process which would present challenges.</p> <p>In response to a query about the changes, Dr Henderson said that he was representing the Board at relevant national meetings. A national strategy covering the UK was awaiting approval. He also reported that deemed authorisation had not achieved the anticipated outcomes and there were a number of implications for clinical practice.</p> <p>In response to a query about the lower rates of organ donation among Black and Minority Ethnic (BME) communities, Dr Henderson said that there was representation on the Organ and Tissue Donation and Transplantation Committee and work was underway to address this including publicising and promoting positive stories of organ donation to encourage donation from within these communities.</p> <p>In response to concerns regarding the current amber rating for SNOD attendance, Dr Henderson outlined the significant efforts undertaken over the past three years to integrate SNODs into all aspects of the organ donation process including ensuring they were routinely included in multidisciplinary team (MDT) meetings and present to provide representation during donation decisions. He said that consistently reminding the clinical team of the importance of SNODs within the organ donation process was also critical. Professor Wallace said that she would be happy to provide any support if required.</p> <p>The Committee were assured by the report.</p> <p><u>ASSURED</u></p>		

BOARD OFFICIAL

			ACTION BY
90.	Maternity and Neonatal Strategy Annual Update		
	<p>The Committee considered the Maternity and Neonatal Strategy Annual Update [Paper 25/60] presented by Professor Angela Wallace, Nurse Director, for endorsement prior to being presented to the NHS Board.</p> <p>Mr Jamie Redfern, Director of Women and Children's Services, reported that implementation had commenced in February and since then several key actions from the strategy had been undertaken. A comprehensive communications plan was in place including posters to raise awareness across all sites as well as pop-up panels to ensure that all stakeholders were aware of the strategy. Feedback from individuals had been positive and an oversight group had been established, with executive sponsorship provided by Professor Wallace and it was meeting monthly to monitor progress against the action plan.</p> <p>Professor Wallace said that it was intended to draft a further paper for the NHS Board outlining the improvement journey. The Committee Chair acknowledged the concerns raised about a different version of the update being presented to the NHS Board, however, as the Board had requested an update in December, it was agreed that a separate paper would be submitted to the Board following consultation with Ms Vanhegan and the NHS Board Chair.</p> <p>The Committee were content to endorse the report noting that a separate paper with further detail on the improvement programme would be presented to the NHS Board on 18 December 2026.</p> <p>The Committee were assured by the update.</p> <p><u>ASSURED</u></p>		Professor Wallace
91.	Infection Prevention and Control Annual Report 2024/25		
	<p>The Committee considered the Infection Prevention and Control Annual Report 2024/25 [Paper 25/61] presented by Ms Sandra Devine, Director of Infection Prevention and Control, for endorsement prior to being presented to the NHS Board.</p> <p>Ms Devine said that the Annual Report detailed the wider activities carried out by the Infection Prevention and Control (IPC) team which outlined the team's ongoing contribution to evidence-based practice</p>		

BOARD OFFICIAL

			ACTION BY
	<p>as well as its role in informing national policy, noting that the team continued to seek opportunities for research and quality improvement. Two additional workstreams had been added into the IPC network and an Organisational Development event had been held in October, which had provided an opportunity for the team to review and consider the contents of the IPC Strategy. The Scottish Government was due to publish its 10-year IPC strategy early next year and it would be important to ensure that NHSGGC's future strategy was closely aligned to that.</p> <p>The Committee were content to endorse the Annual Report which would be presented to the NHS Board on 18 December 2025.</p> <p><u>ENDORSED</u></p>		
92.	Extract from Corporate Risk Register		
	<p>The Committee considered the Extract from the Corporate Risk Register [Paper 25/62] presented by Ms 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. There were seven overdue actions, the full details of which were provided in the report. The Committee asked if the risks could be updated to include more realistic completion dates to help ensure greater accuracy and transparency in the tracking of progress against each identified risk and Ms Heenan would consider how best to do this for future reports.</p> <p>The Committee were content to approve the Corporate Risk Register noting the comments above.</p> <p><u>APPROVED</u></p>		Ms Heenan
93.	Annual Cycle of Business		
	<p>The Committee considered the Annual Cycle of Business [Paper 25/63] presented for approval.</p> <p>The Committee were content to approve the paper.</p> <p><u>APPROVED</u></p>		

BOARD OFFICIAL

			ACTION BY
94.	Board Infection Control Committee – Minutes of the Meeting held on 18 June and 9 September 2025		
	The Committee considered the Board Infection Control Committee – Minutes of the Meetings held on 18 June and 9 September 2025 [Paper 25/64] presented for assurance and were content to note the minutes. <u>NOTED</u>		
95.	Boardwide Clinical Governance Forum – Minutes of the Meeting held on 18 August 2025		
	The Committee considered the Board Clinical Governance Forum – Minutes of the Meeting held on 18 August 2025 [BCGF(M) 25/04] presented for assurance and were content to note the minutes. <u>NOTED</u>		
96.	Public Protection Forum – Minute of the Meeting held on 19 June 2025		
	The Committee considered the Public Protection Forum – Minutes of the Meeting held on 19 June 2025 [PPF(M) 25/02] presented for assurance and were content to note the minutes. <u>NOTED</u>		
97.	Closing Remarks and Key Messages for the Board		
	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. <u>NOTED</u>		
98.	Date of Next Meeting		
	The next meeting would take place on Thursday 5 March 2026 at 2.00 pm.		