



NOT PROTECTIVELY MARKED

Public Board Meeting

26 November 2025

Item 21

THIS PAPER IS FOR NOTING

**CLINICAL GOVERNANCE COMMITTEE MINUTES OF 11 AUGUST 2025 AND
AGENDA OF MEETING HELD ON 10 NOVEMBER 2025**

Lead Director Author	Stuart Currie, Chair of Clinical Governance Committee Julie Kerr, Governance Officer
Action required	The Board is asked to note the minutes and agenda.
Key points	<p>In compliance with the Service's Standing Orders, the approved Committee minutes are submitted to the Board for information and consideration of any recommendations that have been made by the Committee.</p> <p>The minutes of the Clinical Governance Committee held on 11 August 2025 were approved by the Committee on 10 November 2025. The agenda from the meeting held on 10 November 2025 is also attached for the Boards information.</p>
Timing	Minutes are presented following approval by the Committee. The Board are also provided with the agenda of the most recent Committee meeting for information.
Link to Corporate Ambitions	The Clinical Governance Committee has responsibility on behalf of the Board to ensure that the appropriate work is undertaken to assess clinical governance within the Service and provide assurance to the Board that the governance arrangements are safe, effective and person centred.
Link to NHS Scotland's Quality Ambitions	The Clinical Governance Committee remit is to monitor good clinical governance to ensure safe, effective and person centred care across the Service.
Benefits to Patients	The Service practices the principles of good clinical governance to ensure that safe, effective and person centred care exists across the organisation to deliver high quality care to patients.
Climate Change Impact Identification	This paper has identified no impacts on climate change.
Equality and Diversity	No issues identified.



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**MINUTE OF THE HUNDREDTH (100th) CLINICAL GOVERNANCE COMMITTEE
AT 10.00AM ON MONDAY 11TH AUGUST 2025
VIA MICROSOFT TEAMS**

Present: Stuart Currie, Non-Executive Director (Chair)
Liz Humphreys, Non-Executive Director and Whistleblowing Champion
Irene Oldfather, Non-Executive Director
Carol Sinclair, Non-Executive Director

In Attendance: Karen Burnett, Head of Infection Prevention and Control
Andrew Cadamy, Associate Medical Director
Shereen Cameron, Patient Safety Manager
Andrew Carruthers, Associate Director Care Quality & Professional Development
(*Agenda Item 6.2*)
Keith Colver, Clinical Governance Manager – Guidelines
Cheryl Harvey, Associate Director of Education and Professional Development
Marie Kennedy, Patient Experience Manager
Julie Kerr, Governance Officer, Committee Secretariat (Minute)
Julie King, Service Transformation Manager
Tim Parke, Associate Medical Director
Ro Pengelly, Patient Representative
Gary Rutherford, Clinical Governance Manager
Tom Steele, Board Chair
Emma Stirling, Director of Care Quality & Professional Development (*from 11:00 am*)
James Ward, Medical Director
Barry Watson, (*Agenda Item 4*)
Paul Watson, Clinical Governance Manager- Medicines and Equipment

Apologies: Dave Bywater, Lead Consultant Paramedic
Gareth Clegg, Associate Medical Director
Michael Dickson, Chief Executive
Martin Robertson, Patient Representative
Maggie Watts, Non-Executive Director

ITEM 1 WELCOME AND APOLOGIES

Stuart Currie welcomed everyone to the meeting and apologies for absence were recorded as above.

ITEM 2 DECLARATIONS OF INTEREST RELEVANT TO THE MEETING

No new declarations of interest were noted.

Standing declarations of interest noted as below:

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- Irene Oldfather in her position of Director, Scotland Health and Social Care Alliance and Vice Chair of Domestic Advisory Group (DAG) on the Trade and Cooperation Agreement (TCA) with the European Union.
- Carol Sinclair in her position as Trustee of Scotland's Charity Air Ambulance and Chair, Data Board for Health and Social Care.
- Stuart Currie - Board Member of State Hospital Board and Vice Chair of the Independent Review of Inspection, Scrutiny and Regulation of Social Care in Scotland by the Scottish Government.
- Liz Humphreys - Non-Executive Director, Public Health Scotland, and Trustee Scottish Association for Mental Health.
- Martin Robertson, Patient Representative, declared an interest as a member of Voices of Experience (VOX) Scotland.
- Review Group Emergency Depts GG&C Queen Elizabeth – Irene Oldfather.

ITEM 3 MINUTES OF MEETING HELD ON 12TH MAY 2025

The minutes of the meeting held on 12th May 2025 were reviewed for accuracy and approved as a true and accurate reflection of the meeting.

ITEM 4 HOT TOPIC – SCOTLAND'S POPULATION HEALTH FRAMEWORK – IMPLICATIONS FOR SAS

Jim Ward, Medical Director provided Committee with a comprehensive overview in relation to the published Population Health Framework and the implications for the Service. The population Health Framework was presented as part of a strategic trilogy alongside the Operational Improvement Plan and the Health and Social Care Service Renewal Framework. The Framework aims to embed prevention and health equity across all aspects of the Service, aligning with national priorities.

Key themes include:

- **Prevention Focus:** Emphasis on primary, secondary, and tertiary prevention, with a strategic shift towards impactful interventions, particularly in deprived communities.
- **Health Inequalities:** Recognition that health inequalities must be addressed across all programmes, not as standalone initiatives.
- **Community Engagement:** Initiatives such as public access defibrillators, drug harm reduction, mental health support, and mobile vaccination units demonstrate the Service commitment to reaching underserved populations.
- **Data-Driven Insights:** Use of data to identify disparities (e.g., breathing difficulties in SIMD1 areas) and inform targeted responses.
- **Pathways and Palliative Care:** Expansion of referral pathways and reframing of end-of-life care to include broader patient needs.
- **Strategic Alignment:** The framework reinforces existing SAS priorities and provides momentum for further integration of person-centred, community based care.

The Committee acknowledged that the Service is well positioned to respond to these strategic drivers, with many initiatives already underway that align with the Framework's principles.

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Committee reflected on the presentation, with the general consensus being that members agreed the Framework aligns with existing Service priorities and practices, reinforcing the strategic focus. It was noted that the Framework provides a valuable opportunity to amplify and integrate current initiatives. Jim confirmed that no new funding has been confirmed to support the Framework, it is expected to be delivered through existing resources, with emphasis on embedding its principles across all programmes. Committee discussed prevention vs early intervention, end of life care and the importance of 'just in case' medication and data and insight sharing. Members raised concerns in relation to other Boards working in silo with members advocating for a more joined up system with shared learning.

Stuart Currie thanked Jim for the comprehensive and informative update and Committee noted Scotland's Population Health Framework and the implications for the Service.

ITEM 5 PATIENT CENTRED CARE

ITEM 5.1 Patient Experience Update

Marie Kennedy presented the Patient Experience report which was taken as read. The paper provided Committee with an update of our patient experience activity and highlights the latest data on compliments, our Patient Focus Public Involvement work as well as complaints, their themes and actions to address them. An update is also provided on cases with the Scottish Public Services Ombudsman (SPSO).

Marie highlighted to Committee that complaints compliance figures were 93.6% for Stage 1 compliance, and 92% for Stage 2 compliance, a testament to the ongoing work in this area across the organisation and highlighted the continued positive trends in complaints and compliments. A total of 280 complaints were received, a 22% decrease from the same period last year and the lowest figure in five years. Marie highlighted that complaints represent on 0.13% of total calls, indicating a small proportion overall. Top complaint theme remains attitude and behaviour at 35% which remains consistent over the past 3 years with work ongoing to analyse this. Delayed response complaints have dropped significantly and triage referrals to NHS 24 complaints have seen a significant increase since last year. In terms of compliments, Marie reported that 339 compliments were received, with 81% of stories on Care Opinion of a positive nature. Five SPSO cases were opened and five closed with two cases upheld with recommendations being implemented. Ongoing improvements continue to be evidenced in public and youth engagement.

Stuart thanked Marie for the overview and Committee welcomed the use of red text for clarity on new reporting information and the improved analysis and candour in the paper. Carol Sinclair raised a query on a possible typing error in the cover paper which referenced a complaint rate of 39.9% which Marie agreed to investigate. Carol emphasised the importance of staff seeing complaints as learning opportunities and highlighted the need for individual accountability and personal action plans. Marie acknowledged the cultural shift in viewing complaints positively and confirmed that action plans are part of complaint investigations. Liz Humphreys requested confirmation that NHS 24 related complaints will inform the Collaboration Programme Board and Marie confirmed that NHS 24 findings will feed into the programme board work.

Action/s: **1. Patient Experience Manager to investigate the complaint rate figure of 39.9% contained within the cover paper of the report.**

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The focus of the conversation turned to Datix 6473 on the SPSO tracker and Irene Oldfather raised concerns that although recommendations 1 and 3 were completed in January and February 2024, recommendation 2 (policy review on documentation standards) remains open. Marie acknowledged the delay and Jim Ward agreed to speak to Emma Stirling and the Patient Experience Team and bring a comprehensive update in relation to documentation standards back to Committee in November.

Action/s: 2. Medical Director to liaise with Director of Care Quality & Professional Development and bring an update in relation to documentation standards back to Committee in November 2025.

Stuart thanked Marie for the overview and Committee noted the update provided.

ITEM 5.2 Patient Experience Annual Report

Marie Kennedy presented the Patient Experience Annual Report for 2024-25 presented for Committee approval. The report covers complaints handling, feedback, governance, learning, and public engagement. Key highlights included a 2% increase in complaints and a 5% increase in compliments compared to the previous year. Compliance rates were **95.8%** for Stage 1 (down 1.6%) and 91.6% for Stage 2 (up 3%), which were considered strong results given staffing challenges.

Emma Stirling joined the meeting.

Stuart Currie thanked Marie for the update and feedback was sought from Committee in terms of the content of the report. Irene Oldfather welcomed the targeted outreach to underrepresented communities and emphasised the challenges in engaging communities facing inequalities. Irene highlighted a typing error on page 13 of the report in the last paragraph, 4th bottom line which requires revision for clarity in phrasing. Carol Sinclair raised a concerns about terminology and questioned the use of “hospital handover delays” vs “hospital turnaround times”. Jim Ward clarified the distinction between handover delays and turnaround times and recommended consistent terminology. Carol also suggested reconsidering the word “prevention” in the context of avoiding unnecessary journeys and proposed “avoidance” as a softer alternative. Emma Stirling agreed with the suggestion and will liaise with Carol on language refinement.

The Committee took assurance from and approved the Patient Experience Annual Report presented subject to the minor amendments discussed.

ITEM 5.3 Mental Health Update

Catherine Totten joined the meeting and provided Committee with an update in respect of Mental Health which provides Committee with an update in relation to the work being undertaken to meet the ambitions and aims of the Service in relation to mental health care as articulated in the Mental Health Strategy 2022-2027. The update also provides an opportunity for Committee to provide comments on the work being undertaken and identify related work streams across the organisation, where synergy may be of benefit. Catherine provided Committee with updates in relation to staffing and leadership, education and training, digital learning, pathway development, Distress Brief Intervention (DBI), patient experience and the commissioned report from VOX Scotland to understand caller experiences.

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Stuart Currie thanked Catherine for the comprehensive update and the breadth of important work captured and opened to Committee for discussion. Irene Oldfather commended the VOX report and called for an action plan to address pathway inconsistencies, explore a dedicated mental health 999 line and address the loss of suicide prevention officers. Carol Sinclair highlighted discrepancies between the internal and VOX findings requested clearer performance definitions and metrics and raised concerns about acute service handovers. Jim Ward clarified terminology differences and recommended consistent language use. Emma Stirling introduced the development of a quality dashboard to define and track excellence in mental health care.

Catherine acknowledged the feedback and committed to developing a “You Said, We Did” approach integrating findings into future planning and establishing clearer metrics and feedback loops.

Committee discussed and supported the development of a quality dashboard with defined performance thresholds. It was agreed that collaboration with NHS 24 and Territorial Health Boards would be strengthened and key themes identified for targeted engagement with partners. An Action Plan in response to the VOX Scotland report findings will be prepared and an internal review of the VOX report undertaken before external dissemination.

Action/s: **3. Head of Service, Mental Health and Dementia to produce an Action Plan in response to the VOX Scotland report findings and undertake an internal review of the VOX report prior to external dissemination.**

Committee welcomed and discussed the report presented and the breadth of work ongoing in this area.

ITEM 5.4 Learning from Adverse Events

Shereen Cameron presented Committee with an update in relation to Learning from Adverse Events and Committee were asked to discuss the paper and provide feedback. The update provided Committee with a range of existing and new data with analysis related to learning from aggregated data and themes, adverse events reported on InPhase and Significant Adverse Event Reviews. Shereen highlighted that there are currently 50 open Significant Adverse Events (SAERs), with 5 new SAERs in Q1 and 7 new SAERs reported in July (start of Q2). Shereen highlighted an increase in joint SAERs with Territorial Health Boards which is noted as a positive development in collaborative working. New guidance from Healthcare Improvement Scotland to outline criteria is awaited and the Patient Safety Manager and Risk Manager have been engaging with HIS and the other Specialist and Territorial Health Boards to develop this work. The aim is to incorporate this formally into Service policies and procedures, once released. Focus remains on improving report quality and sharing learning across regions and national operations.

Committee welcomed the increased visibility of joint SAERs with Territorial Boards and emphasised the importance of shared ownership and learning from joint cases as well as encouraging thematic analysis of cross-system working to strengthen future assurance. Shereen confirmed that there is active regional collaboration, particularly with NHS Grampian and Glasow Royal Infirmary and highlighted the use of case studies and biannual reporting to share learning. Carol Sinclair noted an apparent plateau in action progress during June and July and Shereen explained that whilst actions are being closed monthly, new actions are added as reports progress. Carol suggested improvements to the SAER action chart i.e. removing count data from Y-axis, improved colour contrast for readability,

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inclusion of overdue actions for clarity. Shereen acknowledged the need for clearer narrative to reflect ongoing activity and confirmed that overdue actions are tracked and reported quarterly through the Patient Safety and Clinical Risk Group.

Irene Oldfather stressed the importance of meeting action deadlines, particularly those set for December 2025 and requested progress updates at the next Committee meeting to ensure accountability. Jim Ward acknowledged the complexity of actions and the importance of clear communication and committed to review presentation and reporting of SAER actions with the Governance team.

The Committee agreed that enhancements would be made to improve the visual clarity and accompanying narrative within SAER action reporting. The team will continue to closely monitor action timelines, with particular attention to those due by December 2025, and will consider aligning future action deadlines with Committee meeting dates to support effective oversight. Additionally, a thematic review of joint SAERs will be explored to support system-wide learning, and a future Committee session will be scheduled to reflect on progress made over the past year.

Action/s: 4. Patient Safety Manager to work with Medical Director and review presentation and reporting of SAER Actions with the Governance Team.

Action/s: 5. Patient Safety Manager will explore the possibility of a thematic review of joint SAERs to support system wide learning and a future Committee session will be scheduled to reflect on progress made over the past year.

Committee noted the overview and significant discussion which followed and welcomed the tangible progress being made in this area.

ITEM 5.5 Clinical Risk Register

Shereen Cameron presented the Clinical Risk Register and Committee were asked to:

- Consider the escalation of any high or very high risks to the Corporate Risk Register via PPSG.
- Review and approve the Risk Register and note the actions in place and the assurance being received that the risks are being controlled effectively.

Shereen highlighted that there are 2 very high clinical risks which remain unchanged, namely:

- Hospital Handover Delays where collaboration continues across key areas with a major focus in Grampian.
- Timely completion of Significant Adverse Event Review processes where progress is reassuring, but the risk remains very high due to a significant backlog.

Shereen also advised Committee that a business case has been prepared which relates to the high risk in relation to Major Trauma Pre-Hospital Critical Care which will be reviewed prior to progressing to the next stage of submission.

Stuart Currie thanked Shereen for the overview and no comments or questions were raised during the meeting regarding the update.

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Committee noted, reviewed and approved the Risk Register presented.

ITEM 6 PATIENT SAFETY

ITEM 6.1 Clinical Governance and Patient Safety Report

Keith Colver presented the Clinical Governance and Patient Safety Report which provides Committee with a quarterly overview of the operational application of the Clinical Governance Framework and summarises clinical governance activities and practices across the Service. The report was taken as read and Committee were asked to discuss and note the paper presented. Key points highlighted included:

- Violence Prevention and Reduction Training: a clinical assurance review is ongoing, with no concerns identified but a further update will be provided to Committee in November.
- Advanced Practice Clarification: reference in the paper pertains to urgent care, not critical care.
- PGD Sign Off: Advance practice PGDs have improved, with most now at approximately 65% compliance. Core 4 PGDs remain challenging, with only a 1% improvement noted.
- Public Protection: First update included in the report with feedback welcomed.

Stuart thanked Keith for the overview and Committee expressed concerns in relation to the lack of project and PMO support for the Paediatric Retrieval Project and highlighted that this is indicative of a broader issue around capacity and capability to support the Service's growing portfolio of projects, but emphasised the importance of ensuring infrastructure is in place to support high priority initiatives. Jim Ward clarified that whilst progress on the project has been hindered, it has not been halted and agreed that the issue needs to be addressed and committed to following up with relevant colleagues.

Action/s: 6. Medical Director to follow up with relevant colleagues in relation to PMO support for the Paediatric Retrieval Project.

Committee noted the update provided.

ITEM 6.2 Whistleblowing Quarterly Report

Andrew Carruthers presented the Quarter 1 Whistleblowing Report which Committee were asked to note. The report was taken as read and Andrew highlighted that several whistleblowing investigations have concluded, with all recommended actions accepted. Only one case remains open and is being actively managed in collaboration with NHS National Whistleblowing Officer (INWO) with organisational learning captured from completed cases. Committee expressed confidence in the report and noted the improved navigation of whistleblowing and business as usual policies by staff and managers. Carol Sinclair highlighted the growing effectiveness of confidential contacts as a trusted resource and welcomed the appropriate use of whistleblowing channels and overall progress.

Emma Stirling commended Andrew for his leadership and commitment in advancing whistleblowing processes and acknowledged improvements in communication with INWO and the training of confidential contacts whilst recognising the significant progress made over the past year.

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Stuart Currie thanked Andrew for the report and echoed the positive sentiment, noting the value of seeing tangible results. Committee took assurance from the report and acknowledged the improvements in whistleblowing processes.

ITEM 6.3 Controlled Drugs Annual Report

Paul Watson presented the Controlled Drugs Annual Report which Committee were asked to approve. The report provided assurance of safe and well-governed access to controlled drugs across Scotland. Key updates included:

- Enhanced governance through the use of a shared mailbox for all requisitions, improving control over dispatch.
- A fleet-wide reduction in Midazolam stock due to packaging changes, expected to reduce wastage.
- Updates on controlled drug losses, ampule pouch redesign, and wallet improvements.

No further questions or comments were raised and Committee approved the Medicines Management Annual Report presented.

ITEM 7 EFFECTIVENESS

ITEM 7.1 Infection Prevention and Control Quarterly Report

Karen Burnett, presented Committee with an update on Infection Prevention and Control work since the last Committee meeting and Committee were asked to discuss and note the report which assures Committee that there are clear and effective structures and processes that achieve system wide compliance with mandatory and best practice standards in Infection Prevention and Control (IPC) and established systems for monitoring outcomes which demonstrate improved patient safety and improved and safer working practice for staff. Karen provided Committee with updates in relation to Team and Responsibilities, Programme of Work, Risk Register, Respiratory Protective Equipment (RPE), Education and Training, Communication and Policy, Incident Reporting, Audits, National IPC Manual and PPE Compliance, Antimicrobial Monitoring, and Built Environment and Equipment.

Committee commended the progress of the paper and suggested strengthening the narrative around delivery timelines and assurance and recommended attaching the detailed programme of work as an appendix going forward for clarity. Liz Humphreys requested contextual information to better understand the severity of IPC issues and highlighted the need for benchmarking against other ambulance services. Karen advised that whilst some figures e.g. RPE compliance are concerning, the Service is ahead of other UK Services in IPC development.

The Committee recommended that future IPC reports include contextual benchmarking and narrative to support assessment of performance. It was agreed that monitoring and addressing Respiratory Protective Equipment (RPE) compliance should remain a priority. The rollout of safer injection needles will proceed following the finalisation of updated training materials. Progress on KPMG audit actions and related policy updates will continue to be maintained. The Committee also agreed that the IPC Programme of Work should be appended to future reports to strengthen assurance.

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Action/s: 7. Head of Infection Prevention and Control to add the IPC Workplan as an Appendix to the Infection Prevention and Control Quarterly Report going forward.

At this point Irene Oldfather raised questions about underreporting in adult and child protection and its implications and asked for clarification on the rollout of safer injection needles. Paul Watson explained that the delay was due to training material revisions and rollout is imminent with stock now ready.

Liz Humphreys left the meeting.

Stuart Currie thanked Karen for the update and Committee noted the report and the overview provided.

ITEM 7.2 Education Update

Cheryl Harvey presented the paper which provided an update on the developments within the Education and Professional Development Department and highlighted the undernoted areas:

- All tables and charts have been updated with activity to July 2025 where data is available.
- Progress has been made on the outstanding portfolio submissions from the legacy Ambulance Technician programme with 52 now outstanding.
- A financial appraisal has been completed in relation to NQP Recruitment and Training resulting in a decision to recruit 269 Newly Qualified Paramedics (NQPs). A revised training plan has been implemented to align with this recruitment target. Further details on the training plan will be included in the next report.
- The LiP programme cycle commenced April 2025. Completion rates are detailed within the paper.
- The 2025/2026 Continuing Professional Development funding applications process opened on 25 April 2025 and closed on Friday 23 May 2025. An awarding panel convened and funding was granted to 48 applicants.

Stuart Currie invited comments following Cheryl Harvey's update. Carol Sinclair raised concerns about training plan reprofiling and risk mitigation. Cheryl confirmed improvements in the recruitment process and financial support for external driver trainers. She informed Committee that NQP sign-off focuses on professional development rather than clinical reassessment. Emma Stirling added that EPDD has a robust induction programme, though challenges remain in finalising placements due to over recruitment risks and skill mix considerations. Operational teams are addressing these issues, with further streamlining planned for next year.

Committee acknowledged the progress made and took assurance from the update presented.

ITEM 7.3 Clinical Services Transformation Programme Update

Julie King introduced the paper and Committee were asked to feedback on the report and note the updates for the Clinical Services Transformation Programme for this reporting

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period which provides an overview of the objectives with the key highlights up to and including the end of July 2025 for the following workstreams:

- Out of Hospital Cardiac Arrest
- Major Trauma
- Stroke and Thrombectomy
- Urgent Care and Pathways
- Palliative and End of Life Care
- Drug Harm Reduction
- Population Health

Committee welcomed the report and no specific concerns or queries were raised during the meeting.

ITEM 8 COMMITTEE GOVERNANCE

ITEM 8.1 Integrated Clinical Hub Internal Audit Report

Steph Jones joined the meeting and presented the Integrated Clinical Hub (ICH) Internal Audit Report which focussed on assessing the governance and reporting arrangements with the ICH and controls around performance feedback, staff training and mechanisms for collecting patient feedback. The internal audit identified improvement opportunities around documentation, performance reporting and risk management for the ICH and agreed certain management actions which will further strengthen the controls. An overall rating of 'significant assurance with minor improvement opportunities' was provided which is in line with the forecasted assurance provided by management. The report raised a total of 1 medium and 3 low risk findings for which appropriate management actions have been agreed with the management team. Progress on the Actions will be reported quarterly through Clinical Governance Committee.

Committee discussed the report. Carol Sinclair highlighted the recommendation to improve measurement and reporting of qualitative outcomes, noting its relevance to earlier mental health discussions. Irene Oldfather raised concerns about missed legislative timelines, stressing the need for assurance for Non-Executive Directors. Steph clarified that delays relate to legacy SAERs, with newer ones now managed effectively. Significant progress has been made in separating the Ambulance Control Centre from the Integrated Clinical Hub to improve accountability. Collaboration with the Patient Safety Team is ongoing to resolve outstanding actions and ensure future compliance.

Stuart Currie thanked Steph for the overview and Committee discussed and noted the Integrated Clinical Hub Internal Audit report presented.

ITEM 8.2 Clinical Governance Committee Internal Audit Risk and Actions

Jim Ward presented the Internal Audit Risk and Actions and Committee were asked to note the update provided. Jim highlighted that the update summarises the progress reported by management and validated by internal audit. There are currently 15 open actions, namely 6 actions raised from the Medicines Management Report, 6 raised from the Infection Prevention and Control audit and 4 actions from the recent Integrated Clinical Hub internal audit, 1 of which has been agreed for closure. Formal sign off for these audit actions will be progressed through Audit and Risk Committee.

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Committee discussed the report and Carol Sinclair requested clarification on overdue actions that may need to be flagged to the Audit and Risk Committee. Jim confirmed that some actions from the Medicines Management Audit were overdue as of June, with updates provided to the Audit and Risk Committee. Revised due dates will be set to restore compliance.

Paul Watson updated the Committee on Action 2.1 – Stock Planning Process, noting that while stations currently set their own stock levels effectively, fixed limits may introduce issues. A pilot programme is underway, expanding from 2 to 4 stations of varying sizes to test the system. Feedback will guide further rollout and timeline adjustments.

Committee noted the report and acknowledged the importance of careful implementation to avoid unintended consequences.

ITEM 8.3 MEDICAL APPRAISAL & REVALIDATION QUALITY ASSURANCE (MARQA) REVIEW

Jim Ward presented the Medical Appraisal & Revalidation Quality Assurance (MARQA) Review submission for review and visibility by Committee. Jim advised that although the Service is a designated body for only two doctors, the organisation is still required to comply with full governance processes associated with medical appraisal and revalidation. Included for information is a copy of the agreement with NHS National Services Scotland (NSS) who provide appraisal services for Service doctors and confirmation that both doctors aligned to the Service are fully compliant with revalidation requirements.

Stuart thanked Jim for the update and no questions were raised and Committee noted the report presented.

ITEM 8.4 Clinical Governance Committee Workplan 2025

The Committee acknowledged and noted the Workplan presented for information with any changes highlighted in red.

ITEM 8.5 Action Tracker

Following updates from Action Owners, Committee agreed that the following actions could now be closed and approved their removal from the Action Tracker:

2025/02/05.1	Patient Experience and Learning from Adverse Events
2025/02/05.3	Mental Health Update
2025/05/05.1	Patient Experience Update
2024/08/05.1 (1)	Annual Reports Sub-Committees
2025/05/08.6	Terms of Reference – Sub Groups

Following updates from action owners, the following actions will remain open and have their timelines extended:

2024/08/05.1 (1)	Patient Experience and Learning from Adverse Events
2025/08/05.1 (2)	Patient Experience and Learning from Adverse Events
2025/05/08.5 (2)	Annual Reports Sub-Committees

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ITEM 9 ITEMS FOR NOTING

Stuart Currie advised members that items 9.1 to 9.8 were the approved minutes/decision logs of each Committee Sub-Group and are presented to each Committee meeting for information only.

ITEM 9.1 Clinical Assurance Group Decision Log

The Committee noted the Decision Log.

ITEM 9.2 National Clinical Operational Governance Group Decision Log

The Committee noted the Decision Log.

ITEM 9.3 Medicines Management Group Decision Log

The Committee noted the Decision Log.

ITEM 9.4 Public Protection Assurance Group Action Tracker

The Committee noted the Action Tracker.

ITEM 9.5 Patient Safety and Risk Group Decision Log

The Committee noted the Decision Log.

ITEM 9.6 Research, Development and Innovation Minutes

No minutes available this quarter.

ITEM 9.7 Value Based Health and Care Group Decision Log

The Committee noted the Decision Log.

ITEM 9.8 Infection Prevention Control Committee Minutes

No minutes available this quarter.

ITEM 9.9 Clinical Response Model Group Terms of Reference

The Committee noted the Terms of Reference presented.

ITEM 10 ANY OTHER BUSINESS

No items of other business were recorded.

Stuart Currie thanked everyone for their attendance, discussion, and comments throughout the meeting and to all authors of the reports which allows Committee to take significant assurance from the work being undertaken.

Date of next meeting Monday 10 November 2025, 10:00 am

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ONE HUNDREDTH AND FIRST (101ST) CLINICAL GOVERNANCE COMMITTEE
10:00 AM ON MONDAY 10 NOVEMBER 2025
VIA MICROSOFT TEAMS

AGENDA

Key:

CR 4638 – Very High – Hospital Handover Delays
 CR 5062 – Very High – Financial Targets
 CR 5519 – Very High – Statutory and Mandatory Training
 CR 5602 – High - Service's Defence Against a Cyber Attack
 CR 5603 – High - Maintaining required service levels (Business Continuity)
 CR 4636 – High - Health and Wellbeing of staff affected
 CR 5653 – High - Organisational Culture
 CR 5887 – High - Service Transformation (Change Management)
 CR 5888 – High - Workforce Planning
 CR 5889 – High - Workforce Sustainability
 CR 5890 – High - Environmental Sustainability
 CR 5891 – High - Collaborative Working

		IMPACT				
		Low (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
LIKELIHOOD	Almost Certain (5)				CR4638 – 4 Items	
	Likely (4)			CR4636 – 2 Items	CR5062 – 1 Item	
	Possible (3)					
	Unlikely (2)					
	Rare (1)					

	Agenda Item	Brief Type	Lead	Risk
10:00	1. Welcome and Apologies		S Currie	
	2. Declarations of Interest relevant to the Meeting	<i>For Discussion</i>	S Currie	
	3. Minutes of meeting held on 11 August 2025	<i>For Approval</i>	S Currie	
10:10	4. HOT TOPIC 'Winter Preparedness; ICH Test of Change re NHS 24 Calls October 2025'	<i>For Discussion</i>	S Jones	
10:50	5. Person Centred Care			
	5.1 Patient Experience Update	<i>For Discussion</i>	M Kennedy	–
	5.2 Learning from Adverse Events Update	<i>For Discussion</i>	J Ward / S Cameron	
	5.3 Clinical Risk Register	<i>For Approval</i>	J Ward/ S Cameron	
11:20	6. Patient Safety			

	6.1	Clinical Governance and Patient Safety Report	<i>For Discussion</i>	K Colver	CR 4638
	6.2	Whistleblowing Quarterly Report	<i>For Discussion</i>	E Stirling / A Carruthers	-
11:40	7.	Effectiveness			
	7.1	Infection Prevention & Control Update Report	<i>For Discussion</i>	K Burnett / E Stirling	CR 4636, CR 4638
	7.2	Education Update	For Discussion	C Harvey	CR 4636, CR 4638, CR 5062
	7.3	Clinical Services Transformation Programme Update	For Discussion	J King	CR 4638
12:10	Comfort Break				
12:15	8.	Committee Governance			
	8.1	Internal Audit Risk and Actions	<i>For Discussion</i>	J Ward	-
	8.2	Clinical Governance Committee Workplan 2025	<i>For Noting</i>	J Ward	
12:35	8.3	Action Tracker	<i>For Approval</i>	S Currie	
12:40	9.	Items for Noting - Circulated to Committee for Information Only			
	9.1	Clinical Assurance Group Decision Log	<i>For Information</i>		
	9.2	National Clinical Operational Governance Group Decision Log	<i>For Information</i>		
	9.3	Medicines Management Group Decision Log	<i>For Information</i>		
	9.4	Public Protection Assurance Group Minutes	<i>For Information</i>		
	9.5	Patient Safety & Risk Group Decision Log	<i>For Information</i>		
	9.6	Research Development & Innovation Minutes	<i>For Information</i>		
	9.7	Value Based Health and Care Group Decision Log – no Decision Log available September 2025 meeting cancelled.	<i>For Information</i>		
	9.8	Infection Prevention Control Committee Minutes	<i>For Information</i>		
	10.	Clinical Governance Committee Meeting Dates 2026: <ul style="list-style-type: none"> Monday 9 February 2026 Monday 11 May 2026 Monday 10 August 2026 Monday 9 November 2026 	<i>For Information</i>	S Currie	
12:50	11.	Any Other Business	<i>For Discussion</i>	All	

Date of next meeting: Monday, 9 February 2026 10am

RECORDING PRIVACY NOTICE

Please note this meeting will be recorded for the purposes of the minute. The audio recording will be deleted after the minute is produced and approved in line with the MS Teams Audio & Transcription Guidance.

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