PUBLIC BOARD MEETING	**24 September 2025** **Item 18**
THIS PAPER IS FOR NOTING **CLINICAL GOVERNANCE COMMITTEE MINUTES OF 12 MAY 2025 AND AGENDA OF MEETING HELD ON 11 AUGUST 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	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. The minutes of the Clinical Governance Committee held on 12 May 2025 were approved by the Committee on 11 August 2025. The agenda from the meeting held on 11 August 2025 is also attached for the Boards information.
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.

MINUTE OF THE NINETY NINTH (99th) CLINICAL GOVERNANCE COMMITTEE
AT 10.00AM ON MONDAY 12TH MAY 2025
VIA MICROSOFT TEAMS

Present:	Stuart Currie, Non-Executive Director (Chair)
	Liz Humphreys, Non-Executive Director and Whistleblowing Champion
	Carol Sinclair, Non-Executive Director
	Maggie Watts, Non-Executive Director
In Attendance:	Dave Bywater, Lead Consultant Paramedic & Acting Director of Care Quality & Professional Development
	Karen Burnett, Head of Infection Prevention and Control
	Andrew Cadamy, Associate Medical Director
	Shereen Cameron, Patient Safety Manager
	Keith Colver, Clinical Governance Manger – Guidelines
	Michael Dickson, Chief Executive
	Martin Esposito, Consultant Paramedic, Major Trauma (Agenda Item 4)
	Jill Fletcher, Clinical Governance Manager
	Cheryl Harvey, Associate Director of Education and Professional Development
	Julie Kerr, Committee Secretariat (Minute)
	Julie King, Service Transformation Manager
	Tim Parke, Associate Medical Director
	Ro Pengelly, Patient Representative
	David Robertson, Regional Director West
	Martin Robertson, Patient Representative
	Tom Steele, Board Chair
	Emma Stirling, Director of Care Quality & Professional Development
	James Ward, Medical Director
	Paul Watson, Clinical Governance Manager- Medicines and Equipment (Agenda Item 4)
Apologies:	Gareth Clegg, Associate Medical Director
	Ayaz Ghani, Associate Medical Director
	Mark Hannan, Head of Communications & Engagement
	Marie Kennedy, Patient Experience Manager
	Irene Oldfather, Non-Executive Director

ITEM 1   WELCOME AND APOLOGIES

Stuart Currie welcomed everyone to the meeting and in particular extended a warm welcome to Ro Pengelly attending her first Clinical Governance Committee meeting in her capacity as Patient Representative. Apologies for absence were recorded as above. Stuart made members aware that Martin Robertson and Ro Pengelly (Patient Representatives) will join for the Hot Topic and Patient Experience items on the agenda and then leave the meeting.

ITEM 2   DECLARATIONS OF INTEREST RELEVANT TO THE MEETING

No new declarations of interest were noted. Carol Sinclair advised that since the last meeting of Clinical Governance Committee she has stood down as Strategic Advisor to Scottish Government but remains as Chair of the Data Board for Health & Social Care.

Standing declarations of interest were noted as below:

- 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 10TH FEBRUARY 2025

The minutes of the meeting held on 10th February 2025 were reviewed for accuracy and approved as a true and accurate reflection of the meeting.

ITEM 4   HOT TOPIC – PAIN MANAGEMENT STRATEGY DEVELOPMENTS

Paul Watson, Clinical Governance Manager and Martin Esposito, Consultant Paramedic Major Trauma joined the meeting and provided Committee with a comprehensive overview in relation to pain management strategy developments by way of a presentation. Martin highlighted the importance of pre-hospital pain management and provided Committee with an update of where we are as a Service in relation to how we currently manage pain and Paul then took Committee through the current developments and challenges and how the Service can move this work forward. With Committee support the Team proposes to develop a Pain Management Strategy with the purpose of ensuring patient centred, equitable, effective and compassionate pain management for all patients in diverse clinical presentations and demographics across the Scottish Ambulance Service. The Strategy will incorporate all parts of the organisation including major trauma, end of life care, out of hospital cardiac arrest etc and will provide guidance for acute and chronic pain management. The aim is to publish this Strategy by November 2026.

Stuart thanked Martin and Paul for the excellent presentation and opened to Committee for questions. Committee discussed the needs of patients suffering from dementia and their ability to ask for pain relief. Martin assured Committee that clinicians use a JRCALC pain assessment tool for patients with cognitive impairment and the development of a Pain Management Strategy will raise awareness of the other tools available for clinicians whilst managing pain for a wide range of patients.

Committee discussed the need to understand linked data and how this could be used to best effect, how issuing stronger pain management would mean cases whereby patients no longer require conveyance, inequalities, remote prescribing and whether perhaps a framework would be better than a strategy. Committee agreed that it was important that the Service have a way to maximise the opportunities of pain management and also track the impact and outcomes.

Stuart Currie thanked Paul and Martin for the comprehensive and informative presentation and Committee noted the update and overview provided.

Martin Esposito and Paul Watson left the meeting.

ITEM 5   PATIENT CENTRED CARE

ITEM 5.1   Patient Experience Update

In the absence of Marie Kennedy Dave Bywater 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). Dave highlighted to Committee that complaints compliance figures were 94.6% for Stage 1 compliance, and 91.9% for Stage 2 compliance, a testament to the ongoing work in this area across the organisation. Dave made Committee aware that the data for this period runs to the end of February 2025, this is due to a few anomalies being detected due to the changeover between Datix and InPhase and this will be updated in time for the next Board meeting.

Stuart Currie thanked Dave for the overview and opened to Committee for comments and questions. A lengthy discussion ensued which focussed on improving the integration and strategic use of data from various patient safety and experience reports to enhance Committee oversight. Committee noted that the Learning from Events Group had a period of inactivity but is now active again and Carol Sinclair raised concerns about the integration of learning and triangulation of data sources. In turn Liz Humphreys raised concerns in relation to fragmented reporting across patient experience, learning from events and adverse events reports and called for a holistic view to understand overall patient outcomes and areas for improvement whilst emphasising the need for clarity on what strategic assurance the Committee requires. Jim Ward acknowledged the challenge of balancing the narrative with assurance and highlighted that with the improvements in governance reporting there is a need for continued responsiveness to feedback and suggested the potential value of an overarching narrative to tie together the various reports.

Maggie Watts raised a question about why complaints upheld internally still proceed to the SPSO which Dave Bywater agreed to follow up with Mark Hannan and Emma Stirling to provide clarity.

Action/s: 1.   David Bywater to follow up with Mark Hannan and Emma Stirling as to why complaints upheld internally proceed to the SPSO.

Committee agreed that there is a strong support for a more integrated strategic view of patient safety and experience data to provide clearer assurance and less fragmented reporting.

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

Martin Robertson left the meeting.

ITEM 5.2   Learning from Adverse Events

Shereen Cameron presented an update on Significant Adverse Event Reviews (SAERs) noting a reduction to 46 open cases, down from 102, which shows significant progress. All historical SAERs from 2020/21 have been reviewed and 5 SAERs from 2022 remain open and will be the next to focus for closure. A new team-based approach is being piloted for 2025 SAERs to improve timeliness and quality which will be led by the Patient Safety Team with input from multidisciplinary regional and national teams and will align with National Framework timeframes. The multidisciplinary panel approach to SAERs has been commended by Health Improvement Scotland and the process includes review by Regional Quality Leads, Executive Team and Clinical Governance Committee. Shereen also advised that a new National Framework for Adverse Events was released in February and the Team is revising their internal framework to align with this which will focus on patient and staff impact and proportionate reviews based on severity. A proposed updated framework will be presented to the next Clinical Governance Committee meeting.

Stuart thanked Shereen for the comprehensive update provided and Committee noted the steady improvements which provided an increased level of assurance. Committee discussed the importance of addressing both current and older SAERs in parallel, identifying early learning opportunities, and ensuring operational engagement. Carol Sinclair and Liz Humphreys emphasised the need to triangulate SAERs with complaints and staff experience to understand systemic pressures. Recognition from Health Improvement Scotland for the Service governance process was highlighted as a positive development.

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

ITEM 5.3   Adverse Events Framework

Shereen Cameron provided Committee with a verbal update in relation to the Adverse Events Framework which Committee were asked to note. Shereen advised that although an updated internal framework is ready, its presentation is delayed to align this with the new National Framework which was released by Health Improvement Scotland in February. This new framework emphasises a quality focussed, compassionate approach which considers the impact on patients, families and staff. The Service is actively participating in national discussions to define notifiable events and triggers for SAERs and is working with other Health Boards to ensure appropriate incident identification and a meeting is scheduled to refine this process. The revised internal framework, incorporating these national standards will be presented to the next Clinical Governance Committee in August.

Committee discussed and noted the progression of the Adverse Events Framework as described and agreed to delay the updated Framework to align with new National Guidance and ongoing pilot evaluations.

ITEM 5.4   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 currently 2 very high risks, namely Hospital Handover Delays and SAERs Review Process. Following feedback at the last Clinical Governance Committee, the risk in relation to the SAERs Review Process has been reworded and Committee are asked to confirm that they are happy with the re-wording. There are currently 2 high risks namely IPUUC Major Trauma with the Business Case in progress and additional emergency cover with Emergency Medical Consultants to provide red tier cover and Stroke/Thrombectomy in relation to delayed transfers which has now been closed.

Stuart Currie thanked Shereen for the overview and opened to Committee for questions. Committee approved the re-wording in relation to the SAERs Review Process risk and the mitigations. Liz Humphreys asked how it is decided which Clinical Risks are presented to Committee and which are not required. Jim Ward advised that the Very High and High risks are presented to Clinical Governance Committee and all other risks are discussed at ADP meetings. Jim highlighted that all of the clinical topics and generic governance work impacts on and is reported through 2030 Steering Group and Performance and Planning Steering Group. Shereen also reported that there is a quarterly Patient Safety and Clinical Risk Group where work has been undertaken to coordinate and identify where risks are across the organisation to ensure they are presented through this group as part of the governance tiered approach.

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 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. Keith Colver highlighted that at the recent National Clinical Operation Governance Group (NCOGG) it was proposed that the current standing defibrillator update would be better placed and included in the Medical Device paper which will allow a broader view of assurance. In terms of Public Protection, for this quarter, the Public Protection Team Annual Report is presented separately, but going forward this will be included in the Clinical Governance and Patient Safety Report. Keith also highlighted a new PGD reporting format which provides a more meaningful overview of PGD sign-off. Although compliance is up by a few points, whilst this is reassuring, it is still a challenge and work continues to improve this picture.

Stuart thanked Keith for the overview and opened to Committee for questions. Carol Sinclair referred to the variation in deployment of Community First Responders (CFRs) and asked when we are under such extensive pressure, how we accelerate our work on improving deployment of resources. In linking this with the sustainability and meaningful increase in the number of interactions our clinical workforce can do around remote consultation and safety netting, Carol highlighted that these are themes which frequently come through in our SAERs i.e. timeliness of response, call backs, safety netting etc. Carol also asked how

Clinical Governance Committee support appropriate focus and pace in this area and asked if there is an improvement plan. Michael Dickson advised that when the Service move to higher REAP levels the number of categories where we would routinely send CFRs to drops down as we are not responding as a general service and work is ongoing to address what we will do with this the next time REAP levels move to the higher levels. Keith advised that a small, dedicated team are now working to accelerate the work on improving the deployment of CFR resources and it is anticipated that more detail will be available for the next quarterly report to Committee. In terms of remote consultation Keith advised that we are seeing delayed hospital turnaround times and work is ongoing using REAP and the National Escalation Plan to address where we place our resources. Work is also ongoing to identify calls and codes where additional focus is required.

Carol also asked if there were any legal implications for the Service associated with unsigned PGDs and is there a level of risk associated with a diminishing number of PGDs being unsigned. Keith advised that it is the responsibility of the Health Care Professionals to sign of PGDs acknowledging that they have read and understood the content before medicines are administered. Keith assured Committee that there is attention and focus in this area and understand where responsibility lies with the individual and the organisation.

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

Ro Pengelly left the meeting.

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 advised Committee that whilst reviewing the IPCC Terms of Reference, it was noted that minutes from IPCC should be presented to Committee for information which has not been happening. Approved minutes from the most recent IPCC meeting are presented today for information and Committee noted that these will be included going forward. Karen provided Committee with updates in relation to leadership and governance, Spring Vaccination Programme, RPE Face Fit Testing, Training Compliance, Standard Infection Control Precautions (SICPs), National Cleaning Services Specification (NCSS) Audits and Communication.

Stuart thanked Karen for the overview and Committee members noted the improved quality of the newly formatted report which makes it much easier to identify assurance information. Stuart opened to Committee for questions and Carol Sinclair noted her thanks that 'Bare Below Elbow' will be a particular area of focus going forward, comments which were echoed by Liz Humphreys. Carol welcomed the work with the estates department in relation to the monitoring of rectifications and report information with the introduction of a rectification plan.

A lengthy conversation ensued in relation to 'Bare Below the Elbow' and Committee agreed that there is requirement for staff to be Bare Below the Elbow whilst wearing operational uniform and the wearing of wrist watches, bracelets and other jewellery items is not

permitted as well as the wearing of nail polishes and false nails. Committee welcomed the work underway to address compliance in this area.

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

ITEM 7.2   Annual Infection Prevention and Control Work Programme

Karen Burnett presented the annual Infection Prevention and Control Work Programme and Committee were asked to discuss and approve the Programme of work for 2025/26. The Programme provides Committee with assurance that there are clear and effective structures and processes that achieve system wide compliance with mandatory and best practice standards in IPC and establish systems for monitoring outcomes which demonstrate improved patient safety and improved and safer working practice for staff. Karen highlighted that the 2025/26 Annual Work Programme is comprehensive and will be updated by the Infection Prevention Control Team as progression is made throughout the year. The Annual Work Programme provided Committee with the key delivery areas and proposed completion dates broken down into key standards which will be monitored by the IPC Team and presented through Infection Prevention and Control Committee.

Stuart thanked Karen for the overview and Committee noted that the Work Programme was clear and very easy to follow through the various themes.

Committee approved the Annual Infection Prevention and Control Work Programme presented.

ITEM 7.3   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:

- Progress on the outstanding portfolio submissions from the legacy Ambulance Technician programme with 61 now outstanding.
- NQP Recruitment for 2025/26.
- LiP Programme cycle commenced with a focus on manual handling and violence prevention reduction.
- Utilisation of TURAS learn going forward which will provide improved completion data going forward.
- 2025/26 Continuing Professional Development funding application process has opened which will close on Friday 23 May 2025 and a second application process will run in August/September 2025.

Cheryl highlighted that following a meeting with Stuart Currie and Carol Sinclair a reformatted version of the report is presented this quarter with the cover sheet highlighting the key points for highlight to Committee. Cheryl assured Committee that work is ongoing with colleagues to develop a training plan for Technicians and ACAs for the full year.

Stuart thanked Cheryl for the report and applauded the format of the report and opened to Committee for questions. Carol Sinclair referred to the Practice Educators on Register (Chart 3) which shows a slight increase from previous months and asked if there was any other information available on the plan to green. Cheryl advised that a deeper dive is

underway to understand more about newly qualified practitioners who have come through the system and why they aren't ready to commit to the Practice Educator role.

Clinical Governance Committee noted the update paper provided.

ITEM 7.4 Clinical Services Transformation Programme Update

Julie King introduced the paper and Committee were asked to feedback on the revised presentation of this report and note the updates for the Clinical Services Transformation Programme for this reporting period which provides an overview of the objectives with the key highlights up to and including the end of April 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

Feedback is welcomed on the revised layout and content of the update. These workstreams are regularly reported through different forums including 2030 Strategy, Performance and Planning Steering Group and the SAS Board and the proposal is to report by exception and through a reduction in the information provide more effective assurance on progress.

Committee welcomed the new revised format of the report and discussed and noted the report presented.

ITEM 8 COMMITTEE GOVERANCE

ITEM 8.1 Infection Prevention Control Internal Audit Report

Karen Burnett presented the Infection Prevention Control Internal Audit Report which focussed on a review of the processes and controls across the Service to ensure there is effective oversight, scrutiny, and governance arrangements in place to ensure compliance with the National Infection Prevention and Control Manual (NIPCM). An overall rating of 'significant assurance with minor improvement opportunities' was provided which is higher than the management's anticipated assurance rating. The report raised a total of 3 medium and 2 low risk findings for which appropriate management actions have been agreed with the IPC Team and are being worked through. Progress on the Actions will be reported quarterly through Clinical Governance Committee.

Stuart Currie thanked Karen for the overview and Committee discussed and noted the Infection Prevention and Control 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 12 open actions, namely 6

actions raised from the Medicines Management Report and 6 raised from the recent Infection Prevention and Control audit.

Committee discussed and noted that 3 actions from the Medicines Management Internal Audit have had their respective timelines extended and also noted the actions from the recent Infection Prevention and Control Audit.

Committee noted the Internal Audit Risk and Actions presented.

ITEM 8.3   Clinical Governance Committee Effectiveness Review

Jim Ward presented Committee with the Clinical Governance Committee Self-Assessment Checklist and Action Plan which allows Committee to define their assurance needs, map the various sources of assurance and develop an integrated approach to assurance.

The checklist was circulated to members for review on 29 April 2025 and the collated version of the completed checklist and action plan is presented to Committee today based on feedback and responses from members for approval. The approved checklist and Action Plan will be presented to the June 2025 Audit and Risk Committee meeting and any Action Plan progress update will be presented to February 2026 Clinical Governance Committee. Committee.

Clinical Governance Committee discussed and approved the Committee Self-Assessment Checklist and Action Plan presented.

ITEM 8.4   Clinical Governance Committee Annual Report

Jim Ward presented the Clinical Governance Committee Annual Report which Committee were asked to approve. The Annual Report provides assurance that the Clinical Governance Committee has fulfilled its delegated responsibility to assure the Board that the governance arrangements are safe, effective and person centred. Following approval, the Annual Report will be presented to the Board, to inform and provide assurance for the Board's Governance Statement and Annual Report due to be approved in June 2025.

Clinical Governance Committee approved the Annual Report presented.

ITEM 8.5   Annual Reports – Sub Committees

Jim Ward presented the Sub-Group Annual Reports for 2024/25 which have been endorsed by the sub-groups and presented to Clinical Governance Committee for approval.

Committee were asked to approve the Annual Reports for:

- Clinical Assurance Group
- National Clinical Operational Governance Group
- Public Protection Assurance Group
- Patient Safety and Risk Group
- Value Based Health and Care Group
- Infection Prevention and Control Committee
- Whistleblowing

Committee discussed the Annual Report and Liz Humphreys highlighted that the Whistleblowing Annual Report requires its own assurance and asked that next year this is presented as a separate item.

Carol Sinclair highlighted that the attendance for some of the sub-groups would appear to be light and in fact questioned that some delegates would appear not to have attended any of the meetings of some groups within the financial year, a point which was also made by Maggie Watts. It was further noted that some of the actions from sub-groups would appear to have been carried forward for a considerable amount of time without much traction evidenced and Committee asked for assurance that the work of the groups was not suffering due to attendance being light. It was agreed that Sub-Group reports would be presented separately as Appendices going forward with distinguishing headers and footers to enable them to be easier to identify.

Jim thanked members for the constructive feedback and assured Committee that work is ongoing to align the work of the sub-committees as much as possible. Jim took on board the point in relation to non-attendance and committed to reviewing the membership of the sub-committees to ensure this is still fit for purpose.

Committee were asked to note that due to unforeseen circumstances the Medicines Management Annual Report will be circulated virtually to MMG members for approval and then circulated to CGC for approval outwith Committee.

Action/s: ***2.***   ***Secretariat to circulate Medicines Management Committee Annual Report virtually for approval once approved by MMG.***

Action/s: ***3.***   ***Sub-Group Committee Chairs to review the attendees at their respective meetings in the context of non-attenders.***

Committee discussed and approved the annual reports presented.

ITEM 8.6   **Terms of Reference – Clinical Governance Committee and Sub-Groups**

Jim Ward presented the Terms of Reference for Clinical Governance Committee and Sub-Groups and Committee were asked to:

- Review the Committee Terms of Reference presented at Appendix 1 as part of the annual Governance cycle.
- Endorse any revisions (marked as tracked changes) to the current Clinical Governance Committee and Sub-Group Terms of Reference (ToR) and recommend any further changes.
- Note that all sub-Groups of Clinical Governance Committee have reviewed their ToR and where appropriate recommended amendments are marked in track changes.
- Note that due to unforeseen circumstances the Medicines Management Group (MMG) Terms of Reference will be circulated virtually to MMG members for approval and then circulated virtually to CGC for approval outwith Committee.

Clinical Governance Committee approved the Sub-Group Terms of Reference presented.

Action/s: ***4.***   ***Secretariat to circulate Medicines Management Committee Terms of Reference virtually for approval once approved by MMG.***

ITEM 8.7   Clinical Governance Committee Workplan 2025

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

ITEM 8.8   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:

2025/02/03	Minutes of Meeting held on 13th November 2024
2025/02/04	Hot Topic - OHCA
2025/02/05.1 (2)	Patient Experience and Learning from Adverse Events
2025/02/05.2	Clinical Risk Register
2025/02/06.1	Clinical Governance and Patient Safety Report
2025/02/07.1 (1)	Infection Prevention and Control Quarterly Report
2025/02/07.1 (2)	Infection Prevention and Control Quarterly Report

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
2024/08/05.1 (2)	Patient Experience and Learning from Adverse Events
2025/02/05.1	Patient Experience and Learning from Adverse Events

Committee noted that Action 2025/02/05.3 is not due for update until the August Clinical Governance Committee meeting.

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.

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 Minutes

The Committee noted the minutes.

ITEM 9.5   Patient Safety and Risk Group Minutes

The Committee noted the minutes.

ITEM 9.6   Research Development and Innovation Group Minutes

The Committee noted the minutes.

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

The Committee noted the minutes.

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 11 August 2025, 10:00 am

ONE HUNDREDTH (100th) CLINICAL GOVERNANCE COMMITTEE
10:00 AM ON MONDAY 11 AUGUST 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	*For Discussion*	S Currie	
	3.	Minutes of meeting held on 12 May 2025	*For Approval*	S Currie	
10:10	4.	**HOT TOPIC** Scotland's Population Health Framework – Implications for SAS	*Presentation*	J Ward / J King	
10:40	5.	**Person Centred Care**			
	5.1	Patient Experience Update	*For Discussion*	M Kennedy	_
	5.2	Patient Experience Annual Report	*For Approval*	E Stirling / M Kennedy	
	5.3	Mental Health Update	*For Discussion*	C Totten	
	5.4	Learning from Adverse Events Update	*For Discussion*	J Ward / S Cameron	
	5.5	Clinical Risk Register	*For Approval*	J Ward/ S Cameron	

11:10	**6.**	**Patient Safety**			
	6.1	Clinical Governance and Patient Safety Report	*For Discussion*	K Colver	CR 4638
	6.2	Whistleblowing Quarterly Report	*For Discussion*	E Stirling / A Carruthers	-
	6.3	Controlled Drugs Annual Report	*For Approval*	P Watson	
11:30	**7.**	**Effectiveness**			
	7.1	Infection Prevention Control Update Report	*For Discussion*	K Burnett	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
12:00		**Comfort Break**			
12:05	**8.**	**Committee Governance**			
	8.1	Integrated Clinical Hub Internal Audit	*For Discussion*	S Jones	
	8.2	Internal Audit Risk and Actions	*For Discussion*	J Ward	-
	8.3	Medical Appraisal & Revalidation Quality Assurance (MARQA) Review	*For Noting*	J Ward	
12:40	8.4	Clinical Governance Committee Workplan 2025	*For Noting*	J Ward	
12:45	8.5	Action Tracker	*For Approval*	S Currie	
12:50	**9.**	**Items for Noting - Circulated to Committee for Information Only**			
	9.1	Clinical Assurance Group Decision Log	*For Information*		
	9.2	National Clinical Operational Governance Group Decision Log	*For Information*		
	9.3	Medicines Management Group Decision Log	*For Information*		
	9.4	Public Protection Assurance Group Action Tracker	*For Information*		
	9.5	Patient Safety & Risk Group Decision Log	*For Information*		
	9.6	Research, Development & Innovation Minutes – None available this quarter	*For Information*		
	9.7	Value Based Health and Care Group Decision Log	*For Information*		
	9.8	Infection Prevention Control Committee Minutes – None available this quarter	*For Information*		
	9.9	Clinical Response Model Group Terms of Reference	*For Information*		
12:55	**10.**	**Any Other Business**	*For Discussion*	All	

Date of next meeting: Monday, 10 November 2025 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.