Scottish Ambulance Service
Working in Partnership with Universities

NHS SCOTLAND

Public Board Meeting **25 November 2026**
Item 20

THIS PAPER IS FOR NOTING

CLINICAL GOVERNANCE COMMITTEE MINUTES OF 10 AUGUST 2026 AND AGENDA OF MEETING HELD ON 09 NOVEMBER 2026

Lead Director **Author**	Maggie Watts, 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 10 August 2026 were approved by the Committee on 09 November 2026. The agenda from the meeting held on 09 November 2026 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.

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MINUTE OF THE HUNDREDTH AND FOURTH (104th) CLINICAL GOVERNANCE COMMITTEE AT 10.00AM ON MONDAY 10TH AUGUST 2026 VIA MICROSOFT TEAMS

Present:
Maggie Watts, Non-Executive Director (Chair)
Stuart Currie, Non-Executive Director
Liz Humphreys, Non-Executive Director and Whistleblowing Champion (Vice Chair)
Carol Sinclair, Non-Executive Director
Keith Willett, Non-Executive Director

In Attendance:
Karen Burnett, Head of Infection Prevention and Control
Vicky Burnham, Associate Head of Education & Training (Agenda Item 7.2)
Shereen Cameron, Patient Safety Manager
Keith Colver, Clinical Governance Manager – Guidelines
Jill Fletcher, Clinical Governance Manager
Julie Kerr, Governance Officer, Committee Secretariat (Minute Secretary)
Julie King, Service Transformation Manager
Adam Lloyd, Head of Research & Innovation
Tim Parke, Associate Medical Director
Ro Pengelly, Patient Representative
David Robertson, Regional Director West
Tom Steele, Board Chair
Emma Stirling, Director of Care Quality & Professional Development
James Ward, Medical Director
Paul Watson, Clinical Governance Manager- Medicines and Equipment
Brenda Wilson, Patient Representative

Apologies:
Dave Bywater, Lead Consultant Paramedic
Andrew Cadamy, Associate Medical Director
Gareth Clegg, Associate Medical Director
Michael Dickson, Chief Executive
Gareth Evans, Associate Medical Director
Ayaz Ghani, Associate Medical Director
Cheryl Harvey, Associate Director of Education and Professional Development
Marie Kennedy, Patient Experience Manager

ITEM 1 WELCOME AND APOLOGIES

Maggie Watts welcomed everyone to the meeting and apologies for absence were recorded as above. Maggie welcomed Keith Willett, Non-Executive Director; Brenda Wilson, Patient Representative; and Adam Lloyd, Head of Research and Innovation, who were all attending their first Clinical Governance Committee meeting.

ITEM 2 DECLARATIONS OF INTEREST RELEVANT TO THE MEETING

New declaration of interest noted as below:

- Carol Sinclair, Trustee of Dundee Charity on Trauma Informed Family and Community Support.
- Keith Willett Kadoorie Institute for Trauma, Emergency and Critical Care; Patron of Injury Minimisation Programme for Schools (IMPS) (NHS Charity) and Patron of Primary Trauma Care Foundation

Standing declarations of interest noted as below:

- Carol Sinclair in her position as 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.

ITEM 3 MINUTES OF MEETING HELD ON 11TH MAY 2026

The minutes of 11th May 2026 were reviewed for accuracy, agreed as a true and accurate reflection of the meeting and were subsequently approved by Committee.

ITEM 4 HOT TOPIC – CLINICAL OVERSIGHT GROUP

Jim Ward provided Committee with a comprehensive update by way of a presentation on the Clinical Governance Oversight Group progress since May. Jim explained that the rationale for establishing the Group was to strengthen assurance arrangements, improve oversight of risk, enhance links between clinical governance subgroups, and provide greater focus on innovation, education and public protection. The Group has met several times and has introduced a more structured approach to reporting, including summary assurance information and highlight reports from Sub Groups to support alignment with the Board Assurance Framework.

The Chair thanked Jim for the overview and opened to Committee for comments and questions. Members welcomed the work undertaken and acknowledged the significant effort involved in developing the new approach. There was broad support for the direction of travel, particularly the provision of concise summary reports which improve visibility of key governance activity, support assurance discussions and provide a clearer overview of performance across clinical governance arrangements. Discussion focussed on the further development of assurance reporting, including the need for greater clarity and consistency regarding assurance thresholds, assurance statements and risk ratings. Alignment with the Board Assurance Framework, quality indicators, corporate scorecards and wider organisational performance reporting was highlighted as an important area for future development.

Members also discussed the importance of robust governance arrangements in the context of recent significant adverse events and external scrutiny. It was noted that effective governance must be supported by clear evidence, strong oversight and the ability to respond appropriately to emerging issues. The role of the Oversight Group in strengthening organisational assurance and demonstrating effective checks and balances across clinical governance structures was recognised.

The Committee endorsed the progress made to date and agreed that the approach should continue to evolve in response to member feedback, with a particular focus on strengthening links to frontline clinical delivery, quality indicators and agile reporting of emerging issues.

It was agreed that the Jim Ward would meet with Maggie Watts to discuss feedback received from Committee and consider future enhancements to the Oversight Group reporting arrangements.

Committee welcomed the update and way forward in terms of the Clinical Oversight Group and reporting.

Action/s: ***1. Clinical Governance Committee Chair to meet with the Medical Director to discuss feedback received from Committee and consider future enhancements to the Oversight Group reporting arrangements.***

ITEM 5 PATIENT CENTRED CARE

ITEM 5.1 Patient Experience Update

In the absence of Marie Kennedy, Emma Stirling presented the Patient Experience report which was taken as read. Emma advised that levels of feedback remained consistent, with complaints and compliments broadly equal in volume and the key themes remaining unchanged, with attitude and behaviour complaints being a focus area. Compliance with Scottish Government complaint handling targets remained strong, and collaborative working with the SPSO continues.

The Chair thanked Emma for the overview and members welcomed the continued focus on attitude and behaviour complaints and acknowledged the significant progress made in embedding learning from feedback within routine quality improvement and operational processes. Discussion emphasised the importance of maintaining proportionality, recognising that complaint volumes remain very low when compared with overall public contacts, while ensuring that areas of concern continue to receive appropriate scrutiny.

The Committee discussed the value of presenting complaint data alongside actual numbers to provide greater context and requested further clarity within future reports regarding how learning from attitude and behaviour reviews is being implemented, associated timescales and resulting organisational improvements. Members highlighted the importance of understanding both complaints and compliments to support a balanced assessment of patient experience.

David Robertson provided Committee with an Operational perspective where feedback suggests a reduction in attitude and behaviour complaints, with many concerns linked to service pressures and response delays rather than recurring behavioural issues. Members were assured that complaints are monitored closely, investigated appropriately and used to support learning and improvement. It was also noted that complaints account for approximately 0.1% of all service contacts, with attitude and behaviour complaints comprising only a proportion of those received.

Committee noted that the next phase of the attitude and behaviour review will involve engagement with frontline staff and managers to test findings, inform organisational learning and support future improvements.

Committee noted the update and welcomed the progress made.

Action/s: ***2. Director of Care Quality & Professional Development to liaise with Patient Experience Team to ensure that actual complaint numbers are included alongside percentage data in future Patient Experience Reports to provide additional context.***

Action/s: ***3. Director of Care Quality & Professional Development to liaise with Patient Experience Team to ensure narrative is enhanced within future reports on attitude and behaviour complaints, including greater clarity on actions taken, implementation pathways and timescales.***

Action/s: ***4. Director of Care Quality & Professional Development to liaise with Patient Experience Team to consider analysing and reporting themes arising from compliments to support learning from positive feedback and provide balance alongside complaint reporting.***

ITEM 5.2 Patient Experience Annual Report

In the absence of Marie Kennedy Emma Stirling presented the Patient Experience Annual Report for 2025-26 which Committee were asked to discuss and approve. Emma highlighted the positive work undertaken by the Patient Experience Team and regional and national teams to ensure patient, public and staff feedback is captured, responded to and used to inform service improvement. The report also reflected strong partnership working with Care Opinion, NHS 24 and other stakeholders, together with ongoing efforts to strengthen organisational learning from feedback across all staff groups.

Maggie thanked Emma for the overview and Committee noted the continued focus on learning from complaints, compliments and patient feedback, with feedback being considered through the Quality, Safety and Learning Forum to support organisational improvement and staff training. The Committee also noted plans to further develop proactive approaches to community engagement and feedback gathering, recognising the challenges of obtaining feedback in the ambulance service environment.

Discussion highlighted the importance of improving communication and engagement with individuals who experience communication difficulties, with members welcoming work in this area. Members also recognised the report's transparency in presenting both achievements and areas for further improvement.

The Committee welcomed the report and supported its publication, subject to minor amendments to wording and clarification points raised during discussion.

Ro Pengelly and Brenda Wilson left the meeting.

ITEM 5.3 Mental Health Update

Catherine Totten joined the meeting and provided Committee with an update in relation to Mental Health and highlighted progress against a number of key workstreams, including publication of the Dementia Delivery Plan and the successful recruitment of a Clinical Effectiveness Lead to support its implementation. Significant progress has also been made in education and training, alongside the development of a digital learning platform scheduled for launch in October 2026 to coincide with World Mental Health Day.

Catherine reported continued progress in the development of mental health pathways across Scotland, including work with Child and Adolescent Mental Health Services (CAMHS) and further governance discussions in Fife, which will support completion of pathway coverage across mainland Scotland. The Committee also noted increasing mental health call demand, with July recording the highest level of demand to date, exceeding 1,900 calls, and agreed that trends should continue to be monitored. Positive progress was also reported in relation to Distress Brief Intervention (DBI) referrals and ongoing work to become a trauma informed organisation.

Maggie thanked Catherine for the overview and Committee noted the findings of the evaluation of the Mental Health Paramedic Response Cars. The review identified significant benefits, particularly in supporting treatment and discharge at scene, whilst also highlighting opportunities for further development. Eleven recommendations have been identified, and discussions are underway regarding governance arrangements to oversee implementation and future service development, including potential opportunities for expansion. Discussion focused on governance and reporting arrangements for mental health programmes. Members were advised that a programme board or a strategic steering group will be established to oversee delivery of recommendations arising from the Mental Health Response Car evaluation and wider mental health workstreams. The group will report through existing governance structures and relevant Clinical Governance sub groups to ensure appropriate oversight and assurance while avoiding duplication.

The Committee welcomed the update and noted opportunities to learn from national and international approaches to mental health service delivery.

Tom Steele left the meeting

ITEM 5.4 Learning from Adverse Events

Shereen Cameron presented Committee with an update in relation to Learning from Adverse Events which Committee were asked to discuss and provide feedback. Shereen reported that there were currently 56 open Significant Adverse Event Reviews (SAERs) with an increasing proportion being undertaken jointly with territorial Health Boards, reflecting improved collaboration across the system. Whilst the Service continues to declare more SAERs than it is completing, approval has recently been secured to recruit three additional full time staff members to support backlog reduction and improve timeliness of reviews. The Committee noted that eight executive summaries were presented within the report, with recurrent themes continuing to relate primarily to delays in care, alongside systems and process issues. Shereen assured members that actions arising from historical reviews were either complete or progressing.

Maggie thanked Shereen for the overview and Committee commended the continued improvement in the quality, transparency and openness of the reporting. Discussion focused on the Integrated Clinical Hub (ICH), with concern expressed regarding the number of adverse events linked to delays in call backs and safety netting arrangements. The Committee highlighted the importance of ensuring that the permanent ICH operating model is supported by a robust workforce plan and sufficient resilience to deliver a safe and sustainable 24/7 service.

The Committee noted the significant progress made in reducing the backlog of adverse event reviews from over 100 outstanding cases to the current position. Members welcomed the additional resources being invested in the process and recognised the substantial efforts of the team. It was acknowledged that reducing the backlog would enable greater focus on

prevention, learning and continuous improvement activities rather than solely managing outstanding reviews.

Members discussed the reporting of outstanding actions and suggested that future reports could include an indication of progress against actions to provide greater assurance where actions remain open but are substantially complete. It was noted that progress against actions is currently monitored through a manual tracking process, as the existing system does not yet support this level of reporting. Work is underway nationally to improve digital monitoring and reporting arrangements.

The Committee also emphasised the importance of ensuring that learning from adverse events is effectively communicated and embedded across the organisation. Members highlighted the challenge of disseminating learning within a large, geographically dispersed workforce and noted the need for assurance that lessons identified are translated into changes in practice to prevent recurrence of similar incidents. It was recognised that backlog reduction would support a greater organisational focus on learning, feedback and improvement activity in the future.

Committee welcomed the report and took assurance from the work being undertaken in this area and asked that Sheereen convey thanks to the wider team.

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 ScotSTAR risks are now incorporated into the reporting with further work underway to discuss process and grading for wider ScotSTAR risks with departmental leads. There are currently 3 very high and 2 high risks on the register all of which were reported as progressing. Key risks continue to relate to hospital handover delays, timeliness of Significant Adverse Event Reviews (SAERs), the ScotSTAR paediatric rota, the Care Team/Trauma Team business case, and delivery of the Best Start service model. Assurance was provided that mitigating actions and improvement work were progressing across each area.

Maggie thanked Shereen for the overview and opened to Committee for comments and questions. During discussion, Members highlighted the importance of ensuring that learning from SAERs is effectively disseminated and that the impact of recommendations can be monitored and evidenced. It was suggested that future updates on Risk 5074 (timeliness of SAERs) should include information on how learning is shared across the organisation, together with the role of existing governance groups in monitoring implementation and impact.

Action/s: ***5. Patient Safety Manager to include information on how learning is shared across the organisation, together with the role of existing governance groups in monitoring implementation and impact in relation to Risk ID 5074 (Timeliness of SAERs)***

The Committee also discussed the ongoing risk associated with hospital handover delays and the wider impact on patient safety, ambulance availability and system flow. Members sought assurance that territorial Health Boards recognised these issues as significant system risks and that action was being taken through local and national governance arrangements. It was noted that handover delays are now a prominent feature of whole-system flow discussions, that Health Boards have been set expectations around maximum handover times, and that a number of joint SAERs with territorial Health Boards relate directly to handover delays and their consequences. Further discussion recognised the complexity of the issue, highlighting the interdependencies between emergency departments, delayed discharge, social care capacity and wider system flow. The Committee noted that, whilst progress had been made in reducing conveyance rates where clinically appropriate, sustained improvement would require a whole system approach to address local root causes and improve patient flow across the healthcare system.

The Committee approved the Clinical Risk Register.

ITEM 6 PATIENT SAFETY

ITEM 6.1 Whistleblowing Quarterly Report

Andrew Carruthers presented the Whistleblowing Quarterly Report which Committee were asked to discuss and note. Andrew highlighted that there had been 3 concerns raised but all were managed via business as usual and no new Whistleblowing investigations launched. There is one ongoing Stage 2 Whistleblowing Investigation which is expected to conclude during the current quarter, with all actions from previous Whistleblowing Investigations complete. Looking ahead, Andrew advised that work is underway to promote Speak Up Week 2026 to further raise awareness of Whistleblowing processes across the Service.

Maggie thanked Andrew for the overview and Committee discussed improvements and actions arising from a case which had been escalated to the Independent National Whistleblowing Officer (INWO). Committee heard that this case had been complex and unusual, around whether detriment had occurred to a whistleblower. While differing views remained regarding some findings, members noted that the Service had engaged positively with the process, accepted the learning identified, and continued to focus on strengthening evidence and assurance arrangements. Assurance was provided that all actions had been completed and evidenced to the INWO.

Committee noted the Whistleblowing Quarterly Report presented.

ITEM 7 EFFECTIVENESS

ITEM 7.1 Infection Prevention and Control Quarterly Report

Karen Burnett presented the Infection Prevention and Control Quarterly Report, which provided assurance on IPC governance, compliance monitoring and patient safety improvement. Karen highlighted that previous issues relating to PVC bundle reporting had been resolved and that a refreshed approach to data collection would provide more reliable information going forward.

Maggie thanked Karen for the overview and opened to Committee for comments and questions. Discussion focussed on continuing challenges associated with face fit testing compliance. Assurance was provided that a short life working group had been established to

support implementation of the High Consequence Infectious Disease (HCID) programme. Members were advised that recent changes to transmission based precautions placed increased emphasis on face fit testing and appropriate respiratory protective equipment. Committee discussed the use of powered respirators as an alternative to face fitted masks. Members noted that powered respirators remain available, although challenges exist around servicing, logistics, suitability for particular clinical roles and staff acceptability. National work is underway to consider their future role within HCID pathways, and the Service will continue to align its approach with emerging guidance.

The Committee welcomed publication of the new national 10 year IPC Strategy and received assurance that the Service would be represented in national oversight arrangements and would incorporate the strategy into future IPC work programmes. Members requested a future update on the implications of the strategy for the Service as this work progresses. Members agreed than an update should be provided on the implementation and implications of the new IPC Strategy for the Service in the next update to Committee.

Members noted the update on staff vaccination activity and noted plans to work with academic partners to better understand staff attitudes towards vaccination, alongside collaborative work with NHS 24 and territorial health boards to improve access to vaccination opportunities for Ambulance Service staff. The Committee welcomed this work and agreed that staff vaccination should remain a priority within winter planning arrangements.

Committee noted the Infection Prevention and Control update presented.

Action/s: ***6. Head of Infection Prevention and Control to include an update on the implementation and implications of the new IPC Strategy for the Service in the next IPC update to Committee.***

ITEM 7.2 Education Update

In the absence of Cheryl Harvey, Vicky Burnham presented the Education Update, which highlighted ongoing delivery of education programmes in support of operational requirements. Vicky highlighted that education teams have responded to increased demand by accommodating higher numbers and introducing an additional technician course to support recruitment in hard to fill locations and progressing recruitment and training plans for up to 190 Newly Qualified Paramedics (NQPs) across Scotland. Vicky also highlighted continued progress with Learning in Practice (LiP) activity, supported by the recruitment of additional trainers to increase delivery capacity.

Maggie thanked Vicky for the overview and opened to Committee for comments and questions. Committee noted that challenges remain within practice education, particularly in securing sufficient numbers of staff to support undergraduate students across the five partner universities. Assurance was provided that discussions continue with Regional Directors and operational colleagues to identify ways to increase support for practice educators and improve placement capacity. Members also welcomed the continued success of Continuing Professional Development (CPD) funding arrangements, which had attracted strong engagement from staff.

Members discussed attendance and uptake of Learning in Practice sessions and noted that non-attendance remains an ongoing challenge, particularly during periods of high operational demand and following the relocation of the West Education Centre from Hamilton to Ayr. Vicky advised that last minute cancellations and operational pressures continue to impact attendance levels. Committee also discussed the delay to

implementation of the Electronic Practice Assessment Document (ePAD) within the TURAS platform which is now not expected before 2027. Assurance was provided that students will not be disadvantaged as existing recording and assessment arrangements will remain in place until the new system is introduced. Members noted that organisational changes within national bodies and the loss of key liaison support had contributed to the delay. While disappointed by the postponement, the Committee received assurance that progress towards the preferred electronic assessment solution would continue to be monitored and reported.

Committee noted the Education Update presented.

ITEM 7.3 Clinical Services Transformation Programme Update

Julie King introduced the paper and Committee noted that the programme continues to support delivery of the 2030 Strategy, with progress reported across the range of clinical transformation workstreams, including the development of definitive care pathways, initiatives supporting care closer to home, and partnership working across health boards, health and social care partnerships, and third sector organisations. Julie highlighted that the Population Health Plan was approved by the Executive Team in July 2026 and a practical action plan is being developed to support delivery of the Service's population health ambitions. Julie also highlighted ongoing work in relation to thrombectomy pathways and improving outcomes from out of hospital cardiac arrest.

Maggie thanked Julie for the overview and a discussion ensued which focussed on the Population Health workstream, with Members seeking further information on wider collaborative activity beyond the NHS, including engagement with population health and health equality initiatives. Julie advised that a range of partnership discussions were ongoing and that the identification of Pathfinder sites would support the development and testing of new approaches. The Committee heard that there was increasing interest from partners in how ambulance service data could support service planning, system design and improvement activity across the wider health and care system.

Members also requested that future reports provide greater visibility of key challenges, barriers and risks affecting delivery, alongside descriptions of progress and achievements. Julie agreed to consider how this information could be incorporated into future reporting while maintaining the concise format of the update.

Committee noted the Clinical Services Transformation Programme Update presented.

ITEM 7.4 Innovation Update

Adam Lloyd presented the inaugural Innovation Update which Committee welcomed. Adam advised that the Innovation Hub provides oversight of innovation activity across the Service and that the existing Research and Innovation Governance Policy is currently being revised to reflect the role and governance arrangements. Adam also highlighted planned point of care testing studies, including projects involving clinical use of diagnostic devices for which governance standards, training requirements and assurance processes are being developed in conjunction with the Clinical Governance Team.

Maggie thanked Adam for the overview and Committee discussed the purpose and future direction of innovation reporting, noting the importance of maintaining a focus on activities with potential clinical impact. Members welcomed the assurance provided regarding

governance and patient safety arrangements and emphasised the need for future reports to demonstrate how innovation projects contribute to improved patient outcomes, service improvements and organisational learning. Members acknowledged the breadth of innovation activity underway and recognised the challenge of presenting assurance information at an appropriate level for a governance committee. It was suggested that future reports should place greater emphasis on assurance, risk, expected benefits and patient outcomes, while providing proportionate information on innovation projects with significant clinical relevance. The Committee also noted the value of highlighting wider Innovation Hub activity and identifying projects that may have a meaningful impact on patients, staff or clinical practice.

It was confirmed that future reports would focus more explicitly on assurance and outcome measures, linking innovation activity to the problems being addressed and the anticipated benefits. Members also noted ongoing collaboration with national partners and emerging data and digital innovation programmes across Scotland. Assurance was provided that innovation projects involving patients, staff or clinical devices would continue to be subject to appropriate governance and clinical safety oversight.

Action/s: ***7. Head of Research & Innovation to ensure that future reports focus more explicitly on assurance and outcome measures, linking innovation activity to the problems being addressed and the anticipated benefits.***

The Committee noted that innovation and research updates would be presented on an alternating six monthly cycle and welcomed the collaborative approach being taken between the Innovation Hub and Clinical Governance colleagues to ensure innovation activity is delivered safely and effectively.

Committee noted the Innovation Update presented.

ITEM 8 COMMITTEE GOVERANCE

ITEM 8.1 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 is validated by internal audit. There are four open actions, and no actions formally closed off this quarter by Internal Audit at the recent Audit and Risk Committee meeting in June 2026. Jim advised that two actions did not include August updates due to the current reporting process.

Committee discussed the sequencing of assurance reporting between the Clinical Governance Committee and the Audit and Risk Committee. It was acknowledged that, whilst Audit and Risk commissions the internal audit programme, responsibility for closure of clinical governance actions rests with the Clinical Governance Committee. It was agreed that the Medical Director would have a discussion offline with Carol Sinclair, Chair of Audit and Risk Committee to consider whether improvements could be made to the reporting pathway and timing of updates, with a view to ensuring appropriate and timely governance oversight.

Committee noted the Clinical Governance Committee Internal Audit Risk and Actions update paper presented.

Action/s: ***8. Medical Director to discuss with Carol Sinclair, Chair of Audit and Risk Committee as to whether improvements could be made to the reporting pathway and timing of updates to Internal Audit Actions with a view to ensuring appropriate and timely governance oversight.***

ITEM 8.2 Clinical Governance Committee Workplan 2026.

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

ITEM 8.3 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:

2026/05/02	Declarations of Interest
2026/05/03	Minutes of Meeting Held on 9th February 2026
2026/05/05.1	Patient Experience Update

ITEM 9 ITEMS FOR NOTING

Maggie Watts advised members that items 9.1 to 9.7 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 presented.

ITEM 9.2 Medicines Management Group Decision Log

Committee noted the Medicines Management Group Decision Log and supported further review of reporting arrangements to improve clarity and assurance.

ITEM 9.3 Public Protection Assurance Group Minutes

The Committee noted there were no Public Protection Assurance Group Minutes available this quarter.

ITEM 9.4 Patient Safety and Clinical Risk Group Minutes

The Committee noted the Minutes presented.

ITEM 9.5 Research, Development and Innovation Minutes

The Committee noted the Research, Development and Innovation Minutes.

ITEM 9.6 Value Based Health and Care Group Decision Log

The Committee noted that there was no approved Decision Log available this quarter.

ITEM 9.7 Infection Prevention Control Committee Minutes

The Committee noted the Minutes presented.

Members noted that assurance updates and key developments from the various Sub Groups are now incorporated within the Clinical Governance Oversight Group report to improve visibility and ensure that important activity is highlighted within Committee discussions.

It was noted that approved minutes from some groups can be significantly delayed by committee cycles, meaning that information presented through the minutes may not always reflect the most current position. Members agreed that inclusion of key updates within the Clinical Oversight Group report provides a timelier and more accessible means of reporting progress and assurance to the Committee.

The Committee noted the papers and were content with the proposed approach to reporting assurance from Sub Groups through the Clinical Oversight Group arrangements going forward.

ITEM 10 ANY OTHER BUSINESS

No items of other business were raised.

Maggie Watts 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 9 November 2026, 10:00 am

Scottish Ambulance Service
Working in Partnership with Universities

NHS SCOTLAND

NOT PROTECTIVELY MARKED

ONE HUNDRED AND FIFTH (105TH) CLINICAL GOVERNANCE COMMITTEE
10:00 AM ON MONDAY 9 NOVEMBER 2026
VIA MICROSOFT TEAMS

AGENDA

Key:
CR 4638 – Very High – Hospital Handover Delays
CR 5062 – Very High – Failure to Achieve Financial Target
CR 5602 – High - Service's Defence Against a Cyber Attack
CR 4636 – High - Health and Wellbeing of staff affected
CR 5653 – High - Organisational Culture and Staff Experience
CR 5889 – High – Future Workforce
CR 5891 – High - Collaborative Working
CR 5560 – High – Future Direction of NHS (New Proposed Risk)

		IMPACT				
		Low (1)	**Minor (2)**	**Moderate (3)**	**Major (4)**	**Extreme (5)**
LIKELIHOOD	**Almost Certain (5)**				CR4638 – 5 Items	
	Likely (4)			CR4636 – 4 Items	CR5062 – 1 Item CR5653 – 2 Items	
	Possible (3)			CR5891 – Item CR5889 – 1 Item CR5891 – 1 Item		
	Unlikely (2)					
	Rare (1)					

	Agenda Item		Brief Type	Lead	Risk
10:00	**1.**	Welcome and Apologies		M Watts	
	2.	Declarations of Interest relevant to the Meeting	*For Discussion*	M Watts	
	3.	Minutes of meeting held on 10 August 2026	*For Approval*	M Watts	
10:10	**4.**	**HOT TOPIC** Stroke – Annual Report and Improvement Plan	*Presentation* *For Discussion*	G Clegg	
10:50	**5.**	**Person Centred Care**			
	5.1	Patient Experience Update	*For Discussion*	M Kennedy	CR4636 CR4638 CR5653
	5.2	Learning from Adverse Events Update	*For Discussion*	J Ward / S Cameron	CR4636 CR4638 CR5653
	5.3	Clinical Risk Register	*For Approval*	J Ward/ S Cameron	
11:20	**6.**	**Patient Safety**			

	6.1	Whistleblowing Quarterly Report	*For Discussion*	E Stirling/A Carruthers	
	6.2	Controlled Drugs Annual Report	*For Approval*	P Watson	
11:40			**Comfort Break**		
11:45	**7.**	**Effectiveness**			
	7.1	Clinical Oversight Group	*For Discussion*	J Ward	
	7.2	Infection Prevention & Control Update Report	*For Discussion*	K Burnett / E Stirling	CR 4636, CR 4638
	7.3	Education Update	For Discussion	C Harvey	CR 4636, CR 4638, CR 5062 CR 5888 CR5889
	7.4	Clinical Services Transformation Programme Update	For Discussion	J King	CR 4638
	8.	**Committee Governance**			
12:30	8.1	Internal Audit Risk and Actions	*For Discussion*	J Ward	-
12:35	8.2	Medical Appraisal & Revalidation Quality Assurance (MARQA) Review	*For Noting*	J Ward	
12:40	8.3	Clinical Governance Committee Workplan 2026	*For Noting*	J Ward	
12:45	8.4	Action Tracker	*For Approval*	M Watts	
12:50	8.5	Clinical Governance Committee Meeting Dates 2027: • Monday 15 February 2027 • Monday 17 May 2027 • Monday 16 August 2027 • Monday 15 November 2027	*For Information*	M Watts	
12:55	**9.**	Any Other Business	*For Discussion*	All	

Date of next meeting: 15 February 2027

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.