



NOT PROTECTIVELY MARKED

Public Board Meeting		25 March 2026 Item 18
THIS PAPER IS FOR NOTING		
CLINICAL GOVERNANCE COMMITTEE MINUTES OF 10 NOVEMBER 2025 AND AGENDA OF MEETING HELD ON 09 FEBRUARY 2026		
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 10 November 2025 were approved by the Committee on 09 February 2026. The agenda from the meeting held on 09 February 2026 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.	



MINUTE OF THE HUNDREDTH AND FIRST (101st) CLINICAL GOVERNANCE COMMITTEE AT 10.00AM ON MONDAY 10TH NOVEMBER 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
Maggie Watts, Non-Executive Director

In Attendance: Karen Burnett, Head of Infection Prevention and Control
Andrew Cadamy, 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
Steph Jones, General Manager, Integrated Clinical Hub (*Agenda Item 4*)
Marie Kennedy, Patient Experience Manager
Julie Kerr, Governance Officer, Committee Secretariat (Minute)
Julie King, Service Transformation Manager
Alan Martin, Clinical Development Manager
Tim Parke, Associate Medical Director
Ro Pengelly, 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

Apologies: Dave Bywater, Lead Consultant Paramedic
Shereen Cameron, Patient Safety Manager
Keith Colver, Clinical Governance Manger – Guidelines
Andrew Carruthers, Associate Director Care Quality & Professional Development
Martin Robertson, Patient Representative

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 11TH AUGUST 2025

The minutes of the meeting held on 11th August 2025 were reviewed for accuracy and approved as a true and accurate reflection of the meeting.

ITEM 4 HOT TOPIC – WINTER PREPAREDNESS; ICH TEST OF CHANGE RE NHS 24 CALLS OCTOBER 2025

Jim Ward, Medical Director introduced Steph Jones, General Manager, Integrated Clinical Hub who provided Committee with a comprehensive overview on the NHS 24 Integrated Clinical Hub Winter preparedness test of change which focusses on reducing unnecessary ambulance dispatches by triaging NHS 24 calls more effectively. Steph highlighted that by improving call triage the programme has saved 2673 ambulance journeys out of over 5000 NHS 24 patient assessments, with projections of over 8,000 fewer emergency department admissions if the model is sustained throughout the winter period which is also having an impact on the wider healthcare system. The importance of ongoing collaboration with NHS 24 and other partners was stressed, building trust and improving patient experience ensuring patients receive the right care at the right time. Efforts include refining call scripts, gathering patient feedback and integrating police and mental health pathways in the hub operations. Post winter, work will continue to see what the future vision looks like.

Irene Oldfather joined the meeting

Stuart thanked Steph for the very informative presentation and opened to Committee for comments and questions. Carol Sinclair expressed her thanks to Steph and the wider team and asked if there were any thoughts in terms of evaluation including the use of Police Scotland data particularly in relation to mental health patient experience. Steph advised that Police Scotland are being encouraged to phone from scene through the Integrated Clinical Hub and that such data will be incorporated into future assessments with ongoing reporting to the Board and Clinical Governance Committees.

In relation to the impact of lower shift coverage across the Service, and how on rare occasions where we don’t have sufficient shift coverage outcomes are much poorer and this can on occasion lead to SAERs. Carol asked what assurance can be given that the pending business case can provide the staffing levels required over the winter and what mitigations we have to ensure that any unexpected short term absences can be managed. Steph advised that the Clinical and AP models are quite static and can be challenging but provided

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assurance to Committee that there is a good confidence that GP shift coverage is where it needs to be. Further safety netting has been put in place by increasing senior clinical support managers to look at the wider stacks and the Integrated Clinical Hub and allow use of the National Escalation Plans to balance those. Table top exercises are being undertaken and the National Escalation Plan is currently being re-written to understand the impact.

Stuart Currie thanked Steph for the comprehensive and informative update which Committee welcomed.

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 95.2% for Stage 1 compliance, and 90.3% 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 600 complaints were received with ACC currently reporting the majority of complaints at 49% with East and West regions following after each at 20%. Top complaint theme remains attitude and behaviour at 31% with a slight decrease since the last report with a joint review underway to ensure our approach aligns with the NHS Scotland Complaints Handling Procedure, Learning from Events Framework, Duty of Candour legislation and the Equality Act 2010. In terms of compliments, Marie reported that 665 compliments were received, with 81% of stories on Care Opinion of a positive nature. Seven SPSO cases were opened and 13 closed with 2 cases upheld. Of the cases upheld one related to delayed response and another was failure to take a patient to hospital. Letters of apology have been sent to both complainants along with recommendations from the SPSO implemented and shared with staff to prevent recurrence.

Stuart thanked Marie for the overview and Committee discussed and noted the update provided. It was agreed that a more comprehensive update in relation to the ongoing review of attitude and behaviour complaints would be included in the next paper to Committee.

Action/s: 1. ***Patient Experience Manager to include a more comprehensive update in relation to the ongoing review of Attitude and Behaviour complaints in the February 2026 update to Committee.***

Ro Pengelly left the meeting.

ITEM 5.2 Learning from Adverse Events

In the absence of Shereen Cameron Jim Ward 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. Jim highlighted that significant progress has been made in clearing the backlog of SAER actions with several summaries

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included within today's paper. Information is also included in terms of SAERs launched within the last quarter and Committee noted that there are 48 open SAERs of which 9 are joint SAERs with territorial Health Boards and 58 open SAER actions currently. The details of joint Health Board incidents and provisional learning and contributory factors have been reviewed, and there are no common themes identified. Updated guidance is still awaited from Healthcare Improvement Scotland which will outline criteria for notifiable events and determine those expected to trigger a SAER review.

Stuart thanked Jim for the overview and Committee welcomed the comprehensive report and a lengthy discussion took place in relation to coding practices, safety netting and organisational learning as well as the challenges in relation to resource constraints, legal implications and the need for aggregated reporting to inform Board level scrutiny and improvement. Ayaz Ghani described the introduction of a new triage framework to empower call handlers with situational awareness, enabling them to escalate cases based on broader context and nuanced presentation, aiming to detect serious cases more effectively and reduce the risk of missed deterioration.

Jim went on to assure Committee that learning from events remains a priority, with ongoing efforts to balance transparency and organisation risk. Local reviews and clinical audits continue to capture learning, with plans to improve reporting and resource allocation in future cycles. In light of the error detected in one of the SAER summaries, all reviews will be checked for any other transcription errors to provide assurance to the Board. An annual aggregated summary of SAER outcomes, categorising comparable cases and actions, will be compiled to illustrate collective learning approaches. This report will be presented to a future Clinical Governance Committee.

Action/s: 2. Patient Safety Manager and Medical Director to compile an aggregated summary of SAER outcomes, categorising comparable cases and actions to illustrate collective learning approaches and present to a future Clinical Governance Committee.

Committee welcomed the report and took assurance from the work being undertaken in this area.

ITEM 5.3 Clinical Risk Register

In the absence of Shereen Cameron Jim Ward 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.

Jim 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.

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Jim informed the Committee that an additional high risk item has been identified concerning work associated with Terrapace. Specifically, there is a risk that clinical records may be inaccurate or incomplete due to issues with the new Terrapace system, which can result in updates not being saved and subsequently lead to incomplete documentation in clinical records. Paul Watson explained that clinicians experienced loss of clinical notes when saving patient histories, prompting some to revert to paper records; the latest software update is being rolled out across regions, with positive feedback on the resolution of the issue, and ongoing monitoring is taking place to ensure data integrity.

Stuart Currie thanked Jim for the overview and opened to Committee for comments and questions. Carol Sinclair questioned whether penalties or robust feedback mechanisms exist for suppliers when software failures occur. Paul confirmed that a multidisciplinary approach to contract management is being implemented, including input from IT, Clinical and Information Governance Teams to improve oversight and accountability.

Committee noted, reviewed and approved the Clinical Risk Register presented.

Liz Humphreys joined the meeting.

ITEM 6 PATIENT SAFETY

ITEM 6.1 Clinical Governance and Patient Safety Report

In the absence of Keith Colver Jim Ward 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.

Stuart thanked Jim for the overview, then invited questions and comments from the Committee. Irene Oldfather mentioned that call handling performance is currently ranked 13th out of 13 but recognised ongoing improvements, emphasising that by February, the Committee should see clear pathways for further progress. Carol Sinclair mentioned the Business Case for ACC investment that was recently presented to the Board. She pointed out that we are still waiting for the final group of staff to be trained and start work at the desk and asked what realistic improvements could be expected from this small team to give confidence that things will stabilise somewhat as we approach winter. Carol also referenced the Regional updates, highlighting the West Region's focus on SAERs, and noted that since the North discussed shared cohorting and plans to discontinue it, whilst considering the impact of Healthcare Improvement Scotland (HIS) staffing at Grampian Royal Infirmary (GRI), the West Report might have addressed something similar. She inquired about our shared improvement plan. Jim responded that the latest issues following HIS involvement with GRI only came to light in the past week or two, whereas this report was completed and distributed a week ago, so there's a timing mismatch. Conversations have been held with the West Regional Director to explore possible actions in this area.

Jim advised that we are likely to experience substantial delays and by the beginning of December nearly all our operational staff will be assigned to REAP 4, which means that every clinical team member will be responding. Jim highlighted that whilst we'll definitely consider future plans and recovery at the February Clinical Governance Committee, the organisation is expected to face immense challenges with clinical staffing, staff welfare, and probably political pressures too over the next couple of months.

Committee noted the update provided and the detailed discussion which followed.

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ITEM 6.2 Whistleblowing Quarterly Report

In the absence of Andrew Carruthers Emma Stirling presented the Quarter 2 Whistleblowing Report which Committee were asked to note. The report was taken as read and Emma 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. Planned activity in the next quarter includes engaging with INWO in the update of TURAS Whistleblowing modules and feedback is awaited from the one remaining open INWO investigation.

Stuart Currie thanked Emma for the report and echoed the positive sentiment, noting the value of seeing tangible results. Committee discussed the importance of staff confidence in using both whistleblowing and BAU channels and Emma assured Committee that all concerns are addressed appropriately regardless of the route chosen.

Committee took assurance from the report and acknowledged the improvements in whistleblowing processes.

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 reported that the Service Level Agreement has now been reviewed and agreed and now provides 52-week cover including out of hours support from the Golden Jubilee representing a significant improvement in operational resilience.

Stuart thanked Karen for the overview and Committee noted the ongoing challenges with audit activity due to operational pressures particularly during periods of high demand. Emma Stirling expressed optimism that increased numbers of trained auditors will lead to improved audit rates in future reports. The focus of the conversation then turned to vaccination uptake initiatives and both Maggie Watts and Irene Oldfather raised concerns in relation to the low flu vaccination uptake amongst health and social care staff. Karen advised that collaborative efforts with Health Boards are ongoing to ensure that vaccine wastage is minimised and accessibility is increased. Targeted messaging and Executive support has been used to encourage staff participation, but the data is still to come through for participation this year.

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 that ACA

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recruitment has not kept pace with availability of training places and the target of 136 will not be met with the existing plan. An additional 2 cohorts have been introduced with a further 60 places identified. This aims to close the gap and work is ongoing with the Scheduled Care Team to ensure no recurrence. Ongoing challenges remain to fill Learning in Practice (LiP) courses and focussed work is ongoing with operational colleagues to allow for planning to fully utilise course places. The Service recently had an external quality assurance visit from FutureQuals who undertook an audit of our Ambulance Technician course and the Service were commended for the breadth of assessment practices in use and the outcome of the audit was extremely positive.

Stuart Currie thanked Cheryl for the overview and 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 period which details that all workstreams are on track at this point in the reporting year with clear evidence of impact and increased visibility with a wide range of stakeholders. The report provided an overview of the objectives with the key highlights 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.

Tim Parke left the meeting.

ITEM 8 COMMITTEE GOVERNANCE

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 validated by internal audit. There are currently 10 open actions, with 5 actions formally signed off this quarter by Internal Audit at the recent Audit and Risk Committee meeting in October.

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

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ITEM 8.2 Clinical Governance Committee Workplan 2025

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:

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
2025/08/05.1 (1)	Patient Experience Update
2025/08/05.1 (2)	Patient Experience Update
2025/08/05.4 (1)	Learning from Adverse Events
2025/08/06.1	Clinical Governance and Patient Safety Report
2025/08/07.1	Infection Prevention Control Quarterly Report

The following items are not due for update until February 2026 and will remain open:

2025/08/05.3	Mental Health Update
2025/08.05.4 (2)	Learning from Adverse Events

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 Minutes

The Committee noted the Minutes.

ITEM 9.6 Research, Development and Innovation Minutes

The Committee noted the Minutes.

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ITEM 9.7 Value Based Health and Care Group Decision Log

The Committee noted that no Decision Log was available due to the September 2025 meeting of Value Based Health and Care Group being cancelled.

ITEM 9.8 Infection Prevention Control Committee Minutes

The Committee noted the Minutes.

ITEM 10 ANY OTHER BUSINESS

Liz Humphreys requested clarification regarding the Committee dates for 2026, and it was agreed that Julie Kerr would send out diary invitations for 2026 to Committee members following today's meeting.

Action/s: 3. Secretariat to send out diary invitations for 2026 to Committee members following today's meeting.

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 9 February 2026, 10:00 am

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**ONE HUNDREDTH AND SECOND (102nd) CLINICAL GOVERNANCE COMMITTEE
10:00 AM ON MONDAY 9 FEBRUARY 2026
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 – 7 Items	
	Likely (4)			CR4636 – 5 Items	CR5062 – 1 Item CR5653 – 1Item	
	Possible (3)			CR5891 – 1 Item CR5888 – 1 Item CR5889 – 1 Item		
	Unlikely (2)			CR5887 – 1 Item		
	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 10 November 2025	<i>For Approval</i>	S Currie	
10:10	4. HOT TOPIC Revised Clinical Decision Making Framework	<i>For Discussion</i>	Gary Rutherford	
10:50	5. Person Centred Care			
	5.1 Patient Experience Update	<i>For Discussion</i>	M Kennedy	CR4636 CR4638 CR5653
	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	
	5.4	Mental Health Update	<i>For Discussion</i>	C Totten	CR 4636 CR 4638 CR5887 CR5891
11:20	6.	Patient Safety			
	6.1	Clinical Governance and Patient Safety Report	<i>For Discussion</i>	K Colver	Cr 4636 CR 4638
	6.2	Whistleblowing Quarterly Report	<i>For Discussion</i>	E Stirling / A Carruthers	-
	6.3	Duty of Candour Annual Report	<i>For Approval</i>	J Ward/ S Stevenson	CR4638
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	<i>For Discussion</i>	C Harvey	CR 4636, CR 4638, CR 5062 CR5888 CR5889
	7.3	Clinical Services Transformation Programme Update	<i>For Discussion</i>	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	
	8.3	Clinical Governance Committee Workplan 2026 - Draft	<i>For Approval</i>	J Ward	
	8.4	Clinical Governance Committee Effectiveness Review Action Plan Progress	<i>For Noting</i>	J Ward	
12:35	8.5	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 – None available this quarter	<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	<i>For Information</i>		
	9.8	Infection Prevention Control Committee Minutes	<i>For Information</i>		
12:50	10.	Any Other Business	<i>For Discussion</i>	All	

Date of next meeting: Monday, 11 May 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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