



**NOT PROTECTIVELY MARKED**

**PUBLIC BOARD MEETING**

**28 May 2025  
Item 17**

**THIS PAPER IS FOR NOTING**

**CLINICAL GOVERNANCE COMMITTEE MINUTES OF 10 FEBRUARY 2025  
AND AGENDA OF MEETING HELD ON 12 MAY 2025**

<b>Lead Director Author</b>	Stuart Currie, Chair of Clinical Governance Committee Julie Kerr, Governance Officer
<b>Action required</b>	The Board is asked to <b>note</b> the minutes and agenda.
<b>Key points</b>	<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 February 2025 were approved by the Committee on 12 May 2025. The agenda from the meeting held on 12 May 2025 is also attached for the Boards information.</p>
<b>Timing</b>	Minutes are presented following approval by the Committee. The Board are also provided with the agenda of the most recent Committee meeting for information.
<b>Link to Corporate Ambitions</b>	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.
<b>Link to NHS Scotland's Quality Ambitions</b>	The Clinical Governance Committee remit is to monitor good clinical governance to ensure safe, effective and person centred care across the Service.
<b>Benefits to Patients</b>	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.
<b>Climate Change Impact Identification</b>	This paper has identified no impacts on climate change.
<b>Equality and Diversity</b>	No issues identified.



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**MINUTE OF THE NINETY EIGHTH (98th) CLINICAL GOVERNANCE COMMITTEE  
AT 10.00AM ON MONDAY 10<sup>TH</sup> FEBRUARY 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  
Shereen Cameron, Patient Safety Manager  
Andrew Carruthers, Associate Director, Care Quality & Professional Development  
Tony Devine, Assistant Head of Education & Professional Development  
Michael Dickson, Chief Executive  
Jill Fletcher, Clinical Governance Manager  
Mark Hannan, Head of Communications & Engagement  
Julie Kerr, Committee Secretariat (Minute)  
Thane Lawrie, Non- Executive Director (Observer)  
Alan Martin, Patient Experience Manager  
Paul Watson, Clinical Governance Manager- Medicines and Equipment  
David Robertson, Regional Director West  
Martin Robertson, Patient Representative  
Steven Short, Out of Hospital Cardiac Arrest Lead (*Agenda Item 04*)  
Tom Steele, Board Chair  
Catherine Totten, Mental Health & Dementia Care Lead  
James Ward, Medical Director  
Barry Watson, Clinical Services Transformation Lead (*Agenda Item 04*)

**Apologies:** Dave Bywater, Lead Consultant Paramedic & Acting Director of Care Quality & Professional Development  
Andrew Cadamy, Associate Medical Director  
Gareth Clegg, Associate Medical Director  
Keith Colver, Clinical Governance Manager – Guidelines  
Ayaz Ghani, Associate Medical Director  
Cheryl Harvey, Associate Director of Education and Professional Development  
Marie Kennedy, Patient Experience Manager  
Julie King, Service Transformation Manager  
Tim Parke, Associate Medical Director

**ITEM 1 WELCOME AND APOLOGIES**

Stuart Currie welcomed everyone to the meeting and in particular extended a warm welcome to Thane Lawrie, Non-Executive Director, joining his first Clinical Governance Committee meeting as an observer. Apologies for absence were recorded as above.

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## ITEM 2            DECLARATIONS OF INTEREST RELEVANT TO THE MEETING

One new declaration of interest noted:

- Irene Oldfather has joined the Advisory Group for the NHS Greater Glasgow & Clyde Emergency Department Review.

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 Strategic Data Adviser, Digital Health and Care, Scottish Government
- 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 13<sup>TH</sup> NOVEMBER 2024

The minutes of the meeting held on 13<sup>th</sup> November 2024 were reviewed for accuracy and Maggie Watts asked that in relation to the penultimate paragraph on page 7, the reference to Public Health is changed to 'Public Health Scotland'. With the exception of this change, the minutes were approved as a true and accurate reflection of the meeting.

**Action/s:**        **1.        Secretariat to amend the minutes of the meeting held on 13<sup>th</sup> November 2024 by changing the penultimate paragraph on Page 7 to read Public Health Scotland instead of Public Health.**

## ITEM 4            HOT TOPIC – OHCA SURVIVAL WORKING WITH KEY STAKEHOLDERS, VOLUNTEERS AND DEVELOPING CAREZONES

Steven Short, Out of Hospital Cardiac Arrest Lead and Barry Watson, Clinical Services Transformation Lead joined the meeting and provided Committee with a comprehensive overview in relation to Cardiac Arrest Rescue Zones (CARE) Zones which is an initiative to strengthen and mobilise community response to Out of Hospital Cardiac Arrest (OHCA) across Scotland. The Service and partners from Save a Life for Scotland (SALFS) are working with local councils and communities to optimise their resources and enable early identification and resuscitation. The project recognises that each of the 32 council areas have their own unique challenges when it comes to responding to OHCA as well as their own stakeholders and assets which the Team are working to maximise.

Barry highlighted stakeholders and assets which could be found in typical council areas together with the information the team are looking to harness to make local plans and

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provided Committee with a high-level overview of the process by way of a timeline as set out below:

- Engagement with the local council, community groups, charities and services to form a CArZone Collaborative.
- Gather all substantive local knowledge and data.
- Conduct a comprehensive assessment of the data and current resources.
- Produce a data informed plan to optimise current assets and apply additional resource in areas of greatest need.
- Assign tasks from plan to those best placed to achieve them.
- Agree targets and milestones.
- CArZone Collaborative meet regularly to review progress and refine the plan.

Barry advised that the plan will be a long-term initiative which will be owned by the local stakeholders and will be viewed as a collaborative process. The Service, with SALF will offer wrap around support, provide training and guidance and offer support with the analysis of the data and project management.

Steven Short advised Committee that Dumfries and Galloway have been identified as a partner to pilot the scheme which effectively has 5 layers, namely training of people in CPR in communities, training in schools, maximising the GOODSAM response, maximising the use of PADS and maximised cardiac response using volunteers. Effectively an atlas of variation has been produced and is being used across the county as a test which clearly identifies good and challenging areas. The different parts of the CArZone are hyper localised, working to identify how responses can be improved upon in the challenging areas. Steven highlighted that one of the largest influencers on survival particularly in remote and rural areas is response times and this is where the Service ultimately take learning, working with local authorities and partnerships to scale throughout Scotland to drive improvements and maximise the response dependant on the needs of each geographical area.

Steven then provided Committee with an overview in relation to the Public Access Defibrillators (PAD) Map which will soft launch this week and go live the following week. A public facing website will be available for anyone who requires the use of PADs which will detail where cardiac arrests happen, where existing PADs are located and provide suggestions on where new PADs should be located.

Stuart Currie thanked Barry and Steven for the comprehensive and informative presentation and asked that the slides are shared with members after today's meeting.

**Action/s: 2. Secretariat to share Cardiac Arrest Rescue (CARe) Zones slides with Committee after today's meeting.**

Jim Ward commended the work ongoing in this area which is both exciting and challenging and Committee welcomed the presentation and progress being made to take this work forward and expressed an interest in hearing about the learning and impacts from this work going forward.

*Steven Short and Barry Watson left the meeting.*

## **ITEM 5 PATIENT CENTRED CARE**

### **ITEM 5.1 Patient Experience and Learning from Adverse Events**

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Alan Martin presented the Patient Experience section of the report which was taken as read. Alan highlighted to Committee that complaints compliance figures were 94.6% for Stage 1 compliance, and 93% for Stage 2 compliance, a testament to the ongoing work in this area across the organisation. Compliance is still above 90% for stage 1 and Stage 2, slightly higher than pre-covid. In terms of complaints themes, whilst the percentage of Attitude and Behaviour complaints has increased, it remains lower than the previous year with a decrease in the percentage of complaints in relation to this theme which is positive particularly over the festive period in terms of demand. Challenges are still evident around PTS eligibility and triage to NHS 24 given the tightening of the Patient Needs Assessment and the number of complaints in relation to delayed response has increased slightly, primarily due to sustained delays in hospital turnaround times. Work continues to mitigate these delays.

Shereen Cameron presented the Serious Adverse Event Section of the report and highlighted that the position with SAERs continues to improve. Shereen highlighted that extra data is included in this quarters paper in relation to open SAER actions which demonstrates that although numbers are high, progress is being made to close actions with meetings planned this month to close off some of the open SAER actions. Sixteen completed SAER reports with Executive Summaries are presented this quarter for Committee together with demographics, age profile and clinical presentations to provide context.

Committee discussed the report, and Carol Sinclair referred to Page 8 of the report referring to the performance targets in relation to Stage 1 and Stage 2 complaints compliance which remain at a target of 70% although consistently higher and asked if this was an externally applied target by Scottish Government. Alan advised that this is the case and Carol asked if some thought could be given to re-setting the target running upper and lower control limits which Irene Oldfather agreed with. Alan agreed to liaise with Marie Kennedy who is currently on annual leave and Mark Hannan to include this in the report going forward. In terms of the SAER Executive Summary reports Carol made reference to the sections on recommendations and action plans with owners and dates and asked how the Committee receives assurance that these actions have been concluded as well as the wider learning taken from them. It was agreed that Shereen would bring back the details of the actions to Committee and herself and Jim Ward will work together to ascertain the best way to present this information to Committee. Jim agreed to consider the methods used by Internal Audit when reporting open and overdue actions.

**Action/s:**        **3.        Alan Martin to liaise with Head of Communications and the new Patient Experience Manager to re-set the target for Stage 1 and 2 Complaints Compliance running upper and lower control limits.**

**Action/s:**        **4.        Medical Director and Patient Safety Manager to look at the SAER Executive Summary Reports and see how best to present details of concluded actions and wider learning to provide Committee with assurance that actions have been concluded.**

In terms of the actions and completion dates in relation to SAERs Actions, Irene Oldfather noted that for many the completion dates are June and 31<sup>st</sup> July and in one instance the time for feedback is extending to 2 months and highlighted that Committee requires assurance that actions are being dealt with in an appropriate and timely manner. Shereen advised that the timelines are generally aligned to the amount of work involved, whilst still being appreciative of the governance process. Shereen explained that most of the time the

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immediate actions have already been done, its more about doing the administration in the background to close them off on the system.

Irene then referred to uncompleted West Region Stage 1 complaints which are recorded as 10 and noted that this seems to be an outlier in comparison to the other regions and asked if there is a reason for this. David Robertson advised that this is due to a combination of pressures over the winter period and the volume of Stage 1 complaints. After a quick review David reported that the Region now has 2 Stage 1 complains which are within time. In terms of Stage 2 complaints, David reported that there is a slight issue in that either staff or the complainant has been unavailable, but David provided Committee with assurance that usual compliance will apply moving forward. In terms of the Clinical Presentation table on Page 17 of the report, Irene noted that the most common category is “Unwell” and noted the difficulty that this will cause for dispatchers and asked if anything needs to be unpicked around this or are we satisfied that this is an appropriate description. Jim Ward explained that quite often calls will have a less well-defined set of circumstances than chest pain for example. Once these patients are triaged, one of the code descriptors sits in generally unwell because with the information readily available we are unable to be more specific. This descriptor directs us to the required response for these patients and the clinician either remotely or on scene will endeavour to get more information.

Stuart thanked both Alan and Shereen for the comprehensive updates provided to Committee and noted the steady improvements which provided Committee with an increased level of assurance.

Jim Ward extended his thanks to Alan Martin and acknowledged his commitment and his contribution to the work on this paper and other elements of support to Committee whilst in the Patient Experience Manager role. Alan’s successor Marie Kennedy is now in post and will present the Patient Experience element of the report going forward.

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

## **ITEM 5.2 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 or 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 4 Clinical Governance Risks, 2 rated very high and 2 rated high, namely hospital handover delays, SAERs processes, stroke/thrombectomy delayed transfers and major trauma continuation with the withdrawal of Medic 1. Shereen reported that all risks continue to be monitored and work is ongoing to mitigate these as best as possible.

A lengthy conversation ensued in relation to hospital handover delays and Jim Ward acknowledged the frustrations felt in this regard. Many actions are being taken to improve clinical decision making and scheduling journeys and a huge amount of work is being undertaken which is reported through other Board structures.

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Liz Humphreys asked if a review and refresh could be undertaken in relation to how the SAERs risk is being described. It was agreed that Shereen would have a look at this risk and liaise with Liz if necessary.

**Action/s:**     **5.       Patient Safety Manager to review and refresh the SAERs risk descriptor and liaise with Liz Humphreys regarding content if necessary.**

Committee noted, reviewed and approved the Risk Register presented.

## **ITEM 5.3       MENTAL HEALTH UPDATE**

Catherine Totten joined the meeting and provided Committee with an update in respect of Mental Health which provides Committee with an update in relation to the work being undertaken to meet the ambitions and aims of the Service in relation to mental health care as articulated in the Mental Health Strategy 2022-2027. The update also provides an opportunity for Committee to provide comments on the work being undertaken and identify related work streams across the organisation, where synergy may be of benefit. Catherine provided Committee with updates in relation to the Mental Health Dementia Team, education portfolio and learning opportunities, suicide prevention and awareness, mental health pathways both local and national and Distress Brief Intervention Portfolio (DBI).

Stuart Currie thanked Catherine for the comprehensive report and the breadth of important work captured and opened to questions from Committee. Liz Humphreys asked how we could maximise the benefits of understanding the different thematic aspects talked about particularly through the inequalities lens and asked if in the next report a qualitative reflection could be provided detailing where we are making the most difference and where there are still gaps particularly with inequalities which would move the report forward. Catherine agreed that she would look at how this could be pulled together, perhaps by way of an illustration of the journey which Committee agreed would be useful.

**Action/s:**     **6.       Mental Health & Dementia Care Lead to include a qualitative reflection in the next report which provides Committee with details of where we are making the most difference and where there are still gaps particularly with inequalities which would move the report forward.**

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

## **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 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 review and note the paper and also note that the update includes a new Public Protection section which Committee are asked to approve for inclusion in the report going forward.

Committee discussed the paper and Carol Sinclair referred to the section referring to the lowering utilisation rates for Community First Responders (CFRs) and some concerns in

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relation to the stability of this resource. Conversations have taken place recently about developing the Service volunteer capability and Carol asked for clarity on what is happening around variation in deployment and what the improvement plan looks like. Jim advised that work is ongoing with the National Resilience Team and there has been an issue with variation in deployment, with various attempts made to address this. None of the efforts to date have provided the stability and regular consistency in CFR deployment we are looking for, therefore the Resilience Team with ACC colleagues are revisiting this area and engaging with various CFR groups to get their experience. Jim will liaise with Keith Colver on his return from annual leave and ensure an update is provided in the next quarters report to provide assurance to Committee that we are getting optimal value from this resource.

**Action/s: 7. Medical Director to liaise with Clinical Governance Manager (Guidelines) on his return from annual leave to ensure that a full update is included in next quarters report in relation to variation in deployment of Community First Responders (CFRs).**

Liz Humphreys thanked Jim for the overview and welcomed the inclusion of the Public Protection element being a standing part of the report. In terms of the education element of the paper, Liz commented that this is also part of the Agenda for Staff Governance Committee and highlighted the need for this to be looked at across the Boards different lenses. Committee agreed that there is a requirement for a wider discussion as to how this could be streamlined and how best we oversee and govern education. Michael advised that there is an enormous amount of education across the Service and work is ongoing to connect this up. It was agreed that Jim would follow this up through the Executive Team and as previously agreed this will be reflected through the Education update through this Committee.

Stuart Currie thanked Jim for the overview and Committee noted the update provided. Committee approved the inclusion of Public Protection element in this paper going forward.

## **ITEM 6.2 Whistleblowing Quarterly Report**

Andrew Carruthers presented the Whistleblowing Quarterly Report and Committee were asked to note and discuss the paper. Andrew highlighted that no new Whistleblowing investigations were launched in quarter 3 of 2024, and 8 new concerns launched. One concern was referred to Counter Fraud Service and the Fraud Liaison Officer has been made aware, with the remaining concerns managed through business as usual. Two concerns are currently with the Independent National Whistleblowing Officer (INWO) awaiting a decision on further investigation, with early indications that these are at the normal level and not of concern. Work continues with InPhase Project Team to ensure Whistleblowing complaints are managed via the new handling system.

Stuart Currie thanked Andrew for the update and Committee noted the overview and quarterly report presented and took assurance that work progresses in relation to Whistleblowing.

*Martin Robertson left the meeting.*

## **ITEM 6.3 Duty of Candour Annual Report**

Jim Ward presented the Duty of Candour Annual Report 2023-24 which Committee were asked to review and approve. Jim highlighted that all health and social care services in

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Scotland have responsibilities under The Duty of Candour Procedure (Scotland) Regulations 2018. This is a legal requirement which means that when unintended or unexpected events happen that result in death or harm as defined in the Act, those affected understand what has happened, receive an apology, and that organisations learn how to improve for the future. Health Boards provide an annual report about how the Duty of Candour responsibilities have been implemented in our services. This report describes how the Service has operationalised the Duty of Candour requirements during the time between 1 April 2023 and 31 March 2024. Jim highlighted that in the last year there were 41 incidents where we applied the Duty of Candour legislation and we were fully compliant with guidance in 37 of the 41 occasions with 4 occasions where we fell slightly short and these are currently being worked through with a view to achieving 100% next year. The report also includes a list of improvement actions which have been identified through initially Executive Team and then Clinical Governance Committee structures. Jim advised that amendments can be made subject to feedback from Committee and the final report will be placed on our public facing website.

Carol Sinclair thanked Jim for the report and noted that this is a difficult report to write to be transparent without being disclosive. In terms of the third last and last bullet points on Page 7 where the phrase “we are considering” is used, Carol suggested that this is softer language than we would want for a public facing report. Jim agreed that himself and Sheeren would cross reference this back to the SAER Action Tracker and if it has been considered and procured, then the wording will be changed and if it has been considered and not procured then it will be removed. Irene Oldfather referred to a similar point on the same page and highlighted that she is pleased to note that we are ‘reviewing the unable to triage process taking cognisance of the vulnerability of patients who are alone’ and note that it would be good to see the outcome of this built in somewhere in terms of a loop back to Committee as to whether we’ve taken action on this. Jim agreed that he will also pick this up with Shereen as it relates to assurance that actions have been completed.

Committee thanked Jim for the overview and discussed and approved the Duty of Candour Annual Report presented subject to the minor amendments above.

## **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 establish systems for monitoring outcomes which demonstrate improved patient safety and improved and safer working practice for staff.

Karen highlighted that the report is still work in progress and provided Committee with updates in relation to the Risk Register, vaccination uptake, Standard Infection Control Precautions (SICPS) Audit compliance, Clean and Safe Care Equipment highlights audit score Community First Responders (CFRs) Training and Naloxone administration.

Stuart thanked Karen for the overview and opened to members for questions. Carol Sinclair asked if the cumulative vaccinations data could be taken back to the start of the vaccination window in September which would provide a better overview of what is happening. In terms of SICPS Audit compliance, Carol asked that the next report includes the improvement plan around compliance. Maggie Watts thanked Karen for the report and acknowledged the

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amount of work which had been undertaken thus far but also extended an offer to help Karen with some of the content of the report going forward. It was therefore agreed that the Secretariat would arrange a meeting between Karen Burnett and Maggie Watts to discuss the content of the Infection Prevention Control Report for presentation to Committee going forward.

**Action/s: 8. Head of Infection Prevention & Control to present cumulative vaccination data back to the start of the vaccination window in September 2024 and also include an improvement plan in relation to SICPS Audit Compliance in next quarters report.**

**Action/s: 9. Secretariat to arrange a meeting between Head of Infection Prevention & Control and Maggie Watts to discuss the content of the Infection Prevention Control Report for presentation to Committee going forward.**

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

## **ITEM 7.2 Education Update**

In the absence of Cheryl Harvey, Tony Devine presented the paper which provided an update on the developments within the Education and Professional Development Department which covered the undernoted areas:

- Ambulance Care Assistant VQ Programme
- Ambulance Technician VQ Programme
- Earn and Learn Technician to Paramedic Progression Route
- Newly Qualified Paramedics (NQPs)
- Learning in Practice (LiP)
- Practice Education

Tony highlighted that there is little requirement for further technician numbers with the preference being to focus on on-boarding Newly Qualified Paramedics. Student feedback in response to the previously reported revised Technician programme has been very positive, with students now being supported to complete the majority of their practice placement portfolios prior to entering placement. Work is ongoing with the workforce modelling and the overall business case continues alongside Scottish Government, Chief Nursing Officer Directorate (CNOD) and NHS Education for Scotland (NES) in relation to the Technician to Paramedic progression route and a fuller update will be provided to the next Clinical Governance Committee meeting.

Stuart Currie thanked Tony for the comprehensive update and opened to Committee for questions. Irene Oldfather highlighted that in December the First Minister launched the Charter for Rights for People Affected by Substance Use and asked how this could be built into the Education and Training programmes going forward. Tony advised that this is already a core element of the Training Programmes and wouldn't cause an issue and the content of the existing programme could be amended to suit as this has a broad remit.

Clinical Governance Committee noted the update paper provided.

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### **ITEM 7.3      Clinical Services Transformation Programme Update**

Jim Ward introduced the paper which provided Committee with an overview of the work underway across a range of workstreams within the Clinical Services Transformation portfolio which included highlight reports aligned to the undernoted portfolios which was taken as read:

- Out of Hospital Cardiac Arrest (OHCA) Programme
- Major Trauma Programme
- Stroke/Thrombectomy Programme
- Urgent and Unscheduled Care Collaborative Programme
- Pathways Programme
- Drug Harm Reduction Programme
- End of Life Care

Stuart thanked Jim for the overview and opened to Committee for questions. Carol Sinclair thanked Jim for the report and referred to the 1 associated Corporate Risk namely Hospital Handover Delays and the 2 Clinical Risks namely Stroke and Thrombectomy and Major Trauma and added that there must be other corporate risks that this work aligns to and asked if the Committee are giving this work area sufficient profile in terms of its likely impact or planned impact across a number of Corporate Risk areas. Jim agreed to pick this up with Julie King on her return from annual leave.

Committee discussed and noted the report presented.

## **ITEM 8              COMMITTEE GOVERNANCE**

### **ITEM 8.1      Clinical Medicines Management Internal Audit Report**

Jim Ward and Paul Watson presented the Clinical Medicines Management Internal Audit Report which focussed on the safe, secure and effective handling of medicines and medical gases to protect patients, staff, and its financial resources. An overall rating of 'significant assurance with minor improvement opportunities' was provided which is in line with the forecasted assurance provided by management. The report raised a total of 3 medium and 3 low risk findings and Jim highlighted the findings and management actions.

Stuart Currie thanked Jim and Paul for the overview presented and Committee noted that this was a really good report which demonstrates the role of the Medicines Management Group and robust policies in place. Carol Sinclair asked if the ambitious timelines for actions have been thoroughly explored and management are content that these are achievable. Paul Watson reported that discussions have taken place between himself and Procurement and all timelines are achievable.

Committee discussed and noted the Clinical Medicines Management 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. All of the SAERs Internal Audit Actions have now been closed through Audit and Risk Committee and are proposed for closure on the

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report. The report also contains 6 actions raised from the recent Medicines Management Report.

Committee discussed and noted the report presented and approved the closure of the 10 SAERs Actions from the Internal Audit Risk Action Tracker. Committee also noted the 6 from the recent Medicines Management Internal Audit and their respective timelines.

### **ITEM 8.3 Clinical Governance Committee Workplan 2024**

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

### **ITEM 8.4 Clinical Governance Committee Workplan 2025 - Draft**

Jim Ward presented the Clinical Governance Committee Draft Workplan for 2025 and Committee were asked to discuss and approve the Workplan presented.

Committee approved the 2025 Draft Workplan presented.

### **ITEM 8.5 Clinical Governance Committee Effectiveness Review Action Plan Progress**

Jim Ward presented the Clinical Governance Committee Effectiveness Review Action Plan Progress update and Committee were asked to note the progress made against the agreed improvement actions.

The self-assessment allows Committee to define their assurance needs, map the various sources of assurance and develop an integrated approach to assurance.

The 2024 self-assessment and Action Plan was approved by Committee in May 2024, and it was agreed that a progress update on the Action Plan would be presented to the February 2025 Committee.

Committee discussed and noted the Action Plan progress presented.

### **ITEM 8.6 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:

2024/11/03	Minutes of Meeting held on 12 <sup>th</sup> August 2024
2024/11/05.1	Patient Experience and Learning from Adverse Events
2024/11/07.1 (1)	Infection Prevention and Control Quarterly Report
2024/11/07.1 (2)	Infection Prevention and Control Quarterly Report
2024/11/07.3	Clinical Services Transformation Update

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

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2024/08/05.1 (1)	Patient Experience and Learning from Adverse Events
2024/08/05.1 (2)	Patient Experience and Learning from Adverse Events

## **ITEM 9            ITEMS FOR NOTING**

Stuart Currie advised members that items 9.1 to 9.6 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 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 12 May 2025, 10:00 am**

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## NOT PROTECTIVELY MARKED

**NINETY NINTH (99th) CLINICAL GOVERNANCE COMMITTEE**  
**10:00 AM ON MONDAY 12 MAY 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 – 5 Items	
	Likely (4)			CR4636 – 3 Items	CR5062 – 1 Item	
	Possible (3)					
	Unlikely (2)					
	Rare (1)					

	Agenda Item	Brief Type	Lead	Risk
10:00	1. Welcome and Apologies		S Currie	
	2. Declarations of Interest relevant to the Meeting	<i>For Discussion</i>	S Currie	
	3. Minutes of meeting held on 10 February 2025	<i>For Approval</i>	S Currie	
10:10	4. <b>HOT TOPIC</b> Pain Management Strategy Developments	<i>For Discussion (Presentation)</i>	T Parke / P Watson /	
10:40	5. <b>Person Centred Care</b>			
	5.1 Patient Experience Update	<i>For Discussion</i>	D Bywater	–
	5.2 Learning from Adverse Events Update	<i>For Discussion</i>	J Ward / S Cameron	
	5.3 Adverse Events Framework Update	<i>Verbal Update</i>	J Ward / S Cameron	
	5.4 Clinical Risk Register	<i>For Approval</i>	J Ward/ S Cameron	

11:10	<b>6. Patient Safety</b>			
	6.1 Clinical Governance and Patient Safety Report	<i>For Discussion</i>	K Colver	CR 4638
11:30	<b>7. Effectiveness</b>			
	7.1 Infection Prevention & Control Update Report	<i>For Discussion</i>	K Burnett	CR 4636, CR 4638
	7.2 Annual Infection Prevention and Control Work Programme	For Approval	K Burnett	CR4636 CR 4638
	7.3 Education Update	For Discussion	C Harvey	CR 4636, CR 4638, CR 5062
	7.4 Clinical Services Transformation Programme Update	For Discussion	J King	CR 4638
12:00	<b>Comfort Break</b>			
12:05	<b>8. Committee Governance</b>			
	8.1 Infection Prevention Control Internal Audit Report	<i>For Discussion</i>	K Burnett	
	8.2 Internal Audit Risk and Actions	<i>For Discussion</i>	J Ward	-
	8.3 Clinical Governance Committee Effectiveness Review	<i>For Noting</i>	J Ward	
12:15	8.4 Clinical Governance Committee Annual Report	<i>For Approval</i>	J Ward/ S Currie	
12:20	8.5 Annual Reports – Sub Committees <ul style="list-style-type: none"> <li>Medicines Management Group</li> <li>Clinical Assurance Group</li> <li>National Clinical Operational Governance Group</li> <li>Public Protection Assurance Group</li> <li>Patient Safety and Risk Group</li> <li>Value Based Health and Care Group</li> <li>Infection Prevention and Control Committee</li> <li>Whistleblowing Annual Report</li> </ul>	<i>For Approval</i>	J Ward	
12:30	8.6 Terms of Reference – CGC and Sub Groups <ul style="list-style-type: none"> <li>National Clinical Operational Governance Group</li> <li>Medicines Management Group</li> <li>Clinical Assurance Group</li> <li>Public Protection Assurance Group</li> <li>Patient Safety &amp; Risk Group</li> <li>Value Based Health and Care Group</li> <li>Infection Prevention and Control Committee</li> </ul>	<i>For Approval</i>	J Ward	
12:40	8.7 Clinical Governance Committee Workplan 2025	<i>For Noting</i>	J Ward	
12:45	8.8 Action Tracker	<i>For Approval</i>	S Currie	
12:50	<b>9. Items for Noting - Circulated to Committee for Information Only</b>			
	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 Action Tracker	<i>For Information</i>		

	9.5	Patient Safety & Risk Group Minutes	<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>		
<b>12:55</b>	<b>10.</b>	<b>Any Other Business</b>	<i>For Discussion</i>	All	

**Date of next meeting: Monday, 11<sup>th</sup> August 2025 10am**

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