



Public Board Meeting

**27 May 2026
Item 22**

THIS PAPER IS FOR NOTING

**CLINICAL GOVERNANCE COMMITTEE MINUTES OF 09 FEBRUARY 2026
AND AGENDA OF MEETING HELD ON 11 MAY 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	<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 09 February 2026 were approved by the Committee on 11 May 2026. The agenda from the meeting held on 11 May 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 SECOND (102nd) CLINICAL GOVERNANCE COMMITTEE AT 10.00AM ON MONDAY 9TH FEBRUARY 2026 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: Gail Booth, Assistant Head of Education & Professional Development
Karen Burnett, Head of Infection Prevention and Control
Dave Bywater, Lead Consultant Paramedic
Shereen Cameron, Patient Safety Manager
Keith Colver, Clinical Governance Manger – Guidelines
Michael Dickson, Chief Executive
Jill Fletcher, Clinical Governance Manager
Ayaz Ghani, Associate Medical Director
Marie Kennedy, Patient Experience Manager
Julie Kerr, Governance Officer, Committee Secretariat (Minute Secretary)
Julie King, Service Transformation Manager
Stephanie McDonald, National Infection Prevention & Control Advisor (Observer)
Ro Pengelly, Patient Representative
David Robertson, Regional Director West Region
Gary Rutherford, Clinical Governance Manager
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: Andrew Cadamy, Associate Medical Director
Andrew Carruthers, Associate Director Care Quality & Professional Development
Gareth Clegg, Associate Medical Director
Cheryl Harvey, Associate Director of Education and Professional Development
Tim Parke, Associate Medical Director
Martin Robertson, Patient Representative (No Show)

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.

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Standing declarations of interest noted as below:

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

ITEM 3 MINUTES OF MEETING HELD ON 10TH NOVEMBER 2025

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

ITEM 4 HOT TOPIC – REVISED CLINICAL DECISION MAKING FRAMEWORK

Gary Rutherford presented Committee with a comprehensive update in relation to the Revised Clinical Decision Making Framework by way of a presentation, which highlighted the legacy of the JRCALC Clinical Guidelines and the need for guidance that supports both emergency and urgent care with a greater emphasis on shared decision making and patient centred approaches. The framework incorporates several models and tools including structured consultations, the DECIDE model for shared decision making, ICE method for gathering patient perspectives and the Teach-back method for ensuring patient understanding. In terms of outcomes, there is a recognition that the healthcare system is becoming increasingly complex and challenging for ambulance clinicians with the establishment of Flow Navigation Centres, Clinical Hubs, Pathway Hubs, Community Pathways and concepts such as Call Before You Convey. These developments have been quite significant since the last iteration of the Clinical Decision Making Framework. The complexities of this require to be unpicked and seek to support clinicians to navigate this.

Next steps include plans for a CPD Roadshow, peer development through a pathways network, integration with education and universities, and the creation of bite-sized video resources to support staff engagement and uptake.

Stuart thanked Gary for the very informative presentation and opened to Committee for comments and questions. Committee thanked Gary for the presentation and raised points in relation to the need for standardisation and the challenge of balancing complexity with usability. Committee also asked how we will understand that this is making a difference and how this will be evaluated as well as what the patient version of this is and how we seek to engage with the public.

Julie King supported Gary's presentation and described ongoing evaluation efforts, including audits of patient care records for evidence of shared decision making, patient experience surveys and feedback from frontline clinicians with high satisfaction rates reported. Julie also described ongoing transformation work which included alignment with national and

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regional health strategies, and the need for practical, timely delivery of improvements. The benefits of artificial intelligence to support ambulance clinicians in rapid decision making were also discussed as well as the requirement to review the Effecting Change Publication for relevant tools and approaches and consider integrating useful elements into current practice and training materials.

Gary acknowledged the Committee's feedback and advised that the priority is to update the Clinical Decision Making Framework and move forward with patient engagement and next steps.

Stuart Currie thanked Gary 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 91.4% for Stage 1 compliance, and 87.66% 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. Attitude and Behaviour remain the top complaint theme and a more comprehensive update in relation to the ongoing review of Attitude and Behaviour complaints will be included in the next report to Committee.

Stuart thanked Marie for the overview and Committee discussed empathy driven practice and the challenges in the complexities of drawing straight lines between interventions and metrics. Committee emphasised the need to analyse both compliments and complaints to identify best practice and areas for improvement with Marie confirming that positive staff attitudes and behaviours are reflected in both types of feedback.

Committee discussed and noted the update provided.

Ro Pengelly left the meeting.

ITEM 5.2 Learning from Adverse Events

Shereen Cameron presented Committee with an update in relation to Learning from Adverse Events and Committee were asked to discuss the paper and provide feedback. The update provided Committee with a range of existing and new data with analysis related to learning from aggregated data and themes, adverse events reported on InPhase and Significant Adverse Event Reviews. Shereen highlighted that efforts continue to reduce the SAER backlog, particularly in high volume areas like ACC and ICH, whilst acknowledging persistent capacity and demand challenges. Shereen reported a slightly improved position in relation to overdue SAER Actions, with further closed actions identified still to be processed. Shereen highlighted upcoming changes to compliance reporting as required by Scottish Government, with the team preparing to adapt reporting formats and processes going forward.

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Stuart thanked Shereen for the overview and welcomed the comprehensive report and a lengthy conversation ensued with Committee expressing concerns in relation to the plateauing progress and the need for Committee to consider resource allocation. Jim noted that, considering the recent challenges posed by winter pressures, presenting 12 completed SAERs to Committee is a remarkable achievement. Although it appeared that the number of cases was declining, there has unfortunately been an increase. As a result, the team may need to review the possibility of allocating additional resources from the central team, concentrating efforts in areas with more SAERs.

Liz Humphries and Maggie Watts requested more information on how SAERs are triaged with Shereen explaining that these are balanced between addressing recent events for timely learning and also resolving older cases for families awaiting outcomes. Committee emphasised the importance of maintaining a culture where staff feel confident to raise SAERs, focusing on learning and improvement rather than simply reducing numbers.

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

ITEM 5.3 Clinical Risk Register

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

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

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

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

Jim Ward highlighted that the Clinical and Care Quality Directorates will be reviewing all Risk Registers and these will be presented to Clinical Governance Committee in May.

Committee reviewed and approved the Risk Register presented and noted the actions in place and the assurance being received that the risks are being controlled effectively.

ITEM 5.4 Mental Health Update

Catherine Totten joined the meeting and provided Committee with an update in relation to Mental Health which Committee were asked to discuss. Catherine announced that funding for the mental health team is now permanent and recurring, supporting long-term planning and stability. A dementia lead has been appointed, and a one-year delivery plan has been developed in partnership with third sector organisations such as Alzheimer Scotland, with training sessions like Dementia Friends being rolled out. The Team is also leading on work in relation to high intensity users, collaborating with Police Scotland, NHS 24 and Scottish Fire and Rescue Service to understand and address the needs of frequent service users.

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The Service response in relation to the VOX feedback has been compiled and this will be progressed through the Executive Team. Work has also commenced in partnership with the Patient Experience Team to strategically integrate patient experience insights and patient journey perspectives into the design and delivery of our portfolios of work and training packages. This will support a more informed, patient centred approach across our work.

Stuart thanked Catherine for the overview and Committee welcomed the amazing work ongoing in this area and took assurance from the number of activities presented within this update.

ITEM 6 PATIENT SAFETY

ITEM 6.1 Clinical Governance and Patient Safety Report

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

Stuart thanked Keith for the overview, and Committee raised no comments or questions in relation to the paper.

Committee noted the update provided.

ITEM 6.2 Whistleblowing Quarterly Report

Emma Stirling presented the Quarter 3 Whistleblowing Report which Committee were asked to note. The report was taken as read and Emma highlighted that 2 concerns were raised in this quarter, both were initially managed under business as usual (BAU) but were raised as Whistleblowing concerns at the request of the complainants. One has been launched as a Stage 1 and one as a Stage 2. One concern is currently with INWO for further investigation.

Stuart thanked Emma for the overview and Committee took assurance from the report and acknowledged the improvements in the whistleblowing processes.

ITEM 6.3 DUTY OF CANDOUR ANNUAL REPORT

Jim Ward presented the Duty of Candour Annual Report 2024/25 for Committee approval and thanked Shereen Cameron and Sarah Stevenson for compiling the report. All Health and Social Care Services in 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. The report outlines the Service's compliance with the Regulations. Jim referred Committee to the list of Actions in the report which span several pages and outline the responses taken when reviewing the actions.

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Stuart thanked Jim for the overview and opened to Committee for comments and questions. Committee agreed that the report needs to be read with insight and a degree of care and sensitivity because of the subject matter.

Maggie Watts referred to Page 2 of the report, 2nd paragraph where the report refers to 2023-24 and this should be 2024-25 and also the previous page when the report refers to 4% more than last year, when it should be 4% more than the previous year and asked that these parts of the report are tidied up. The Committee discussed the phrase 'we have considered', noting it could imply either dismissal or action. Shereen explained that reviewers may lack detailed knowledge about certain recommendations, so 'considered' means the relevant department lead reviews what is in place, assesses the incident, and identifies any gaps. This approach avoids assumptions about necessary changes when reviewers do not have in-depth expertise. The wording may be refined in future reports.

Stuart thanked Jim and Shereen and Committee approved the Duty of Candour Annual Report subject to the changes recommended above.

Carol Sinclair left the meeting.

ITEM 7 EFFECTIVENESS

ITEM 7.1 Infection Prevention and Control Quarterly Report

Karen Burnett, presented Committee with an update on Infection Prevention and Control work since the last Committee meeting and Committee were asked to discuss and note the report which assures Committee that there are clear and effective structures and processes that achieve system wide compliance with mandatory and best practice standards in Infection Prevention and Control (IPC) and established systems for monitoring outcomes which demonstrate improved patient safety and improved and safer working practice for staff. The report was taken as read and Karen highlighted increased vaccination uptake rates for the Service and progress in water testing with no issues identified during this reporting period.

Stuart thanked Karen for the overview and Committee noted the report presented.

ITEM 7.2 Education Update

In the absence of Cheryl Harvey, Gail Booth presented the paper which provided an update on the developments within the Education and Professional Development Department. The paper was taken as read and Committee noted that all tables and charts have been updated with activity to December 2025 or January 2026. Steady progress continues to be made on the outstanding portfolio submissions from the legacy Ambulance Technician Programme with 33 now outstanding. The Learning in Practice (LiP) Programme cycle commenced in April 2025. Completion rates are presented however, underfilled courses remain a persistent challenge, further exacerbated by winter pressures.

Committee discussed the work ongoing collaboratively with NES and the Boards around vocational training and Emma Stirling advised that work is underway on priority pieces in terms of support from Scottish Directors of Allied Health and Chief Allied Health Professions Officer. Emma highlighted that this work is unlikely to start with Paramedics, but we are promoting paramedicine in this space.

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Stuart Currie thanked Gail 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

Stuart thanked Julie for the overview and opened to Committee for comments and questions. Tom Steele asked if we are well joined up with the work to shift care from hospitals to the community and doing more work around prevention with the large programmes such as the Population Health Programme. Julie advised that collaborative work is ongoing with various partners, notably involving the Flow Navigation Centres. Julie referenced the Strategic Renewal Framework and reminded Committee of key discussions held during the recent Service Annual Review in October.

Committee welcomed and discussed the Clinical Services Transformation Programme Update presented.

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 is validated by internal audit. There are currently nine open actions, with one action formally closed off this quarter by Internal Audit at the recent Audit and Risk Committee meeting in January 2026.

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

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 Clinical Governance Committee Draft Workplan 2026

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Jim Ward presented the 2026 Draft Clinical Governance Committee Workplan and Committee were asked to discuss and approve the plan presented. Jim advised that Committee may present additional papers for consideration to help provide assurance to the Board and the Workplan will be updated as the year progresses to reflect this.

Committee discussed and approved the 2026 Workplan, noting the importance of maintaining a clear structure for oversight and reporting.

ITEM 8.4 Clinical Governance Committee Effectiveness Review Action Plan Progress

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

Committee noted progress against the Clinical Effectiveness Review Action Plan presented.

ITEM 8.5 Action Tracker

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

2025/08/05.3	Mental Health Update
2025/11/05.1	Patient Experience Update
2025/11/10	Any Other Business

The following items were discussed and Committee agreed that they would remain open and have their timelines extended.

2025/08/05.4	Learning from Adverse Events
2025/11/05.2	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 presented.

ITEM 9.2 National Clinical Operational Governance Group Decision Log

The Committee noted the Decision Log presented.

ITEM 9.3 Medicines Management Group Decision Log

The Committee noted the Decision Log presented.

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ITEM 9.4 Public Protection Assurance Group Action Tracker

The Committee noted that no Action Tracker was available this quarter.

ITEM 9.5 Patient Safety and Risk Group Minutes

The Committee noted the Minutes presented.

ITEM 9.6 Research, Development and Innovation Minutes

The Committee noted the Minutes presented.

ITEM 9.7 Value Based Health and Care Group Decision Log

The Committee noted the Decision Log presented.

ITEM 9.8 Infection Prevention Control Committee Minutes

The Committee noted the Minutes presented.

ITEM 10 ANY OTHER BUSINESS

No items of other business were raised.

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

Date of next meeting Monday 11 May 2026, 10:00 am

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NOT PROTECTIVELY MARKED

**ONE HUNDRED AND THIRTH (103rd) CLINICAL GOVERNANCE COMMITTEE
10:00 AM ON MONDAY 11 MAY 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 – 7 Items	
	Likely (4)			CR4636 – 6 Items	CR5062 – 1 Item CR5653 – 3 Items	
	Possible (3)			CR5891 – 1 Item CR5889 – 1 Item CR5891		
	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	<i>For Discussion</i>	M Watts	
	3. Minutes of meeting held on 9 February 2026	<i>For Approval</i>	M Watts	
10:10	4. HOT TOPIC Clinical Governance Framework	<i>For Discussion</i>	J Ward	
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	CR4636 CR4638 CR5653
	5.3 Clinical Risk Register	<i>For Approval</i>	J Ward/ S Cameron	
	5.4 ScotSTAR Clinical Risk Register	<i>For Discussion</i>	S Cameron	
11:20	6. Patient Safety			

	6.1	Clinical Governance and Patient Safety Report	<i>For Discussion</i>	K Colver	CR 4636 CR 4638 CR5653
11:30	7.	Effectiveness			
	7.1	Infection Prevention & Control Update Report	<i>For Discussion</i>	K Burnett / E Stirling	CR 4636, CR 4638
	7.2	Annual Infection Prevention and Control Work Programme 2026-27	<i>For Approval</i>	K Burnett	CR4636 CR 4638
	7.3	Education Update	For Discussion	C Harvey	CR 4636, CR 4638, CR 5062 CR5889
	7.4	Clinical Services Transformation Programme Update	For Discussion	J King	CR 4638
12:00	Comfort Break				
12:05	8.	Committee Governance			
	8.1	Internal Audit Risk and Actions	<i>For Discussion</i>	J Ward	-
	8.2	Clinical Governance Committee Effectiveness Review	<i>For Approval</i>	J Ward/ M Watts	
12:15	8.3	Clinical Governance Committee Annual Report	<i>For Approval</i>	J Ward / M Watts	
12:20	8.4	Annual Reports Sub-Committees <ul style="list-style-type: none"> National Clinical Operational Governance Group Medicines Management Group Clinical Assurance Group Public Protection Assurance Group Patient Safety and Risk Group Infection Prevention and Control Committee Value Based Health and Care Group (No Annual Report presented, this Group is currently under review with a view to re-setting this project). 	<i>For Approval</i>	J Ward	
12:30	8.5	Whistleblowing Annual Report	<i>For Approval</i>	C Harvey	
12:35	8.6	Terms of Reference – CGC and Sub Groups <ul style="list-style-type: none"> Medicines Management Group Clinical Assurance Group Patient Safety & Risk Group Infection Prevention and Control Committee Public Protection Assurance Group (PPAG TOR currently under review and not finalised, will be shared as soon as review is completed). Value Based Health and Care Group (No TORs presented, this Group is currently under review with a view to re-setting this project). National Clinical Operational Governance Group (No TORs presented due to ongoing discussions regarding the Clinical Governance Framework and future considerations, including the potential establishment of a Clinical Governance Oversight Group). 	<i>For Approval</i>	J Ward	

12:45	8.7	Clinical Governance Committee Workplan 2026	<i>For Noting</i>	J Ward	
12:50	8.8	Action Tracker	<i>For Approval</i>	M Watts	
12:55	9.	Items for Noting - Circulated to Committee for Information Only			
	9.1	Clinical Assurance Group Decision Log	<i>For Information</i>		
	9.2	National Clinical Operational Governance Group Decision Log	<i>For Information</i>		
	9.3	Medicines Management Group Decision Log	<i>For Information</i>		
	9.4	Public Protection Assurance Group Minutes	<i>For Information</i>		
	9.5	Patient Safety & Clinical Risk Group Decision Log	<i>For Information</i>		
	9.6	Research Development & Innovation Minutes – <i>No approved minutes available this quarter</i>	<i>For Information</i>		
	9.7	Value Based Health and Care Group Decision Log – <i>No approved minutes available this quarter</i>	<i>For Information</i>		
	9.8	Infection Prevention Control Committee Minutes	<i>For Information</i>		
13:00	10.	Any Other Business	<i>For Discussion</i>	All	

Date of next meeting: Monday, 10th August 2026

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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