



Public Board Meeting

30 September 2026

Item 18

THIS PAPER IS FOR NOTING

**CLINICAL GOVERNANCE COMMITTEE MINUTES OF 11 MAY 2026 AND
AGENDA OF MEETING HELD ON 10 AUGUST 2026**

Lead Director Author	Maggie Watts, Chair of Clinical Governance Committee Julie Kerr, Governance Officer
Action required	The Board is asked to note the minutes and agenda.
Key points	In compliance with the Service's Standing Orders, the approved Committee minutes are submitted to the Board for information and consideration of any recommendations that have been made by the Committee. The minutes of the Clinical Governance Committee held on 11 May 2026 were approved by the Committee on 10 August 2026. The agenda from the meeting held on 10 August 2026 is also attached for the Boards information.
Timing	Minutes are presented following approval by the Committee. The Board are also provided with the agenda of the most recent Committee meeting for information.
Link to Corporate Ambitions	The Clinical Governance Committee has responsibility on behalf of the Board to ensure that the appropriate work is undertaken to assess clinical governance within the Service and provide assurance to the Board that the governance arrangements are safe, effective and person centred.
Link to NHS Scotland's Quality Ambitions	The Clinical Governance Committee remit is to monitor good clinical governance to ensure safe, effective and person-centred care across the Service.
Benefits to Patients	The Service practices the principles of good clinical governance to ensure that safe, effective and person-centred care exists across the organisation to deliver high quality care to patients.
Climate Change Impact Identification	This paper has identified no impacts on climate change.
Equality and Diversity	No issues identified.



**MINUTE OF THE HUNDREDTH AND THIRD (103rd) CLINICAL GOVERNANCE
COMMITTEE AT 10.00AM ON MONDAY 11TH MAY 2026
VIA MICROSOFT TEAMS**

Present: Maggie Watts, Non-Executive Director (Chair)
Stuart Currie, Non-Executive Director
Liz Humphreys, Non-Executive Director and Whistleblowing Champion (Vice Chair)
Carol Sinclair, Non-Executive Director
Paul Gray, Non-Executive Director (*Observer*)

In Attendance: Karen Burnett, Head of Infection Prevention and Control
Andrew Cadamy, Associate Medical Director
Shereen Cameron, Patient Safety Manager
Keith Colver, Clinical Governance Manager – Guidelines
Michael Dickson, Chief Executive
Jill Fletcher, Clinical Governance Manager
Cheryl Harvey, Associate Director of Education and Professional Development
Julie Kerr, Governance Officer, Committee Secretariat (Minute Secretary)
Julie King, Service Transformation Manager
Ro Pengelly, Patient Representative
James Ward, Medical Director
Paul Watson, Clinical Governance Manager- Medicines and Equipment

Apologies: Dave Bywater, Lead Consultant Paramedic
Marie Kennedy, Patient Experience Manager
Tim Parke, Associate Medical Director
Tom Steele, Board Chair
Emma Stirling, Director of Care Quality & Professional Development

ITEM 1 WELCOME AND APOLOGIES

Maggie Watts welcomed everyone to the meeting and apologies for absence were recorded as above. Maggie recorded her thanks to Martin Robertson, Patient Representative, who has now stepped down from the Committee, and thanked him for his valuable contributions.

ITEM 2 DECLARATIONS OF INTEREST RELEVANT TO THE MEETING

No new declarations of interest were noted.

Standing declarations of interest noted as below:

- Carol Sinclair in her position as Chair, Data Board for Health and Social Care.
- Stuart Currie - Board Member of State Hospital Board and Vice Chair of the Independent Review of Inspection, Scrutiny and Regulation of Social Care in Scotland by the Scottish Government.

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- Liz Humphreys - Non-Executive Director, Public Health Scotland.
Carol Sinclair advised Committee that she is no longer a Trustee of Scotland's Charity Air Ambulance and asked that this declaration be removed. Liz Humphreys advised that she is no longer a trustee for the Scottish Association for Mental Health and hasn't been since the minutes of the February Clinical Governance Committee were produced.

Action/s: **1. Secretariat to update the Declarations of Interest Register, removing Carol Sinclair's position as Trustee of Scotland's Charity Air Ambulance and removing Liz Humphreys' position as Trustee for the Scottish Association for Mental Health.**

ITEM 3 MINUTES OF MEETING HELD ON 9TH FEBRUARY 2026

The minutes of the meeting held on 9th February 2026 were reviewed for accuracy and Liz Humphreys asked that her declaration of Interest as Trustee for the Scottish Association for Mental Health be removed from the minute. Subject to this change the minutes were approved as a true and accurate reflection of the meeting.

Action/s: **2. Secretariat to amend the minutes of the meeting of 9th February 2026 removing Liz Humphreys' Declaration of Interest as Trustee for the Scottish Association for Mental Health.**

ITEM 4 HOT TOPIC – CLINICAL GOVERNANCE FRAMEWORK

Jim Ward presented Committee with a comprehensive update by way of a presentation in relation to the review of the Clinical Governance Framework and the establishment of a Clinical Oversight Group. Jim highlighted that the Clinical Governance Framework originally approved in 2018 has undergone regular review to reflect the expanding clinical remit and evolving governance requirements. A revised framework has been collaboratively developed following a dedicated workshop in April involving key contributors and the incoming Chair Maggie Watts. The session enabled open discussion on current strengths, frustrations and future direction, resulting in a more cohesive and assurance focussed approach. The session established that there was a need for improved alignment and consistency with clearer linkage between papers and greater consistency in reporting formats and expectations across the Sub-Groups.

Jim highlighted that the introduction of a Clinical Oversight Group would:

- Strengthen assurance processes;
- Improve alignment and synergy across Sub-Groups;
- Ensure clarity and quality of papers to Committee;
- Provide stronger linkage to frontline delivery and regional structures.

There will also be a refinement of the functions of Clinical Governance Committee with a clearer articulation of why papers are being presented, what decisions are required and what assurance is being provided. This will reduce unnecessary reporting and improve focus on scrutiny and value added discussion.

Committee welcomed the refreshed Clinical Governance Framework and the direction of travel including the introduction of the Clinical Oversight Group. Members recognised that

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the model aligns well with the broader Integrated Governance and Board Assurance principles with an emphasis on:

- Ensuring no duplication or loss of function between existing groups and the new Oversight Group;
- Opportunity to streamline Agendas whilst improving quality of assurance;
- Importance of evaluating effectiveness over time e.g. quality of discussions and outcomes.

Jim advised Committee that next steps will include:

- Establishment of the Clinical Oversight Group which will be co-chaired by Jim Ward, Medical Director and Emma Stirling, Director of Care Quality & Professional Development.
- Finalising membership of the Clinical Oversight Group, structure and operational approach.
- Developing and Agreeing Terms of Reference for the Oversight Group, ensuring clarity of remit, responsibilities and interaction with Committee Sub-Groups.
- Review and Redesign of Sub-Group reporting including standardising the format and content of papers ensuring clear links to risks, assurance statements and decision requirements.
- Clarifying the Governance structure and interfaces and defining the relationship between the new Oversight Group and existing groups whilst ensuring no loss of oversight or duplication.
- Strengthening linkage with frontline services and exploring options for improving communication and governance flow between national teams, regional structures and frontline clinicians.
- Enhanced visibility of priority areas through introducing structured reporting on Innovation, Research, Education and Public Protection as part of the revised Framework.
- Alignment with Corporate Governance Standards through work with Secretariat and Board Secretary to ensure consistency across Committees.

It was agreed that initial outputs and the revised approach will be presented to the next Clinical Governance Committee.

Maggie Watts thanked Jim for the comprehensive and informative update which was welcomed by Committee.

ITEM 5 PATIENT CENTRED CARE

ITEM 5.1 Patient Experience Update

In the absence of Marie Kennedy, Jim Ward 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). Committee noted that complaints compliance figures were 93% for Stage 1 compliance, and 88% for Stage 2 compliance, a testament to the ongoing work in this area across the organisation and the continued positive trends in complaints and compliments.

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Maggie thanked Jim for the overview and Committee discussed the recurring theme of complaints relating to attitude and behaviour, noting ongoing work to identify appropriate actions, although recognising the complexity and absence of a single solution. The Committee highlighted the need to strengthen public and patient participation and representation, and to better articulate assurance around person centred care and service design, drawing on multiple feedback sources. It was noted that public awareness of alternative services (e.g. NHS Inform and NHS 24) remains low, potentially contributing to demand on 999 services.

Members emphasised the importance of improving how complaints are categorised and analysed, particularly in relation to attitude/behaviour and clinical decision making and also taking a more strategic view of patient feedback, including identifying gaps and opportunities not only positive performance. Assurance was provided that work is underway to proactively gather patient feedback (e.g. via text and targeted engagement), particularly in priority pathways, and to use this insight to inform service design and system wide improvement.

The Committee acknowledged that the Patient Experience framework will continue to evolve, and that the forthcoming refresh should support clearer scrutiny, improved insight, and more effective assurance reporting. It was agreed that Jim Ward would engage with Ro Pengelly outwith the meeting regarding public awareness of NHS Inform and NHS 24 and related feedback.

The Committee noted the update, welcomed the progress made, and supported continued development of the framework to strengthen analysis, insight, and assurance on patient experience.

Action/s: **3. Medical Director to engage with Ro Pengelly outwith the meeting regarding public awareness of NHS Inform and NHS 24 and related feedback.**

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 which Committee were asked to discuss 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 there are currently 52 open SAERs and 65 open actions. Ten completed SAER Executive Summaries were included with the paper with no significant change in overall themes and 12 new SAERs have been declared since the last meeting of Committee. Shereen highlighted that the paper now includes completed actions to demonstrate progress and provide assurance. Committee noted that 2025 data indicates more SAERs were completed than declared, suggesting progress in addressing the backlog. Themes within completed SAERs included ineffective breathing and patients calling while alone, with ongoing focus on improvement areas such as training and coding.

Maggie thanked Shereen for the overview and welcomed the comprehensive report and a lengthy conversation ensued with Committee members highlighting the need to define what good looks like in terms of acceptable volumes of SAERs and outstanding actions. The importance of clearly evidencing prioritisation of high risk actions, ensuring urgent safety issues are progressed ahead of others was highlighted. Committee noted that significant progress has been made in improving report quality and transparency and work is underway

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to develop proposals on resourcing and process improvements to achieve sustainable performance.

Committee received assurance that improvement work is ongoing, including training, review processes and action tracking. High risk issues are being prioritised despite overall workload pressures.

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 has been no significant change to the Clinical Risk Register since the previous reporting period. Shereen advised that there are 2 very high clinical risks which remain unchanged, namely:

- Hospital Handover Delays with ongoing system wide pressures across all regions, with continued engagement and mitigation work involving Health Boards, Executive and management teams.
- Timely completion of Significant Adverse Event Review processes where the position remains stable with improvement work ongoing.

A high rated risk remains in relation to the Terrapace system, however members were advised that incident reporting from frontline clinical teams has significantly reduced and consideration is being given to reducing the risk rating in the future. Work is underway to ensure that organisational learning and record keeping are maintained including engagement with data and system teams. Committee also discussed Hospital Ambulance Liaison Officer (HALO) provision noting that some mitigations rely on time limited funding and external partners. Evaluations and business cases are in progress to determine sustainable staffing and funding models.

Maggie thanked Shereen for the overview and 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 ScotSTAR Clinical Risk Register

Shereen Cameron presented the ScotSTAR Clinical Risk Register which Committee were asked to review and discuss. Shereen advised that the risk register is routinely reported to the Patient Safety and Clinical Risk Group, however it has not previously been explicitly presented to the Clinical Governance Committee. Shereen invited members to provide a steer on how the risk register should be presented in the future, including whether ScotSTAR

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risks should be incorporated into the overarching Clinical Risk paper or retained as a standalone report.

Andrew Cadamy led a focussed discussion in relation to the paediatric retrieval service risk which has been escalated across multiple forums including a recent Board Development Session. The risk remains very high and spans clinical workforce, quality and safety, strategic and financial domains. ScotSTAR is currently unable to fully mitigate the risk internally and requires additional support including funding and a final business case is scheduled for submission to the Board at the end of May. Members discussed whether the paediatric risk should be escalated to the Corporate Risk Register and there was a consensus that high and very high clinical risks should be reported through Clinical Governance Committee as a Sub-Committee of the Board and the escalation to the Corporate Risk Register should be reserved for risks that cannot be mitigated through clinical and organisational controls. In this instance, given the advanced stage of mitigation, planning and the development of a business case, it was felt appropriate to retain the risk within the Clinical Governance Committee remit.

Committee agreed that high and very high ScotSTAR clinical risks will continue to be reported to and managed within the Clinical Governance Committee rather than being escalated to the Corporate Risk Register at this stage. It was agreed that the current approach remains appropriate and proportionate, with escalation kept under review.

Maggie thanked Shereen and Andrew for their overview and Committee noted the ScotSTAR Clinical Risk Register presented.

ITEM 6 PATIENT SAFETY

ITEM 6.1 Clinical Governance and Patient Safety Report

Keith Colver presented the Clinical Governance and Patient Safety Report, which provided a quarterly overview of the operational application of the Clinical Governance Framework and related activity across the Service. Members noted that an AI-assisted summary had been used to support preparation of the report and welcomed the transparency, with assurance provided that the summary had been checked against the source material for accuracy.

Committee discussed Patient Group Directives (PGDs), noting that the apparent reduction in activity reflected new PGDs resetting compliance counts rather than reduced use. Assurance was provided that overall compliance trends are improving, with clinicians responsible for ensuring relevant PGDs are reviewed and signed prior to administering medication. Work is ongoing to align PGD compliance data with EPR data to strengthen assurance that medicines are administered only by authorised staff.

Committee also noted the ongoing work to maintain and update clinical guidelines, recognising its importance in supporting safe, evidence based practice and patient dignity. Members discussed references to delayed responses and sought assurance on whether escalation was required. It was confirmed that delays were multifactorial, with work underway and Executive oversight in place, and that there were no immediate patient safety concerns requiring escalation.

Committee noted the Clinical Governance and Patient Safety Report and that the current position does not indicate any immediate patient safety concerns requiring escalation.

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ITEM 7 EFFECTIVENESS

ITEM 7.1 Infection Prevention and Control Quarterly Report

Karen Burnett presented the Infection Prevention and Control Quarterly Report, which provided assurance on IPC governance, compliance monitoring and patient safety improvement. The Committee noted that the business continuity plan for staff shortages had been stood down following significant winter workforce pressures, with services returning to a more stable position and recruitment underway to strengthen IPC capacity.

Committee noted the transition of vaccination service responsibilities into the IPC team and recent recruitment to key roles, though ongoing workforce turnover continues to present challenges in maintaining full capacity. An update was provided on Standard Infection Control Precautions (SICPs) compliance, particularly hand hygiene (bare below the elbows) and Committee noted the delivery of face to face training for 40 staff with the development of supporting training videos for ongoing access. Re-purposed iPADS and mobile compatible systems have been introduced to support audit completion and work is ongoing with the Data Warehouse team to improve usability of audit tools.

Committee went on to discuss face fit testing, noting that whilst activity data is available for numbers of staff tested, full compliance data across the Service is not currently available due to limitations in reporting infrastructure, with work underway with the Data Warehouse team to address this. Members raised concerns regarding data presentation, specifically inconsistencies within the PVC insertion table. It was clarified that earlier data was affected by a system change and is not directly comparable, and that only the most recent quarters should be relied upon for accurate interpretation.

A key area of discussion focused on organisational culture and leadership in supporting IPC compliance. While progress has been made in training and communication, the Committee noted evidence of variable engagement and compliance, particularly at operational and middle management levels with competing operational pressures limiting prioritisation of IPC requirements. It was acknowledged that improving compliance requires not only processes and training but also consistent leadership, clear messaging, and cultural change across all levels of the organisation. The Team is adopting a quality improvement approach, including targeted work to understand barriers to compliance (e.g. face fit testing), with early indications suggesting reduced risk perception post COVID and competing priorities as contributing factors.

Maggie thanked Karen for the overview and Committee welcomed the intention to utilise governance and oversight structures to reinforce messaging and address barriers, ensuring IPC priorities are embedded across the organisation.

ITEM 7.2 Annual Infection Prevention and Control Work Programme 2026-27

Karen Burnett presented the Annual Infection Prevention and Control Work Programme for 2026-27 which Committee were asked to discuss and approve. The 2026/27 Annual Work Programme is comprehensive and will be updated by the Infection Prevention Control Team as progression is made.

Committee noted that a number of actions from the previous workplan have been carried forward into the new reporting year, primarily due to staffing capacity constraints experienced across the IPC Team. Despite these challenges, the Committee recognised

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that good progress had been made, with the IPC team having worked effectively to deliver against the programme within the limitations faced. The Committee acknowledged that the extension of timelines for certain deliverables, given the workforce pressures previously outlined. It was further noted that, with anticipated improvements in staffing capacity, there is an expectation of enhanced delivery against the workplan in the forthcoming year.

Maggie thanked Karen for the overview and Committee discussed and approved the Annual IPC Work Programme 2026-27 presented.

ITEM 7.3 Education Update

Cheryl Harvey presented the Education Update, highlighting significant progress in reducing the legacy Ambulance Technician portfolio backlog from 120 to 11 cases. Assurance was provided that remaining individuals are being appropriately supported, and the Committee approved the cessation of routine reporting on this item.

The Committee also noted the revised completion date of mid-April 2027 for the Learning in Practice Training Delivery Plan, due to underutilised training capacity and recruitment delays. Members recognised the associated risk to statutory and mandatory training compliance, noting that this is being actively managed through mitigating actions and a clear delivery plan.

Clinical Governance Committee noted the report and assurances provided and accepted the revised timeline for completion of the LiP Training Programme, noting that associated risks are being managed.

ITEM 7.4 Clinical Services Transformation Programme Update

Julie King introduced the paper and Committee were asked to note the revised format of the report which provides a clearer summary of progress across clinical workstreams and outlines key achievements and next steps for the forthcoming financial year. It was noted that the programme continues to support delivery of the 2030 Strategy, with progress reported across key areas including:

- Urgent and scheduled care pathways
- Care Co-ordination Hubs
- Drug Harm Reduction initiatives
- Care Zone developments
- Prevention focused workstreams

Committee welcomed the revised report format, noting that clearer summaries of progress and next steps improved usability and assurance. Members discussed the need to align transformation activity with the wider Clinical Governance Framework, bringing together strategic, operational and performance reporting to support a holistic view of quality, safety and clinical effectiveness. Committee also noted the Care Zone and Save A Life For Scotland work in Dumfries and Galloway as a collaborative model with potential for wider rollout to reduce health inequalities and improve out-of-hospital cardiac arrest outcomes.

Committee supported the continued development of reporting approaches to better align transformation activity with the Clinical Governance Framework and overall organisational assurance.

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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 four open actions, with five actions formally closed off this quarter by Internal Audit at the recent Audit and Risk Committee meeting in April 2026.

Maggie thanked Jim for the overview. Committee discussed the importance of maintaining scrutiny of open actions to ensure they remain relevant, are progressed in a timely manner, and continue to support effective assurance. Members agreed that clear accountability, robust tracking, and regular reporting are essential to ensure risks are mitigated and learning from internal audit findings is embedded across the organisation.

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

ITEM 8.2 Clinical Governance Committee Effectiveness Review

Jim Ward presented the Clinical Governance Committee Self-Assessment Checklist and Action Plan, developed from members' feedback and presented for approval. The Self-Assessment Checklist and Action Plan allows Committee to define their assurance needs, map the various sources of assurance and develop an integrated approach to assurance. The approved checklist and Action Plan will be presented to the June 2026 Audit and Risk Committee meeting and any Action Plan progress update will be presented to February 2027 Clinical Governance Committee.

Committee noted that the review provided constructive feedback and demonstrated a high level of confidence in the Committee's effectiveness. The findings will inform ongoing development, alongside the wider Clinical Governance review and relevant oversight arrangements.

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

ITEM 8.3 Clinical Governance Committee Annual Report

Jim Ward presented the Clinical Governance Committee Annual Report which Committee were asked to approve. The Annual Report provides assurance that the Clinical Governance Committee has fulfilled its delegated responsibility to assure the Board that the governance arrangements are safe, effective and person centred.

Committee noted that the report provides a balanced and accessible overview of the Committee's activity, challenges and progress during the year, supporting informed discussion at Board level and across other Committees.

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Following approval, the Annual Report will be presented to the Board, to inform and provide assurance for the Board's Governance Statement and Annual Report due to be approved in June 2026.

Committee approved the Clinical Governance Committee Annual Report presented.

ITEM 8.4 Annual Reports – Sub Committees

Jim Ward presented the Sub-Group Annual Reports for 2025/26 which have been endorsed by the sub-groups and presented to Clinical Governance Committee for approval.

Committee were asked to approve the Annual Reports for:

- 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

Committee noted that the Value Based Health and Care Group had not produced an annual report, reflecting its ongoing development and the need to further clarify its role within the Realistic Medicine programme. Members also noted variation in the format and detail of the Sub-Group Annual Reports and supported future work to standardise reporting arrangements to improve consistency, clarity and accessibility.

Committee approved the Sub-Committee Annual Reports and supported further work to standardise reporting formats as part of ongoing governance development.

ITEM 8.5 Whistleblowing Annual Report

In the absence of Emma Stirling, Cheryl Harvey presented the Whistleblowing Annual Report which Committee were asked to discuss and approve. Cheryl highlighted that the Service received a total number of 25 concerns to the Whistleblowing mailbox between 1st April 2025 and 31st March 2026. Two of these were taken forward one as a stage 1 and one as a stage 2 Whistleblowing concern. Of the remaining 23 concerns, 13 were taken forward as BAU and 10 did not require further input at the time of raising the concern. One concern was closed this year, and there are no open concerns.

Maggie thanked Cheryl for the overview and Committee welcomed the comprehensive report and the inclusion of staff feedback. Maggie suggested that future reports could be enhanced by including clearer information on actions taken in response to less positive feedback. Liz Humphreys, in her role as Whistleblowing Champion, provided additional assurance to Committee on the robust processes and positive culture supporting whistleblowing with confidence noted in case management and compliance. Members also discussed the challenges of meeting statutory timescales particularly for complex Stage 2 cases, due to the complexity, sensitivity, and resource demands of cases. This was acknowledged as a national issue across Boards and is subject to ongoing discussion. Committee recorded its thanks to Andrew Carruthers, Emma Stirling and all colleagues involved in supporting the Whistleblowing process.

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Committee approved the Whistleblowing Annual Report.

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

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

- Review the Committee Terms of Reference presented at Appendix 1 as part of the annual Governance cycle.
- Endorse any revisions (marked as tracked changes) to the current Clinical Governance Committee and Sub-Group Terms of Reference (ToR) and recommend any further changes.
- Note that all sub-Groups of Clinical Governance Committee have reviewed their ToR and where appropriate recommended amendments are marked in track changes.
- Note that the Public Protection Assurance Group Terms of Reference are currently under review and not finalised. These will be shared as soon as this review is completed.
- No Terms of Reference presented for the Value Based Health and Care Group. This Group is currently under review with a view to re-setting the project.
- No Terms of Reference presented for the National Clinical Operational Governance Group due to ongoing discussions regarding the Clinical Governance Framework and future considerations, including the potential establishment of a Clinical Governance Oversight Group).

Maggie Watts highlighted that the Clinical Governance Committee Terms of Reference may require further amendment following the wider Clinical Governance Review, with flexibility retained to incorporate any additional responsibilities arising. Jim Ward provided assurance that appropriate processes are in place to support ongoing review and update as required.

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

ITEM 8.7 Clinical Governance Committee Workplan 2026.

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

ITEM 8.8 Action Tracker

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

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

ITEM 9 ITEMS FOR NOTING

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Maggie Watts 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

Carol Sinclair highlighted a query regarding the use of RAG ratings within the Medicines Management Group Decision Log, noting that ratings may not always accurately reflect progress or provide sufficient assurance. Jim Ward acknowledged the point and agreed that reporting arrangements, including scheduling, resourcing and presentation of key points, would be reviewed to improve clarity and support effective Committee oversight. Jim emphasised the role of the Clinical Governance Oversight Group in drawing out and presenting key points and decisions, to support effective assurance and reduce the need for members to review detailed logs.

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

ITEM 9.4 Public Protection Assurance Group Minutes

The Committee noted the minutes presented.

ITEM 9.5 Patient Safety and Clinical Risk Group Minutes

The Committee noted the Minutes presented.

ITEM 9.6 Research, Development and Innovation Minutes

The Committee noted that there were no approved minutes available this quarter.

ITEM 9.7 Value Based Health and Care Group Decision Log

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

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.

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

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Date of next meeting Monday 10 August 2026, 10:00 am

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**Scottish
Ambulance
Service**

Working in Partnership with Universities



NOT PROTECTIVELY MARKED

ONE HUNDRED AND FOURTH (104TH) CLINICAL GOVERNANCE COMMITTEE
10:00 AM ON MONDAY 10 AUGUST 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 – 6 Items	
	Likely (4)			CR4636 – 5 Items	CR5062 – 1 Item CR5653 – 2 Items	
	Possible (3)			CR5891 – 1 Item CR5889 – 1 Item CR5891 – 1 Item		
	Unlikely (2)					
	Rare (1)					

	Agenda Item	Brief Type	Lead	Risk
10:00	1. Welcome and Apologies		M Watts	
	2. Declarations of Interest relevant to the Meeting	<i>For Discussion</i>	M Watts	
	3. Minutes of meeting held on 11 May 2026	<i>For Approval</i>	M Watts	
10:10	4. HOT TOPIC Clinical Oversight Group: a. Reflections b. Revised Approach/Summary	<i>Presentation For Discussion</i>	J Ward	
10:40	5. Person Centred Care			
	5.1 Patient Experience Update	<i>For Discussion</i>	M Kennedy	CR4636 CR4638 CR5653
	5.2 Patient Experience Annual Report	<i>For Approval</i>	M Kennedy	
	5.3 Mental Health Update	<i>For Discussion</i>	C Totten	CR4636 CR4638 CR5887 CR 5891
	5.4 Learning from Adverse Events Update	<i>For Discussion</i>	J Ward / S Cameron	CR4636 CR4638 CR5653

	5.5	Clinical Risk Register	<i>For Approval</i>	J Ward/ S Cameron	
11:20	6.	Patient Safety			
	6.1	Whistleblowing Quarterly Report	<i>For Discussion</i>	E Stirling/A Carruthers	
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	Education Update	For Discussion	C Harvey	CR 4636, CR 4638, CR 5062 CR 5888 CR5889
	7.3	Clinical Services Transformation Programme Update	For Discussion	J King	CR 4638
	7.4	Innovation Update	For Discussion	A Lloyd/P Gowens	
12:10	Comfort Break				
	8.	Committee Governance			
12:15	8.1	Internal Audit Risk and Actions	<i>For Discussion</i>	J Ward	-
12:25	8.2	Clinical Governance Committee Workplan 2026	<i>For Noting</i>	J Ward	
12:30	8.3	Action Tracker	<i>For Approval</i>	M Watts	
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	Medicines Management Group Decision Log	<i>For Information</i>		
	9.3	Public Protection Assurance Group Minutes – <i>No approved minutes since last CGC</i>	<i>For Information</i>		
	9.4	Patient Safety & Clinical Risk Group Decision Log	<i>For Information</i>		
	9.5	Research Development & Innovation Minutes	<i>For Information</i>		
	9.6	Value Based Health and Care Group Decision Log - <i>No approved minutes since last CGC</i>	<i>For Information</i>		
	9.7	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, 9th November 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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