



NOT PROTECTIVELY MARKED

PUBLIC BOARD MEETING

27 November 2024

Item 19

THIS PAPER IS FOR NOTING

**CLINICAL GOVERNANCE COMMITTEE MINUTES OF 12 AUGUST 2024 AND
AGENDA OF MEETING HELD ON 13 NOVEMBER 2024**

Lead Director Author	Stuart Currie, Chair of Clinical Governance Committee Julie Kerr, Governance Co-ordinator
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 12 August 2024 were approved by the Committee on 13 November 2024. The agenda from the meeting held on 13 November 2024 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 NINETY SIXTH (96th) CLINICAL GOVERNANCE COMMITTEE
AT 10.00AM ON MONDAY 12TH AUGUST 2024
VIA MICROSOFT TEAMS**

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

In Attendance: Karen Burnett, Head of Infection Prevention and Control
Andrew Cadamy, Associate Medical Director
Shereen Cameron, Patient Safety Manager
Andrew Carruthers, Associate Director, Care Quality & Professional Development
Gareth Clegg, Associate Medical Director
Keith Colver, Clinical Governance Manger – Guidelines
Mark Hannan, Head of Communications & Engagement
Cheryl Harvey, Associate Director of Education and Professional Development
Julie Kerr, Committee Secretariat (Minute)
Julie King, Service Transformation Manager
Gillian Macleod, Associate Director of Care Quality & Professional Development
David Robertson, Regional Director West
Martin Robertson, Patient Representative
Paul Watson, Clinical Governance Manager- Medicines and Equipment
Tim Parke, Associate Medical Director
James Ward, Medical Director

Apologies: Dave Bywater, Lead Consultant Paramedic & Acting Director of Care Quality & Professional Development
Michael Dickson, Chief Executive
Alan Martin, Patient Experience Manager
Tom Steele, Board Chair

ITEM 1 WELCOME AND APOLOGIES

Stuart Currie welcomed everyone to the meeting and in particular welcomed Karen Burnett, Head of Infection Prevention and Control along to her first meeting of the Committee. Apologies for absence were recorded as above.

ITEM 2 DECLARATIONS OF INTEREST RELEVANT TO THE MEETING

No new declarations of interest were noted.

Standing declarations of interest were noted as below:

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- Irene Oldfather in her position of Director, Scotland Health and Social Care Alliance and Vice Chair of Domestic Advisory Group (DAG) on the Trade and Cooperation Agreement (TCA) with the European Union.
- Carol Sinclair in her position as Trustee of Scotland’s Charity Air Ambulance and 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.

ITEM 3 MINUTES OF MEETING HELD ON 13th MAY 2024

The minutes of the meeting held on 13th May 2024 were reviewed for accuracy and approved as a true and accurate reflection of the meeting.

ITEM 4 HOT TOPIC – HEALTH INEQUALITIES

Dr Jim Ward provided Committee with an overview in relation to Understanding and Addressing Health Inequalities by way of a very comprehensive presentation. The Service’s vision as referred to in our 2030 Strategy Vision is to “Save more lives, reduce inequalities and improve Health and Wellbeing”. Health Inequalities are avoidable, unfair, systematic differences in health between different groups of people and the Service are keen to utilise the reach of all our clinical and organisational improvement programmes and deliver our vision through workstreams to address and reduce health inequalities. Jim stressed that each community we serve has something unique in its nature and there are large differences in terms of the communities we serve.

Julie King described how our Service workstreams individually and collectively contribute to understanding and reducing health inequalities. Six Workstreams have been identified for phase 1 scoping and progression namely:

- Strategic Leadership & Direction
- Building Capacity and Capability
- Clinical Workstreams
- Patient Data
- Workforce Data
- Communications and Engagement

A Value Based Healthcare Group has been established within the Service which will support this work going forward and will be overseen by the Preventative & Proactive Portfolio Group and reported via 2030 Strategy Steering Group to the Board. Regular updates on workstreams will be presented through Clinical Governance Committee going forward.

Stuart Currie thanked Jim and Julie for the comprehensive presentation and a wider detailed discussion ensued with members welcoming the long term planning outlined and how this work will be taken forward in a proactive and preventative way and reported back through Clinical Governance Committee. Irene Oldfather highlighted the need to keep the Scottish Government Women’s Health Action Plan at the forefront of some of the thinking around this

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work particularly in relation to Breast Cancer where the risk of death is 89% higher in areas of multiple deprivation.

Liz Humphreys asked what analysis had been undertaken in relation to where our ambulance stations are located compared with areas of multiple deprivation. Jim advised that he is not aware of anything systematically which is happening in this space, but agreed that this is a good point. Jim advised that historically our stations tended to be where we were the busiest particularly in the West Region. One of the challenges faced by the Service is where ambulances spend disproportionate amounts of time at hospital, then they are remote from all of our communities.

Martin Robertson asked why the Service are concentrating on Young Minds Saves Lives when statistics show that middle aged males are much more likely to take their own lives. Jim advised that the Service are cognisant of these areas and our Mental Health Teams are looking at the areas highlighted by Martin. Jim went on to explain that Young Minds Saves Lives is a programme to engage with young people in a particular community, not specifically related to suicide prevention.

Maggie Watts highlighted that underpinning by data is correct, but we don't always measure everything as we don't necessarily have the data. We must ensure we identify where the data gaps are and if we are unable to fill this with quantitative data, then we should look at qualitative data alongside. Maggie also stressed the importance of engagement with Integrated Joint Boards (IJBs) and Primary Care to encourage and support others to move this agenda forward.

Committee thanked Jim and Julie for the presentation and welcomed the long term outline for progressing this important work forward.

ITEM 5 PATIENT CENTRED CARE

ITEM 5.1 Patient Experience And Learning From Adverse Events

Mark Hannan presented the Patient Experience section of the report and highlighted to Committee that 244 compliments have been received thus far which have come through official feedback and many more on top through social media. In terms of complaints, 317 have been received year to date which is a slight increase of 94 in comparison to the same time last year, but in line with other services within the UK, with some services reflecting double reflecting current pressures. Compliance figures were 97.7% for Stage 1 compliance, and 94.1% for Stage 2 compliance, a testament to the ongoing work in this area across the organisation. Attitude and Complaints themes are making up a less proportion of the total complaints being received and it is promising to see that this number is reducing and PTS Eligibility has recorded the largest rise in number of complaints this year.

In terms of Involving People work, Mark reported that work is ongoing with third sector partners, patients and their families. Mark highlighted work in relation to the Mental Health Patient Survey which realised an excellent response. The survey aims to assess if we are meeting expectations and to identify areas for improvement to enhance the patient experience. Details of the survey responses will be shared in a future update once evaluated. In terms of education resources for primary schools, Mark reported that work is ongoing in the co-design of a series of presentations on topics which include "Who We Are", "Calling 999", and "How to Stay Safe in an Emergency". These presentations will be made available through @SAS and will support operational staff during school visits.

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Shereen Cameron presented the Serious Adverse Event Section of the report and highlighted that work continues to develop and improve the governance and oversight of the adverse events processes. A new group with the purpose of facilitating qualitative review of SAER reports is currently being developed, aimed at providing more robust multi-professional scrutiny of draft reports prior to formal approval of the Executive Summary for each report by the Executive Team. The proposed process is pending formal agreement by the Executive Team. Shereen also advised that the Adverse Events Guidance document is now being updated following approval of the SAS Adverse Events and Duty of Candour Policy at the last Clinical Governance Committee meeting in May. Shereen also updated Committee in terms of the SAER Recovery Process, Current Status of Open SAERs, SAER Actions, New Incidents and Thematic Analysis. Two completed SAER reports were presented with today's report whilst we are transitioning to our new system. Fifteen will be progressed and present to Executive Team at the beginning of September and thereafter through the next Clinical Governance Committee in November. Shereen provided Committee with assurance that there is a much greater commitment across the Service to progress this work.

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

Carol Sinclair asked if there would be any value in mapping the SAERs to the very high or high corporate risks given that there should be a correlation. In terms of the thematic analysis of complaints, Carol noted that there is a slight move in the Attitude and Behaviour category and asked if this could be correlated to the fact that through our data we are seeing that more crews are being rested and fed on time. Carol then asked how much time and effort should be put into understanding the correlation or are we satisfied that we have done enough in those spaces. Shereen reported that a trends and thematic analysis process is part of future planned work, whereby every 6 months there will be a report presented to Patient Safety Clinical Risk Group looking at this and the team can incorporate the consideration of the Corporate Risk and Clinical Risk Register as part of the thematic review.

In relation to PTS eligibility and supporting change in terms of supporting staff to have different and sometimes difficult conversations when processes change and people who perhaps have been frequent users of the PTS service find they are no longer eligible, Carol Sinclair asked how we present this as a positive change to the public which means we shouldn't be focussing so much on handling the early resolution at appeal and actually how we stop the appeal happening. Mark Hannan reported that there is a great deal of engagement with patients who are now not eligible. In tandem with this, work is ongoing with third sector organisations through the Involving People Strategy in relation to the changes to PTS eligibility and involving them in the process and communicating this through their networks.

Following on from the PTS eligibility theme, Irene Oldfather stated that it is incumbent on us when we make changes to eligibility criteria to follow through the impact and asked if we as a Service, need to do more to have a consistency of approach across Scotland and in particular with third sector who are very open to supporting this work. Irene advised that perhaps a more systematic review of the outcomes and patient views would be helpful to provide assurance that the decisions we have taken in terms of eligibility criteria are correct. Liz Humphreys asked if an EQIA had been undertaken for the PTS eligibility criteria changes and presumably if the EQIA has been undertaken this is being used as evidence of what the changes are and therefore will help with the justification and understanding as to why the changes have been made. Also in terms of the current cover sheet for the paper the Equality and Diversity box states that no issues have been identified and yet we have had a

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hot topic presented on whether our inequalities we are addressing which would suggest that people are perhaps not giving mind to what should be reported in this part of the cover paper. Liz highlighted that we need to think more about the governance of Health Inequalities and offered to help progress this with colleagues. Liz also welcomed the adverse events update and the developments in this area, which is extremely encouraging, but highlighted that there remains a gap in the reporting in this area. Previous conversations have highlighted the need for the report not just to show developments, but to show the outcomes and also what has changed since the last report as without this it doesn't provide a complete picture. It was agreed that Shereen and Mark would meet with Liz to discuss some of the specific issues and what this would look like.

Action/s: 1. Patient Safety Manager and Head of Communications and Engagement to meet with Liz Humphreys to discuss the future format of the Patient Experience and Learning from Events paper to include outcomes and what has changed since the previous report to Committee as well as confirmation that an EQIA has been completed for the changes to the PTS eligibility criteria.

Martin Robertson asked if you could have sight of the Mental Health Survey Report and Mark Hannan agreed to forward this on once this has been analysed and finalised. Martin then alluded to the level of complaints in relation to Attitude and Behaviours which comes under Human Rights issues and expressed concerns that a complaint could be escalated to the Human Rights Commission. Stuart Currie advised that legislative changes are due to be implemented soon, but the Service have looked at this and are ready for the changes. Jim Ward agreed to meet with Mark Hannan and Alan Martin when he returns from leave to agree if any practice changes are required and provide some clarity around our organisational position.

Irene Oldfather acknowledged the improvements and the vast amount of work which has been undertaken in this area, however noted concerns around the number of unallocated SAERs which remain in the system. Shereen advised that unallocated SAERs remain a challenge with operational demands in terms of capacity and with the Patient Safety Team onboard the Team are helping to bridge some of these gaps by helping to facilitate the completion of the Adverse Event Reviews whilst getting detailed input from the operational teams. With the Patient Safety Team only in place for a few months, the team are only just beginning to build momentum to progress work in this area. Bespoke training is planned to for the cohort of people to be able to do reports to enable the backlog to be cleared and then going forward manage these in a more timely manner. Liz Humphries asked for clarity in relation to the unallocated SAERs recorded on the current status table, whereby in July it reads like there are 36 unallocated SAERs, but given conversations, this would appear not to be a cumulative total. Liz also referred to the Open SAERs by Area and noted that the final row is joint with external partners and asked if this included patients who have been affected by hospital handover delays to allow us to understand the picture of those cases even if we aren't the lead Board. Shereen reported that the Unallocated SAERs figures don't tally exactly because many of the SAERs are joint, therefore there will be input perhaps from ACC for the call handling element at the initial part of the incident and also Regional input. Jim confirmed that the monthly status is the status at the end of that particular month in totality, therefore highlighted that we do not have over 200 unallocated SAERS. In terms of the Joint SAERs with External Health Board Partners, Shereen advised that this does include cases where patients have been affected by hospital handover delays and the Patient Safety Team work in partnership with the Health Boards to review these joint SAERs. Irene Oldfather advised that it would be useful for the table to detail:

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- What are the new SAERs
- What SAERs are still outstanding

Jim agreed that the way the report is currently presented doesn't allow for Committee to see the activity which has taken place over the reporting period and the Team will look to see how this information can be presented going forward.

Action/s: 2. Medical Director to work with Patient Safety Manager to present the SAER activity detail in a way which will allow Committee to see the activity which has taken place in the reporting period and detail the new SAERs and outstanding SAERs.

Committee noted the overview and welcomed the tangible progress being made.

ITEM 5.2 Patient Experience Annual Report

Mark Hannan presented the Patient Experience Annual Report for 2023-24 and Committee were asked to approve the report. The report provides an overview in relation to complaints handling and feedback, accountability and governance and learning from feedback. In terms of complaints Mark highlighted a positive picture at year end of a 60% reduction in complaints and a 12% increase in compliments compared to the previous year. Compliance figures at year end were 97.4% for Stage 1 compliance, up from 92.5% last year and 94.6% for Stage 2 compliance, up from 91.9% last year. Mark also highlighted that the report details some of the positive co-design work which has been undertaken with patients, staff and third sector organisations.

Stuart Currie thanked Mark for the update and feedback was sought from Committee in terms of the content of the report. Liz Humphreys highlighted that the tone, particularly in the introduction section of the report is more around the improvements it is making to the Ambulance Service rather than for patients. Liz highlighted a couple of examples and it was agreed that Mark would work with Alan Martin to bring through the patient impacts more. Irene Oldfather also referred to Paragraph 3 of the conclusion where it also talks about us as a Service and it was agreed that the wording should be amended to be more patient focussed. Carol Sinclair highlighted that it was also Scotland's Charity Air Ambulance 10th Anniversary in 23/24 and asked if this could be added where the report mentions the 90th anniversary of our Air Ambulance Service.

Action/s: 3. Head of Communications and Engagement to work with Patient Experience Manager to change the wording in the introduction and the conclusion section of the Patient Experience Annual Report to be more patient focussed.

Action/s: 4. Head of Communications and Engagement and Patient Experience Manager to include Scotland's Charity Air Ambulance 10th Anniversary in the section which details the anniversary of our Air Ambulance in the Patient Experience Annual Report.

The Committee took assurance from and approved the Patient Experience Annual Report presented subject to the amendments detailed above.

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ITEM 5.3 Clinical Risk Register

Jim Ward highlighted to Committee members that the Clinical Risk Register presented with the papers for today's meeting contains anomalies and is out of date. A discussion ensued and Jim provided Committee with verbal updates in relation to Risk ID4638 (Hospital Handover Delays), Risk ID 5611 (SAERs Process linked to Handover Delays) and Risk ID4998 (Medicine Management Group). Carol Sinclair asked that the blue banner headings on the refreshed paper are transferred to the top of each page to make it easier to understand without toggling to the top of the Register to check the headings.

Committee noted the Risk Register presented contains anomalies and it was agreed that a refreshed version of the paper will be circulated to Committee outwith today's meeting and a further updated paper presented to Committee at the November meeting where members will have the opportunity to discuss the paper fully.

Action/s: 5. Medical Director to update Clinical Risk Register and arrange for refreshed version of the paper to be circulated to Committee outwith today's meeting. Blue Banner headings on refreshed paper should be transferred to each page header to make the Risk Register easier to read.

Mark Hannan left the meeting 11:36

ITEM 6 PATIENT SAFETY

ITEM 6.1 Clinical Governance And Patient Safety Report

Keith Colver 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. Keith highlighted that some updates have been omitted from this quarters update due to capacity and annual leave, but provided Committee with assurance that work has already begun and updates will be provided to Committee in the next quarters report.

Carol Sinclair welcomed the improvement in the PGD sign off and highlighted that the Midazolam sign-off has in fact escalated to over 100% and asked why this would be the case. Keith advised that this is currently being investigated and it is thought that this may possibly be due to duplicate email addresses and the way people are registered on the App as Healthcare Professionals. Keith provided assurance to Committee that the trajectory is that we are in the high 90s for Midazolam and it is anticipated that this will be resolved and an update will be included in the next report to Committee.

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

ITEM 6.2 Controlled Drugs Annual Report

Paul Watson joined the meeting and presented the Controlled Drugs Annual Report 2023-24 which Committee were asked to approve. Paul highlighted that the Service continues to deliver safe, secure and efficient access to controlled drugs robust governance arrangements in place. Although not a legal requirement at the moment, the Service is on

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track to apply for Home Office possession and supply licences in early 2025 which will protect the Service for future developments.

Carol Sinclair noted that the report contains tracked comments and asked for assurance that these comments have been addressed given that Committee is being asked to approve the Controlled Drugs Annual Report presented. Paul Watson confirmed that the tracked changes contained within the paper presented have been addressed.

Committee discussed and approved the Controlled Drugs Annual Report presented

ITEM 6.3 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 had been launched in quarter 1 of 2024, with 2 concerns raised but managed via business as usual. Three 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. Newly implemented Whistleblowing procedures are underway with positive feedback from the INWO. INWO 2024 Speak-Up Week is 30th September – 4th October and work is underway with Organisational Development colleagues to create a variety of activities to highlight this week and the importance of Speaking-Up. Liz Humphreys also provided Committee with an update in her role as Whistleblowing Champion.

Clinical Governance Committee noted the overview and the quarterly report presented.

Martin Robertson left the meeting at 12:06.

ITEM 7 EFFECTIVENESS

ITEM 7.1 Infection Prevention And Control Quarterly Report

Karen Burnett, joining her first Clinical Governance Committee in her capacity as Head of Infection Prevention and Control, presented Committee with an update on Infection Prevention and Control work since the last Committee meeting. Karen highlighted that the RIVO audit system (IPC audit of ambulance vehicles and stations) has now closed and will be replaced with Evotix going forward. Karen also reported that the recruitment to the substantive post of Lead IPC Practitioner will commence in early August. Given that Karen is new in post a meeting has been requested and is scheduled to take place in September with NHS Assure to review the current ambulance design for patients with high consequences infectious disease. Given that this is Karen's first report to Committee she asked for feedback in terms of what Committee would like to see in the report going forward.

Stuart thanked Karen for the overview and a discussion opened up with Carol Sinclair advising that the report should provide assurance to Committee which highlights the challenges and what can be done to support a more dynamic discussion around this area. In addition to the points raised by Carol Sinclair, Liz Humphreys highlighted the need for the paper to detail what we should be doing and how far away from the goal we are as part of the assurance to Committee.

Stuart thanked Karen for the overview and members agreed that the paper would be re-profiled prior to presentation to Committee in November.

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ITEM 7.2 Education Update

Cheryl Harvey 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)
- Turas Learn – Phase 2 Project
- Practice Education
- Return to Work
- Relocation of EPDD Clinical Education Centres

Cheryl highlighted that the team are working to agree a training schedule aligned to the new recruitment plan taking into account the Reduced Working Week with additional resources taken on board for the driving element. Recruitment of Newly Qualified Paramedics (NQPs) is a priority and work is also underway to review and refresh the Technician Programme.

Stuart Currie thanked Cheryl for the overview and Committee welcomed the extra level of detail contained within the paper allowing Committee to contextualise in terms of progress being made and take assurance that measures are in place if things are not progressing as they should be.

Clinical Governance Committee noted the update paper provided.

ITEM 7.3 Clinical Services Transformation Programme Update

Julie King introduced the paper which provided 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:

- Urgent Care Programme
- Pathways Programme
- End of Life Care Programme
- Drug Harm Reduction Programme
- Out of Hospital Cardiac Arrest
- Major Trauma Programme
- Stroke/Thrombectomy Programme

Committee discussed and noted the report 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 validated by internal audit. All actions are now showing as complete with the exception of one in relation to Training of SAER and SBARs which has a revised

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completion date of 31st August 2024. An audit is currently ongoing in respect of Clinical Medicine Management and will be reported through Committee in due course.

Committee discussed and noted the report presented.

ITEM 8.2 Medical Appraisal & Revalidation Quality Assurance (MARQA) Review

Jim Ward referred members to a letter received from NHS Education for Scotland and circulated with the papers for today’s meeting which records the appreciation, time and effort which went into preparing and submitting the Medical Appraisal and Revalidation data return for the Service. The letter advises that the review panel met on Wednesday 19th June and are fully satisfied with the information and achievement rates that our report outlined, especially given the current workforce pressures. This has reassured the panel that the appraisal and revalidation is operating successfully within the Service.

Committee noted and took assurance from the MARQA Review acknowledgment.

ITEM 8.3 Clinical Governance Committee Workplan 2024

The committee acknowledged the work plan presented for information.

ITEM 8.4 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:

2023/08/05.1	Patient Experience and Learning from Adverse Events
2024/02/05.1 (2c)	Patient Experience and Learning from Adverse Events
2024/04/05.1 (3)	Patient Experience and Learning from adverse Events
2024/02/07.2 (2)	Education and Workforce Risks
2024/05/05.1 (1)	Patient Experience and Learning from adverse Events
2024/05/05.1 (2)	Patient Experience and Learning from adverse Events
2024/05/05.1 (3)	Patient Experience and Learning from adverse Events
2024/05/05.2	Adverse Events Framework Update
2024/05/05.3	Clinical Risk Register
2024/05/07.3	Clinical Services Transformation Programme Update Report

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

2024/05/05.3	Clinical Risk Register
2024/05/08.2	Committee Self-Assessment Action Plan Progress Update
2024/05/08.5	Sub-Committee Terms of Reference – Infection Control Committee

ITEM 9 ITEMS FOR NOTING

Stuart Currie advised members that items 9.1 to 9.7 were the approved minutes of each Committee Sub-Group and are presented to each Committee meeting for information.

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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 Public Protection Assurance Group Minutes

The Committee noted the minutes.

ITEM 9.6 Value Based Health and Care Group Minutes

Committee noted that there are no approved minutes available at the moment for this Group.

Irene Oldfather left the meeting at 12:49.

ITEM 9.7 Research Development And Innovation Group Minutes

The Committee noted that the minutes from the June Research Development and Innovation Group have not been approved as yet by the Group and will be presented to the next Clinical Governance Committee meeting for noting.

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 11th November 2024 10:00

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**NINETY SEVENTH (97th) CLINICAL GOVERNANCE COMMITTEE
10:00 AM ON WEDNESDAY 13 NOVEMBER 2024
VIA MICROSOFT TEAMS**

AGENDA

The matrix below links the agenda items within the Clinical Governance Committee with the Corporate Risks (CR) in place across the Service.

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 – Cyber
- CR 5603 – High – Business Continuity
- CR 4636 – High – Health and Wellbeing of Staff Affected
- CR 5653 – High – Organisational Culture

		IMPACT				
		Low (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
LIKELIHOOD	Almost Certain (5)				CR 4638 – 4 items	
	Likely (4)			CR 4636 – 2 items	CR 5062 – 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 12 August 2024	<i>For Approval</i>	S Currie	
10:10	4. HOT TOPIC • Updated Measurement Framework for OHCA	<i>For Discussion (Presentation)</i>	G Clegg	
10:55	5. Person Centred Care			
	5.1 Patient Experience and Learning from Adverse Events	<i>For Discussion</i>	J Ward/M Hannan/S Cameron	–
	5.2 Clinical Risk Register	<i>For Approval</i>	J Ward/	
11:25	6. Patient Safety			
	6.1 Clinical Governance and Patient Safety Report	<i>For Discussion</i>	K Colver	CR 4638
	6.2 Whistleblowing Quarterly Report	<i>For Discussion</i>	A Carruthers	

11:45	7. Effectiveness			
	7.1 Infection Prevention & Control Update Report	<i>For Discussion</i>	K Burnett	CR 4636, CR 4638
	7.2 Education Update	For Discussion	C Harvey	CR 4636, CR 4638, CR 5062
	7.3 Clinical Services Transformation Programme Update	For Discussion	J King	CR 4638
12:10	Comfort Break			
12:15	8. Committee Governance			
	8.1 Internal Audit Risk and Actions	<i>For Discussion</i>	J Ward	–
	8.2 Clinical Governance Committee Workplan 2024	<i>For Noting</i>	J Ward	–
	8.3 Action Tracker	<i>For Approval</i>	S Currie	
12:45	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 & Risk Group Minutes	<i>For Information</i>		
	9.6 Research Development & Innovation Minutes	<i>Deferred</i>		
	9.7 Clinical Governance Committee Proposed Meeting Dates 2025: <ul style="list-style-type: none"> • Monday 10 February 2025 • Monday 12 May 2025 • Monday 11 August 2025 • Monday 10 November 2025 	<i>For Information</i>		
12:50	10. Any Other Business	<i>For Discussion</i>	All	

Date of next meeting: Monday 10 February 2025, 10am

RECORDING PRIVACY NOTICE

Please note this meeting will be recorded for the purposes of the minute. The audio recording will be deleted after the minute is produced and approved in line with the MS Teams Audio & Transcription Guidance.

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