



**NOT PROTECTIVELY MARKED**

**PUBLIC BOARD MEETING**

**26 March 2025**

**Item 18**

**THIS PAPER IS FOR NOTING**

**CLINICAL GOVERNANCE COMMITTEE MINUTES OF 13 NOVEMBER 2024  
AND AGENDA OF MEETING HELD ON 10 FEBRUARY 2025**

<b>Lead Director Author</b>	Stuart Currie, Chair of Clinical Governance Committee Julie Kerr, Governance Officer
<b>Action required</b>	The Board is asked to <b>note</b> the minutes and agenda.
<b>Key points</b>	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 13 November 2024 were approved by the Committee on 10 February 2025. The agenda from the meeting held on 10 February 2025 is also attached for the Boards information.
<b>Timing</b>	Minutes are presented following approval by the Committee. The Board are also provided with the agenda of the most recent Committee meeting for information.
<b>Link to Corporate Ambitions</b>	The Clinical Governance Committee has responsibility on behalf of the Board to ensure that the appropriate work is undertaken to assess clinical governance within the Service and provide assurance to the Board that the governance arrangements are safe, effective and person centred.
<b>Link to NHS Scotland’s Quality Ambitions</b>	The Clinical Governance Committee remit is to monitor good clinical governance to ensure safe, effective and person centred care across the Service.
<b>Benefits to Patients</b>	The Service practices the principles of good clinical governance to ensure that safe, effective and person centred care exists across the organisation to deliver high quality care to patients.
<b>Climate Change Impact Identification</b>	This paper has identified no impacts on climate change.
<b>Equality and Diversity</b>	No issues identified.



**MINUTE OF THE NINETY SEVENTH (97th) CLINICAL GOVERNANCE  
COMMITTEE AT 10.00AM ON WEDNESDAY 13<sup>TH</sup> NOVEMBER 2024  
VIA MICROSOFT TEAMS**

**Present:** Carol Sinclair, Non-Executive Director (Chair)  
Irene Oldfather, Non-Executive Director  
Maggie Watts, Non-Executive Director

**In Attendance:** Karen Burnett, Head of Infection Prevention and Control  
Dave Bywater, Lead Consultant Paramedic & Acting Director of Care Quality & Professional Development  
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  
Michael Dickson, Chief Executive  
Jill Fletcher, Clinical Governance Manager  
Ayaz Ghani, Associate Medical Director  
Cheryl Harvey, Associate Director of Education and Professional Development  
Julie Kerr, Committee Secretariat (Minute)  
Julie King, Service Transformation Manager  
Alan Martin, Patient Experience Manager  
Paul Watson, Clinical Governance Manager- Medicines and Equipment  
Tim Parke, Associate Medical Director  
James Ward, Medical Director

**Apologies:** Stuart Currie, Non-Executive Director  
Liz Humphreys, Non-Executive Director and Whistleblowing Champion  
David Robertson, Regional Director West  
Martin Robertson, Patient Representative  
Tom Steele, Board Chair

**ITEM 1 WELCOME AND APOLOGIES**

In the absence of Stuart Currie, Carol Sinclair welcomed everyone to the meeting and apologies for absence were recorded as above.

**ITEM 2 DECLARATIONS OF INTEREST RELEVANT TO THE MEETING**

No new declarations of interest were noted.

Standing declarations of interest were noted as below:

- Irene Oldfather in her position of Director, Scotland Health and Social Care Alliance and Vice Chair of Domestic Advisory Group (DAG) on the Trade and Cooperation Agreement (TCA) with the European Union.

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- 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 12<sup>th</sup> AUGUST 2024**

The minutes of the meeting held on 12<sup>th</sup> August 2024 were reviewed for accuracy and Maggie Watts highlighted an error at the top of page 8 where the minute reads ‘Carol Currie’ instead of ‘Carol Sinclair’. With the exception of this change the minutes were approved as a true and accurate reflection of the meeting.

**Action/s:** 1. **Secretariat to amend the minutes of the meeting held on 12<sup>th</sup> August 2024 by changing the name at the top of page 8 to read ‘Carol Sinclair’ instead of Carol Currie.**

**ITEM 4 HOT TOPIC – UPDATED MEASUREMENT FRAMEWORK FOR OHCA**

Dr Gareth Clegg provided Committee with a detailed overview in relation to the Measurement Framework for Out of Hospital Cardiac Arrest (OHCA) and how the data is reported. Gareth advised that cardiac arrest is an important condition for the Service and is critically dependent on actions taken by the public and then subsequently by the Service. The Service reports outcomes from Out of Hospital Cardiac Arrests to Scottish Government as one of our Performance Indicators and currently reports on the percentage of patients who get a return of spontaneous circulation (ROSC) or who get a pulse before arriving in hospital or on arrival in hospital. The Annual Cardiac Arrest Report emphasises 30 day survival as a percentage of all worked arrests i.e. how many of the patients that we attempt to resuscitate actually are alive in 30 days. Gareth suggested that this measure, whilst useful, is not the most useful measure and we should switch our emphasis to the number of survivors per million of the population in line with the Global Resuscitation Alliance.

Gareth took members through the various steps of the chain of survival, community readiness, training, aftercare and the wheel of recovery. The focus of the presentation then turned to how the data is captured which included survival figures and some process measures which lead to survival and data linkage. Gareth highlighted that the absolute number of survivors i.e. the number of patients who are back with their families at 30 days will be the same irrespective of how many patients we choose to resuscitate, the percentage will vary but the number will stay the same. The presentation also highlighted the following points:

- Variation between Health Boards in the proportion of worked OHCA;
- Male and female split indicates more males than females suffer cardiac arrest;
- People are more likely to suffer cardiac arrest in poorer geographical areas than more affluent areas;
- Upward trend in percentage 30 day survival from cardiac arrest;
- Percentage of 30 day survival for worked OHCA patients with shockable rhythm;
- Percentage of ROSC worked OHCA Patients;

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- Percentage of ROSC worked OHCA patients with a shockable rhythm;
- The number of patients who have survived a cardiac arrest who went home to their families or survived at least 30 days, in 2011/12 was 191 as opposed to 361 patients in 23/24.

Finally, Gareth took Committee through the process measures which lead to survival i.e. Bystander CPR, public access defib use.

Carol thanked Gareth for the very informative presentation and Jim Ward added his thanks and recognised the drive to improve in this area. Jim concurred that it is very important to move to a more authentic way of measuring and with the support of Board members on Clinical Governance Committee, Jim asked for permission to have to joined up conversations with Gareth, the Business Intelligence Team and our Scottish Government sponsors and agree to change the way we publicly report away from percentages to actual survivors per million in Q4 of 2025, or parallel report in Q4 and move to do it formally for financial year 2025/26 and Michael Dickson and Committee agreed they were fully supportive of this approach.

Committee thanked Gareth for the powerful presentation and Committee discussed the various aspects of the presentation including the Women’s Health Plan, causation and preventative measures which could come into play.

Committee welcomed the long term outline for progressing this important work forward.

*Gareth Clegg left the meeting.*

## **ITEM 5 PATIENT CENTRED CARE**

### **ITEM 5.1 Patient Experience And Learning From Adverse Events**

Alan Martin presented the Patient Experience section of the report and highlighted to Committee that compliance figures were 96.2% for Stage 1 compliance, and 94.2% for Stage 2 compliance, a testament to the ongoing work in this area across the organisation. Compliance is still above 90% for stage 1 and Stage 2, slightly higher than pre-covid. Alan added that the Service are currently experiencing a slightly decreased volume of complaints in comparison to 2022/23.

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. Previous feedback from Committee has been taken into account and run charts have been added to allow Committee to see the activity which has taken place within the reporting period whilst also detailing new and outstanding SAERs. Shereen reported that whilst there is still a backlog, an improving picture can be evidenced. The Team continues to look at processes and are working to review the initial part of submitted incidents to ensure that these are reviewed in a timely manner and identifying SAERs early in the process, ensuring that a robust system is in place and acknowledging the impact this has on patients, families and staff.

Twenty five SAER Executive Summaries were presented to Committee by way of a summary table for this quarter, with an overview provided outlining the demographic data, clinical presentation, findings and actions related to all cases. Shereen also reported that 2 new SAERs have been commissioned during this quarter and are presented to Committee in summary format.

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

Committee discussed the report and Irene Oldfather noted that it was good to see the improvements and progression in this area. In terms of the most common finding of delayed response and the systematic review in relation to many cases, Irene asked if Healthcare Improvement Scotland (HIS) are involved in this process. Shereen advised that all SAERs are reported to HIS and work is ongoing nationally with HIS at the moment reviewing the Adverse Events Policy. In terms of some of the aggregate actions, Irene asked how we are sure we are capturing the actions and making the appropriate changes. Jim advised that post COVID funding was made available to clear the backlog and fundamentally learn lessons from when things have gone wrong. A series of workstreams are ongoing at the moment looking at assessing patients, safety netting when patients are delayed, safety of patients when delayed at hospital etc. Many of these issues have come from multiple sources, but unfortunately the SAERs review process is a significant contributor to some of the activities. Key is optimising the system and the wider health and care system. Committee agreed that the narrative within the paper is extremely useful for members to take assurance that we are taking a structured approach to improvement using SAERs.

Reflecting on the learning aspect, Shereen advised that the SAERs are presented to a number of different groups now as a way of ensuring that learning has been identified and then carried through to Regional Patient Safety and Quality Groups and they pick up on the themes. There is also a vast amount of work ongoing within the Regions engaging with Health Boards addressing how we work better as a system clinically. Jim advised that complimenting this work is the annually produced Duty of Candour Report which is an opportunity for the Service publicly to reinforce a positive message on how openly and transparently we report these issues and what we have done in mitigation and learning. The Duty of Candour Report will be presented to Committee in February 2025.

Carol referred to the paragraph at the top of page 5 of the report where it says that 'The evidence is clear that there continues to be significant efforts being made every day by staff across the Service to continuously deliver the highest quality of care for the people of Scotland and asked that a couple of examples are inserted to state what evidence we are drawing on.

**Action/s:**     **2.     Patient Safety Manager to add a couple of examples into the paragraph of the report at the top of Page 5 to state what evidence we are drawing on to support that 'The evidence is clear that there continues to be significant efforts being made by staff across the Service to continuously deliver the highest quality of care for the people of Scotland'.**

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

## **ITEM 5.2     Clinical Risk Register**

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

- Consider the escalation of any high or very high risks to the Corporate Risk Register or via PPSG.

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- 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 advised that there are currently 4 Clinical Governance Risks, 2 which are rated very high namely CR4638 (Hospital Handover Delays) and CR5611 (Delays in SAER processes). More detail is provided in relation to Regional mitigations for Hospital Handover Delays and in terms of the Clinical Risk in relation to delays in SAER processes, Shereen reported that although this is progressing there is still some way to go.

There are also 2 high risks on the register namely CR5716 (IPUUC – Major Trauma) and CR5445 (IPUUC – Stroke/Thrombectomy). In terms of CR5716 Shereen reported that with the removal of the Medic 1 service, a business case is being drafted and further update should be available for the next Clinical Governance Committee. Risk ID CR5445, this risk remains and Shereen advised that with each of the 3 thrombectomy centres live, there have been no issues associated with delays to transfers, however this will continue to be monitored to understand resource requirement to accommodate thrombectomy transfers as the service expands.

Carol Sinclair thanked Shereen for the update and referred to Risk ID CR5611 in relation to the delays in SAERs process and asked if we are approaching the point whereby this score could be re-calculated and asked what the deciding factors would be to allow us to reduce this from very high to high. Jim Ward advised that although we are making steady progress, the view is that if everything from 2021/22 and 2023 is cleared then the Service could look to recalibrate. Jim advised that the ultimate aim is to get back to full compliance, but this is still some distance away.

Committee noted, reviewed and approved the Risk Register presented.

## **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 since the issue of the paper PGD compliance has increased by around 10% and work is ongoing to see how this figure can be improved upon.

Jim Ward thanked Keith Colver and the wider Team for pulling this work together and highlighted that the Service have a team of very committed and passionate Clinical Governance Managers and noted that it was great to see this work, particularly the focus of how we blend the national strategic view with the operational and ACC elements. Jim advised that the Service has an up to date suite of clinical guidelines which are supported by robust national processes. The Service are currently reviewing our internal audit in terms of medical use which will be presented through Committee in due course and learning will be taken from this.

Irene Oldfather asked if there were any issues in relation to medicines wastage or shortages and Paul Watson reported that there are no acute medicines shortages impacting the Service or patient care at the moment. In terms of wastage, Paul reported that the Service have recently moved to a different presentation of Midazolam, cutting down from boxes of 10 to boxes of 5 as this was an area identified as having relatively high wastage. Committee

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took assurance that the Service very quickly identify mitigations or other pathways or processes to provide care.

Carol Sinclair thanked Keith for the overview and Committee noted the update provided.

## **ITEM 6.2 Whistleblowing Quarterly Report**

Andrew Carruthers presented the Whistleblowing Quarterly Report and Committee were asked to note and discuss the paper. Andrew highlighted that no new Whistleblowing investigations had been launched in quarter 2 of 2024, and no concerns raised. 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. An update into these concerns has been requested and this is expected in quarter 4 or quarter 1 of 2025.

Ongoing work includes a contact form which is available on our external website so that contractors and staff unable to access the intranet are able to raise concerns and this comes through to the Whistleblowing mailbox. In terms of iMatter, Andrew reported that the 2024 report suggests that staff are less confident that they can safely raise concerns, although there is a very minimal difference in comparison to last year. A really successful Speak Up Week has just taken place and it is hoped that this should address some of the concerns.

Carol Sinclair thanked Andrew for the update and noted that iMatter has value, but it is however important that this is used effectively by triangulating across multiple sources of information as it has limited value on its own. Carol asked that next quarters report contains more content around what we plan to do and why we believe that ongoing work will take us forward.

Michael Dickson raised that following the Partnership meeting during our Service Annual Review, a number of misunderstandings were presented by staff side colleagues of our state of play in relation to whistleblowing. Michael asked for Committee's permission to share the Whistleblowing report presented with staff side colleagues during the forthcoming National Partnership Forum meeting. Committee members noted that they were content to support this request. Andrew advised that the Whistleblowing Annual Report from last year is also posted on the external website and is publicly available for viewing. Andrew also agreed that he was happy to join a future meeting of the National Partnership Forum should this be required.

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

## **ITEM 7 EFFECTIVENESS**

### **ITEM 7.1 Infection Prevention And Control Quarterly Report**

Karen Burnett, presented Committee with an update on Infection Prevention and Control work since the last Committee meeting and Committee were asked to discuss and note the report which assures Committee that there are clear and effective structures and processes that achieve system wide compliance with mandatory and best practice standards in Infection Prevention and Control (IPC) and establish systems for monitoring outcomes which demonstrate improved patient safety and improved and safer working practice for staff.

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Karen highlighted that following feedback at the last Clinical Governance Committee, the report has been re-structured and follows the standard headings within the Healthcare Improvement Scotland (HIS) Infection Prevention and Control (IPC) Standards. Going forward Infection Prevention Control Committee meetings will be moved to align with both the Clinical Governance Committee and the Board which will enable the most recent data to be presented to Committee. To achieve this, the December meeting will be delayed until January 2025 and Clinical Governance Committee will receive quarter 2 and 3 data at its February meeting. Karen highlighted that in terms of Standard Infection Prevention and Control Education Pathway (SIPCEP) training, compliance isn't as good as we would like and the IPC team will continue to monitor compliance, but are not operationally responsible for this. Karen also reported that IPC Services are currently being audited by KPMG and this report will be presented to Clinical Governance Committee in February 2025. In relation to PGD compliance, Karen reported that with the antimicrobial prescribing, information on antimicrobial use for the quarter and compliance with PGD, along with the statistics on who is prescribing and administering will be presented in future reports.

Carol Sinclair thanked Karen for the update and Committee welcomed the improvements to the report, which is clear, creates a better flow throughout the document and provides additional detail and data. Committee agreed that it will be useful to have sight of the KPMG audit report at the next meeting as this will prove helpful to Committee to highlight where focus and attention may be required. A discussion opened and Irene Oldfather welcomed the changes to the document and noted that it was good to see that the issues around the antimicrobial prescribing are being flagged and monitored. Irene asked for any thoughts around variance in compliance and also whether more can be done to make ambulances safer to provide assurance that they are fit for purpose in terms of patient safety. Karen advised that work is ongoing with the Built Environment and NHS Assure with meetings planned to discuss whether the ambulances going forward meet the criteria and are basically improved on what we have. Carol highlighted that we need to think about what level of variation is permissible, what the thresholds are and at what threshold do we need to take action. It was agreed that the report would be strengthened to include this information going forward.

Maggie Watts highlighted that the report states that the Team have a vacant post and asked what this post actually does and how it fits with the rest of the Team. Karen advised that the post was initially filled by an IPC advisor, however work is ongoing to determine if this will be replaced by a like for like post or a hybrid quality improvement post. In terms of the seasonal flu and COVID vaccination programme, Maggie asked what our vaccination rates are like for staff, recognising that there aren't peer vaccinators but there is an issue for us around the uptake of vaccinations for frontline staff and what this means in terms of likelihood of increased absences. Karen advised that she has made contact with Public Health Scotland and received data, but this is being analysed to ascertain how accurate it is given that staff are booking vaccinations independently online and are not necessarily being asked which Health Board they belong to. It was agreed that Karen will liaise with Jim Ward and check the data source for reporting vaccines to the Executive Team and include figures in the February report to Committee.

**Action/s: 3. Head of Infection Prevention and Control to liaise with Medical Director and check the data source for reporting vaccines and include figures in the February report to Committee.**

Carol referred to Chart 4 the breakdown by station for domestic rectifications where it states these are either in process or not completed within 21 days. Committee agreed that it would be more helpful to split out in progress and not completed as not completed is where we

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have concern and in progress Committee would want to seek further assurance that they will complete by 21 days.

**Action/s: 4. Head of Infection Prevention and Control to split the progress on Chart 4 (Breakdown by station of rectifications either in process or not completed (after 21 days)) to detail 'In Progress' and 'Not Completed'.**

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

## **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)
- Practice Education
- Relocation of EPDD Clinical Education Centres

Cheryl highlighted that there had been some significant movements in workforce and recruitment plans therefore the training plan has subsequently been re-aligned to match this. It was reported at the last Committee meeting that high numbers were coming through from technicians and ACAs, but this has dramatically decreased due to a number of factors including reduced attrition rates. Education and Professional Development Department are working closely with colleagues in workforce and the regions to re-set the training plan. Focussed work, in collaboration with Regions is also ongoing by the team to eliminate the backlog of technician portfolios awaiting quality assurance which currently stands at a reduced figure of 90 students.

Carol Sinclair thanked Cheryl for the comprehensive update and Committee welcomed the improvements being made. Carol commented that the paper is strongly staff governance focussed and asked that work is undertaken to create a different lens to the content which speaks to clinical governance and what clinical risks are being carried. Jim Ward advised that himself and Cheryl discuss these issues regularly and the thinking will be crystalised into a paper for the Executive Team which will facilitate the reporting and update to the February Clinical Governance Committee.

Clinical Governance Committee noted the update paper provided.

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

Julie King introduced the paper which provided Committee with an overview of the work underway across a range of workstreams within the Clinical Services Transformation portfolio which included highlight reports aligned to the undernoted portfolios:

- Out of Hospital Cardiac Arrest (OHCA) Programme
- Major Trauma Programme
- Stroke/Thrombectomy Programme

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- Urgent and Unscheduled Care Collaborative Programme
- Pathways Programme
- Drug Harm Reduction Programme
- End of Life Care

Julie highlighted that from a Pathways perspective, there is a virtual conference running every day next week which will cover a whole range of clinical topics. Invited guests will cover a range of topics such as Hospital at Home, oncology, pressure ulcers, falls and a focus on our preventative and proactive messages around realistic medicine, alcohol and drug referrals etc with recordings available after the events.

As part of the development of the workstreams looking at the Integrated Clinical Hub, work has been undertaken looking at patient experience feedback and how this is collected. This work has started as a proof of concept and has worked incredibly well and surveys have been issued to patient groups which include NHS 24/SAS; Hospital ant Home and Falls patients. Planned next steps include refining the content of the surveys and extending to other appropriate clinical workstreams.

Carol thanked Julie for the overview and noted that it was really good to see the emphasis on feedback. Carol highlighted that the examples from the survey results contained on page 3 of the report have been cut off and it was agreed that the report would be re-issued to Committee to include the figures. In relation to the workstream reports within the Clinical Services Transformation Programme, Carol noted that all programmes have a RAG status of green indicating that everything is positive, but asked if there are any areas which are testing the Service which don't come through in the report. Julie reported that many of the programmes rely on us working with external partners and there is significant variation across the country in relation to pathways which are available and the pressures which are evidenced at different emergency departments which all have an impact on frontline clinicians. Julie advised that she would like to see more progress around the population health work. We have strong relationships with Scottish Government which is positive and are in a really good place across all the clinical workstreams. Challenges include workforce, variation across the country and what's available in different communities which can be impactful. Jim added that the highlight reports are reporting on agreed milestones through the 2030 Strategy and noted that it was good to see that these are green, but highlighted that there is no shortage of areas where we are looking to bring together the various elements of the team in response to some of the challenges we are facing.

**Action/s:**     **5.       Secretariat to re-issue the Clinical Services Transformation paper, ensuring the inclusion of the survey results contained on Page 3 of the report.**

Committee discussed and noted the report presented.

## **ITEM 8            COMMITTEE GOVERANCE**

### **ITEM 8.1        Clinical Governance Committee Internal Audit Risk and Actions**

Shereen Cameron presented the Internal Audit Risk and Actions and Committee were asked to note the update provided. Shereen highlighted that the update summarises the progress reported by management and validated by internal audit. The last remaining action in respect of training has now been completed and all actions are now closed. An audit is currently ongoing in respect of Clinical Medicine Management and findings will be reported to Clinical Governance Committee once available.

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Committee discussed and noted the report presented.

### **ITEM 8.2 Clinical Governance Committee Workplan 2024**

The Committee acknowledged the work plan presented for information with any changes highlighted in red. Committee noted that the Mental Health update has been deferred to the February 2025 Clinical Governance Committee. A review of Mental Health Services is currently underway and should be concluded in time to provide a much more comprehensive report to the February Committee. Similarly Duty of Candour Annual Report and Decision Log from the Value Based Health and Care Group will not be ready for sharing with Committee until February 2025.

### **ITEM 8.3 Action Tracker**

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

2024/05/5.3	Clinical Risk Register
2024/05/8.2	Committee Self-Assessment Action Plan Progress Update
2024/05/8.5	Sub-Committee Terms of Reference: Infection Control Committee
2024/08/5.1 (3)	Patient Safety and Learning from Adverse Events
2024/08/5.2 (1)	Patient Experience Annual Report
2024/08/5.2 (2)	Patient Experience Annual Report
2024/08/5.3	Clinical Risk Register

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

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

### **ITEM 9 ITEMS FOR NOTING**

Carol Sinclair advised members that items 9.1 to 9.5 were the approved minutes/decision logs of each Committee Sub-Group and are presented to each Committee meeting for information.

#### **ITEM 9.1 Clinical Assurance Group Decision Log**

The Committee noted the Decision Log.

#### **ITEM 9.2 National Clinical Operational Governance Group Decision Log**

The Committee noted the Decision Log.

#### **ITEM 9.3 Medicines Management Group Decision Log**

The Committee noted the Decision Log.

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**ITEM 9.4 Public Protection Assurance Group Minutes**

The Committee noted the minutes.

**ITEM 9.5 Patient Safety and Risk Group Minutes**

The Committee noted the minutes.

**ITEM 9.6 Research Development And Innovation Group Minutes**

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

**ITEM 9.7 Clinical Governance Committee Proposed Meeting Dates 2025:**

Committee noted the proposed meeting dates for 2025:

- Monday 10 February 2025
- Monday 12 May 2025
- Monday 11 August 2025
- Monday 10 November 2025

**ITEM 10 ANY OTHER BUSINESS**

No items of other business were recorded.

Carol Sinclair 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 10 February 2025, 10:00 am**

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**NINETY EIGHTH (98th) CLINICAL GOVERNANCE COMMITTEE  
10:00 AM ON MONDAY 10 FEBRUARY 2025  
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 5602 – High - Service’s Defence Against a Cyber Attack
- CR 5603 – High - Maintaining required service levels (Business Continuity)
- CR 4636 – High - Health and Wellbeing of staff affected
- CR 5653 – High - Organisational Culture
- CR 5887 – High - Service Transformation (Change Management)
- CR 5888 – High - Workforce Planning
- CR 5889 – High - Workforce Sustainability
- CR 5890 – High - Environmental Sustainability
- CR 5891 – High - Collaborative Working

		IMPACT				
		Low (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
LIKELIHOOD	Almost Certain (5)					
	Likely (4)					
	Possible (3)			CR 4636 – 3 items, CR 5062 – 1 item, CR 5891 – 1 item	CR 4638 – 6 items	
	Unlikely (2)			CR 5887 – 1 item		
	Rare (1)					

	Agenda Item	Brief Type	Lead	Risk
10:00	1. Welcome and Apologies		S Currie	
	2. Declarations of Interest relevant to the Meeting	<i>For Discussion</i>	S Currie	
	3. Minutes of meeting held on 13 November 2024	<i>For Approval</i>	S Currie	
10:10	4. <b>HOT TOPIC</b> <ul style="list-style-type: none"> <li>• OHCA Survival working with key stakeholders, volunteers and developing Carezones</li> </ul>	<i>For Discussion (Presentation)</i>		
10:55	5. <b>Person Centred Care</b>			

	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/ S Cameron	
	5.3	Mental Health Update	<i>For Discussion</i>	G MacLeod/ C Totten	CR 4636, CR4638, CR 5887, CR 5891
<b>11:25</b>	<b>6.</b>	<b>Patient Safety</b>			
	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	-
	6.3	Duty of Candour Annual Report	<i>For Approval</i>	J Ward/S Stevenson	CR4638
<b>11:45</b>	<b>7.</b>	<b>Effectiveness</b>			
	7.1	Infection Prevention & Control Update Report	<i>For Discussion</i>	K Burnett	CR 4636, CR 4638
	7.2	Education Update	<i>For Discussion</i>	C Harvey	CR 4636, CR 4638, CR 5062
	7.3	Clinical Services Transformation Programme Update	<i>For Discussion</i>	J King	CR 4638
<b>12:10</b>	<b>Comfort Break</b>				
<b>12:15</b>	<b>8.</b>	<b>Committee Governance</b>			
	8.1	Clinical Medicines Management Internal Audit Report	<i>For Discussion</i>	J Ward	-
	8.2	Internal Audit Risk and Actions	<i>For Discussion</i>	J Ward	-
	8.3	Clinical Governance Committee Workplan 2024	<i>For Noting</i>	J Ward	-
	8.4	Clinical Governance Committee Workplan 2025 - Draft	<i>For Approval</i>	J Ward	-
	8.5	Clinical Governance Committee Effectiveness Review Action Plan Progress	<i>For Noting</i>	J Ward	
	8.6	Action Tracker	<i>For Approval</i>	S Currie	
<b>12:50</b>	<b>9.</b>	<b>Items for Noting - Circulated to Committee for Information Only</b>			
	9.1	Clinical Assurance Group Decision Log	<i>For Information</i>		
	9.2	National Clinical Operational Governance Group Decision Log	<i>For Information</i>		
	9.3	Medicines Management Group Decision Log	<i>For Information</i>		
	9.4	Public Protection Assurance Group Minutes	<i>For Information</i>		
	9.5	Patient Safety & Risk Group Minutes	<i>For Information</i>		
	9.6	Research Development & Innovation Minutes	<i>For Information</i>		
<b>12:55</b>	<b>10.</b>	<b>Any Other Business</b>	<i>For Discussion</i>	All	

**Date of next meeting: Monday 12 May 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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