



NOT PROTECTIVELY MARKED

Public Board Meeting

29 November 2023

Item 19

THIS PAPER IS FOR NOTING

**CLINICAL GOVERNANCE COMMITTEE MINUTES OF 14 AUGUST 2023 AND
VERBAL REPORT OF 13 NOVEMBER 2023**

Lead Director Author	Stuart Currie, Chair of Clinical Governance Committee Lindsey Ralph, Board Secretary
Action required	The Board is asked to note the minutes and verbal report.
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 14 August 2023 were approved by the Committee on 13 November 2023. A verbal update of the meeting held on 13 November will be provided by the Chair of the Committee.</p>
Timing	Minutes are presented following approval by the Committee. The Board will receive a verbal update of the most recent Committee meeting from the Chair of the Committee.
Link to Corporate Objectives	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.
Equality and Diversity	No issues identified.

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**Scottish
Ambulance
Service**

Working in Partnership with Universities



**MINUTE OF THE NINETY SECOND (92nd) CLINICAL GOVERNANCE
COMMITTEE AT 10.00AM ON MONDAY 14 AUGUST 2023
VIA MICROSOFT TEAMS**

Present: Stuart Currie, Non-Executive Director (Chair)
Liz Humphreys, Non-Executive Director and Whistleblowing Champion (*from 10:30*)
Irene Oldfather, Non-Executive Director (*until 12:10*)
Carol Sinclair, Non-Executive Director

In Attendance: Dave Bywater, Lead Consultant Paramedic
Shereen Cameron, Patient Safety Manager
Keith Colver, Clinical Governance Manger – Guidelines
Michael Dickson, Chief Executive
Sarah Freeman, Head of Infection Prevention and Control
Ayaz Ghani, Associate Medical Director from (*from 11:15*)
Pippa Hamilton, Committee Secretariat (notes)
Cheryl Harvey, Associate Director of Education and Professional Development
Anne Hendry, Patient Representative (Observing) (*until 11:20*)
Julie King, Service Transformation Manager
Robert Mason, Patient Representative
Tim Parke, Associate Medical Director – (*until 10:06 as on call*)
David Robertson, Regional Director West
Emma Stirling, Director of Care Quality and Professional Development
James Ward, Medical Director
Paul Watson, Clinical Governance Manager, Medicines and Equipment

Apologies: Alan Martin, Patient Experience Manager
Martin Robertson, Patient Representative (Observing)
Tom Steele, Board Chair
Francis Tierney, Non-Executive Director

ITEM 1 WELCOME AND APOLOGIES

Stuart Currie welcomed everyone to the meeting and in particular welcomed Michael Dickson, Chief Executive to his first meeting of the Clinical Governance Committee. Stuart also welcomed Anne Hendry, Patient Representatives who joined the meeting to observe.

Apologies were noted as above.

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ITEM 2 DECLARATIONS OF INTEREST RELEVANT TO THE MEETING

Standing declarations of interest were noted:

- 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.

ITEM 3 MINUTES OF MEETING HELD ON 15 MAY 2023

The minutes of the meeting held on 15 May 2023 were reviewed and approved as an accurate record of the meeting.

ITEM 4 HOT TOPIC – CLINICAL GOVERNANCE FRAMEWORK

Jim Ward introduced the Hot Topic item and advised Shereen Cameron and Keith Colver will provide a presentation which will outline some proposed changes to redefine the formal processes to support delivery of improved oversight, assurance, performance and ultimately the quality and safety of clinical care.

Shereen Cameron and Keith Colver provided members with a presentation which included an update on the Clinical Governance Framework. Shereen advised that reviewing the framework would also enable consideration to be given to how effective the current structure is, identify any areas of duplication or omission, and how our clinical and operational processes and structures interconnect both regionally and nationally.

Shereen highlighted the recommendations from the Framework review which included:

- Reframe and rationalise.
 - Purpose and scope of the Clinical Governance Committee sub groups.
 - Review and update the sub group Terms of Reference
 - Reporting and performance monitoring pathways
 - Areas of duplication/omission
 - Strengthening system learning.
- Identified gap – SAER assurance processes.

Shereen highlighted that all of the clinical sub groups Terms of Reference had been reviewed as part of the Clinical Framework Review for consistency and alignment.

The Group noted from the presentation all of the areas currently covered within the agenda of the National Clinical Operational Governance Group (NCOGG) and Keith highlighted the proposal for 3 areas to be moved out of the NCOGG portfolio to free up capacity to enable NCOGG to focus on operational delivery. Keith advised that it is proposed that the 3 areas, Learning from Events, Clinical Risk and Significant Adverse Events would be taken forward by establishing a new Group, the Patient Safety Risk and Assurance Group. Keith provided assurance to Committee that the rationale for establishing a new Group would provide:

- Improved organisational oversight of end-to-end SAER process.
- Enhanced clinical leadership and accountability.
- Free up capacity within NCOGG.

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- Reduce duplication.
- Enhanced performance management and assurance.
- Enhanced openness and transparency.
- Focus on quality improvement and timely processes.
- Clearer identification of themes, trends and system learning needs.
- Effective pathways of escalation and governance.

Carol Sinclair commented that she would welcome thought to be given to how this work is positioned with the broader Board Assurance Framework and whether a specific review was also required to be carried out for Staff Governance Committee sub groups to ensure connection across all areas.

Emma Stirling highlighted that a number of the sub groups are labelled as “governance groups”, however these are technically “expert” groups. Emma added that risk registers should sit with groups who can action, mitigate and treat risk. Emma advised that there is a requirement to be mindful of the naming of the sub group and where they report into, whether they hold the risk register and whether they have the ability to tolerate, mitigate and treat risks.

Jim Ward added that what does work well within these groups is the professional voice, with each of the sub groups being chaired by either a Clinical Governance Manager or an Associate Medical Director.

Members discussed the importance of having the right information at the right time ensuring the right level of scrutiny and assurance. Members suggested that Non-Executive Directors could establish a greater understanding at an earlier stage by undertaking observing roles within NCOGG and the Patient Safety and Risk Assurance Groups.

Stuart Currie thanked Shereen and Keith for the presentation and advised that members would welcome the reviewed Clinical Governance Framework document being presented to the November Committee for approval and recommendation to the Board.

Action:

1. **Medical Director** to present reviewed Clinical Governance Framework document to the November Committee for approval and recommendation to the Board.

ITEM 5 PATIENT CENTRED CARE

ITEM 5.1 PATIENT EXPERIENCE AND LEARNING FROM ADVERSE EVENTS

Committee noted and discussed the report which provided data and analysis related to learning from aggregated data and themes from complaints, feedback, adverse events reported on Datix and Significant Adverse Event Reviews (SAER).

Members noted the complaints compliance rates of 96.5% for Stage 1 complaints and 96.9% for Stage 2 complaints and thanked everyone involved with the continued increase in complaints compliance being achieved.

It was noted that at the last meeting of the Learning from Events Group the updated Terms of Reference for the Group were signed off and a draft work plan created.

Members welcomed the revised presentation of the Scottish Public Services Ombudsman (SPSO) update table, noting that this format had much improved readability and requested that this format continued within future reporting.

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Jim Ward advised that the paper presented 10 Significant Adverse Event Reviews (SAERs) and added that an update on current SAER status and activity was also included within the paper.

Members noted and discussed that 10 SAER summaries, recommendations and associated action plans. Jim Ward advised that included within the paper was data which described the number of SAERs investigations undertaken for 2021, 2022 and 2023 along with the current overall status of SAERs. Jim added that it is acknowledged that there is a significant backlog and delay at various points through the SAER pathway, including SBAR incident reviews, SAER commissioning, SAER allocation, report presentation and achievement of SAER actions. Members were reminded that the SAER process was currently undergoing systematic review.

Members welcomed the ongoing improvements within complaints handling and were pleased to note from the paper the research work planned with the University of Stirling in relation to attitude and behaviour complaints.

Committee discussed the data included within the report in relation to SAERs and noted some reassurance from the system, in that urgent actions identified at the point of initial SBAR request or at the SAER Group review of SBARs, are implemented immediately to mitigate further risk of harm to patients.

Shereen Cameron highlighted that many of the open SAER actions had already been implemented, with the team now focusing on providing the evidence and assurance required to close those within the Datix system. Shereen added that all 196 open outstanding actions have been reviewed with many ready for closure, however the formal process to record this on Datix had not yet been finalised, with it anticipated that a significant proportion of outstanding actions will be closed within the next 6 to 8 weeks.

Stuart Currie asked that the November Committee be provided with a clear route map setting out the timetable for catching up with outstanding SAERs and what if any, resources would be required to achieve this.

Carol Sinclair suggested that more humanities required to be included within the report, and asked that percentage completeness to plan be included, similar to the format adopted within the Audit and Risk Committee reporting.

Liz Humphreys commented that the paper did not cover the Service's work on High Intensity Users, where there is a clear relationship with improved patient experience. Liz added that she would welcome an additional section included within future reporting which summarises this and any relevant work, to highlight the very wide consideration given across the Service to different aspects of patient experience.

Action:

2. **Medical Director** to provide a clear route map setting out the timetable for catching up with outstanding SAERs and what if any, resources would be required to achieve this to the November Committee.
3. **Medical Director/Patient Safety Manager** to include percentage completeness to plan for SAERs within future Patient Experience and Learning from Events reporting.
4. **Director of Care Quality and Professional Development/Patient Safety Manager** to include additional section within future reporting from February 2024 Committee meeting which summarises the Service's work in relation to High Intensity Users and any relevant work to capture the different aspects of patient experience.

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ITEM 5.2 PATIENT EXPERIENCE ANNUAL REPORT

Emma Stirling presented members with the Patient Experience Annual Report 2022/23 which set out the latest developments, key statistics and performance for the year. Members were asked to approve the report which would then be presented to the Board prior to publication. Members noted that the information contained within the report had been presented to Committee throughout the year within regular patient experience reporting.

Members discussed the report and the undernoted suggestions for inclusion prior to presentation to the Board were made:

- Include information and credit on the ongoing work in relation to High Intensity Users.
- Highlight the benefits of Community First Responders (as detailed within the Clinical Governance and Patient Safety Report), improved patient experience and work being done more widely through staff to improve patient experience.

Committee approved the report subject to the above suggestions being included.

Action:

5. **Director of Care Quality and Professional Development/Patient Experience Manager** to include the areas of information suggested by members within the Report prior to Board presentation.

ITEM 5.3 CLINICAL RISK REGISTER

Dave Bywater presented the Clinical Risk Register to members and advised that all risks had been reviewed and updated prior to presentation to Committee.

Members noted that there were currently 6 open Clinical Risks contained within the Register, 1 of which had been mitigated and was proposed for closure, although Dave highlighted that Committee agreed to close this risk at the last Committee meeting and advised that he would ensure that this is removed prior to the next presentation.

Members reviewed and discussed the risk register and the undernoted comments/suggestions were made:

- Risks 5244 & 5611 were not linked to the Corporate Risk Register but are being reported to Clinical Governance Committee. Consideration should be given as to whether there should be a risk added to the Corporate Risk Register.
- Risk 4930 relates to risk to patients who the Service are delayed getting to, with the suggestion made that a new risk should be added in relation to hospital turnaround delays, along with consideration given to whether this also requires to be escalated to the Corporate Risk Register.
- Risk 5445 does not link to the update within the Clinical Service Transformation paper presented to Committee and it should be ensured that these are linked going forward.
- Agreed that Risk 5241 would be removed from the Register as agreed at the May Committee.
- Wording of Risk 4625 to be amended to remove the reference to the rewording of the risk description in 2020.

Action:

6. **Lead Consultant paramedic** to action the suggested amendments to the Clinical Risk Register.

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ITEM 6 PATIENT SAFETY

ITEM 6.1 CLINICAL GOVERNANCE AND PATIENT SAFETY REPORT

Keith Colver presented the Committee with a report which provided an overview and assurance of current Clinical Governance and Patient Safety activities. Members noted the update of the work undertaken since the last Committee meeting.

Irene Oldfather noted the shortages of an increased number of medicines, with some referencing worldwide shortages and others only referring to shortages and asked what the general shortages were as a result of. Paul Watson advised that this can often be down to supply chain components such as ampule shortages however provided assurance that mitigations were in place by using alternative variations.

Carol Sinclair asked for clarification of what pre-determined attendance for NRRD and SORT was. Carol added that in terms of the regional updates contained within the report there was a varied mix of information and suggested that a consistent approach required to be adopted for future reporting to Committee.

Keith advised that pre-determined attendance was a list of codes which Ambulance Control Centres (ACCs) hold which are appropriate for SORT resources. Keith added that in relation to regional reporting, he would be meeting with the Clinical Quality Leads to discuss a more consistent reporting approach.

Members noted the update provided.

ITEM 6.2 CONTROLLED DRUGS ANNUAL REPORT

Paul Watson provided Committee with the Controlled Drugs Annual Report 2022/23 which provided an overview and summary of the Controlled Drugs incidents and risks and provided assurance of the robust governance arrangements in place surrounding Controlled Drugs within the Service.

Liz Humphreys commented on the risk section of the paper and noted that risk 5147 had a current risk level of high and a target risk level of high and queried whether there was anything which could be done to bring the target risk level down. Paul advised that work was being undertaken to explore alternative storage solutions for certain controlled drugs.

Michael Dickson commented that the number of controlled drug incidents involving breakages seemed extremely high, and asked for assurance that the Service was confident they were all genuine breakages. Paul Watson advised that he was well assured that these were all genuine breakages, however advised that more analysis could be undertaken if required.

Carol Sinclair added that the Annual Report makes reference to an internal audit undertaken in Quarter 1 of 2028-2019 into the process for the management of medicines and added that Committee were unable to take assurance from an audit undertaken that long ago.

Members approved the Annual Report for publication.

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ITEM 6.3 WHISTLEBLOWING QUARTERLY REPORT

Emma Stirling presented members with the quarterly Whistleblowing report. Committee noted that 4 concerns were received through the whistleblowing process within quarter 1 2023/24, 3 of which were being handled as stage 2 concerns and the remaining concern raised has been handled via business as usual policies.

Members noted that feedback from whistle-blowers and confidential contacts was also included within the report.

Committee welcomed the update included within the paper in relation to the virtual session “Having the Courage to Speak Up” held as part of Healthy Culture Week which was facilitated by the Director of Care Quality and Professional Development and Non-Executive Director Whistleblowing Champion.

Liz Humphreys advised that she recently attending a Whistleblowing Champions meeting with the Cabinet Secretary. Liz added that the Cabinet Secretary emphasised during the meeting the importance he saw in the implementation of the Whistleblowing Standards and in creating a speak up culture.

Members noted the report.

ITEM 7 EFFECTIVENESS

ITEM 7.1 INFECTION PREVENTION AND CONTROL UPDATE REPORT

Sarah Freeman presented Committee with an update on Infection Prevention and Control work since the last Committee meeting.

Carol Sinclair thanked Sarah for the update and asked in relation to the Infection Prevention and Control Programme of Work, whether the 2 outstanding deliverables remained on track to be delivered by the end of August 2023. Sarah confirmed that both outstanding deliverables had now been achieved.

The Committee noted the update presented and thanked Sarah for the comprehensive paper.

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:

- BSc Paramedic Practice
- Diploma in Higher Education Paramedic Practice
- Ambulance Technician Programme
- Ambulance Care Assistant Programme
- Newly Qualified Paramedics
- Learning in Practice (LiP)
- Ambulance Technician to Paramedic Progression
- Migration to Turas Learn

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Carol Sinclair commented that Learning in Practice attendance rates continued to look concerning and asked for a more detailed update to be provided within the next Committee report in relation to the wider financial implications and suboptimal LiP place uptake.

Members discussed the assessing of Technicians and asked that a more detailed update on this be included within the next report to Committee. Cheryl Harvey advised that the CAVA assessors were currently assessing Technicians however it was recognised that there was more work to do in this space and that she would ensure that a further update on this work would be included with the next Committee report.

Action:

7. **Associate Director of Education and Professional Development** to include a detailed update on the wider financial implications and suboptimal LiP place uptake within the next Committee report.
8. **Associate Director of Education and Professional Development** to include a detailed update on Technician assessment within the next Committee report.

ITEM 7.3 CLINICAL SERVICES TRANSFORMATION PROGRAMME UPDATE

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

- Integrated Planned, Urgent and Unscheduled Care
- Preventative and Proactive

Members noted that the highlight reports presented to Committee give an indication of the breadth of work with external stakeholders and the significant level of engagement underway.

Carol Sinclair commented that she welcomed the report, however added that pie charts had been included within the reports and asked that these be replaced with an alternative format for future reporting. Carol added that each of the highlight reports presented no risks and asked that for future reporting that where no risk or issues are highlighted that there should be narrative included highlighting that these are reported at Programme level. It was agreed that Julie King would meet with Carol Sinclair and Liz Humphreys to discuss the presentation of the November Committee report to ensure this is aligned to the improvement suggestions made by members.

Committee discussed and noted the report.

Action:

9. **Service Transformation Manager** to arrange a meeting with Carol Sinclair and Liz Humphreys to discuss the presentation of the November CST Committee report to ensure this is aligned to improvement suggestions made by members at the August Committee.

ITEM 8 COMMITTEE GOVERNANCE

ITEM 8.1 INTERNAL AUDIT RISKS AND ACTIONS

Committee noted the current position on Clinical Governance Internal Audit Risks and Actions. It was highlighted that:

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- There were currently no open actions.
 - The Internal Audit into Adverse Events has now been completed with management now reviewing the draft report. Once actions have been agreed these will be included within the next report to the November Committee.

ITEM 8.6 CLINICAL GOVERNANCE COMMITTEE WORKPLAN 2023

Members noted the Clinical Governance Committee workplan which is presented to each meeting for information with any amendments or additions since the last Committee meeting marked in red for ease.

ITEM 8.7 ACTION TRACKER

Committee noted the following items as completed and approved their removal from the CGC action tracker.

2023/02/07.3	Clinical Services Transformation Programme
2023/05/05.1	Patient Experience and Learning from Adverse Events
2023/05/05.3	Mental Health Update
2023./05/06.1	Clinical Governance and Patient Safety Report
2023/05/08.3	Clinical Governance Committee Annual Report

Action:

10. Secretariat to update the action tracker.

ITEM 9 ITEMS FOR NOTING

Stuart Currie advised members that items 9.1 to 9.4 were the approved minutes of each Committee Sub Group and are presented to each Committee meeting for information.

ITEM 9.1 CLINICAL ASSURANCE GROUP MINUTES

The Committee noted the minutes.

ITEM 9.2 MEDICINES MANAGEMENT GROUP MINUTES

The Committee noted the minutes.

ITEM 9.3 NATIONAL CLINICAL OPERATIONAL GOVERNANCE (NCOGG) GROUP MINUTES

The Committee noted the minutes.

ITEM 9.4 RESEARCH DEVELOPMENT AND INNOVATION GROUP MINUTES

The Committee noted the minutes.

ITEM 10 ANY OTHER BUSINESS

Robert Mason, Patient Representative

Stuart Currie advised members that this was Robert’s last Committee meeting as a patient representative prior to him taking a step back due to work commitments. Stuart passed on

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his thanks to Robert on behalf of members for almost 3 years of service as a patient representative to the Committee. Stuart added that during the pandemic and despite the challenges it presented, Robert remained a key part of the Service and CGC. Members thanked Robert for his great contribution, input, suggestions and experience.

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 13 November 2023 10:00

The meeting closed at 12:40.

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