



**Scottish  
Ambulance  
Service**  
*Taking Care to the Patient*



**NOT PROTECTIVELY MARKED**

**Public Board Meeting**

**September 2018  
Item 15**

**THIS PAPER IS FOR NOTING**

**CLINICAL GOVERNANCE COMMITTEE MINUTES OF MINUTES OF 17  
MAY 2018 AND VERBAL REPORT OF 13 SEPTEMBER 2018**

<b>Lead Director Author</b>	Martin Togneri, Chair of Clinical Governance Committee Lindsey Ralph, Board Secretary
<b>Action required</b>	The Board is asked to note the minutes and verbal report.
<b>Key points</b>	<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 17 May 2018 were approved by the Committee on 13 September 2018.</p> <p>A verbal update of the meeting held on 13 September 2018 will be provided by the Chair of the Committee.</p>
<b>Timing</b>	A verbal update of the most recent Committee meeting will be provided to the Board. Minutes are presented following approval by the Committee.

## **MINUTE OF THE SEVENTY FIRST (71<sup>st</sup>) CLINICAL GOVERNANCE COMMITTEE AT 10.00 AM ON THURSDAY 17 MAY 2018 IN MEETING ROOM 19, NHQ**

**Present:** Martin Togneri, Non Executive Director (Chair)  
Neelam Bakshi, Non Executive Director  
Francis Tierney, Non Executive Director

**In Attendance:** David Garbutt, Chairman  
James Ward, Medical Director  
Patricia O'Connor, Director of Care Quality & Strategy Implementation  
John Burnham, Head of Education & Professional Development  
Susan Wilson, Head of Infection Prevention & Control  
Andrew Parker, Clinical Governance Manager  
Grace Scanlin, Scott Moncrieff  
Keith Colver, Clinical Governance Manager  
Tim Parke, Associate Medical Director  
Drew Inglis, Associate Medical Director

**Apologies:** Irene Oldfather, Non Executive Director  
Pauline Howie, Chief Executive  
Colin Crookston, Patient Safety Manager  
Mark Hannan, Head of Corporate Affairs & Engagement  
Gareth Clegg, Associate Medical Director  
Derek Louttit, Clinical Risk Manager (non attendance agreed with Medical Director)

**Observing:** Christopher Purnell, Community Engagement Officer

### **1 Welcome and Apologies**

Martin Togneri welcomed everyone to meeting and thanked them for their attendance. He explained that this will be his first meeting as Chair of the Committee and drew member's attention to the changed agenda. He has requested some slight changes to the agenda to ensure that it reflected the other Committee meeting agendas more accurately.

The Committee had a short discussion regarding the new Patient Representative. Christopher Purnell was observing at the meeting today to get an overview of the meeting to ensure that the most suitable Patient Representative is invited to attend future meetings.

Martin Togneri apologised for the 3 late papers circulated on Tuesday and explained that these have been discussed with Jim Ward prior to being issued. Going forward every effort will be made to ensure all the papers are issued 7 days prior to the meeting.

### **2 Declarations of Interest relevant to the Meeting**

The Committee noted the following declarations of interest relevant to the meeting:

- Paul Gowens is the Vice Chair for the College of Paramedics
- David Garbutt asked for it to be noted that he has recently been appointed as the Chair of NHS Education for Scotland.
- Martin Togneri noted that he is a Non Executive Director on the NHS24 Board

### 3 Minutes of meeting held on 15 February 2018

The Committee reviewed the minutes from the meeting held on 15 February 2018 and made the following amendments;

Item 7.1 – Mental Health priorities. The Committee noted that the minutes stated they had some concerns regarding the under 18's in terms of the Mental Health Strategy. However, the minutes should have noted the Committee's disappointment that the under 18's were not included in the Scottish Government Strategy. Jim explained that the Distress Brief Intervention (DBI) Programme has now commenced. The Committee discussed if it would be possible to include the under 18's within the Scottish Government Strategy at this stage and felt that it was possibly too late for this to be included. It was agreed that the minutes from February 2018 need to be amended to include the Committee's disappointment of under 18's not being included in the Strategy and that this should be fed back to Scottish Government. Jim explained that as an organisation we are under resourced in terms of mental illness and have been in discussion with Scottish Government in regard to this.

Francis Tierney highlighted the internal Scottish Ambulance Service Mental Health Strategy and asked if there is a way to include the under 18's within it. Jim explained that this would need to be taken forward on an issue by issue basis.

The following action was agreed and the minutes from February 2018 will be amended to reflect this (Sarah Howard-Stone to update minutes);

**ACTION (FEBRUARY 2018 MINUTES):** Pat O'Connor and Jim Ward to appraise Scottish Government regarding the Committee's disappointed and concerns of under 18's not being included within the Mental Health Strategy.

The remainder of the minutes were accepted as an accurate reflection of the meeting.

#### **ACTION:**

- 1) Sarah Howard-Stone to update the minutes to more accurately reflect the discussion during the February 2018 meeting including the agreed action.**

### 4 Matters Arising not on the Agenda

No matters arising not on the agenda were brought to the table.

### 5 Hot Topic

#### 5.1 Specialist and Advanced Practice

A presentation was given to the Committee by Dahrlene Tough regarding the Specialist and Advanced Practice. The presentation covered the following areas:

- Number of Specialist and Advanced Practice Paramedics within the Ambulance Service.
- A rotation model is under review for these roles within primary care, acute and emergency care. This may be in rural or urban settings.
- Demand on the Ambulance Service is changing and the expectations placed on the services' clinicians are also changing.
- An overview of the Visions for the Specialist and Advanced Practice roles was given.
- The 4 Pillars of Practice were discussed.

The Committee discussed the presentation including;

- The number of Specialist and Advanced Practice roles is currently behind where we were expecting to be, however, Dahrlene explained that the numbers can be caught up with over a period of time.
- Banding of Paramedic roles was discussed and how this is having an impact on the roles. It was highlighted that some GP Practices are recruiting Paramedics on an independent basis and that this will be on an increased salary compared to the Ambulance Service. This was noted by the Committee. The Committee also noted that Integrated Joint Boards should be encouraged to use the Scottish Ambulance Service for Specialist Paramedics as this would support service sustainability.
- The Pathways for Specialist and Advanced Practice were discussed. There is no annotation to the register for specialist or advanced practice. The only annotation is for prescribing.
- The differences between the Specialist and Advanced Practice roles were discussed including how these roles could fit within the organisation.
- Communication and Engagement was discussed regarding the roles and how this needs to be improved as a matter of priority.
- The Committee noted that there is some overlap between Staff and Clinical Governance for these roles. There are distinct clinical and staff governance interests. It was also agreed that there needs to be clear pathways for taking the work forward with reports going to the appropriate Committee for approval, etc. It was agreed that regular updates will be forward to the Staff Governance and Clinical Governance Committee's to ensure a consistent and robust approach. There should be an agreed mechanism to ensure early reporting between committees of matters that may be relevant to the other.

Paul Gowens explained to the Committee that the Job Descriptions for both roles have now been signed off and that they are being progressed via the appropriate evaluation panels, etc.

Dahrlene Tough explained that "Frequently Asked Questions" are currently being developed to support an effective communications plan.

The Committee discussed the savings which will be made by these roles. Jim explained that the savings are across the wider NHS system and not necessarily just within the Ambulance Service (eg: supporting a shift in the balance of care).

The Committee noted the presentation and thanked Dahrlene Tough for her work to date.

#### **ACTIONS:**

- 2) Dahrlene Tough to develop update paper for the Specialist and Advanced Practices Roles to go to the Board meeting.**
- 3) Dahrlene Tough to develop Communications Plan including "Frequently Asked Questions" which will be brought back a future meeting for review and to provide assurance.**
- 4) Jim Ward, Neelam Bakshi and Martin Togneri to discuss the reporting mechanisms between Committees and develop a robust mechanism for this.**

## **6 Person Centred Care**

### **6.1 Patient Experience Update**

Pat O'Connor highlighted that we have embarked on some work with the response times which we are making good progress on. The New Patient Experience Manager is now in place and Alan Martin is taking a number of workstreams forward to improve feedback and how we respond to this in particular.

The Committee discussed the paper circulated prior to the meeting including:

- How winter pressures have impacted on response and how the Patient Experience Team has responded to the complaints, etc. Martin Togneri explained that feedback should improve on the next report.
- Feedback being received was discussed including how this can be taken forward to improve the services we provide. Pat O'Connor explained to the Committee that most of the improvements are made at a local level as appropriate. The wider themes which call for improvements to be implemented are taken forward across the whole organisation and work is being taken forward to better understand these themes, etc.
- Complaints received into the organisation are moving over onto Datix which will enable a more responsive system for monitoring, etc.
- The reporting mechanisms below the Committee were discussed including the National Clinical Operational Governance Group which forms the links between the Committee and Operational Regions; this ensures a consistent approach and regular monitoring, etc.
- How compliments are received and recorded was discussed including that it would be beneficial to have a breakdown of these (eg: attitude, behaviours, care given, etc) as this will enable a balanced overview to the Committee and other relevant Groups.
- The compliance standard for complaints was highlighted and that it would be beneficial to review this internally and externally to see how other Boards are approaching this. It was discussed that this is a new system/compliance standard and that work is taking place with North West Ambulance Service to review our approach to see if there are improvements which can be made.
- Care Opinion is also being taken forward and a review of access and use is taking place at the moment.

The Committee noted the update.

## **7 Patient Safety**

### **7.1 Significant Adverse Event Report**

Jim Ward gave a short update on the paper circulated prior to the meeting including;

- 1 SAER has been launched in the last period which is a joint review with a territorial board
- 3 Clinical RIDDORS have been raised in the last quarter
- 17 SAER Actions are currently being taken forward and these have been updated prior to the meeting. All of the actions are opportunities for improvements to be implemented.

The Committee noted the update and asked for the paper to be amended slightly going forward to include revised dates and clearer narrative around the figures included to provide assurance of the work being taken forward.

The Committee discussed SAER Action 1360 which is noted as Propose to Close. It was agreed that this action should remain open due to the communication connections and IT issues between the Ambulance Service and Primary Care Providers (being able to transfer PRF's electronically). The Committee agreed that this action should remain open until the issues have been delivered across Scotland.

#### **ACTION:**

- 5) Derek Louttit to include clear narrative on the figures included within the Report to give assurance to the Committee of work being taken forward.**
- 6) Derek Louttit leave SAER Action 1360 as open until all communication connections and IT issues between Scottish Ambulance Service and Primary Care Providers have been resolved across Scotland.**

## 7.2 Clinical Risk Report

Jim Ward gave an update on the paper circulated prior to the meeting including the high clinical risk included in the report. There are two risks detailed for this meeting along with mitigating actions being taken forward. He explained that there was a spike in Patient Safety events during the winter pressures (snow periods). These have now reduced and demand has started to normalise.

The Committee discussed the paper including;

- A letter received from Scottish Government regarding pandemic flu and if this will be included as a Clinical Risk. Jim Ward explained that this will be included as a risk going forward along with mitigating actions.
- The final chart entitled “Datix Reports” was discussed in terms of the figures (864) included as these seem high. Jim Ward explained to the Committee that these are the reports which have been input into Datix by staff with their rating of major or extreme, etc. Once these have been reviewed and identified in the correct areas they are given the correct rating, etc. This is an area of improvement being taken forward across the service. The Committee agreed there have been significant improvements and noted the reduction in Datix reports being raised. It was also agreed that it would be beneficial to have a breakdown of themes of the Datix reports being raised across the service going forward to give a wider understanding of staff concerns, clinical issues, etc.

### **ACTION:**

- 7) Derek Louttit to include a breakdown of themes for the Datix reports being raised by staff.**

## 7.3 Clinical Governance and Patient Safety Report

Keith Colver gave a short update to the Committee on the report circulated prior to the meeting including;

- A general overview of the report was given and no questions were raised.
- Patient Safety – Colin Crookston had highlighted the need the Patient Safety Programme which includes the Patient Safety Walkaround across the Service. At present there are issues in getting these visits arranged. Colin would like the Committee’s support in taking this forward.

The Committee had a discussion regarding the Patient Safety Walkarounds including the schedule which was agreed previously and the need to get the visits planned, etc. The Committee agreed it would be beneficial to have a rolling plan developed for the next 12 months initially which will then roll over going forward. Jim Ward explained that the Patient Safety Visits have been discussed at the Executive Team and it was that these need to be taken forward as a priority matter.

Neelam Bakshi highlighted the Station Visits and that it would be beneficial for these to include aspects of Patient Safety as in previous years. Jim Ward explained that the Station Visits have been separated from the Patient Safety aspects to give staff the opportunity to feedback to the Executive Team in a more informal manner focusing on local issues.

### **ACTION:**

- 8) Keith Colver to feedback to Colin Crookston regarding the 12 month rolling programme for Patient Safety Walkarounds (Regional Events) as discussed during the meeting. An update will be provided at the September 2018 meeting to confirm the draft plan has been developed.**

## 8 Effectiveness

### 8.1 Infection Prevention & Control Update Report

Susan Wilson highlighted to the Committee that a Hand Hygiene Awareness Event took place on Friday 5 May 2018 in conjunction with NHS Greater Glasgow and Clyde. This event was a success and was well received by Ambulance Service colleagues and NHS Greater Glasgow & Clyde colleagues alike. There is a plan being developed to carry out more joint awareness events in the future. Susan gave a short overview of the paper highlighting the Personal Protection Equipment, cleaning standards, Face Fit Testing, etc.

The Committee noted the content of the report and thanked Susan and her team for the update report along also the work is being taken forward. No questions were asked by the Committee.

### 8.2 Infection Prevention & Control Programme 2018/19

The Committee noted the Infection Prevention and Control Programme for 2018/19 and thanked Susan for the paper. No questions were asked by the Committee. The Committee approved the Annual Infection Prevention and Control Programme for 2018/19.

### 8.3 Education Update

John Burnham explained that an update paper had been circulated prior to the meeting and highlighted the following areas:

- Paragraph 1 - Learning in Practice – 44% is detailed within the report, this has now risen to 53% as of today's date.
- Feedback has been received on the Major Trauma LiP which is being well received by all staff including that the online training is easy and understandable.

The Committee discussed the update received and noted the following;

- LiP Training numbers are lower than expected for this time of year. John explained that the operational issues over the winter pressure period have impacted on the programme. The 12 month rolling target is an issue as this doesn't take into account the winter period. John explained that there is plan to modify how the workforce planning teams allocate the training to staff and a traffic light system will be introduced to show when people require training, etc.
- Winter Pressures in general was discussed including how this impacts on training in general. It was agreed it would be beneficial to plan LiP Training over periods when we know there will be no pressures on operational demand.
- The Reports provided to the Regional Teams on a weekly basis highlight the slippage in LiP Training to enable them to review and take forward.

Tim Parke highlighted to the Committee that the Major Trauma LiP Training is currently funded by Scottish Government and that a report will need to be completed at the end of the 12 months to give an update on the training completed, outstanding, etc. The Committee noted the update.

### 8.4 Clinical Effectiveness & New Clinical Response Model Update

Jim Ward explained that work is currently being taken forward with ISD and National Services Scotland in terms linking data to understand of patient outcomes. This will change the reporting provided to the Committee going forward as it will show a patients full care pathway until discharge from hospital.

The paper circulated prior to the meeting is based on the monthly report forwarded to Scottish Government and not the same as the previous reports which were based on the 2020 Strategy Board Report. Jim Ward gave a short update on the paper including;

- VF/VT ROSC has been over 50% for the last 2 months. There was no dip VT/VT ROSC in December and January which has happened in previous years.
- Bystander CPR has increased and will continue to do so as the improvement programme to develop this is taken forward.
- Response Times have been reasonably stable over the last period and the median is remaining stable also.
- Hyper Acute Stroke Bundle – the new PRF is now in place and has impacted on the reporting of the Bundle being more accurate.

The Committee had a discussion regarding the update provided including:

- Chart 2 – Pat O'Connor noted that the dots on the chart are hugging the median and that this highlighted that the system is behaving in a very similar way across the service as the chart shows a national picture.
- The charts within the report were noted in that they now have narrative giving information which gives a picture of winter pressures, etc. The Committee noted the narrative provided additional clarity.
- The New Clinical Response Model Project has now moved under the Clinical Services Transformation Programme as business as usual and reports to the board via this mechanism. Jim Ward gave an overview of the Key Phrases work which is being taken forward including how this works within the Ambulance Control Centres.

The Committee noted the update provided.

## **9 Committee Governance**

### **9.1 Clinical Governance Committee Terms of Reference**

The Committee reviewed the Terms of Reference and endorsed them subject to approving all of the Committee Sub-Groups Terms of Reference electronically.

#### **ACTIONS:**

- 9) Sarah Howard-Stone to circulate Committee Sub-Groups Terms of Reference electronically to members for approval/comment.**
- 10) Sarah Howard-Stone to liaise with Board Secretary regarding the Committee Terms of Reference.**

### **9.2 Internal Audit Risks and Actions**

Andrew gave an overview of the Internal Audit Risks and Actions.

The Committee discussed the Out of Hospital Cardiac Arrest (OHCA) Internal Audit Actions including how these are being taken forward. Paul Gowens explained to the Committee that the OHCA Actions will be completed in time for the next Audit Committee. The Committee noted its disappointment in some of these actions not being closed off.

### **9.3 Action Tracker**

The Committee reviewed and updated the Action Tracker. A copy of the updated Action Tracker will be circulated with the minutes.



## **10 Items for noting**

### **10.1 Infection Control Committee Update/Minutes – March 2018 (draft)**

Susan Wilson explained that an update for the last meeting was provided in the paper under Item 8.1. The minutes from the last meeting will be circulated for review at the September 2018 Committee meeting.

### **10.2 Clinical Advisory Group Update/Minutes – 14 March 2018 (meeting not at quorate) rescheduled to 7 August 2018**

Drew Inglis explained to the Committee that the last meeting was not at quorate, hence no minutes being circulated. The next meeting will take place in August 2018.

### **10.3 National Clinical Operational Governance Group Update/Minutes – 5 February 2018 (draft) & 11 April 2018 (rescheduled to 18 July 2018)**

Jim Ward explained that the draft minutes have been circulated for the February 2018 meeting. An overview of this meeting was given including that the reports each of the Regions was reviewed and discussed in terms of providing assurance around all aspect of Clinical Governance.

The Best Value Group met on 16 May 2018, the work being taken forward by this Group will also feed into the National Clinical Operational Governance Group going forward.

The Committee noted the “Just in Case” boxes and how these will be used by the Ambulance Service. Andrew Parker explained that this work is around staff being empowered to use the boxes when attending to a patient with palliative care needs at home rather than conveying to a default hospital setting. The Committee noted the Minutes of the National Clinical Operational Governance Group in February 2018.

### **10.4 Medicines Management Group Update/ Minutes - 1 February 2018 (draft)**

The Committee noted the Minutes from the Medicines Management Group meeting held on 1 February 2018.

### **10.5 Research, Development and Innovation Group Minutes – 26 April 2018**

Jim Ward explained that the meeting of the Research, Development and Innovation Group was held at the end of April 2018 and that the minutes have not yet been finalised for circulation. He gave a short overview of the meeting including the projects which we are being involved in. An update paper will be drafted around Research Projects being carried out in the near future. This update paper will be provided to the Committee to provide further assurance of work being taken forward.

## **11 Any Other Business**

The Committee noted its thanks to David Garbutt (Chair, Scottish Ambulance Service) for his Service and contribution over his tenure. It was noted that he will be greatly missed and that his support over the years has been of great value.

### **Controlled Drugs Annual Report**

The Committee noted that the Control Drugs Annual Report had not been represented during the meeting. It was agreed that this report will be available for the September 2018 meeting.

**12 Date of Next Meeting**

Thursday 13 September 2018 at 10.00 am – Meeting Room 19, NHQ