NOT PROTECTIVELY MARKED

Public Board Meeting	**31 March 2021** **Item 15**
THIS PAPER IS FOR NOTING	
CLINICAL GOVERNANCE COMMITTEE MINUTES OF 5 NOVEMBER 2020 AND VERBAL REPORT OF 15 FEBRUARY 2021	

Lead Director **Author**	Martin Togneri, Chair of Clinical Governance Committee Lindsey Ralph, Board Secretary
Action required	The Board is asked to note the minutes and verbal report.
Key points	In compliance with the Service's Standing Orders, the approved Committee minutes are submitted to the Board for information and consideration of any recommendations that have been made by the Committee. The minutes of the Clinical Governance Committee held on 5 November 2020 were approved by the Committee on 15 February 2021. A verbal update of the meeting held on 15 February 2021 will be provided by the Chair of the Committee.
Timing	Minutes are presented following approval by the Committee. The Board will receive a verbal update of the most recent Committee meeting.
Contribution to the 2020 vision for Health and Social Care	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 centres.
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.

MINUTE OF THE EIGHTY FIRST (81st) CLINICAL GOVERNANCE COMMITTEE AT 10.30 AM ON THURSDAY 05 NOVEMBER 2020 VIA MICROSOFT TEAMS

Present:
Martin Togneri, Non-Executive Director (Chair)
Irene Oldfather, Non-Executive Director
Carol Sinclair, Non-Executive Director
Tom Steele, Board Chair
Francis Tierney, Non-Executive Director
Liz Humphreys, Non-Executive Director

In Attendance:
Keith Colver, Clinical Governance Manger – Guidelines
Frances Dodd, Director of Care Quality and Professional Development
Garry Fraser, Regional Director – West
Sarah Freeman, Head of Infection Prevention and Control
Pippa Hamilton, PA to Director (notes)
Pauline Howie, Chief Executive
Stephanie Jones, ACC Head of Clinical Services *(item 6.3 only)*
Julie King, Service Transformation Manager
Gillian MacLeod, Advanced Practice and Prescribing Lead *(item 6.3 only)*
Stella MacPherson, Patient Representative
Alan Martin, Patient Experience Manager
Toby Mohammed, Head of Education and Professional Development
Andrew Parker, Clinical Governance Manager - Medicines
Gary Rutherford - Patient Safety Manager
James Ward, Medical Director

Apologies:
Drew Inglis, Associate Medical Director – ScotSTAR
Tim Parke, Associate Medical Director - Major Trauma
Mark Hannan

ITEM 1 WELCOME AND APOLOGIES

Martin Togneri welcomed everyone to the meeting. Committee were reminded that papers presented to Committee should be taken as read, and only highlights or any updates should be provided to members on any developments that have taken place since the papers were circulated.

ITEM 2 DECLARATIONS OF INTEREST RELEVANT TO THE MEETING

Standing declarations of interest were noted:

- Martin Togneri, in his capacity as a Board member of NHS24.
- Irene Oldfather, as Director at Health and Social Care Alliance.

- Carol Sinclair, Employment with Public Health Scotland as Associate Director, and Director and Trustee of Scotland's Charity Air Ambulance (SCAA)

ITEM 3 MINUTES OF MEETING HELD ON 17 AUGUST 2020

The minutes of the meeting held on 17 August 2020 were reviewed and approved as an accurate record of the meeting.

ITEM 4 HOT TOPIC – CLINICAL RISK REGISTER

Jim Ward introduced the "Hot Topic" and advised Committee that the active management of risks was a high priority for the Board. Jim added that since the last meeting of the Clinical Governance Committee there had been a significant review of the Clinical Risk Register.

Committee noted that the review had been conducted by the Risk and Clinical Teams with the aim of increasing understanding and awareness of risk management and improving alignment with the Board's recent work on risk appetite, whilst reviewing the open clinical risks ensuring that they remain current with relevant controls in place.

Committee were presented with an overview of the output of the work which had been carried out. Highlights of this included:

- On review Corporate Risk 4638 was highlighted as a duplicate of previous clinical risk 4626 and was subsequently closed, and mitigation of corporate risk 4636 would now be reported as part of the Service Board Risk Register updates. This would ensure that the mitigation of this risk extends beyond clinical factors.
- Four risks (3891, 3711, 3716 and 3718) were also closed during the review process.
- The series of review meetings allowed for:
    - debate on risk management to take place with a clear understanding of the Services' risk profile.
    - Prioritisation and focus around identifying risks and mitigating actions
    - Identification of risk tolerances
- Next steps included:
    - Review of internal risk registers within the Clinical Directorate, ensuring that there are no additional risks that require to be escalated to the Clinical Risk Register.
    - Continuous monitoring and review of risk mitigation strategies and tolerance levels.
    - Alignment of work plans to ensure risk is embedded as a concept of the Directorates work.

Carol Sinclair commented that the timing of this work was beneficial, bringing opportunity to enhance and strengthen the role of Governance Committees, particularly given the progress which had been made on the Corporate Risk Register. Carol added that the review carried out by the Clinical Team had given significant assurance that the Committee was doing as they should in relation to the progression and mitigation of clinical risks.

Tom Steele echoed Carol's statement adding that good work had been carried out, however the Team needed to ensure that the work carried out is in line with policies ensuring that the process continues to work effectively.

Committee members discussed the use of the phrase "patient harm" within clinical risks or reports, with some members noting concern at the phrase given that the overall direction of

travel for the Service was about optimal outcomes for patients, suggesting that there may be a better fitting phrase that could be applied.

Irene Oldfather commented that this work was a welcomed step forward. Irene added that she was of the view that it was quite human to use the phrase “patient harm” as this allows for thinking beyond statistics and figures and recognise the human element.

Frances Dodd added that she agrees that the use of the phrase was helpful to see things in context and the articulation of the “human impact”, adding that the more you talk about harm the more you understand what this includes, adding that it is a useful piece of terminology to sharpen minds.

Committee noted the helpful discussion and agreed that “patient harm” was a useful phrase to ensure understanding.

Stella Mcpherson commented that from a patients perceptive it was refreshing to hear about this work carried out.

Martin Togneri thanked Jim for the presentation and the Clinical Team for the work carried out.

ITEM 5 PATIENT CENTRED CARE

ITEM 5.1 PATIENT EXPERIENCE AND LEARNING FROM ADVERSE EVENTS

Committee were provided with a comprehensive paper on Patient Experience and Learning from Adverse Events. Committee noted an increase in the volume of feedback being received by the Service. Alan Martin advised members that the increased volume may present challenges as the Service enters a busy winter period, however added that work was ongoing to look into how this can be best managed.

Martin Togneri noted that the report highlighted that Datix training and system developments continues to be postponed due to staff absence and asked for further information on what effect this absence will have on system developments. Alan Martin advised that the member of staff remains absent since March, however work was ongoing by Sarah Stevenson to put in place arrangements for the system to continue to be adapted in the absence of the member of staff.

Irene Oldfather commented that it would be useful for the paper to provide more detailed narrative underpinning the complaints data to provide explanation around the reasons and themes on the variation in numbers of complaints received within Ambulance Control Centres and PTS compared to the Regions. Alan Martin advised that it is unlikely that a definitive reason could be provided in response to the variations, however added that as demand decreases, complaints decrease. Alan advised that complaints in relation to delayed response fall within ACC complaints, adding that when response time goes down, complaints decrease as a result. Alan added that during the COVID-19 pandemic fewer PTS journeys were being made, which would result in a decrease in complaints. Committee also noted that it could be reasonable to presume that with the reduction in demand, together with the sympathy and support being received from the public throughout COVID-19 this could have aided to the reduction of complaints.

Carol Sinclair advised that Mike Bell, from the Quality Improvement Team carried out some recent work on the Board papers and specifically in relation to the data being presented, and suggested that the Patient Experience and Learning from Adverse Events paper presented

to Committee may benefit from Mike Bell's influence to ensure that the data being presented to Committee provides the correct type of information and assurance required.

Committee members agreed with Carol's suggestion adding that small adjustments to the paper would enhance the level of understanding for Committee members.

Frances Dodd thanked members for their comments, adding that these were helpful and that she would work on the development of the Clinical Governance Committee paper Alan Martin, Gary Rutherford and Jim Ward, ensuring involvement from Mike Bell and Katy Barclay as requested by Committee members.

Committee noted that the Terms of Reference for the Learning from Events Group were attached to the Committee paper and members noted that they were content to endorse the Terms of Reference, however highlighted that this Group does not report directly to Committee and reports through the National Clinical Operational Governance Group

Committee highlighted that within the SPSO section of the paper, there were a number of recommendations that state "ongoing" and noted that in order for these reports to be useful to members to monitor progress, there requires to be a more meaningful update shown rather than "ongoing". It was also suggested that there should be information included within this section of the report, that highlights to Committee what had progressed since the last Committee meeting.

Frances Dodd acknowledged that the information contained within the SPSO section of the paper requires to be revisited and revised to ensure it provides Committee with the appropriate level of assurance. Frances added that she would take this away and give thought to how this information could be better presented within future Committee papers. Frances advised that she would also take opportunity to engage with Non-Executive colleagues to ensure that any proposed revisions provide the level of information they seek.

Liz Humphreys advised that she welcomed co-production of a revised paper with Non-Executive colleagues adding that she would be happy to be involved in this work with Frances and her Team.

Committee discussed the Significant Adverse Event Review (SAER) section of the paper and confirmation was sought in relation what stage of the process SAERs were presented to Committee.

Gary Rutherford advised that a review is carried out and following completion, an executive summary of findings is completed which includes recommendations. The completed report and recommendations is then presented to the Executive Team for approval, following which the approved report is presented to the Clinical Governance Committee.

Liz Humphreys enquired how the Service links up with other organisations when a case involves more than one Board. Gary Rutherford advised that joint reviews are routinely carried out when a case involves more than one Board. Gary added that the Service also feeds into other Board reviews. Jim Ward added that every Health Board had their own SAER process with no NHS Scotland-wide process, adding that joint reviews were essential to ensure joint learning and understanding.

Liz Humphreys advised that she had recently read a Care Opinion post, which involved the Service and another Health Board, adding that the initial response to the post was carried out by the other Health Board, which she believed to be an extremely unhelpful response.

Liz added that Alan Martin then added his response to the post, for which she would like to commend Alan as his response was impressive.

Alan Martin clarified that he had been in discussion with Care Opinion in relation to the initial response, adding that Care Opinion were engaging with the Health Board involved to provide feedback.

Francis Tierney noted that the update on Patient Focus Public Involvement (PFPI) advised that volunteers have not been able to take part in virtual internal Service meetings due to technical and budgetary issues and asked for understanding on what the barriers are and how the Service plans to overcome these.

Frances Dodd advised that concern was raised around access and management of the technology needed. Frances added that Chris Purnell has been working with individuals concerned to better understand the issues, and discussing the challenges with the Director of Finance and ICT department with a view to ensuring that the valuable input provided by the volunteers can continue.

Martin Togneri thanked Committee for the full discussion on this item. Martin suggested that this item be allocated a 20 minute slot on future Committee agendas.

Action:

1. **Director of Care Quality and Professional Development** to review the Patient Experience and Learning from Events paper with Alan Martin, Gary Rutherford and Jim Ward, ensuring involvement from Mike Bell and Katy Barclay as requested by Committee members. As part of this process opportunity should be taken to engage with Non-Executive colleagues to ensure that any proposed revisions provide the level of assurance and information sought.
2. **Secretariat** to allocate Patient Experience and Learning from Adverse Events item a 20-minute agenda slot at all future meetings.

ITEM 6 PATIENT SAFETY

ITEM 6.1 CLINICAL GOVERNANCE AND PATIENT SAFETY REPORT

The Committee noted the report presented.

ITEM 6.2 DUTY OF CANDOUR ANNUAL REPORT

Jim Ward presented the Committee with the Duty of Candour Annual Report for approval.

Committee noted that Health Boards are required to provide an annual report outlining how the Duty of Candour responsibilities have been implemented by the Service. The report presented described how the Service had operationalised the Duty of Candour requirements during the time between 1 April 2019 and 31 March 2020.

Martin Togneri queried whether the Service should be including the outcomes of the incidents within the report. Jim Ward advised that the Service has a responsibility to report to the public the extent to which the Service followed the procedure, adding that there is no requirement however to report on individual incidents.

Committee noted and approved the information contained within the Annual Report.

ITEM 6.3 ADVANCED PRACTITIONERS MODEL UPDATE

Steph Jones joined the meeting for this item. Steph advised Committee that the Remote Consultation Model continues to work well within the Service. Committee noted that the paper presented highlighted an update on Public Health Scotland re-contact rates, the governance and measurement frameworks and next steps in preparation for winter 2020.

Committee members noted the highly impressive work that had taken place and congratulated the whole team involved.

Martin Togneri advised members that there was an outstanding action within the Committee's Action Tracker for the Committee Chair to report that an adequate level of assurance had been provided to Committee in relation to the adequacy of the governance arrangements for the revised Hear and Treat procedures. Martin asked if members were content for the Board to be advised that Clinical Governance Committee had received the level of assurance required. Committee members agreed that the required level of assurance had been received.

ITEM 7 EFFECTIVENESS

ITEM 7.1 INFECTION PREVENTION AND CONTROL UPDATE REPORT

Committee noted and took assurance from the paper presented.

ITEM 7.2 EDUCATION UPDATE

Committee noted the paper presented which provided updates on the undernoted areas;

- Undergraduate Pre-registration Paramedic Education
- Diploma in Higher Education Paramedic Practice
- Ambulance Technician Programme
- Ambulance Care Assistant Programme
- Supporting newly qualified graduate Paramedics
- Learning in Practice (LiP)

ITEM 7.3 CLINICAL SERVICES TRANSFORMATION PROGRAMME UPDATE

Committee were presented with a paper which provided updates on the work being undertaken by the Clinical Service Team. The paper highlighted that:

- **Redesign of Urgent Care**
  To support delivery of the objectives of the Redesign of Urgent Care, an Integration Engine has been established which will function as a programme of work with cross-organisational representation from across the regions, corporate and clinical functions.
- **Reducing Drug Deaths**
  A successful bid to the Drugs Taskforce has resulted in the Service being in a position to make a positive contribution to Population Health.
- **Core Clinical Projects**
  Work continues with external partners to develop and deliver the key objectives of these projects that will impact on the clinical outcomes of a wide range of individuals including those who experience an out of hospital cardiac arrest, stroke or are involved in a major trauma.

Irene Oldfather noted that the paper outlined that there are 32 alcohol and drug partnerships across Scotland, with the Service having established relationships with a number of these Groups. Irene added that she would like to see the Service having good relationships established with all of these Groups, as links with these partnerships was imperative.

It was agreed that Gary Rutherford would provide a report to the next Committee meeting detailing the numbers of relationships established by the Service with the drug and alcohol partnerships.

Committee noted the update.

Action:

3. **Patient Safety Manager** to provide a report to next Committee meeting detailing the number of relationships established by the Service with the 32 drug and alcohol partnerships in Scotland

ITEM 7.4 SAS/SFRS CLINICAL GOVERNANCE PARTNERSHIP

Committee noted that the Service had been approached by the Scottish Fire and Rescue Service (SFRS) with a view to the Service providing clinical governance support services to SFRS.

Jim advised that meetings had taken place between the Service and SFRS and subsequently agreement was reached for the Service to carry out this work. The details of the agreement were outlined in the paper presented to Committee. Committee noted that the Clinical Governance arrangements would be formally agreed by way of a Memorandum of Understanding (MOU).

Committee noted that the policies, procedures, training and equipment adopted by the SFRS through the clinical governance arrangements would align with the Service and Public Health Scotland. This common approach to patient care would benefit frontline staff from both organisations working at the scene of operations but more importantly, this arrangement would improve patient outcomes.

Martin Togneri sought and received assurance that, in the light of SAS providing such support services to SFRS, the responsibility to ensure adequate clinical governance arrangements were in place for activities undertaken by SFRS staff lay with the SFRS board and not with SAS.

Jim added that work continues on the development of an MOU and decisions still require to be made in relation to future reporting through the Service's Clinical Governance Committee and further updates would be provided as work progresses.

Committee members supported this work, and endorsed the direction of travel.

ITEM 8 COMMITTEE GOVERANCE

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:

- There were no outstanding "high" risk clinical actions on the internal audit tracker.

- One open action relating to clinical audit which had been impacted by COVID-19 and staff movement remained on the tracker
- One action has been closed following a meeting with internal auditors and the Lead for Medicines.

Carol Sinclair highlighted that within page 4 of the report, within the management update column, it should read "internal auditors" and not external auditors. Andrew Parker advised that he would ensure that this error was amended.

Action:

4. **Clinical Governance Manager (AP)** to ensure that wording within Internal Audit Actions paper management update column, was updated to read "internal auditors" and not external auditors.

ITEM 8.2 ACTION TRACKER

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

2019/09/05.1	Drug Deaths - Learning from Mortality Data
2020/08/03	Amendment to Standing Declarations of Interest
2020/08/04	Advanced Practitioner Remote Consultation Model - Data on re-contact rate
2020/08/04	Advanced Practitioner Remote Consultation Model – Update on model
2020/08/04	Advanced Practitioner Remote Consultation Model – Governance Arrangements for revised "Hear and Treat" procedures
2020/08/04	Advanced Practitioner Remote Consultation Model - Assurance of Governance Arrangements received by Committee for "Hear and Treat" to be reported to Board as complete.
2020/08/5.1	Patient Experience and Learning from Adverse Events – Add Safety-I and Safety-II to Committee Workplan as future "Hot Topic"
2020/08/5.1	Patient Experience and Learning from Adverse Events – "Uphold Rate" chart to include complaints that remain open within timeframe being reported.
2020/08/5.1	Patient Experience and Learning from Adverse Events – Detail of "complaint overview" tp be included for each case within SPSO updates.
2020/08/5.2	Clinical Risk Register - Discussion on Improvements Risk Register.
2020/08/8.1	Annual Infection Prevention and Control Programme Approval – "risk rating" column within Plan to be identified as "risk status" and a "progress against target" column to be included.

Action:

5. **Secretariat** to update the action tracker.

ITEM 9 ITEMS FOR NOTING

ITEM 9.1 CLINICAL ASSURANCE GROUP MINUTES

The Committee noted the minutes.

ITEM 9.2 NATIONAL CLINICAL OPERATIONAL GOVERNANCE GROUP MINUTES

The Committee noted the minutes.

ITEM 9.3 MEDICINES MANAGEMENT GROUP MINUTES

The Committee noted the minutes.

ITEM 9.4 PUBLIC PROTECTION ASSURANCE GROUP MINUTES

The Committee noted the minutes.

ITEM 9.5 RESEARCH AND DEVELOPMENT GROUP UPDATE

The Committee noted the minutes.

ITEM 10 ANY OTHER BUISNESS

ITEM 10.1 CLINICAL GOVERNANCE COMMITTEE MEETING DATES 2021

Committee noted the undernoted Clinical Governance Committee dates for 2021.

- 15th February 2021
- 17th May 2021
- 16th August 2021
- 19th November 2021

It was further noted that the calendar of dates for all Committee meeting for 2021 would be presented to the Board in November for approval.

Tom Steele reflected on the meeting noting that the Committee had moved a long way with overarching themes being covered very well throughout the agenda. and great to see risk Tom added that he was very pleasing as Board Chair to see a committee working so well, with a lot of challenge as well as support.

Date of next meeting 15 February 2021 at 1000 hrs.

The meeting closed at 13:00