NOT PROTECTIVELY MARKED

Public Board Meeting	**March 2019** **Item 18**

THIS PAPER IS FOR NOTING

CLINICAL GOVERNANCE COMMITTEE MINUTES OF MINUTES OF 15 NOVEMBER 2018 AND VERBAL UPDATE OF 11 FEBRUARY 2019

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 15 November 2018 were approved by the Committee on 11 February 2019. A verbal update of the meeting held on 11 February 2019 will be provided by the Chair of the Committee.
Timing	A verbal update of the most recent Committee meeting will be provided to the Board. Minutes are presented following approval by the Committee.

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MINUTES OF 73RD CLINICAL GOVERNANCE COMMITTEE

10:00 AM THURSDAY 15 NOVEMBER 2018

MR GS2.12 (19), NHQ, GYLE SQUARE, EDINBURGH

Members: Martin Togneri, Non Executive Director (Chair)
Neelam Bakshi, Non Executive Director
Irene Oldfather, Non Executive Director
Francis Tierney, Non Executive Director

In Attendance: Keith Colver, Clinical Governance Manager
Tony Devine, Assistant Head of Education & Professional Development
Garry Fraser, Regional Director, West Region
Pauline Howie, Chief Executive
Drew Inglis, Associate Medical Director
Jenny Long, CST Programme Director
Derek Louttit, Clinical Risk Manager
Stella MacPherson, Patient Representative
Alan Martin, Patient Experience Manager
Toby Mohammed, Head of Education & Professional Development
Andrew Parker, Clinical Governance Manager
Claire Pearce, Director of Care Quality & Strategic Development
Grace Scanlin, Scott Moncrieff
Tom Steele, Chair
Jim Ward, Medical Director
Susan Wilson, Head of Infection Prevention & Control
Julie MacLeod, PA to Director of Care Quality & Strategic Development (Minute Secretary)

Apologies: Mark Hannan, Head of Corporate Affairs & Engagement

ITEM 1 WELCOME AND APOLOGIES FOR ABSENCE

Martin Togneri welcomed delegates along to the meeting and apologies for absence were recorded as above. Martin went on to welcome Stella MacPherson, attending today's meeting as an observer and possible new Patient Representative on the Committee. Martin also welcomed Claire Pearce, Director of Care Quality & Strategic Development and Toby Mohammed seconded to the post of Head of Education & Professional Development, both also attending their first meetings of the Committee. For the benefit of those attending their first meeting introductions were made around the table.

ITEM 2 DECLARATIONS OF INTEREST RELEVANT TO THE MEETING

Standing declarations of interest were noted; Martin Togneri, in his capacity as trustee of Scotland's Charity Air Ambulance and Board Member of NHS24. No new declarations of interests were recorded.

ITEM 3 MINUTES OF MEETING HELD ON 13 SEPTEMBER 2018

The minutes of the meeting held on 13th September 2018 were reviewed for accuracy and Garry Fraser advised that he was missing from the attendance list and asked that his name is added. Subject to this change the minutes were agreed as a true and accurate record and were subsequently approved.

Action/s: 1. Julie MacLeod to amend the draft minutes to reflect the above change and file the approved version.

ITEM 4 MATTERS ARISING NOT ON THE AGENDA

No matters arising were recorded.

ITEM 5 HOT TOPIC

5.1 Clinical Risks/Demand Management Improving Patient Experience

Jim Ward, Medical Director gave a comprehensive presentation to the Committee in relation to Clinical Risk Demand Management. By way of background Jim advised that the Service has been balancing the way in which we match supply to demand which can vary significantly. Amongst other clinical priorities, the Service have been concentrating efforts on patients who fall into the yellow category and who at times experience delays in response. These are patients who have non immediate life threatening clinical symptoms, but who can on occasion experience delays in response, resulting in poorer patient experience than SAS would aim for. Data recorded for yesterday, 14th November 2018, recorded 873 calls with a median response time of 15.8 minutes. Of those, 21 patients waited more than 90 minutes for a response. These delays present a risk of:-

- Poor patient experience;
- Adverse Clinical outcomes;
- Loss of confidence in the Service;
- Poor staff experience;
- Deterioration in productivity in ACC and front line;

A Clinical Risk/Demand Management Programme has been established which aims to reduce the delays to patients in lower acuity categories. The Programme is co-sponsored by the Medical Director and the National Operations Director and reports directly to the Executive Team. High level actions include:-

- Triage;
- Safety netting;
- Improved productivity;

- Increased resources;

In terms of triage Jim went on to explain that work is underway, looking at re-profiling the response to the most vulnerable patients which amounts to between 35 and 40 patients per day and triaging these patients in the amber stack to enable a quicker and more priority response. This work will be carried out in partnership as this may have an impact on standard operating procedures. Two meetings have already taken place with partnership colleagues and it is hoped that this will be implemented by the end November 2018. Safety netting large volumes of patients is also a challenge, therefore safety netting interventions are being re-profiled from 40% at 20 minutes to 90% at 45 minutes. This should be implemented by the end of November 2018. In turn, it is hoped that this will improve productivity, thus reducing abstractions, improve availability of resources and reduce incident response times. Jim concluded by providing assurance to colleagues that this is a high priority area and complex solutions are in place to resolve any issues.

A lengthy discussion ensued around data and Irene Oldfather highlighted yesterday's data where 21 cases fell within the profile and asked if this was good data to look at the interventions to help to resolve issues. Jim advised that the current mechanism of looking at median response and 90th percentile response allowed for both a broader sense of the experience of the vast majority of patients, but also allowed for a more detailed analysis of those patients beyond the 90th percentile, as this is where a significant opportunity to improve patient experience can be found.

Tom Steele commended the clarity of the presentation which recognises the importance of the issue and felt reassured that the Service has a clear plan to address any issues.

The Committee thanked Jim for his comprehensive presentation and noted the update.

ITEM 6 PERSON CENTRED CARE

6.1 Patient Experience Update

Alan Martin, Patient Experience Manager referred members to the Patient Experience Update which was circulated with the papers for today's meeting and apologised to the Committee for the content of the compliments section and advised that this will be anonymised in the future. In terms of compliments Alan went on to report that 666 compliments have been recorded within the Care Opinion Website this year so far. At present it is difficult to measure the themes, but hopefully with the implementation of the feedback module of Datix this will provide a more robust measurement framework going forward.

Alan went on to state that the recent Patient Focus Public Involvement (PFPI) Steering Group meeting attracted a very large audience which included representatives from charities and patient representatives. The meeting involved presentations on the Patient Needs Assessment (PNA), Alternative Communications, the new Paramedic Degree Programme as well as discussions on advanced paramedics and paramedic prescribing. Feedback from this meeting was very positive and the next meeting of the group is planned for January 2019.

In terms of complaints, Alan advised that the Service is currently moving towards using the Datix system for recording complaints and a final meeting has taken place with the Risk Manager to build the interface. It is hoped that the Service will move over to this system in the New Year. Latest results indicate that Stage 1 complaints compliance is currently 57.7% which

is up from 54.6 for the same period last year. Stage 2 complaints compliance is currently 64.4%, down from 74.1% for the same period last year. Complaints compliance and the handling of complaints is a priority and the topic continues to be a standing item on the weekly Executive Team meeting. A range of actions are being taken across the Regions and ACCs to improve complaints handling and the Executive Team received a briefing from each director at the most recent weekly meeting outlining actions they are taking as below:-

- East Region is piloting a revised complaints handling procedure and introducing new Quality Improvement methods;
- West Region have carried out Quality Improvement sessions, with new allocation processes implemented to ensure workload is more evenly distributed across the Region to maximise efficiency;
- North Region is working on Stage 1 compliance with Quality Improvement sessions undertaken in the Region to improve efficiency of all processes;
- ACC continues to manage the highest percentage of complaints in the Service and the Head of Professional Standards is currently supporting the 3 ACC Regional Control Managers as their role is changed to Patient Experience Managers;

Nationally more work is required to improve the quality of complaints handling and Alan reported that he has been in contact with the SPSO Training Lead to glean information surrounding a 'Train the Trainer' Course whereby the Service could have its own complaint handling trainers delivering an SPSO course. An application for funding has been submitted to Leadership & Learning and if accepted it is hoped that this course will be delivered in spring 2019. The top five complaint themes are delayed response, attitude and behaviour, clinical assessment, PTS cancellations and calls not being upgraded.

Neelam Bakshi welcomed the amount of work which has been undertaken in relation to complaints procedures and stated that it was good to see the pace gathering around this work. Neelam then referred to the SPSO tracker and in particular the timescales around the work detailed within this. Neelam commented that the first column of the tracker looks as though it should be the date the issue has been raised, but this is in fact an SPSO Reference number and stated that it would be good to have an idea of timescales included for each of the items.

In terms of the Datix module Francis Tierney asked what the feedback module is and why this was only looking into positive comments. Alan went on to explain that this is an online database and at the moment the incident management software is only tailored for positive feedback. Francis highlighted that when negative complaints come through on Care Opinion, an awareness is highlighted of the complaint, but feedback is not received and it would be good to see the outcomes too. It was highlighted that within the feedback module of Datix that we could look to have the Care Opinion feedback incorporated. It was agreed that Claire Pearce review this report in terms of this being more comprehensive going forward.

Irene Oldfather then highlighted that there is an advantage in having standardised national guidance for all Regions which may deal with the high level problems. Martin Togneri reiterated that it was good to see the plans for action, but as we are dealing with a relatively small number of complaints, would a more centralised response be more appropriate. Pauline stated that recent unpublished data for NHS Scotland for 2017/18 shows that the Service are performing better than average across the NHS. The Service aims to spread the learning from the 3 Regions across the Service, taking cognisance that there will be localised differentials.

It was agreed that timescales for the SPSO Tracker should be included on future reports.

Action/s: 2. Alan Martin to incorporate timelines on future iterations of the SPSO Tracker.

The Committee noted the report.

ITEM 7 PATIENT SAFETY

7.1 Significant Adverse Event Report

Derek Louttit, Clinical Risk Manager referred members to the Significant Adverse Event Review Update Report circulated with the papers for today's meeting and reported that Significant Adverse Event Review – WEB42369 was subsequently determined to not meet the SAER criteria e-classified, but had been subject to the full SAER process and did result in important learning. This was a very complex case with human factors involved and Derek highlighted that it was important to capture the learning from this incident and Jim Ward has an action to introduce the Healthcare Professional Hospital Booking Guide to ensure documented guidance is understood by and consistent between Scottish Ambulance Service staff, Ambulance Control Centres and healthcare professional both in primary and acute settings. .

Derek then highlighted that 548 Datix incidents have been received since the last meeting of the Committee, with 149 of these incidents marked as clinical. Of those, 13 Situation Background Assessment Recommendation (SBAR) Reports were requested, with no Significant Adverse Event Reviews launched as a result.

In terms of the SAER action tracker the Committee highlighted that most of the actions would appear to be overdue with updates requested, but not received. Derek advised that he follows the agreed escalation process for action. The Committee also highlighted that it would be helpful to grade the risks and the actions to ascertain if this was actually the root cause which led to the SAER. It was agreed that Derek would work with Jim to bring something back to the Committee which relates action to root cause.

Action/s: 3. Derek Louttit and Jim Ward to work to review progress against SAER actions and relate actions to root cause.

The Committee noted the report.

7.2 Clinical Risk Report

Derek referred members to the Clinical Risk Register Update Report which was circulated with the papers for today's meeting and asked the Committee to note that there are 2 High risks on the Register which have been updated by Jim Ward, Medical Director. There are 9 risks on the Register in total and these are all reported through the National Clinical Operational Governance Group.

The Committee noted the report.

7.3 Clinical Governance and Patient Safety Report

Keith Colver, Clinical Governance Manager, referred members to the Clinical Governance and Patient Safety Update which was circulated with the papers for today's meeting and highlighted that the Patient Safety Manager's post will be advertised tomorrow, 15th November 2018. In

terms of Mental Health and additional resourcing, Irene Oldfather asked what the time frame was around this and what model the Service were looking to develop. Jim Ward advised that Daniel Rankin is co-ordinating the Service's approach in relation to mental health with a new Mental Health Project Manager recently appointed. An update draft of the Service Mental Health Policy has been developed and work is ongoing with NHS24 understanding demand and triage, looking at data in terms of interventions. Work is progressing with Distress Brief Interventions, but there is much work still to be done.

The Committee noted the report.

ITEM 8 EFFECTIVENESS

8.1 Infection Prevention & Control Update Report

Susan Wilson, Head of Infection Prevention & Control referred Committee members to the Infection Prevention & Control Update paper and highlighted that the Standard Infection Control Precautions (SICPs) compliance for the Service overall and each region/sub-region remains well above the 90% compliance target (median 96%). The Service overall hand hygiene compliance improved between August and October and is being maintained above the 90% target and the Service continues to perform well against national cleaning standards (NCSS).

The Infection Control Committee was informed at its October meeting that testing of a powered respiratory device that provides FFP3 level protection will be starting at Dunfermline Ambulance Station. This strand of work is being led by the Health & Safety Department and there have been concerns in terms of the level of protection for staff. Problems have been identified with face fit testing and the testing of the use of powered respirators which is underway, could potentially remove the requirement for re-fitting staff every 2 years. There would be a significant cost to the Service for the powered respirators initially, but it is anticipated that these costs would level over time. Pauline stated that the Executive Team are sighted on this work and any recommendations will come back through the Board as this will be a significant investment to the Service.

The Committee noted the report.

8.2 Education Update

Tony Devine, Assistant Head of Education and Professional Development referred to the Education Update which was circulated with the papers for today's meeting and asked the Committee if they had any questions in relation to the Report. Francis Tierney asked for clarification of the acronym DipHE which Tony confirmed is Diploma in Higher Education.

The Committee noted the report.

8.3 New Clinical Response Model Update

Jim Ward, Medical Director referred members to the New Clinical Response Model (NCRM) Pilot Evaluation Report and Executive Summary which is submitted to the Committee to endorse the conclusions and recommendations in the report. The report is based on 18 months of data since the launch of the NCRM pilot and presents the key findings and associated conclusions and recommendations. Areas identified for further improvement are:-

- Improvements in survival for patients in our highest acuity category;
- Stable interventions and outcomes for patients in other categories, despite increases in high acuity demand;
- Patients in lower acuity categories currently experiencing delays in response;
- Recommendations for changes in performance indicators;

Jim went on to explain that a presentation has been given to the Board around the data which was also presented to the NCRM Group and Clinical Advisory Group who have endorsed the content from a clinical perspective.

In terms of Purple Response Category Jim highlighted that this refers to the highest acuity patients and around half of the patients in the purple category are in cardiac arrest. There has been a significant improvement in 30 day survival in this category since the introduction of the NCRM pilot. Time based responses in both the red and purple categories have been maintained at stable levels over time despite significant fluctuations in demand, and are within time based indicators established for monitoring during the NCRM pilot period. In terms of the Amber Response Category the modelling demonstrated a cohort of patients who had a high requirement for diagnosis and conveyance to definitive care but low requirement for immediate resuscitation. Findings identified no increase in cardiac arrest rate for patients moved from Cat A to Amber response category with response times well maintained. Yellow Response Category was previously discussed under the Hot Topic Agenda item which identified areas of improvement for non time critical patients who experience delays in response. Jim stated that this NCRM pilot report represented a strong narrative and used both clinical outcome and time based data to make a strong case for full adoption and sets the foundations for the further improvement in the care provided by SAS and its wider contribution to Scotland's health and care service.

A discussion ensued and Francis Tierney referred to the Stirling University Evaluation Report, stating that the findings were not generalised to the whole year. Jim stated that the Stirling Evaluation had looked at 3 years of January data (2016, 2017 and 2018) and undertook a longitudinal study at times where the system was under the biggest stresses. The report is currently with Scottish Government colleagues and is embargoed at the time of the meeting.

Irene Oldfather highlighted the recommendation around creating quality indicator measures that focus on patient and staff outcomes and stated that the Service are moving in a good direction, but asked if consideration has been given within the softer outcomes protocols around dealing with patients with dementia. Jim highlighted that there is an issue around patient experience in terms of emergency response and conveyance and it is important that supporting information in the system needs to be available. Most of the data relates to emergency situations, but the Service is changing as we move towards a whole system of care including mental health. Tom highlighted that dementia patients with anticipatory care plans should already be known to the system and this information should be available to the crews attending. Pauline highlighted that Claire Pearce, Director of Care Quality & Strategic Development is undertaking a piece of work around patient experience and feedback.

The Committee endorsed the conclusions and recommendations in the report.

8.4 Clinical Services Transformation Programme Update

Jenny Long, Clinical Services Transformation Programme Director highlighted key points from the CST Programme update and stated that development continues to be made to the NCRM.

An alternative response (AR) desk has been introduced for Community First Responders which is positively impacting on call volumes. The Adult Major Trauma Triage Tool is now embedded in the Electronic Patient Record and is live in the North of Scotland and new roles of Advanced Practitioners to support the extension of the Advanced Practitioner trial into the South East Trauma Region are in place. In terms of Specialist Paramedics Jenny highlighted that work is ongoing with colleagues in Tayside and North to see how this can be spread across the Service.

The Committee noted the update report.

ITEM 9 COMMITTEE GOVERNANCE

9.1 Internal Audit Risks and Actions

Andrew Parker provided the Committee with a short overview of the Internal Audit Risks and Actions, highlighting that none of the risks were placed in the high or very high category. There are currently 2 risks on the Register which are not yet due and by way of update Andrew provided the following information:-

Y18-19.01 Assurances were provided to the Committee that the due date will be met.

Y18-19.02 The Committee were advised that a 3 to 6 month extension may be required in respect of this Risk.

Martin Togneri stated that the Committee need information to understand why an extension is required and it was agreed that Jim Ward and Andrew will have a conversation out with today's meeting and a report will be brought back to the next meeting of the Committee.

Action: 4. Jim Ward and Andrew Parker to discuss extension to Internal Audit Risk Y18-19.02 and bring back a report to the next meeting of the Committee.

The Committee noted the report.

9.2 Action Tracker

The Committee reviewed and updated the Action Tracker as below:-

69/8.1	Meeting still to be arranged with Police Scotland. It was agreed that the status of this action should be changed to Red.
70/3	Sarah Stevenson preparing self assessment document for Health Improvement Scotland. Duty of Candour currently progressing through the Governance cycle and will come back to Committee meeting in February 2019.
70/5	Stella MacPherson in attendance at meeting on 15/11. Conversations will take place outwith today's meeting and then taken forward if this is a viable option.
71/7.1	It was agreed that this Action could now be closed, but will be remitted to the SAER Action Tracker.
71/7.3	Due to sickness and recruitment to the Patient Safety Manager post the Committee agreed to extend the date on this Action to February 2019 and the status of the Action should be changed to Red

71/8.1	Revised TORS have been completed by respective groups and are with the Board Secretary to ensure processes are complete. TORs will come back to the next meeting of the Committee. It was agreed that the date of this Action will be extended to February 2019 with Amber status.
72/8.1	Discussion around Non Compliance of the PVC Bundle to be added to the February Committee Agenda.

ITEM 10 ITEMS FOR NOTING

10.1 Infection Control Committee Update/Minutes

The Committee noted the minutes.

10.2 Clinical Advisory Group Update/Minutes

The last meeting of the Group was devoted to an extended discussion on NCRM. Revised Terms of Reference currently with the Board Secretary.

The Committee noted the update.

10.3 National Clinical Operational Governance Group Update/Minutes

Minutes from NCOG meeting of 15th August were approved at the meeting on 2nd November 2018 and will be submitted to the Committee for noting at the next meeting.

The Committee noted the update.

10.4 Medicines Management Group Update/Minutes

Minutes from the most recent meeting were signed off at the Medicines Management Group meeting last week and will be submitted to the Committee for noting at the next meeting.

The Committee noted the update.

10.5 Research, Development and Innovation Group Minutes

The Committee noted the minutes.

ITEM 11 ANY OTHER BUSINESS

No items of other business were raised.

ITEM 12 DATE OF NEXT MEETING

Dates are being finalised with members and will be circulated to Committee members as soon as possible.