

NOT PROTECTIVELY MARKED

Public Board Meeting		31 May 2023 Item 17
THIS PAPER IS FOR NOTING		
CLINICAL GOVERNANCE COMMITTEE MINUTES OF 13 FEBRUARY 2023 AND VERBAL REPORT OF 15 MAY 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 13 February 2023 were approved by the Committee on 15 May 2023. A verbal update of the meeting held on 15 May 2023 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.	
Corporate Risk Identification	Risk 4636 – Health and wellbeing of staff Risk 4638 – Wider system changes and pressures	
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**
University National NHS Board



**MINUTE OF THE NINETIETH (90th) CLINICAL GOVERNANCE
COMMITTEE AT 10.00AM ON MONDAY 13 FEBRUARY 2023
VIA MICROSOFT TEAMS**

Present: Stuart Currie, Non-Executive Director (Chair)
Liz Humphreys, Non-Executive Director and Whistleblowing Champion
Irene Oldfather, Non-Executive Director (*until 12:00*)
Carol Sinclair, Non-Executive Director

In Attendance: Dave Bywater, Lead Consultant Paramedic
Vicky Burnham, Head of Education and Professional Development
Sarah Freeman, Head of Infection Prevention and Control
Pippa Hamilton, Committee Secretariat (notes)
Julie King, Service Transformation Manager
Alan Martin, Patient Experience Manager
Robert Mason, Patient Representative
Tim Parke, Associate Medical Director
Emma Stirling, Director of Care Quality and Professional Development
James Ward, Medical Director

Apologies: Keith Colver, Clinical Governance Manger – Guidelines
Cheryl Harvey, Associate Director of Education and Professional Development
Pauline Howie, Chief Executive
David Robertson, Regional Director West
Tom Steele, Board Chair
Francis Tierney, Non-Executive Director

ITEM 1 WELCOME AND APOLOGIES

Stuart Currie welcomed everyone to the meeting. Apologies were noted as above.

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.

Doc: 2023-02-13 CGC Approved Minutes	Page 1	Author: Committee Secretariat
Date: 2023-02-13	Version 1.00	Review Date: N/A

- Liz Humphreys - Non-Executive Director, Public Health Scotland, and Trustee Scottish Association for Mental Health.

ITEM 3 MINUTES OF MEETING HELD ON 14 NOVEMBER 2022

The minutes of the meeting held on 14 November 2022 were reviewed and it was noted that the word “tubular” should be removed from item 7.3, third paragraph.

Subject the above change the minutes were approved as an accurate record of the meeting.

Action:

1. **Secretariat** to amend minutes by removing the word “tubular” from item 7.3 third paragraph

ITEM 4 HOT TOPIC – AMBULANCE CONTROL CENTRE INTEGRATED CLINICAL HUB

Jim Ward presented Committee with a comprehensive and informative presentation on Ambulance Control Centre (ACC) Integrated Clinical Hub.

The presentation highlighted that as part of the Service’s response to the COVID-19 pandemic it was recognised that there was opportunity to manage the needs to patients with specific clinical presentation in a way that better met their needs, which allowed the Service to protect resources for critically ill people and have a positive impact on the wider NHS.

Jim highlighted that by utilising the skills of Advanced Practitioners (APs) a model of remote clinical triage and assessment via telephone and video calls was introduced in 2020, which resulted in around 35% of patients being supported out with a traditional ambulance response. Further senior clinical decision making was introduced to ACC in 2022 following a £3.8m funding package to support system pressures, by augmenting the AP model with General Practice (GP) Advisors. The impact of the introduction of GP Advisors resulted in around 64% of their calls being managed in a way which did not require an ambulance response, but support from other parts of the health and care system.

It was highlighted that the key objective of the Integrated Clinical Hub was to offer a clinical assessment and tailored management of patients presenting with non-immediate life-threatening conditions utilising the principles of realistic medicine. The Integrated Clinical Hub managed the flow of patients from point of call to outcome which may include self-care, onward referral to another pathway or the dispatch of a conveying resource. The approach of personalised clinical assessment is centred around the needs to the patient and enables shared decision making and improved outcomes for both patient and the wider health and care system. It also enables managing demand differently which positively influences the entire system including demand on Emergency Departments and avoiding unnecessary hospital admission and creating capacity to allow the Service to respond to the most acutely unwell patients in a timely way.

Jim advised that as the Integrated Clinical Hub continues to embed within the Service as an integral element of our “chain of response”, focus remains on how this clinical structure is fully integrated to continually strengthen the system. The Integrated Clinical Hub remains one of the Service’s most critical strategic investments and priorities due to the benefits being realised whilst aligning closely to our vision of saving more lives, reducing inequalities and improving health and wellbeing.

In summary Jim highlighted the patient and system benefits of the Integrated Clinical Hub:

Doc: 2023-02-13 CGC Approved Minutes	Page 2	Author: Committee Secretariat
Date: 2023-02-13	Version 1.00	Review Date: N/A

Patient Benefits

- Strong patient satisfaction
- Timely access to senior clinical support
- Identification of serious illness or injury
- Utilisation of community resources in line with Unscheduled and Community Care Pathways
- Reduction in duplicate and ETA call volumes.

System Benefits

- Increased ambulance availability
- Quicker response to ill and injured people
- Reduced ambulance attendance
 - Improved rest break compliance
 - Improved end of shift compliance
- Reduced conveyance
 - Reduced handover delays at Emergency Departments
 - Reduced admissions.

Members noted that the next steps for the work included:

- Continue the “integration” process
- More opportunities for Technicians and Paramedics
- Increase call volumes for remote consultation
- Information Technology
- More pathways and interfaces
- Secure funding

Stuart Currie thanked Jim for the presentation. Carol Sinclair commented that the numbers and data contained within the presentation were extremely positive.

Liz Humphreys commented on the positive overall story and asked in relation to funding as mentioned in the next steps, what the barriers were in achieving this. Jim advised that the Service are working closely with partners across the system including a number of out of hours services and the Urgent and Unscheduled Care Collaborative with a view to opening up as many options as possible to the Service. Jim added that there are many and varied pathways and close work was being undertaken with the Pathway Navigation Hub and Regional colleagues in relation to communication and availability of services.

Liz added that the work being undertaken provides a comprehensive view of the challenges being faced with the Service, raising the bar to work differently, however the rest of the system required to take the same approach. Jim advised that work is underway to closely work with the rest of the system and added that the Scottish Government are supportive of the Redesign of Urgent Care and are working with all Boards on a whole system approach.

Jim added that there had been some fantastic recent examples of innovation across the whole system, including all Boards having a Flow Navigation Centre in place which works 24/7 along with Call Before You Convey.

Members thanks Jim for the informative presentation.

Doc: 2023-02-13 CGC Approved Minutes	Page 3	Author: Committee Secretariat
Date: 2023-02-13	Version 1.00	Review Date: N/A

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 continued increase in complaints compliance with a compliance rate of 92.6% for Stage 1 complaints and 89% for Stage 2 complaints.

Alan Martin advised that the last meeting of the Learning from Events Group (LfEG) went well with the meeting taking new focus and direction to ensure the work of the Group is fully integrated into the Clinical Governance Framework and ensuring a closer link with the National Clinical Operational Governance Group (NCOGG).

Members noted the reduction in SAERs commissioned in the period 01 January 2022 – 31 December 2022 (48) compared to (64) in the same period for 2021.

Irene Oldfather commented on the fantastic improvements in complaints compliance. Irene added that she was pleased to see the work progressing in relation to the trial of mental health training following a request from Scheduled Care Call Handlers.

Irene added that she was aware of calls for the Patient Safety Commissioner to review individual patient experience cases and asked if any thought had been given by the Service on how it will be linking into the Patient Safety Commissioner.

Alan Martin advised in relation to the Patient Safety Commissioner, the Service are in engagement with the Scottish Government in relation to this however discussions are still in their infancy. Alan added that the Healthcare Improvement Scotland (HIS) Framework development remained ongoing and would be completed ahead of the Patient Safety Commissioners being appointed. Alan reminded members that the Service are being recognised as having an individual voice given the differences between SAS as pre hospital care, and other Health Boards.

Carol Sinclair advised that she was pleased to see that SAER training continues to be offered to staff throughout the Service who carry out SAERs to ensure quality, compliance and confidence. Carol added that she would like to understand the totality of SAERs and the contextual data of the total activity.

Liz Humphreys commented that the Learning from Events Group is critical to the cycle of learning to ensure that things improve and are being reflected on. Liz suggested that work may require to be undertaken in relation to Committee agenda items and linked papers to ensure that Committee received joined up assurance adding that there was a degree of duplication of themes within this report and that of the Clinical Governance and Patient Safety report and SAER report.

Jim Ward thanked members for their comments and suggestions and advised that he would have a discussion with Emma Stirling, Alan Martin and Keith Colver to take work forward in relation to the subsequent Committee reporting.

Doc: 2023-02-13 CGC Approved Minutes	Page 4	Author: Committee Secretariat
Date: 2023-02-13	Version 1.00	Review Date: N/A

ITEM 5.2 CLINICAL RISK REGISTER

Dave Bywater presented the Clinical Risk Register to members and advised that all updates to the Clinical Risk Register since the last Committee meeting were highlighted in red. Members noted that there were currently 5 open Clinical Risks contained within the Register.

Liz Humphreys asked if Committee were content to have one comprehensive risk in terms of patient harm or do members require to see the underlying detail. Jim Ward reminded members that the clinical workstreams have risk registers which are monitored and managed by the teams with items from these risk registers being escalated to the Clinical Risk Register if required. Jim added that risks are monitored through the Performance and Planning Steering Group (PPSG).

Dave Bywater commented that risk 4930 and risk 4625 were similar and suggested that these could be combined into one risk. Dave added that he also proposed that risk 5243 be moved from a high risk level to medium following the development and circulation of an Service wide SBAR on 6 February 2023.

Members approved that risks 4930 and 4625 should be combined into one risk and that 5243 be moved to a risk level of medium.

Carol Sinclair advised that Sarah Stevenson, Risk Manager carries out annual reviews of all risks to ensure these are reviewed and escalated as required. Carol added that the Service has a robust risk management process in place.

Action:

- 2. Lead Consultant Paramedic/Medical Director** to amend Clinical Risk Register to combine risks 4930 and 4625 and amend risk 5243 from a high to medium risk level.

ITEM 6 PATIENT SAFETY

ITEM 6.1 CLINICAL GOVERNANCE AND PATIENT SAFETY REPORT

In the absence of Keith Colver, Jim Ward 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.

Jim Ward advised that as discussed previously during the meeting there was a degree of duplication of themes within this report and that of the Patient Experience and SAER report and that he would reflect on the presentation of future reporting with the team ahead of the next Committee meeting. Jim acknowledged the amount of work carried out by the team in the last quarter, given the pressures on the Service and that the Service had been in REAP level 4.

Liz Humphreys added that the highlighting of overlap of information within the papers was by no means a criticism of the team or the quality of the information provided to Committee.

Committee members echoed Jim's comments and passed on its thanks to the team for the incredible work carried out given the pressures.

Action:

- 3. Medical Director** to discuss and reflect on the presentation of future Committee agenda and reporting ahead of the next Committee meeting particularly around

Doc: 2023-02-13 CGC Approved Minutes	Page 5	Author: Committee Secretariat
Date: 2023-02-13	Version 1.00	Review Date: N/A

Patient Experience and SAERs, Learning from Events Group and Clinical Governance and Patient Safety reports with **Director of Care Quality and Professional Development, Patient Experience Manager and Clinical Governance Manager (KC)**.

ITEM 6.2 CHANGES TO UK MEDICAL DEVICE REGULATIONS 2023/24

Jim Ward asked members to note the information received by the Service to ensure awareness of changes to UK Medical Device Regulations in 2023/2024. Jim added that the process to develop new UK Medical Device Regulations by the UK Regulator was underway with new regulations due to come into effect as a two phased approach. It was noted that the information has been shared to enable Boards to prepare for the proposed changes to the regulatory structure. Jim advised that the Clinical Governance Manager for Medicines and Equipment would provide updates to Committee regarding the impact of these regulatory changes to the Service.

Carol Sinclair highlighted that the changes would have significant implications for all Boards and Health and Social Care Partnerships.

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.

Sarah highlighted that the IPC team have completed the monitoring of Standard Infection Control Precautions at emergency departments with an overall compliance of 92% which remains above the 90%, however this had fallen from the score in 2021 which was 96%. Sarah added that the Infection Prevention and Control (IPC) team plan to re-audit selected areas during February and March, whose scores were lower than the previous year. Sarah noted that the IPC team met with the Regional Directors to advise of the results and the need to continually improve IPC for the safety of patient and staff with a number of avenues identified for exploration during these discussions.

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

ITEM 7.2 EDUCATION UPDATE

Vicky Burnham presented the paper which provided an update on the developments within the Education and Professional Development Department which covered the undernoted areas:

- Ambulance Care Assistant Programme
- Ambulance Technician Programme
- Diploma in Higher Education – Paramedic Practice
- BSc Paramedic Education
- Progression route for Technician to Paramedic
- Newly Qualified Paramedics
- Learning in Practice (LiP)
- Alignment with Demand and Capacity Programme

Doc: 2023-02-13 CGC Approved Minutes	Page 6	Author: Committee Secretariat
Date: 2023-02-13	Version 1.00	Review Date: N/A

Liz Humphreys suggested Education as a future hot topic for Committee, focusing on the implications of the challenges for delivery of the strategy.

Carol Sinclair thanked Vicky for the paper and added that the paper clearly highlights the challenges faced by the Education and Professional Development Department (EPDD) and asked what learning had been taken from the digital world and hybrid model of learning.

Emma Stirling added that the EPDD were continuing to work to ensure the balance of both digital and face to face learning, whilst making sure that learning was not defaulting to digital and ensuring that the benefits of face-to-face learning remained in place along with a cost effective model.

Vicky Burnham provided assurance that a blended learning model remained, adding that staff found this beneficial as it enabled them to undertake learning at their own pace and to go back and review their work if necessary. Vicky added that feedback from staff continues to be collected to ensure effectiveness of the model.

Stuart thanked Vicky for the comprehensive update on the volume of work ongoing within the Education and Professional Development Department.

Action:

- 4. Secretariat** to add Education as a potential “Hot Topic” to the Committee Workplan.

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 aligned to the undernoted portfolios:

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

Julie advised that work continued to increase the use of data to illustrate progress against aims and objectives.

Carol Sinclair noted that within the Out of Hospital Cardiac Arrest highlight report section 2.2, “summary of progress against aim” reported no progress and only outlined the aims. Carol added that she would welcome the use of data and charts within the highlight reporting to be standardised throughout all reports.

Liz Humphreys commented that she would welcome more reflections included within the cover paper for future reports.

Julie King thanked members for their comments and advised that she would take this forward for the next reporting cycle.

Action:

- 5. Service Transformation Manager** to ensure that all data and charts within highlight reporting was standardised and that more reflections are included with the cover paper for future Committee reporting.

Doc: 2023-02-13 CGC Approved Minutes	Page 7	Author: Committee Secretariat
Date: 2023-02-13	Version 1.00	Review Date: N/A

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:

- There were two open actions relating to clinical audit, both of which have had revised due dates agreed by the Audit Committee given the operational pressures which have been experienced by the Service.
- One action was agreed for closure at the October 2022 Audit Committee meeting.

Jim Ward advised that in relation to audit action 18/19 Patient Records Management, this action had a revised due date of March 2023, however the report on recommendations in relation to the review of Electronic Patient Report (EPR) would be produced by the end of quarter 1 2023 (June 2023). Jim added that he would discuss and review this out within the meeting with Carol Sinclair and James Lucas of KMPG.

Carol Sinclair commented that it was useful to Committee to have the completion status percentages included within the report.

Committee noted the report presented.

Action:

6. **Medical Director** to review and discuss the due date for audit action 18/19 Patient Records Management with Carol Sinclair as Audit Committee Chair and James Luas of KPMG.

ITEM 8.2 WHISTLEBLOWING QUARTERLY REPORT

Emma Stirling presented members with the quarterly Whistleblowing report. Committee noted that 2 concerns were received through the whistleblowing process within quarter 3 2022/23, however neither fulfilled the whistleblowing criteria and were therefore managed through business as usual policies.

Emma added that for the next report themes against the whistleblowing classification would be reported and that a benchmarking exercise would also be undertaken however taking into consideration that the Service is a national board comparing against territorial boards.

Committee noted the report presented.

ITEM 8.3 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 8.4 ACTION TRACKER

The undernoted update was provided to Committee on item 2022/11/06.1:

Emma Stirling advised that a meeting with Keith Colver was still to be scheduled to discuss how updates on whistleblowing can be weaved into future Clinical Governance and Patient

Doc: 2023-02-13 CGC Approved Minutes	Page 8	Author: Committee Secretariat
Date: 2023-02-13	Version 1.00	Review Date: N/A

Safety reports presented to Committee. Members noted the update and agreed that this action could be closed from the action tracker.

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

2022/11/06.1	Quarterly Whistleblowing Report added to Committee Workplan
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Action:

7. **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

None to note.

Stuart Currie thanked everyone for their attendance, discussion, and comments throughout the meeting.

Date of next meeting 15 May 2023.

The meeting closed at 12:40.

Doc: 2023-02-13 CGC Approved Minutes	Page 9	Author: Committee Secretariat
Date: 2023-02-13	Version 1.00	Review Date: N/A