



NOT PROTECTIVELY MARKED

Public Board Meeting

25 May 2022

Item 16

THIS PAPER IS FOR NOTING

**CLINICAL GOVERNANCE COMMITTEE MINUTES OF 28 FEBRUARY 2022
AND VERBAL REPORT OF 16 MAY 2022**

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 28 February 2022 were approved by the Committee on 16 May 2022. A verbal update of the meeting held on 16 May 2022 will be provided by the Chair of the Committee.</p>
Timing	Minutes are presented following approval by the Committee. The Board will receive a verbal update of the most recent Committee meeting from the Chair of the Committee.
Link to Corporate Objectives	The Clinical Governance Committee has responsibility on behalf of the Board to ensure that the appropriate work is undertaken to assess clinical governance within the Service and provide assurance to the Board that the governance arrangements are safe, effective and person centred.
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**
Taking Care to the Patient



**MINUTE OF THE EIGHTY SIXTH (86th) CLINICAL GOVERNANCE
COMMITTEE AT 10.00AM ON MONDAY 28 FEBRUARY 2022
VIA MICROSOFT TEAMS**

Present: Stuart Currie, Non-Executive Director (Chair)
Irene Oldfather, Non-Executive Director
Carol Sinclair, Non-Executive Director
Tom Steele, Board Chair
Francis Tierney, Non-Executive Director

In Attendance: Keith Colver, Clinical Governance Manager – Guidelines
Gareth Clegg, Associate Medical Director
Frances Dodd, Director of Care Quality and Professional Development
Sarah Freeman, Head of Infection Prevention and Control
Pippa Hamilton, Committee Secretariat (notes)
Mark Hannan, Head of Corporate Affairs and Engagement
Cheryl Harvey, Associate Director of Education and Professional Development
Drew Inglis, Associate Medical Director – ScotSTAR
Alan Martin, Patient Experience Manager
Andrew Parker, Clinical Governance Manager - Medicines
Gary Rutherford - Patient Safety Manager
James Ward, Medical Director
Gareth Evans, Associate Medical Director (*observing*)

Apologies: Pauline Howie, Chief Executive
Liz Humphreys, Non-Executive Director and Whistleblowing Champion
Julie King, Service Transformation Manager
Robert Mason, Patient Representative

ITEM 1 WELCOME AND APOLOGIES

Stuart Currie welcomed everyone to the meeting. Committee extended the welcome to Gareth Evans, the newly appointed Associate Medical Director of Primary and Urgent Care, who had joined the meeting to observe.

ITEM 2 DECLARATIONS OF INTEREST RELEVANT TO THE MEETING

Standing declarations of interest were noted:

- Stuart Currie in his capacity as Non-Executive Director, The State Hospital.
- Irene Oldfather, Director of Scotland's Health and Social Care Alliance and Voting Member, Flu Vaccine and COVID Vaccine Programme Board (FVCV)

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- Carol Sinclair, Chief Officer, Public Health Scotland and Trustee, Scotland's Charity Air Ambulance
- Liz Humphreys - Non-Executive Director, Public Health Scotland, and Trustee Scottish Association for Mental Health.

ITEM 3 MINUTES OF MEETING HELD ON 15 NOVEMBER 2021

The minutes of the meeting held on 15 November 2021 were reviewed and the undernoted amendment was requested. Members approved the minutes subject this change being made.

- Item 5.2 Whistleblowing Update – wording to be amended to read, “*Members welcomed the report and suggested that it may be useful for learning to be taken from broader themes which would then inform the work in relation to Safety I and Safety II*”.

Action:

1. **Committee Secretariat** - amend 15 November 2021 minute with agreed wording change.

ITEM 4 HOT TOPIC – DATA LINKAGE UPDATE. CARDIAC ARREST AND STROKE

Committee received a comprehensive and informative presentation from Gareth Clegg, Associate Medical Director. Members were reminded that a presentation was provided on measurement and plans for the development of a new suite of indicators at the May 2021 Committee.

Gareth advised that since May 2021, work had been undertaken to develop the work further in relation to the measurement and evaluation of data and advised that this “Hot Topic” item aimed to provide an update on the work being undertaken.

Gareth provided members with a presentation which provided detailed data analysis on the measurement and evaluation framework for Cardiac Arrest and Stroke including key outcomes and benchmarks, process measures and balancing measures.

Committee noted the measures and detailed data presented on the undernoted areas between April 2021 and November 2021 for Cardiac Arrest:

- Number of Out of Hospital Cardiac Arrests (OHCA)
 - Ambulance Control Centre Suspected OHCA
 - OHCA not worked
 - Worked Arrest
- CHI Linkage rate for OHCA incidents
- Initiation of Resuscitation for OHCA
 - Assessed survival rate vs treatment rate
- Conveyance – OHCA where patient was transported to hospital with resuscitation ongoing
- Futile Resuscitation Data
- 30 Day survival
- Impact on COVID on OHCA survival
- Return to spontaneous circulation (ROSC)
- Bystander CPR
- Public Access Defibrillator usage

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- “Utstein Comparator” 30 Day survival (*witnessed OHCA who present with a shockable rhythm*)

Committee noted the measures and detailed data presented on the undernoted areas for Stroke:

- Volume of calls triaged as stroke at Ambulance Control Centre (ACC)
- Volume of incidents ambulance crew suspected strokes
- Volume of incidents ambulance crew identified pre-alert stroke (PAS)
- On-scene time of conveying resource for pre-alert strokes
- Stroke On-scene times – International Comparison
- On-scene observations and interventions for pre-alert strokes
- Time from call to hospital arrival for pre-alert strokes
- Time from call to start if thrombolysis for pre-alert strokes

Members noted that the next steps for this work included:

- Complete process of report preparation
- Pursue access to key data sources
- Increase “in house” analytical capacity
- Ethical approval to publish findings.

Members discussed the presentation and noted with interest the international comparative data contained within the presentation.

Jim Ward added that as a national organisation, the Service also needs to look elsewhere to see what good looks like and look inwardly at the data. Jim added that Scotland was hosting the EMS conference this year from 4th – 6th May which will bring together other ambulance services and a wider perspective of this work.

Tom Steele added that now that more measures are available, thought requires to be given to the information to be brought forward to the Board for reporting and output measures.

Frances Dodd asked for clarification on why ethical approval was required to publish the data. Gareth advised that the Service would be able to publish its own data, however when linked data is used ethical approval would be required.

Jim Ward suggested that Board reporting should include agreed high level information with aggregated data at a more granular level being presented to the Clinical Governance Committee.

Committee thanked Gareth for the informative presentation and discussion.

ITEM 5 PATIENT CENTRED CARE

ITEM 5.1 PATIENT EXPERIENCE AND LEARNING FROM ADVERSE EVENTS

The Committee were provided with a comprehensive paper on 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.

Irene Oldfather suggested that the language used within page 5 of the report “the top 5 themes of complaints have remained stable over the last 3 years”, suggested that this was a positive thing. Alan Martin confirmed that it was not the intention for the sentence referred to, to be seen as positive.

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Irene Oldfather highlighted that within the SPSO section of the report, Datix 4331 referred to an incident on 31 January 2018, however noted that SPSO only undertook a review in June 2020 and asked for further information in relation to the reasons behind the delay. Alan Martin advised that in this particular case, the family took some time following the incident to refer this to the SPSO. Alan added that there was a 9 to 12 month delay by the SPSO to review the case, adding that this was not an unusual timescale for the SPSO. Alan advised that given the complexities of this specific case, further delays were seen as a result of the SPSO requesting feedback from an expert and the Service. Alan provided Committee with assurance that the Service had met all of the required timescales in relation to this case.

Francis Tierney commented that he was pleased to see within the paper reference made to a Mental Health inclusion module and added that he welcomed the increased attention being given to mental health rather than physical health.

Carol Sinclair highlighted that the information contained within the report in relation to Care Opinion seemed to be the same narrative reported to each Committee and asked that it was ensured that updated data be presented to future Committee meetings.

Action:

- 2. Patient Experience Manager/Director of Care Quality and Professional Development** to ensure that Care Opinion narrative and data presented to future committee meetings is updated to reflect accurate and up to date data for the reporting period since the last Committee meeting.

ITEM 5.2 CLINICAL RISK REGISTER

Jim Ward presented the Clinical Risk Register which was noted by members. Jim provided Committee with assurance that the risk in relation to the Corpuls Defibrillator remained an area of high priority with work continuing.

ITEM 6 PATIENT SAFETY

ITEM 6.1 CLINICAL GOVERNANCE AND PATIENT SAFETY REPORT

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

Members noted that the paper included a separate section in relation to the Copuls Defibrillator to ensure visibility of the ongoing work in this area. Keith added that a dedicated defibrillator risk register has been developed and managed by the defibrillator short life working group. Members welcomed the development of the dedicated risk register.

Carol Sinclair noted that within the SORT update included in the report, “cohorting” of patients was referred to and asked what was involved in “cohorting”. Keith advised that as a result of lengthy turnaround times at hospitals, SORT clinicians attended Emergency Departments to enable crews to be released to respond to calls. Carol thanked Keith for the clarity.

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ITEM 7 EFFECTIVENESS

ITEM 7.1 INFECTION PREVENTION AND CONTROL UPDATE REPORT

Sarah Freeman presented Committee with an update on Infection Prevention and Control work since the last Committee meeting. Carol Sinclair commented that given the significant period of endurance placed on the Infection Control Team, what was the level of risk of not being able to deliver the whole programme of activity.

Frances Dodd provided assurance to Committee that mitigations had been identified to reduce the risk to completion of the Infection Prevention and Control Workplan as a result of other activities requiring priority.

Stuart Currie asked if any plans were in place in relation to interaction with other stakeholders in relation to infection control risks to Service staff, particularly for example, in care home attendance. Frances Dodd advised that work was being taken forward with the Care Inspectorate to explore joint governance around how the Service could connect and share data across both organisations to help people who experience care.

Committee noted the report and the assurance provided within specific areas discussed.

ITEM 7.2 EDUCATION UPDATE

Committee received an update on the developments within the Education and Professional Development Department which covered the undernoted areas:

- BSc Paramedic Education
- Diploma in higher Education Paramedic Practice
- Ambulance Technician Programme
- Ambulance Care Assistant Programme
- Newly Qualified Paramedics
- Learning in Practice (LiP)
- Military Training
- Alignment with Demand and Capacity Programme
- Statutory and Mandatory Training
- Migration to a new learning management system.

Francie Tierney highlighted that within the last page of the report, it is highlighted that the Education Professional Development Department (EPDD) remained in a “highly vulnerable position with limited resilience, with the need to invest in staffing, accommodation and fees in the short and mid term to enable the department to meet the increased demands”.

Frances Dodd advised members that a paper was presented to the Executive Team in December 2021 which detailed additional pay and non-pay costs, however further information was requested. A further paper has been developed following work with the Finance Department to model the workforce requirements of the EPDD which will be presented to the Executive Team at a future meeting. Frances added that the department had seen some slippage within the competency framework and sign off process, however solutions for this were found using the infrastructure currently in place.

Irene Oldfather highlighted that within the Statutory and Mandatory Training section of the paper, it outlined that SAS are not comparable to other NHS Boards which reinforces the need for a rapid review and refresh to meeting the Health and Safety Executive Requirements. Irene asked for assurance that this was on track and if any difficulties were

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predicted, given the relaunch of SAS all staff statutory and mandatory training was planned for April 2022. Frances Dodd advised that a proposal was being put forward to the Executive Team that the current learning management system migrates to Turas Learn, however this was yet to be approved.

Tom Steele noted the significant risk being flagged up within the paper and during the discussion by members with reassurance rather than assurance being provided. Frances Dodd apologised to members for any alarm caused in relation to the reference made within the paper in relation to the vulnerable position of the EPDD. Frances added that narrative within the paper aimed to paint a picture, not to cause alarm. Frances highlighted that solutions were being presented to get resolution, with mitigation currently running in the background.

Stuart Currie asked that Committee be kept apprised of updates on this work, adding that these updates should be provided in the form of a post meeting note to members and subsequently allowing the information to be reported to the Board.

Frances Dodd advised that she would provide a post script of the paper presented and ensure that this provides the right level of information, including work being done, action being taken and the future plan.

Action:

- 3. Director of Care Quality and Professional Development** to provide CGC members with a post script of the Education Update paper to ensure it provides the right level of information including work being done, action being taken and the future plan.

ITEM 7.3 CLINICAL SERVICES TRANSFORMATION PROGRAMME UPDATE

Committee noted the paper presented which provided a high level overview on:

- Senior Clinical Decision Making in the Ambulance Control Centres (ACCs)
- Redesign of Urgent Care
- Drug harm Reduction
- Out of Hospital Cardiac Arrest
- Major Trauma Network
- Stroke and Thrombectomy

Members noted the additional section to the paper on senior clinical decision making within ACCs to provide support to those patients who present with “urgent” rather than “emergency” presentations. Jim Ward advised that in order to deliver this, the Service was in the process of recruiting and inducting experienced GPs to work within the ACC system. Jim added that this was in line with Scotland’s Chief Medical Officer’s vision for all health and care in Scotland to be carried out in line with “Realistic Medicine” principles by 2025.

Members noted having the GPs in place would avoid delays in response, provide access to wider health and care resources whilst ensuring that SAS and Emergency Department resources were protected for high acuity patients requiring rapid response. It was noted that funding for the GPs was secured until March 2023 with a full evaluation of impact being carried out during that period.

Members noted the update and the volume of work ongoing.

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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 no outstanding “high” risk clinical actions on the internal audit tracker.
- Three open actions relating to clinical governance internal audit, all of which refer to Falls Pathway.

ITEM 8.2 CLINICAL GOVERNANCE COMMITTEE WORKPLAN 2022/23

Members noted the Committee workplan for 2022/23 which is presented to each meeting for members’ information with any amendments/additions since the last Committee meeting marked in red for ease.

ITEM 8.3 ACTION TRACKER

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

2021/08/5.2	Patient Experience and Learning from Events – Duty of Candour Reference
2021/11/03	Minutes of Meeting Held on 18 August 2021 Amendments
2021/11/5.1	Mental Health Strategy
2021/11/5.2	Whistleblowing Quarterly Report
2021/11/5.3	Patient Experience and Learning from Adverse Events
2021/11/5.6(a)	Clinical Risk Register Review
2021/11/7.2	Education Update – Aligned to Demand and Capacity Programme
2021/11/7.3	Clinical Services Transformation Programme Update

Action:

- 4. 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 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 PUBLIC PROTECTION ASSURANCE GROUP MINUTES

The Committee noted the minutes.

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Carol Sinclair requested an offline discussion with Frances Dodd in relation to High Intensity Users. It was agreed that Frances would arrange a suitable time to meeting with Carol to discuss further.

Action:

- 5. Director of Care Quality and Professional Development** to arrange a meeting with Carol Sinclair to take forward an offline discussion in relation to High Intensity Users.

ITEM 10 ANY OTHER BUSINESS

No items raised.

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

Date of next meeting 16 May 2022.

The meeting closed at 12:02

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