



NOT PROTECTIVELY MARKED

Public Board Meeting

November 2019

Item 18

THIS PAPER IS FOR NOTING

**CLINICAL GOVERNANCE COMMITTEE MINUTES OF 5 SEPTEMBER 2019
AND VERBAL REPORT OF 7 NOVEMBER 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	<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 5 September 2019 were approved by the Committee on 7 November 2019.</p> <p>A verbal update of the meeting held on 7 November 2019 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.
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 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 SEVENTY SIXTH (76th) CLINICAL GOVERNANCE COMMITTEE AT 10.00 AM ON THURSDAY 5 SEPTEMBER 2019 IN MEETING ROOM 2.12(19), NHQ

Present: Martin Togneri, Non-Executive Director (Chair)
Irene Oldfather, Non-Executive Director
Carol Sinclair, Non-Executive Director
Francis Tierney, Non-Executive Director

In Attendance: Keith Colver, Clinical Governance Manger - Guidelines
Tony Devine, Deputy Head of Education
Pippa Hamilton, PA to Director (notes)
Drew Inglis, Associate Medical Director – ScotSTAR (*in attendance until 11:30*)
Stella MacPherson, Patient Representative
Alan Martin, Patient Experience Manager
Andrew Parker, Clinical Governance Manager - Medicines
Gary Rutherford, Patient Safety Manager
James Ward, Medical Director
Susan Wilson, Head of Infection Prevention and Control

Apologies: Garry Fraser, Regional Director - West
Paul Gowens, Lead Consultant Paramedic
Mark Hannan, Head of Corporate Affairs and Engagement
Pauline Howie, Chief Executive
Jenny Long, CST Programme Manager
Toby Mohammed, Head of Education and Professional Development
Tim Parke, Associate Medical Director – Major Trauma
Claire Pearce, Director of Care Quality and Strategic Development
Tom Steele, Chair

ITEM 1 WELCOME AND APOLOGIES

Martin Togneri welcomed everyone to the meeting and welcomed new member Carol Sinclair to her first Clinical Governance Committee meeting. Martin explained that Committee members would be aware of the standing practice that Internal Auditors would normally attend Committee meetings, and of the recent change in Internal Auditor to KPMG. Martin added that since the change to KMPG, Internal audit have not attended every Committee meeting. It was noted that discussions have taken place with the Board Chair to seek his views. The Chair feels that Internal Audit do not require to be at every meeting, however given that this is a corporate matter the Board Chair would coordinate views of the Governance Committee Chairs and feedback to KPMG accordingly.

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Martin explained that it will be assumed that members and attendees have read the papers and asked that presentations be restricted to developments since the papers were published or matters that needed particular emphasis in the interests of time management. The Committee agreed this way forward for the meeting.

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.

Carol Sinclair as an employee of National Services Scotland.

Irene Oldfather as a Director of Health and Social Care Alliance.

ITEM 3 MINUTES OF MEETING HELD ON 13 MAY 2019

The minutes of the meeting held on 13 May 2019 were reviewed and a number of changes were proposed and agreed. Committee approved the minute subject to the agreed amendments being made.

Action:

- 1. PA to Director** to amend minutes as agreed.

ITEM 4 MATTERS ARISING NOT ON THE AGENDA

None to Note.

ITEM 5 HOT TOPIC

ITEM 5.1 DRUG DEATHS

Gary Rutherford provided Committee with a comprehensive presentation on drug related deaths in Scotland.

Highlights from the presentation included:

- Statistics based on a report from the National Records of Scotland which was published on 16th July 2019, which outlined stats of drug related deaths in 2018 and earlier years, broken down by age, sex, underlying cause of death by NHS Board and Council area.
- Trends in drug related deaths which outlined a 27% rise since 2017, with deaths being predominantly male.
- Drugs contributing to the deaths included; Opiate, Benzodiazepines, Gabapentin, Cocaine, Amphetamines, and Ecstasy all of which have seen an increase since 2017.

Committee noted that in response to the published report, the Scottish Government has established a task force. A meeting is scheduled with the Chair of this task force to understand SAS actual and potential contribution. It was noted that the primary role of the taskforce is to coordinate and drive action to improve the health outcomes for people who use drugs, reducing the risk of harm and death. Gary advised that some of the proposed actions for a public health approach are;

- Decriminalise the act of taking drugs
- Safe administration centres
- Removing the stigma.

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Committee noted that there has been a lot of work carried out in relation to care pathways development for patients in relation to mental health, falls and COPD and there is a need for development of improved relationships between SAS and local Alcohol and Drug Partnerships (ADPs).

Martin thanked Gary for his presentation and invited the Committee to discuss.

Francis Tierney advised that he would be keen to see more developed in relation to secondary prevention, and added that in some areas drug addicts have a home naloxone kit and believes that there should be a big push to see more of these patients with at home kits.

Irene Oldfather commented that the presentation was very interesting and thanked Gary for it. Irene added that in relation to the public health approach, it is not going to be an easy discussion to have. Gary added that there will be some unique challenges particularly around stigma.

A discussion ensued in relation to the services open to those affected by drug misuse and the complex human issues surrounding this. Carol Sinclair suggested that it may be useful for the Service to have a joint meeting with ISD to delve further into the data.

Francis Tierney highlighted that in relation to adverse childhood experience there is a sense that the Service is at the end of the journey and queried the process for ambulance crews attending a patient suffering from substance misuse and a child is found to be present.

Jim Ward advised that the Service has safeguarding policies and referring pathways. Francis asked if there was any evidence available on how many referrals have been made. Jim advised that a report could be run to show how many times the Service has made Safeguarding referrals and that this could be shared.

Following discussion Committee agreed that Jim would bring a wider piece of work back, led by Gary Rutherford, around learning from mortality data.

Martin thanked Gary for a very interesting presentation. Martin advised Committee that "Hot Topic" subjects are required for the workplan for the year ahead and it was agreed that a discussion item would be added to the next Committee agenda to allow Committee to put forward suggestions for "Hot Topics" that they would like to see. Jim reminded Committee that any agreed "Hot Topics" may need to be subject to change from time to time to allow for any current issues or subjects to be discussed.

Action:

2. **Medical Director** to share data with Francis Tierney on how many Safeguarding referrals have been made by the Service.
3. **Medical Director** to provide Committee with information on learning from mortality data.
4. **PA to Director** to add discussion item for "Hot Topic" suggestions to November Committee agenda.

ITEM 6 PERSON CENTRED CARE

ITEM 6.1 PATIENT EXPERIENCE UPDATE

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Alan Martin presented Committee with an update paper in relation to patient experience which outlined trends, themes and mitigating actions from patient and carer feedback together with monitoring data from complaints and compliments.

Francis Tierney asked if the reasons are known for the dip in performance for stage 2 complaints. Alan advised that this issue is being actively looked into by Regional and National Directors. Martin Togneri advised that the data graphs in relation to complaints did not seem to show what Committee asked for at the last meeting. Martin reminded Committee that a request was made for the data graphs to outline at least 18 months of data. Alan Martin confirmed that he would ensure that this was reflected within the next report to Committee.

Irene Oldfather stated that the West Region compliance seemed to be extremely low compared to the other Regions and asked if there was a particular reason for this. Jim Ward advised that completion rates are scrutinised on a weekly basis by the Executive Team and improvement work for compliance rates is currently taking place with the Regional Directors.

Martin raised concern that the comparison table within page 8 was not consistent with the compliance data on the previous pages. Alan advised that he would take this concern away and look into the reason for the inconsistency.

Irene Oldfather asked for some more information on the consultation day which took place to aid the development of the Mental Health Strategy and online survey, specifically in relation to timelines for this work, connections being made and how it will link with other work. Jim Ward advised that this work was linked to Chris Purnell's work for the Patient Experience Team. Irene added that she would like assurance that patient representatives working with the Committees and Groups within the Service are being provided with effective support. It was agreed that Alan Martin would expand on the mental health survey and feedback to Committee members in subsequent reports.

Martin Togneri added that he recently met with Chris Purnell who advised that he was working on a proposal for consideration in relation to the work of the patient representatives and enhancing support for them. Martin advised Committee that he was not sure what the proposal would outline, however noted from the paper presented that there is plan for a paper to be presented to the Executive Team outlining the proposal. Jim advised that the proposal was to ensure consistency across all Committees and sub-committees, however Committee noted that this would be a decision that would require to be consulted on. It was noted that the Board Secretary is working with the Executive Team and Board Chair to take forward any proposal.

Stella McPherson added that Chris has made contact with the PFPI group. Carol Sinclair suggests that the patient representative proposal should also be presented to the Board.

Committee noted that since April 2019 the Service has received 60 posts on Care Opinion, which represents a relatively small contribution in relation to all service feedback, with 70% of these being uncritical in tone. Martin Togneri advised that it would therefore suggest that 30% of the posts were critical and asked if trend data on these posts was available. Alan Martin assured Committee that critical posts could also include other Boards being mentioned within the posts, and as a result the post could be critical of another Board but not actually critical of the Service.

Stella McPherson asked, what does critical tone mean and advised that what critical would be to one person, may not be to another. Martin advised that it is Care Opinion that grade the posts into critical and non-critical.

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Carol Sinclair suggested that it would be helpful to have routine appendices to the patient experience paper showing how Care Opinion works with the Service. Jim Ward noted that active discussions take place in relation to all sources of feedback received including highlighting themes and trends. It was agreed that Jim would bring a paper to the next meeting outlining what the Service is learning from feedback which would incorporate both the patient experience update and the adverse event paper.

Committee noted that in relation to Scottish Public Service Ombudsman (SPSO) cases, the paper only advises that there have been no new upheld cases since the previous Committee update. Irene Oldfather suggested that information on not upheld cases may be useful. Alan Martin advised that this is as a result of a decision taken at a previous Committee meeting that there was too much information being provided to Committee. It was suggested that reasonable information to be provided to Committee should be outlining the number of cases with the SPSO and out of those how many have been upheld and how many not upheld. Alan Martin agreed that he would ensure that the next paper to Committee would include this information, however reminded Committee that the Service are not always made aware of SPSO cases that are resolved at an early stage by the SPSO.

Action:

5. **Head of Corporate Affairs and Engagement/Patient Experience Manager** to ensure that data graphs contained within Patient Experience Report outline at least 18 months of data in reports going forward.
6. **Head of Corporate Affairs and Engagement/Patient Experience Manager** to look at the reasons behind the inconsistency of the compliance data provided within Page 8 and previous pages of report and ensure correction for future reports.
7. **Head of Corporate Affairs and Engagement/Patient Experience Manager** to provide Committee with more information in relation to the Mental Health Survey as part of the Patient Experience Report to the November meeting.
8. **Medical Director** to provide November Committee with a paper which incorporates both patient experience and learning from adverse events.
9. **Head of Corporate Affairs and Engagement/Patient Experience Manager** to ensure that SPSO cases are outlined within Patient Experience Report as total number of cases, how many were upheld and how many not upheld.

ITEM 7 PATIENT SAFETY

ITEM 7.1 SIGNIFICANT ADVERSE EVENT REPORT (SAER)

Jim Ward presented Committee with a paper which identified SAERs completed together with an update on outstanding SAER actions. Committee noted the themes identified within the presented report.

Committee discussed two SAER summaries and noted the action plan for each. It was noted that some completion dates contained within the action plan were set at June and July 2019, however these will require to be revised as these actions are reliant on system upgrade and procedure development. Committee noted that assurance will be provided to the November Committee that work is complete.

Committee noted the SAER Action Tracker and the updates outlined. It was noted that work is currently ongoing to ensure that the SAER Action Tracker is produced in a more reader friendly format.

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ITEM 7.2 CLINICAL RISK REPORT

Jim presented Committee with the Clinical Risk Register which outlined two clinical risks which are recorded as “high” and have been graded at “medium” as a result of the mitigating actions. Committee requested that changes to the Risk Register be marked in red on future reports to enable changes to be highlighted to Committee with ease.

Carol Sinclair asked where compliance is poor, low or absent in relation to a Standard Operating Procedure (SOP), what support is in place for staff. Tony Devine advised that staff who have the requirement for more support are highlighted to the Education and Training Department where a qualified training officer will have a discuss with the member of staff and arrange for a bespoke training plan to be put in place.

Committee asked why the wording of Risks 30702 and 30703 had changed. Jim advised that this was as a result of the Clinical Team challenging the wording and the changes being subsequently agreed. Carol Sinclair advised that she supports the wording changes as it shows that consequences are being looked at for risks.

Action:

- 10. Medical Director** to ensure that any changes to the Risk Register be marked in red for presentation to Committee to enable any changes to be highlighted to Committee with ease.

ITEM 7.3 CLINICAL GOVERNANCE AND PATIENT SAFETY REPORT

Keith Colver provided a paper which outlined key developments from established clinical practice, governance and patient safety activity, highlighting themes, trends and areas of improvement.

It was noted that the paper provided Committee with an update on;

- National Clinical Operational Governance Group
- Mental Health Strategy Update
- Mental Health Dashboard
- Pathway Development
- Patient Safety
- Medicines
- Clinical Equipment
- Clinical Bulletins
- Clinical Guidelines
- ScotSTAR Guidelines

Keith advised that since the writing of the presented paper, the Executive Team have approved funding for the JRCALC+ App.

Francis Tierney asked for more information in relation to the Mental Health Dashboard. Keith advised that the Mental Health Dashboard is under development and will empower Team Leaders with live data for Mental Health patients.

Carol Sinclair noted that the paper states that an engagement day in relation to the Mental Health Strategy was held on 22nd July to get feedback on what should be included within the Strategy. Carol added that she was concerned to read that although all Integrated Joint

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Boards (IJBs) were invited they were poorly represented at the event. It was agreed that Keith would discuss the attendance of IJBs with Daniel Rankin prior to the next Committee and provide an update to the next Committee meeting.

Action:

11. **Clinical Governance Manager** to discuss IJB attendance at Mental Health Strategy day with Daniel Rankin and provide an update to the next Committee meeting.

ITEM 8 EFFECTIVENESS

ITEM 8.1 INFECTION PREVENTION AND CONTROL UPDATE REPORT

Susan Wilson provided an update on issues relating to Healthcare Associated Infection (HAI) and Infection Prevention and Control.

Committee noted that the Services' overall hand hygiene compliance was in the range of 91-92% between May and July 2019, however, some Regions/Sub-Regions dropped below 90% in June and July, with August compliance rising to 93%.

Susan advised Committee that in order to improve reporting around birds and vermin within the Estate, it was noted that the Estates Department are providing enhanced reporting to the Infection Control Committee. Susan added that she can assure Committee that given the size of the Estate there is nothing overly concerning to report, however comparison reporting will be carried out. Martin asked Susan to confirm if she feels that the processes put in place are robust enough. Susan confirmed that she is assured that processes are robust enough and that these are also supported by information from Auditors out on station.

Carol Sinclair commented that the paper was helpful, however in relation to presentation suggested that having the numbers embedded within the charts adds nothing to the paper, and it may be of more benefit to have the use of data points. Susan confirmed that she would amend the presentation prior to the next Committee meeting.

The Committee noted the update.

Action:

12. **Head of Infection Prevention and Control** to amend presentation of charts contained within Infection Prevention and Control update to include data points rather than embedded numbers.

ITEM 8.2 ANNUAL INFECTION PREVENTION AND CONTROL ANNUAL REPORT 2018/19

Committee were provided with the annual Infection Prevention and Control Report 2018/19 for approval. Committee noted that year-end achievements against the work programme are included within the Report.

Susan Wilson advised Committee that actions shown within the report as work in progress have been carried forward to the 2019/20 Annual Infection Prevention and Control Programme.

Committee raised concern in relation to Actions 2.1.1 - (Work with IT Department to assess whether Terrafix tablet software is able to record daily and weekly ambulance cleaning) and 3.2.4 – (Work with IT to access whether the interactive PDF SCIPs resource developed by

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NES can be hosted on ambulance tablets). Committee advised that these actions are being carried forward to 2019/20; however they were also carried forward from the previous year.

Martin Togneri asked if Susan requires Committee to raise a formal concern in relation to this. Susan advised that Claire Pearce is fully involved in communication and an update on progress is due to be received in October. Jim Ward advised that there is an ICT Digital Board meeting scheduled soon, and noted that during that meeting the priorities for the ICT department will be presented, and advised Committee that he would raise the concern at that meeting. Martin advised that he would also bring Committee's concern to the Boards attention noting that this action requires to be given the appropriate priority.

Committee approved the report.

Action:

- 13. Medical Director and Clinical Governance Committee Chair** to raise Committee concerns surrounding the length of time taken to complete Action 2.1.1 (*Work with IT Department to assess whether Terrafix tablet software is able to record daily and weekly ambulance cleaning*) and 3.2.4 – (*Work with IT to access whether the interactive PDF SCIPs resource developed by NES can be hosted on ambulance tablets*) at ICT Digital Board and Service Board.

ITEM 8.3 EDUCATION UPDATE

Committee discussed the Education update and queried whether the tenders have been awarded in relation to the Universities that will provide the education provision for the degree programme for Paramedic Education. Tony Devine advised that tenders have been awarded, however the results of the tender award had not yet been publicly disclosed.

Francis Tierney enquired whether as part of the tender there would be provision for part time staff to go through this training and enquired what the facility is available for current staff to move on to Paramedic Education. Tony Devine advised that there has been a very concentrated effort to support Technician staff to progress to Paramedic training. Tony Devine added that the Employee Director has been advocating very strongly to staff and is content with the planned arrangements for existing staff and it was noted that discussions are taking place with staff by local management teams.

ITEM 8.4 CLINICAL SERVICES TRANSFORMATION PROGRAMME UPDATE

In the absence of Jenny Long, Jim Ward presented the update paper, which outlined a comprehensive update on the Clinical Services Transformation Programme. Committee noted that the report is similar to that reported to the Board and 2020 Steering Group.

Committee noted that;

- ScotSTAR North Hub was formally launched by the Cabinet Secretary on 24 July, following the service going live in April 2019.
- Successful recruitment of 6 Advanced Practitioners in Rural Pre-hospital Care has been achieved, starting in post in August 2019. These staff will work with the Pre-hospital Immediate Care and Trauma Team in Inverness.
- Positive impact on hear and treat outcomes has been seen following changes made in December 2018 to transfer additional calls to NHS24 ensuring patients receive the most appropriate care.

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- More than 494,000 members of the public have received bystander CPR awareness through the Save a Life for Scotland partnership which contributes to the whole system approach to saving more lives.
- Improvement in the rate of Return of Spontaneous Circulation (ROSC) with 58% of VF/VT patients achieving ROSC in June 2019, surpassing our 45% aim.
- Local Defibrillator Network is live as a result of a huge amount of work from IT colleagues.

Irene Oldfather asked if there is any information in relation to whether defibrillators are being used by members of the public. Jim advised that there is evidence which also links to the increase in the use of the sudden cardiac arrest tool by Ambulance Control Centre call takers. Jim noted that there has been a steady increase from these being used once a month to around 25 times per month. Jim added that the British Heart Foundation is keen to have a UK wide location site for defibrillators and Committee noted that the Service are the second adopter for this work.

Carol Sinclair noted that on page 4 of the report the ROSC chart shows a statically positive shift since 2017 and presumed that the data was performing at the lower the line on the chart before that. Jim advised that the mean has been changed. Carol added that if the aim is 45% the line is sitting lower within the chart and requires amendment. It was agreed that Jim would discuss the ROSC chart presentation with the MI Team.

Action:

- 14. Medical Director** to discuss the ROSC chart presentation with Management Information Team to ensure that within future reporting the aim line contained within the chart is in the correct position.

ITEM 8.5 MEDICAL REVALIDATION

Committee were advised that every Health Board which is a General Medical Council Designated Body is required to submit an annual report on arrangements for Medical Appraisal and Revalidation. It was noted that this report is submitted to Health Improvement Scotland. Jim Ward advised that Committee are asked to note the reports which were submitted on behalf of the Service for 2018/19 and the letter received confirming satisfactory compliance with the process.

Committee noted the paper.

ITEM 9 COMMITTEE GOVERNANCE

ITEM 9.1 INTERNAL AUDIT RISKS AND ACTIONS

Andrew Parker advised Committee that there is currently one partially completed action, Y18-19.02. It was noted further work is required on this action which will enable evidence and a recommendation for closure to be presented to the next Audit Committee.

ITEM 9.2 ACTION TRACKER

Committee noted that an extension of target date to November 2019 was requested for the undernoted action, noting that sufficient rationale had been provided and subsequently approved the extension.

- **2018/05/9.1 – Committee Sub Group Terms of Reference**

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

2019/02/6.1	Patient Experience Update
2019/02/7.2	Clinical Risk Report
2019/05/6.1	Patient Experience Update
2019/05/7.1	Significant Adverse Event Report (SAER) – SAER Actions
2019/05/7.1	Significant Adverse Event Report (SAER) – SAER Overview
2019/05/7.1	Significant Adverse Event Report (SAER) – Closure of SAER Actions
2019/05/7.1	Significant Adverse Event Report (SAER) – SAERs and Action Versions
2019/05/7.2	Clinical Risk Report – Risk Impacts
2019/05/7.2	Clinical Risk Report – Clinical Risk Register Version
2019/05/7.3	Clinical Governance and Patient Safety Report
2019/05/7.4	Duty of Candour Annual Report 2018/19 – Engagement During SAER Process
2019/05/7.4	Duty of Candour Annual Report 2018/19 – Amending to Wording to include principles
2019/05/7.4	Duty of Candour Annual Report 2018/19 – Amending of Working
2019/05/7.4	Duty of Candour Annual Report 2018/19 – Circulation of Report
2019/05/7.5	Controlled Drugs Annual Report 2018/19
2019/05/8.2	Annual Infection Prevention and Control Programme 2019/20
2019/05/9.3	Annual Report of the Clinical Governance Committee 2017/18

Action:

15. PA to Director to update the action tracker.

ITEM 10 ITEMS FOR NOTING

ITEM 10.1 INFECTION CONTROL COMMITTEE UPDATE/MINUTES – 06 MARCH 2019

The Committee noted the update/minutes.

ITEM 10.2 CLINICAL ASSURANCE GROUP UPDATE/MINUTES – 12 APRIL 2019

The Committee noted the update/minutes.

Francis Tierney raised concern in relation to a discussion which was outlined in the minutes of the April meeting highlighting that the Confirmation of Death Guideline for double Technician crews requires them to continue CPR until a paramedic arrives.

Drew Inglis advised that there is provision made when all opportunities have been exhausted for crews to consult with a senior on call Clinician. Jim Ward suggested that the policy be shared with Francis to allow for enhanced understanding. Jim added that there are also guidelines outlining when CPR should not be started. It was agreed that Jim would share the necessary policy/guidelines with Francis.

Action:

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16. **Medical Director** to arrange for necessary policies/guidelines in relation to Confirmation of Death to be provided to Francis Tierney to allow for enhanced understanding.

ITEM 10.3 NATIONAL CLINICAL OPERATIONAL GOVERNANCE GROUP UPDATE/MINUTES

Keith Colver advised Committee that the points that he would have highlighted within his verbal update have been covered within Item 7.3, Clinical Governance and Patient Safety Report.

ITEM 10.4 MEDICINES MANAGEMENT GROUP UPDATE/MINUTES – 22 NOVEMBER 2018

Committee noted that the May meeting of the Group was cancelled and as a result of this has met twice throughout August. Francis Tierney asked for assurance that the programme of work for this Group is up to date given that two meetings have been cancelled. Andrew Parker confirmed that the Groups programme of work is on track.

ITEM 11 ANY OTHER BUISNESS

None to note.

ITEM 12 DATE OF NEXT MEETING

7 November 2019 at 1000 hrs in Meeting Room 2.12 (19), NHQ.

The meeting closed at 13.10.

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