NOT PROTECTIVELY MARKED

Public Board Meeting	**25 November 2020** **Item 13**

THIS PAPER IS FOR NOTING

CLINICAL GOVERNANCE COMMITTEE MINUTES OF 17 AUGUST 2020 AND VERBAL REPORT OF 5 NOVEMBER 2020

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 17 August 2020 were approved by the Committee on 5 November 2020. A verbal update of the meeting held on 5 November 2020 will be provided by the Chair of the Committee.
Timing	Minutes are presented following approval by the Committee. The Board will receive a verbal update of the most recent Committee meeting.
Contribution to the 2020 vision for Health and Social Care	The Clinical Governance Committee has responsibility, on behalf of the Board, to ensure that the appropriate work is undertaken to assess clinical governance within the Service and provide assurance to the Board that the governance arrangements are safe, effective and person centres.
Benefits to Patients	The Service practices the principles of good clinical governance to ensure that safe, effective and person centred care exists across the organisation to deliver high quality care to patients.
Equality and Diversity	No issues identified.

NOT PROTECTIVELY MARKED

MINUTE OF THE EIGHTIETH (80th) CLINICAL GOVERNANCE COMMITTEE AT 10.30 AM ON MONDAY 17 AUGUST 2020 VIA MICROSOFT TEAMS

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

In Attendance:
John Burnham, Associate Director of Care Quality and Professional Development
Keith Colver, Clinical Governance Manger – Guidelines
Frances Dodd, Director of Care Quality and Professional Development
Garry Fraser, Regional Director – West
Sarah Freeman, Head of Infection Prevention and Control
Pippa Hamilton, PA to Director (notes)
Mark Hannan, Head of Corporate Affairs and Engagement
Pauline Howie, Chief Executive
Drew Inglis, Associate Medical Director – ScotSTAR
Stephanie Jones, ACC Head of Clinical Services
Gillian MacLeod, Advanced Practice and Prescribing Lead
Stella MacPherson, Patient Representative
Toby Mohammed, Head of Education and Professional Development
Tim Parke, Associate Medical Director - Major Trauma
Andrew Parker, Clinical Governance Manager - Medicines
Gary Rutherford - Patient Safety Manager
James Ward, Medical Director

Apologies:
Tom Steele, Board Chair

ITEM 1 WELCOME AND APOLOGIES

Martin Togneri welcomed everyone to 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.
- Irene Oldfather, as Director at Health and Social Care Alliance.
- Carol Sinclair, Employment with Public Health Scotland as Associate Director, and Director and Trustee of Scotland's Charity Air Ambulance (SCAA)

ITEM 3 MINUTES OF MEETING HELD ON 18 MAY 2020

The minutes of the meeting held on 18 May 2020 were reviewed. Carol Sinclair advised that there required to be adjustments made to her standing declarations and advised that she would provide the meeting secretariat with a note of these to ensure these are captured correctly.

Committee approved the minutes as an accurate record of the meeting, subject to the adjustments to the standing declarations of interest for Carol Sinclair being included.

Action:

1. **Carol Sinclair** to provide meeting secretariat with required adjustments to standing declarations of interest to ensure that these are incorporated within the minutes of the May meeting.

ITEM 4 HOT TOPIC – ADVANCED PRACTITIONER REMOTE CONSULTATION MODEL. "HEAR AND TREAT WITHIN THE SCOTTISH AMBULANCE SERVICE

Jim Ward introduced the "Hot Topic" and advised Committee that Stephanie Jones and Gillian MacLeod would provide the presentation. Committee noted that the "Hot Topic" will also aim to fulfil an outstanding action referred to Clinical Governance Committee by the Board in relation to the governance of "Hear and Treat" arrangements.

Committee noted that fundamental changes had taken place in relation to the "Hear and Treat" model and a comprehensive presentation was provided to Committee which outlined the objectives and achievements of the model. It was noted that the model was implemented on 6th April 2020 with huge development in a short period of time.

The presentation highlighted the undernoted areas:

- Overview of the role of Advanced Practitioners in Urgent and Primary Care
- Ensuring the competency of Advanced Practitioners which includes academic preparation, clinical competency and effective supervision.
- Advanced Practitioners work on a rotational model to ensure face to face contact with patients along with remote triage and consultation.
- Objectives of the rotational model to manage more patients at home or in a community setting through;
    - Remote triage and consultation
    - Mobile Advanced Practitioners within cars conducting face to face patient assessment
    - Being part of a multi-disciplinary team in primary care and Out of Hours.
    - Ambulance crews time freed up through internal referral to manage more complex patients.
    - Clinical leadership for other ambulance clinicians, including clinical decision support.

Steph Jones advised Committee that following implementation further system developments took place, which included changes to call codes to recode some medium to low acuity calls (yellow call codes) to teal, which are passed to Advanced Practitioners for review. Steph advised that around 200 calls per day are being reviewed by Advanced Practitioners where a double crewed ambulance would previously have been sent. Steph added that the safety of these patients had been looked into, particularly around the re-contact rate for hear and treat patients and advised that the re-contact rate within 24 hours for these patients was less than 1%.

Committee noted that;

- Advanced Practitioner are reviewing around 10% of overall 999 demand.
- 39% of patients managed by Advanced Practitioners are discharged or referred to an alternative pathway without the need for a face to face review
- 7809 patients have been discharged to date through Advanced Practitioner consultation and a further 5128 discharged by ambulance crews or mobile Advanced Practitioners following face to face assessment. Resulting in approximately 13,000 unnecessary patient journeys to an emergency department since the implementation of the programme in April.
- The programme has resulted in efficiency savings of £325.71 per ambulance journey, equating to £2.5m in 18 weeks.

Irene Oldfather commented that the savings are fantastic and added that it was good to see the 24 re-contact rate of these patients being checked, however asked if checks were able to be carried out beyond 24 hours, perhaps 7 days.

Gillian MacLeod advised that work was ongoing with Public Health Scotland to widen out to link the data for patients with other services or pathways throughout an episode of care.

Irene Oldfather advised that she would be interested to have sight of this data when it was available and asked that Committee record an action for Committee to be presented with the linked data when it is available. Committee agreed that an action would be included within the Committee's tracker.

Francis Tierney commented on the fantastic development and added his appreciation of the work which had resulted in positive outcomes.

Francis Tierney asked for confirmation of when Advanced Practitioners are based within stations, whether that is dedicated time to being an Advanced Practitioner or whether they will also be attending 999 calls as part of a shift.

Gillian MacLeod advised that when staff sign on to a shift they are purely doing remote triage within a hub and on other days they will be mobile within a car or within primary care as part of the rotational model. Gillian added however that the exception to this process may be within remote and rural areas as calls are less and within these areas there may be more benefit of staff working to a mixed model.

Liz Humphreys asked in relation to patient feedback on the Advanced Practitioners, whether there are any plans to develop "what does good enough look like" in terms of targets. Gillian MacLeod advised that the need to have a feedback process for patients was recognised to ensure the model is working well.

Carol Sinclair advised that she would like to understand more about what is in place to mitigate any risks for patients to ensure that they are being signposted to the correct pathway following the withdrawal of the NHS24 stacker.

Steph Jones advised that work was underway for the development of a system which would enable the Service to pass calls to NHS24 and vice versa. Steph added that this would ensure seamless transfer, two-way data link and improved patient journey.
Jim Ward added that a huge amount of work has been achieved by the Team in a very short amount of time.

Francis Tierney noted that in relation to remote and rural areas, and noted an issue between the Service and Health Boards in relation to the funding for Advanced Practitioners working within primary care. Jim Ward advised that the commissioning framework was in the final stages of completion which will enable Service staff to work in direct support of primary care.

Martin Togneri thanked Gillian MacLeod and Steph Jones for the presentation and the assurances and information provided. Committee agreed that a brief update on further progress of the programme would be provided to the next Committee meeting.

Following the presentation, it was agreed that that Medical Director would arrange a report to be prepared summarising the information provided, which would be circulated to Committee to allow members to judge whether the discussion and its outcomes allow the Committee to fulfil the previously mentioned outstanding action in relation to the governance arrangements of the revised "Hear and Teat" procedures. If they do, this would enable the Committee Chair to report the completion of this action to the Board.

Action:

2. **Medical Director** to ensure that data on re-contact rate for patients beyond 24 hours from Public Health Scotland be provided to Committee when available.
3. **Medical Director** to provide a brief update paper on the progress of the Advanced Practitioners work to the next Committee meeting.
4. **Medical Director** to prepare a report summarising the information provided on the governance arrangements of the revised "Hear and Treat" procedures and circulate to Committee to allow members to judge whether the discussion and its outcomes allow the Committee to fulfil the action referred to Committee by the Board.
5. **Committee Chair** to report the completion of the action referred to Committee by the Board on the governance arrangements of the revised "Hear and Treat" procedures once members have indicated consent to so doing following circulation of the report (as referred within action 4).

ITEM 5 PATIENT CENTRED CARE

ITEM 5.1 PATIENT EXPERIENCE AND LEARNING FROM ADVERSE EVENTS

Gary Rutherford presented Committee with a comprehensive paper on Patient Experience and Learning from Adverse Events. Committee noted a decrease of 200 complaints in comparison to the same period of the previous financial year.

Gary reminded Committee that during the COVID-19 response phase, an amended Significant Adverse Events Review (SAER) process was implemented as approved at the May Clinical Governance Committee. Gary advised that the temporary SAER process had not been required, adding that the SAER decision making, review and governance processes had continued to be facilitated in line with original process. Committee were advised that as a result of amended SAER process not being required, it was proposed to discontinue the temporary process and return to normal practices.

Committee noted that four SAER reports were included within the appendix of the paper presented, which demonstrated an improvement in completion timeframes. Gary Rutherford advised that the timeframe improvements were as a result of enhancements in training and peer support which had been offered to reviewers, along with improved administrative processes.

Carol Sinclair commented that she was content that there was now an improvement in the SAER process, adding that she believed that the appointment of Gary Rutherford had been instrumental to the improvements made.

Frances Dodd added that investment in clinical leadership within the Regions will also assist with the SAER processes, noting that recruitment will begin for these posts in the coming months.

Liz Humphreys enquired in relation to the completion of SAER recommendations and asked whether the monitoring of improvements to these timescales was planned. Garry Fraser advised that the initial focus for improvements had been in creating the recommendations, however provided assurance that the next step will be for the Learning from Events Group to closely monitor the recommendations and associated completion timescales.

Liz Humphrey suggested that it may be helpful for a RAG status to be applied to each recommendation with the SAERs to outline urgency and delivery of recommendations. Gary Rutherford advised that he would take forward this suggestion to the Learning from Events Group.

Carol Sinclair requested that a "Hot Topic" of Safety-I and Safety-II be added to a future Committee meeting. It was agreed that this would be added to the list of "Hot Topic" within the Committee work plan and Frances Dodd would work with Jim Ward to monitor the appropriate time for this to be presented to Committee.

Irene Oldfather noted that within Page 6 (figure 5b) only completed complaints were included within the figures and suggested that a note should be included within future reports to outline how many complaints within the timeframe reported remain open. It was agreed that Mark Hannan would discuss this with Alan Martin and ensure that this was included within future reporting to Committee.

It was noted that within page 8 of the report, SPSO update, that the detail of the complaint overview for Datix4952 was omitted. Committee noted that the Service had upheld the complaint and therefore should be aware of the complaint overview. Mark Hannan confirmed that this information should have been included within the report presented and advised that he would ensure that all information would be included within future reporting.

Action:

6. **Patient Safety Manager** to take forward suggestion that a RAG status be applied to each recommendation within a SAER and discuss the suggestion with the Learning from Events Group.
7. **Secretariat** to add Safety-I and Safety-II to the Committee workplan as a future "Hot Topic"
8. **Head of Corporate Affairs and Engagement** to discuss with **Patient Experience Manager** to ensure that a note is included on the "Uphold Rate" chart within future reports to outline how many complaints within the timeframe reported remain open, to allow Committee a wider overview.
9. **Head of Corporate Affairs and Engagement** to ensure that the detail of the "complaint overview" for each case outlined within the SPSO update is included within the future reporting to Committee.

ITEM 5.2 CLINIAL RISK REGISTER

Committee were presented with the Clinical Risk Register and noted that there were currently 11 open clinical risks, 1 being "very high", 6 being "high" and 4 being "medium".

Jim Ward advised Committee that the Clinical Risk Register was being revised in line with changes to the Service's Corporate Risk Management processes, which includes documentation, review of mitigating actions, consideration of risk appetite and alignment to a wider understanding of clinical risk affecting NHS Scotland.

Carol Sinclair noted that she welcomed the review of the Clinical Risk Register, adding that there had been significant learning from the review of the Corporate Risk Register. Carol advised that she would welcome a conversation with Jim Ward outwith Committee to discuss further how improvements could be made.

Action:

10. **Medical Director** and **Carol Sinclair** to discuss Clinical Risk Register improvements outwith Committee.

ITEM 6 PATIENT SAFETY

ITEM 6.1 CLINICAL GOVERNANCE AND PATIENT SAFETY REPORT

The Committee noted the report presented.

ITEM 6.2 CONTROLLED DRUGS ANNUAL REPORT 2019/2020

Andrew Parker presented the Committee with the controlled drugs annual report for 2019/2020. Andrew highlighted the undernoted areas from the report:

- New audit interface for controlled drugs had been developed and tested and will be implemented in Quarter 2 of 2020/2021.
- Between April 2019 and March 2020. 247 incidents were recorded on Datix involving controlled drugs;
    - Swipe card issues (41%)
    - Breakages (21%)
    - Controlled drugs register issues (18%)
    - Controlled drug safe issues (10%)

Carol Sinclair noted from the report that during an internal audit carried out by Scott Moncrieff it was noted that "there is scope to improve communication of policies and procedures to staff to reduce variations in understanding and application of some administrative processes". Carol asked if the planned actions outlined within the paper will adequately allow for the conclusion by Scott Moncrieff to be rectified.

Andrew Parker advised that the controlled drugs Standard Operating Procedures are overdue for review and update and provided assurance that once this process is completed, it will assist with mitigation.

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

ITEM 6.3 PUBLIC PROTECTION ASSURANCE GROUP ANNUAL REPORT

Frances Dodd asked that Committee note the paper presented and that further updates will be provided to Committee as the work streams progress. A discussion took place in relation to the interrelation of mental health and suicide attempts and what mental health training the Service had in place to ensure that the interrelation was recognised by staff.

Pauline Howie noted that she welcomed the paper and the significant progress made with this work, adding that she was supportive of the recommendations contained within the paper. Pauline added that as the NHS remobilises from COVID-19 there will be a significant challenge around vulnerability and focus will be on population and public health.

Frances Dodd advised that she would like to acknowledge the significant amount of work carried out by Jayne Scaife, Lead Professional Public Protection in the development of the public protection agenda within the Service.

Committee discussed, noted and endorsed the recommendations contained within the report.

ITEM 7 EFFECTIVENESS

ITEM 7.1 INFECTION PREVENTION AND CONTROL UPDATE REPORT

Committee noted and took assurance from the paper presented.

ITEM 7.2 EDUCATION UPDATE

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

- Undergraduate Pre-Registration Paramedic Education
- Diploma in Higher Education Paramedic Practice
- Ambulance Technician Programme
- Ambulance Care Assistant Programme
- Learning in Practice (LiP)

Francis Tierney noted that previously Committee noted capacity issues in relation to driver training and asked if an update on the situation could be provided.

Toby Mohammed advised that there was now a plan in place for more advanced driver trainers to be recruited, which will increase capacity. Toby added that the recruitment process had also begun to increase the number of Clinical Training Officers following funding approval by the Executive Team.

ITEM 7.3 CLINICAL SERVICES TRANSFORMATION PROGRAMME UPDATE

Committee were presented with a paper which provided updates on the work being undertaken by the Clinical Service Team, which includes the continued response to COVID-19. The re-establishing of core Clinical projects and contribution to the Remobilisation Plan.

Jim Ward highlighted to Committee that work was being progressed in relation to the redesign of urgent care. Committee noted that this programme of work was being developed by the Scottish Government in collaboration with NHS Scotland with the aim of "Right Care, at the Right Time, in the Right Place". Jim advised that the Service has a significant role to play in this work and key objectives are currently being developed.

Committee noted the update.

ITEM 8 COMMITTEE GOVERANCE

ITEM 8.1 ANNUAL INFECTION PREVENTION AND CONTROL PROGRAMME APPROVAL

Sarah Freeman presented Committee with a comprehensive paper which detailed the 2020-2021 programme. The paper provided a structured delivery programme to ensure compliance with national and local requirements for the prevention and control of infection and the management of Healthcare Associated Infection (HCAI).

Carol Sinclair noted that she welcomed the Plan, however suggested that the "risk rating" column detailed within the implementation plan should perhaps be identified as "risk status" with a "progress against target" column being included. Sarah Freeman noted the suggestion and agreed that she would implement accordingly.

Committee approved the Annual Programme and Implementation Plan.

Action:

11. **Head of Infection Prevention and Control** to amend the "risk rating" column detailed within the Infection Prevention and Control Implementation Plan to be identified as "risk status" and include a "progress against target" column.

ITEM 8.2 ANNUAL INFECTION PREVENTIONS AND CONTROL ANNUAL REPORT

Committee noted and approved the Infection Prevention and Control Annual Report 2019/2020, which outlined the Service's achievements against the Annual Infection Prevention and Control Programme from April 2019 to March 2020.

ITEM 8.3 PATIENT EXPERIENCE ANNUAL REPORT

Frances Dodd presented the Patient Experience Annual Report, which provided an overview of activity over the past year.

Carol Sinclair commented that the visual presentation of the report was beneficial. Carol added that she noted the 8% decrease on post views within Care Opinion and asked if post views relate to managers and staff within the Service or public views. Mark Hannan confirmed that post views relate to a combination of Service staff/managers and the public.

Committee noted that within section 2, Care Opinion Engagement, it is highlighted that the Service had responded to 96% of stories on Care Opinion with the 5-day target and suggested that this good news story be moved to the top of the section.

ITEM 8.4 INTERNAL AUDIT RISKS AND ACTIONS

Committee noted the current position on Clinical Governance Internal Audit Risks and Actions. It was highlighted that there was one overdue action which had now been progressed allowing for evidence to be presented to the next Audit Committee and closure of the action proposed.

Committee noted that one action, which related to clinical audit had been impacted by COVID-19 and staff movement and as a result the action required a new owner to be assigned to progress the action.

ITEM 8.3 ACTION TRACKER

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

2020/02/8.1	Infection Prevention and Control Update Report – Terrafix Cleaning Record
2020/02/8.3	Clinical Service Transformation Programme Update – Mental Health Pathway Progress Update
2020/05/04	Hot Topic – Clinical Services Transformation Update to support COVID-19 response – NHS24 Delayed Call Answering
2020/05/5.2	Temporary Significant Adverse Event Review (SAER) Process During COVID-19
2020/05/8.1	Clinical Governance Committee Annual Report – Amendment to Attendance Schedule
2020/05/8.2	Terms of Reference – Clinical Governance Committee – submission to Board
2020/05/8.2	Terms of Reference – Clinical Governance Committee – co-opted members of Governance Committees

Action:

12. PA to Director to update the action tracker.

ITEM 9 ITEMS FOR NOTING

ITEM 9.1 CLINICAL ASSURANCE GROUP UPDATE

The Committee noted the update/minutes.

ITEM 9.2 NATIONAL CLINICAL OPERATIONAL GOVERNANCE GROUP UPDATE

The Committee noted the update/minutes.

ITEM 9.3 MEDICINES MANAGEMENT GROUP UPDATE/MINUTES

The Committee noted the update/minutes.

ITEM 9.4 RESEARCH AND DEVELOPMENT GROUP UPDATE

The Committee noted the update/minutes.

ITEM 10 ANY OTHER BUISNESS

None to note.

Date of next meeting 05 November 2020 at 1000 hrs.

The meeting closed at 12:22.

APPENDIX 1

NOT PROTECTIVELY MARKED

CLINICAL GOVERNANCE COMMITTEE

QUESTIONS ON PAPERS CIRCULATED FOR AUGUST MEETING

ITEM 06.3 – PUBLIC PROTECTION ASSURANCE GROUP UPDATE

Questions:

1. Page 4, Table 4.2 - ePRF data - what happens next to this data and to what use is it being put?

   Answer:
   We currently don't use this data set at all, this was a one off comparison that the Lead Professional Public Protection undertook to highlight that we have the capacity to be so much more productive and collaborative with our data and this needs to be built into the future work plan to improve and inform process.

2. Could you provide the meaning of the acronym "PREVENT"?

   Answer:
   PREVENT isn't an acronym, it's an extension of safeguarding strategies across the UK. The Prevent strategy has three objectives:
   - *Challenging the ideology that supports terrorism and those who promote it,*
   - *Protecting vulnerable people,*
   - *Supporting sectors and institutions where there are risks of radicalisation.*