



NOT PROTECTIVELY MARKED

Public Board Meeting

**27 May 2020
Item 14**

THIS PAPER IS FOR NOTING

**CLINICAL GOVERNANCE COMMITTEE MINUTES OF 20 FEBRUARY 2020
AND VERBAL REPORT OF 18 MAY 2020**

Lead Director Author	Martin Togneri, Chair of Clinical Governance Committee
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 20 February 2020 were approved by the Committee on 18 May 2020.</p> <p>A verbal update of the meeting held on 18 May 2020 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 EIGHTH (78th) CLINICAL GOVERNANCE COMMITTEE AT 10.00 AM ON THURSDAY 20 FEBRUARY 2020 IN MEETING ROOM 2.13(17), 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
Frances Dodd, Director of Care Quality and Professional Development
Garry Fraser, Regional Director – West
Pippa Hamilton, PA to Director (notes)
Pauline Howie, Chief Executive
Drew Inglis, Associate Medical Director – ScotSTAR
Julie King, Service Transformation Manager
Stella MacPherson, Patient Representative
Alan Martin, Patient Experience Manager
Toby Mohammed, Head of Education and Professional Development
Jayne Scaife, Public Protection Lead
James Ward, Medical Director
Susan Wilson, Head of Infection Prevention and Control

Apologies: John Burnham, Associate Director of Care Quality and Professional Development
Paul Gowens, Lead Consultant Paramedic
Mark Hannan, Head of Corporate Affairs and Engagement
Tim Parke, Associate Medical Director – Major Trauma
Andrew Parker, Clinical Governance Manager – Medicines
Gary Rutherford, Patient Safety Manager
Tom Steele, Board Chair

ITEM 1 WELCOME AND APOLOGIES

Martin Togneri welcomed everyone to the meeting. 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.

Committee welcomed Frances Dodd, Julie King and Jayne Scaife to their first Clinical Governance Committee meeting.

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Martin Togneri brought to Committee's attention a restricted agenda item and explained that the item is marked as restricted given that the presented document will be published by another organisation, however had not yet been published. Martin advised that Pauline Howie advised that this item should be treated as confidential as a courtesy to the publishing organisation, although the contents are based on previously published documents. Committee noted that this item would be taken at the conclusion of the Committee 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, Employment with National Services Scotland, Scottish National Investment Bank within the Scottish Government and as Trustee of Scotland's Charity Air Ambulance.

Irene Oldfather, as Director at Health and Social Care Alliance.

ITEM 3 MINUTES OF MEETING HELD ON 07 NOVEMBER 2019

The minutes of the meeting held on 07 November 2019 were reviewed and approved as an accurate record of the meeting subject to the undernoted amendment.

- Page 3 – Item 6, Suggestions for Future “Hot Topics”
Francis Tierney commented that mental health should be given the same priority as physical health. ~~Committee noted that there is not yet a Scottish Government strategy on mental health, however~~ Committee noted that it would be useful for Committee to be provided with an update on the SAS Strategy.

ITEM 4 MATTERS ARISING NOT ON THE AGENDA

Committee noted that the Hot Topic originally set for this meeting had been changed to make way for Committee to receive an update on COVID-19.

Martin Togneri advised that the original Hot Topic, NHS 24 and SAS calls, would have also addressed an outstanding action point, namely to arrange a review of the governance arrangements for “hear and treat”. Jim Ward advised that this topic would move to the May Committee meeting, noting that following the presentation of the Heat and Treat Hot Topic, the output would be written up as a report which would serve as the required review.

Committee agreed that they were content with this way forward.

ITEM 5 HOT TOPIC

ITEM 5.1 COVID-19 UPDATE

Susan Wilson provided the Committee with a comprehensive update on the current situation in respect of COVID-19 and the Service's state of readiness.

Susan advised Committee of the background surrounding COVID-19, noting that it is likely that early cases were infected from an animal source within the Wuhan market, which led onto human to human transmission causing respiratory illness of varying degrees. Committee noted that there was currently no vaccine or specific treatment.

Committee were advised of the possible case definitions which were split into two criteria, namely epidemiological criteria and clinical criteria.

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Susan updated Committee on the Service's response to the outbreak which included;

- Higher level Personal Protective Equipment (PPE)
- Initial agreement that SORT would convey any suspected cases
- Escalate to train wider operational crew with a "train the trainer" approach for Face Fit testing, donning/doffing of PPE and vehicle decontamination.
- Preparing for potential increases of cases and aim (by the end of February) to have 200 staff trained and Face Fit tested.
- Daily conference calls with the Scottish Government and Health Protection Scotland, together with daily conference calls with the Services' senior coordinating team.
- Regular updates and distribution of Service Clinical Guidance.
- Staff communications in the form of special bulletins and guidance for staff returning from affected countries.
- Set up of the National Command and Control Centre (NCCC) with a dedicated Incident Management Team established.
- Updated records of staff trained provided to Ambulance Control Centres (ACC)

Committee discussed that Boards are looking at home/community testing and that discussions are currently ongoing with ferry companies in relation to island transfer as patients cannot currently be transferred by air, although efforts to resolve this constraint are being progressed.

Committee also noted that options for specialist retrievals with Covid-19 positive cases, such as the use of an isolation shuttle is being considered to enable confirmed cases to be transported over longer distances. However any potential risks need to also be considered.

Carol Sinclair asked if the Service had an idea of what percentage of cases would require hospital care. Jim Ward advised that out of the suspected cases the Service have transported 2 people for admission out of the suspected cases, so it is currently sitting at 2%, but this is likely to change.

Irene Oldfather enquired where the 200 trained staff would be placed. Jim advised that there would be training taking place within every Region to ensure national resilience.

Francis Tierney enquired about the isolation shuttle and asked for further information on this. Susan Wilson advised that the shuttle would utilise negative pressure which protects the wider environment. Susan added that similar shuttles had been used in the past to transport Ebola patients. Committee noted that work was ongoing to ensure that the research behind the shuttles was robust. Committee asked for the timeframe surrounding the isolation shuttle work. Pauline Howie advised that a demo was recently provided to the Service which highlighted some risks. Francis Tierney asked what the plan would be for the purchase of the shuttles. Pauline advised that if a purchase was to be made there would be more than one shuttle procured.

Martin Togneri summarised and proposed to Committee that it can take assurance that the Service was taking appropriate preparations and monitoring an ongoing changing situation.

Martin noted that Susan was shortly due to retire from the Service and therefore this meeting of Clinical Governance Committee would be Susan's last meeting. Martin passed on his thanks to Susan on behalf of Committee for the consistent high quality and comprehensiveness of her contributions, which had been invaluable.

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ITEM 6 PERSON CENTRED CARE

ITEM 6.1 PATIENT EXPERIENCE AND LEARNING FROM ADVERSE EVENTS

Alan Martin presented Committee with a comprehensive paper on Patient Experience and Learning from Adverse Events. It was noted that the Stage 2 complaints performance continued to sit well below the standard that the Service targeted and as a result the Director of Care Quality and Professional Development commissioned a working group to look at the complaints process, with a particular focus on stage 2 complaints. Committee noted that the aim of the group was to understand the reasons for the drop in compliance, to increase efficiency and to make efforts to streamline the system with a number of actions being taken following the first meeting of the Group.

Frances Dodd added that she was keen to get the governance right and focus on feedback received from patients and families. It was noted that as a result of a week-long complaints taskforce, initiated by the Deputy Director of Operations, where significant time and focus on the completion of backlogged reviews and complaints, a large amount of complaints were dealt with, which resulted in a more manageable stack and pressure on staff reduced.

Martin Togneri asked if following this work, whether Committee should expect to see a positive impact on complaint compliance figures for February. Alan advised that given the backlogged complaints dealt with had already breached compliance, there would likely be little difference seen within the performance figures. Alan added that David Robertson is currently reviewing the complaints handling process within ACC to try to avoid future backlogs.

Irene Oldfather commented that complaints compliance has been discussed regularly within Committee, and noted that it was good to hear that work is being done to try and achieve steady management and review of complaints.

Francis Tierney asked for further explanation in relation to figure 13 on page 14 of the report, where it states that “the information needs further manual interpretation to understand themes of “ACC Other” and “basic procedures”. Frances Dodd assured Committee that an overall review was being worked on in relation to the management of data throughout complaints.

Martin noted that the volume of complaints over 9 months shows a 6.4% increase since last period and asked whether this is a fluctuation or a trend.

Pauline Howie advised that the trends are related to the demand increase of the Service. Pauline added that there is a requirement to be doing things smarter, ensuing better processes in place.

Martin Togneri asked in relation to the analysis of ACC complaints, and in particular, delayed response, does the Service categorise these as delayed response because there was a delay or simply because the patient/complainant has stated that it was a delayed response. Alan Martin confirmed that it is categorised as such because that it had been referred to in this way by the patient/complainant, whether or not the response exceeded Service target response times.

Irene Oldfather stated that the Scottish Public Services Ombudsman (SPSO) information contained within the report is helpful, however asked how the Board tracks that recommended learnings have actually taken place. Alan Martin advised that the Service is

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required to evidence to the SPSO when the recommendations have been completed. Irene suggested that an extra column to highlight to Committee the recommendation completion date/deadline for completion would be helpful.

Committee noted that an update following completion of the review Frances Dodd had advised that she intended to undertake would be presented to the August Committee.

Jim Ward advised Committee that within the paper there are 4 SAER summaries and SAER action tracker. Jim added that due to an administrative error 2 of the SAER summaries had not been presented to Committee earlier and passed apologies to the Committee for this error. Assurance was provided that the actions for these SAERs were broadly complete.

Committee noted the update and assurances provided within the topics discussed.

Action:

1. **Director of Care Quality and Professional Development** to carry out planned review work within Directorate and provide an update to the August Committee meeting.

ITEM 6.2 CLINICAL RISK REGISTER

Committee noted that within the Clinical Risk Register there are currently 11 open Clinical Risks, with 3 being “High”, 8 being “Medium”. Jim Ward advised that all updates to the Risk Register since the last Committee have been highlighted in red.

Jim advised that the Clinical team have reviewed the clinical risk register and it was agreed that a further review would take place as part of the wider work being undertaken with Francis Dodd.

ITEM 7 PATIENT SAFETY

ITEM 7.1 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
- Take Home Naloxone
- Clinical Equipment
- Medicines
- Clinical Guidelines
- SAS Guidance
- ScotSTAR Guidelines

Keith advised that the JRCalc App had enabled greater flexibility for staff and noted that there are currently 890 app users.

Martin Togneri asked for clarification in relation to SAS guidance being added to the app and why this would be necessary. Keith advised that most Ambulance services adapt the JRCalc guidance and the app allows for individual Service guidance to be embedded within the app where this is required.

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Garry Fraser provided Committee with an example of when SAS guidelines would be effective and advised that if the JRCalc guidance recommends a patient be given a specific drug, however that drug is not available in Scotland, the SAS guidelines would provide Scotland relevant information for staff. Martin Togneri stated that he appreciates that our staff are trained clinicians and exercise judgement, however systems are in place hold professionals to account if things go wrong and he wanted to ensure that guidance is as clear as possible and that occasions where ambiguity exists because of potentially conflicting advice to professionals were minimised.

Jim Ward noted this interesting and relevant point, and advised Committee that the app has been in place for short period of time with positive feedback being received from staff who have used it. The app allows for a single automatic update with accessible guidance for staff that replaces any number of versions of a pocket book. Jim added that in terms of quality, safety and consistency it is a huge improvement.

ITEM 7.2 PUBLIC PROTECTION POLICY

Jayne Scaife presented the Public Protection Policy for approval. Committee noted that the Policy has previously been through a consultation process which included being presented to National Partnership Forum for assurance.

Carol Sinclair noted that there requires to be consistency throughout the Policy when defining a child. On Page 8 of the policy a child is referred to as being under the age of 16, whereas other sections of the Policy refer to child as being either up to 16 or under 16. It was agreed that the reference would be reviewed and consistency applied.

Francis Tierney noted the positive move to have a policy on this subject and asked for clarification that when a crew attend a job that requires follow up in line with the Policy, they are required to do 3 things; phone the police, contact the relevant council's adult or child protection team and email the public protection mailbox. Jayne advised that the process would be for staff to contact social services, however if it is a criminal case, the police may need to be contacted.

Francis Tierney asked if the Service is linked up to Integrated Joint Boards (IJBs) for such cases and if so, are crews getting a response from the IJBs. Jayne advised that the current plans in place are safe, effective and appropriate for crews. Frances Dodd assured Committee that this is a work in progress and work is underway to ensure the process is streamlined.

Committee approved the policy, subject to the changes discussed been made.

Action:

- 2. Public Protection Lead** to review definition of "child" throughout the Public Protection Policy to ensure consistency is applied.

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.

Susan highlighted the undernoted areas from the report:

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- Standard Infection Control Precautions (SCIPs) compliance for the Service overall was at 96% for November and December 2019.
- Hand hygiene compliance for the Service was sustained at 92% during the period January to December 2019.
- The Service continues to exceed the 90% target against National Cleaning Standards (NCSS).

Martin Togneri advised that he was disappointed to see that the action in relation to IT work to provide a retrievable vehicle cleaning record on Terrafix was delayed as a result of the IT action not being progressed. Martin reminded Committee that he and Jim Ward both took an action to highlight the urgency required around this work at both the Digital Steering Group and the Board and added that this had been done. Susan Wilson advised that no contact has been made with her in relation to the progress of the work. Jim Ward advised that he would look into this further and provide an update to Committee at the next meeting.

The Committee noted the update.

Action:

- 3. Medical Director** to discuss Infection Prevention and Control Action in relation to IT work to provide a retrievable cleaning record on Terrafix with **General Manager ICT** to highlight continuing urgency of this work and concern raised by Clinical Governance Committee that action remains outstanding.

ITEM 8.2 EDUCATION UPDATE

Committee discussed the Education update and noted the overview provided on:

- Undergraduate Pre-registration Paramedic Education approval events for each university are 3rd and 4th march and then all should be done by May
- Diploma in Higher Education Paramedic Practice
- Ambulance Technician Programme
- Ambulance Care Assistant Programme
- Learning in Practice

Committee noted the update paper presented.

ITEM 8.3 CLINICAL SERVICES TRANSFORMATION PROGRAMME UPDATE

The Chair welcomed Julie King, Service Transformation Manager, to her first Clinical Governance Committee since taking up post.

Committee were presented with a paper which included updates against the key work streams associated with the Clinical Services Transformation Programme, including;

- Out of Hospital Cardiac Arrest
- Developing a Scottish Trauma Network
- Clinical Hub
- New Clinical Response Model
- Urgent, Community and Primary Care Development
- Scheduled Care
- Clinical Data Set Development

Julie advised Committee that since she was new to post, she would welcome the opportunity to review the data being used within reporting to Committee.

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Carol Sinclair referred to page 6 of the report, in relation to pathways and the cloud based telephony process which would allow transfer of calls between agencies. Carol asked if a definitive date for the completion of this work could be added into future updates to Committee. It was agreed that an update on this work would be included within the paper presented to the next Committee meeting.

Irene Oldfather added that she would like to see what progress has been made in relation to the mental health pathway drop in service. Julie King advised that she would look into this work and provide a progress update within a future paper to Committee.

Action:

4. **Service Transformation Manager** to review data being used within reporting to Clinical Governance Committee
5. **Service Transformation Manager** to provide progress update on the mental health pathway drop in service within a future Clinical Services Transformation update paper to Committee.

ITEM 9 COMMITTEE GOVERNANCE

ITEM 9.1 CLINICAL GOVERNANCE ANNUAL WORKPLAN 2020

Committee were presented with the draft Clinical Governance Committee Workplan for 2020. The Workplan for the year was noted and approved.

Martin Togneri requested that the approved minutes of each meeting of the Public Protection Assurance Group, together with an annual report, be reported to CGC, as is practice with the other sub groups of Committee. It was agreed that the workplan would be amended to include the minutes and annual report for Public Protection Assurance Group.

Action:

6. **PA to Director** to include undernoted on Committee workplan
 - Approved minutes/meeting update of Public Protection Assurance Group to each meeting of Clinical Governance Committee
 - Public Protection Assurance Group Annual Report

ITEM 9.2 INTERNAL AUDIT RISKS AND ACTIONS

Committee noted the presented paper and that there are currently no outstanding high risk clinical actions with the Internal Audit Tracker.

Committee were advised that there was one partially completed action which required some further work to enable evidence to be presented to the next Audit Committee for closure, together with one new action relating to clinical audit which has a due date of 31st March 2020.

ITEM 9.3 ACTION TRACKER

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

2019/11/06	Future Hot Topics added to Committee Workplan for 2020
2019/11/07.1	Reporting Line for Complaints process
2019/11/07.1	Amendment to SPSO section of Patient Experience and Learning from Adverse Events paper

2019/11/07.1	Complaints Process Chart to be added to Patient Experience and Learning from Adverse Events Paper
2019/11/07.1	Session on Safety I and Safety II
2019/11/07.1	Safety I and Safety II added to Committee Workplan for 2020
2019/11/20.1	Infection, Prevention and Control Committee Terms of Reference Update

Action:

1. **PA to Director** to update the action tracker.

ITEM 10 ITEMS FOR NOTING

ITEM 10.1 INFECTION CONTROL COMMITTEE UPDATE

The Committee noted the update/minutes.

ITEM 10.2 CLINICAL ASSURANCE GROUP UPDATE

The Committee noted the update/minutes.

ITEM 10.3 NATIONAL CLINICAL OPERATIONAL GOVERNANCE GROUP UPDATE

The Committee noted the update/minutes.

ITEM 10.4 MEDICINES MANAGEMENT GROUP UPDATE/MINUTES

The Committee noted the update/minutes.

ITEM 10.5 RESEARCH AND DEVELOPMENT GROUP UPDATE

Committee noted that there was a joint meeting of Research and Development and Clinical Assurance Group to address any immediate business and plan for the year ahead. It was advised that meeting dates are scheduled for 2020.

ITEM 10.6 DL (2019) 23 – MANDATORY HCAI AND AMR POLICY REQUIREMENTS

Committee noted that the Service response had been submitted to the Scottish Government and was presented to Committee for information.

ITEM 11 ANY OTHER BUSINESS

None to note.

Date of next meeting 18 May 2020 at 1000 hrs in Meeting Room 2.12 (19), NHQ.

The meeting closed at 12:50.

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