



NOT PROTECTIVELY MARKED

Public Board Meeting

30 March 2022

Item 15

THIS PAPER IS FOR NOTING

**CLINICAL GOVERNANCE COMMITTEE MINUTES OF 15 NOVEMBER 2021
AND VERBAL REPORT OF 28 FEBRUARY 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 15 November 2021 were approved by the Committee on 28 February 2022. A verbal update of the meeting held on 28 February 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 FIFTH (85th) CLINICAL GOVERNANCE
COMMITTEE AT 10.30AM ON MONDAY 15 NOVEMBER 2021
VIA MICROSOFT TEAMS**

Present: Martin Togneri, Non-Executive Director (Chair)
Irene Oldfather, Non-Executive Director
Carol Sinclair, Non-Executive Director
Tom Steele, Board Chair
Francis Tierney, Non-Executive Director
Liz Humphreys, Non-Executive Director and Whistleblowing Champion

In Attendance: Dave Bywater, Lead Consultant Paramedic
Keith Colver, Clinical Governance Manger – Guidelines
Stuart Currie, Non-Executive Director
Frances Dodd, Director of Care Quality and Professional
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
Pauline Howie, Chief Executive
Drew Inglis, Associate Medical Director – ScotSTAR
Paul Kelly, Clinical Governance Manager (*Item 5.6b*)
Julie King, Service Transformation Manager
Stella MacPherson, Patient Representative
Robert Mason, Patient Representative
Andrew Parker, Clinical Governance Manager - Medicines
Gary Rutherford - Patient Safety Manager
James Ward, Medical Director
Keira Jane Willis (*CEO Mentee, Observing*)

Apologies: Alan Martin, Patient Experience Manager

ITEM 1 WELCOME AND APOLOGIES

Martin Togneri welcomed everyone to the meeting. Committee extended the welcome to Keira Jane Willis, Mentee of the Chief Executive and Stuart Currie, Non-Executive Director.

Board Assurance Framework – Risk Mapped Agenda and Assurance Level Workplan

Pippa Hamilton advised that members would recall that a paper was presented to the August Board Development Session which included an action plan of how work would progress in

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the development of a Board Assurance Framework through our governance committees to ensure that the Services corporate and strategic focus was aligned to our risk framework.

It was noted that work had been carried out to progress the first steps of the action plan agreed by the Board and these were presented as part of today's meeting, this included:

- Reviewed agenda for this meeting to map agenda items to the Corporate Risk Register which would provide assurance on corporate risk management.
- A heat map included within the agenda which aimed to provide a visual way of ensuring our Corporate risks, and those the Clinical Governance Committee is charged with providing assurance on, are being discussed by the Committee on a regular basis.
- The Committee workplan for 2022/23 had been reviewed to clearly map out the levels of assurance received using the "three lines of assurance" approach against the workplan items.

It was noted that the next steps to progress the action plan would be to review the Committee Annual Reports and Committee Chair Assurance Report to the Board.

Members were asked to provide any feedback on the reviewed agenda or workplan to enable these to be incorporated for future Committee meetings.

Tom Steele added that he was pleased to see this work progressing given the level of operational pressure currently faced by the Service and thanked all involved for the work undertaken.

ITEM 2 DECLARATIONS OF INTEREST RELEVANT TO THE MEETING

Standing declarations of interest were noted:

- Martin Togneri, in his capacity as a Non-Executive Director, NHS24.
- Irene Oldfather, Director of Scotland's Health and Social Care Alliance and Voting Member, Flu Vaccine and COVID Vaccine Programme Board (FVCV)
- 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 18 AUGUST 2021

The minutes of the meeting held on 18 August 2021 were reviewed. Liz Humphreys proposed the undernoted amendments:

- Final paragraph on page 2 reads to be reworded to read, *"Liz Humphreys added that, in addition to getting the process right, it was important to also to be able to evaluate the outcomes being achieved. One way to do this would be through the triangulation of a variety of sources of information."*
- Item 5.2, Patient Experience and Learning from Adverse Events the action taken under this item had been omitted from the Committee action tracker and required to be added – *"Medical Director to ensure that Duty of Candour cross references are added to future Patient Experience Reports presented to Committee"*. It was agreed that this action would be included within the action tracker.

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Members accepted the proposed amendments and approved the minutes subject to these being made

Action:

1. **Secretariat** update minutes of 18 August 2021 to reflect amendments agreed.

ITEM 4 HOT TOPIC – SENIOR CLINICAL SUPPORT IN ACC

Committee received a comprehensive presentation from Jim Ward on the work being undertaken to mitigate and improve triage and dispatch decision making along with alternatives to Emergency Department conveyance for some yellow and amber calls.

Jim highlighted that the current pressures included:

- Some patients waiting too long for a response
- Whole system issues, including visible issues with Emergency Department flow
- Staff rest period compliance and shift over runs being affected resulting in concerns in relation to staff experience and welfare.

Jim advised of the work underway to establish an optimised cycle of response which included enhanced medical input, including recruitment of GP Advisers to work with the Service to provide enhanced patient interventions and clinical support within ACC from senior SAS clinicians. Committee noted that these interventions would provide undifferentiated care reviews of Amber and Yellow category calls, improving patient safety, patient experience, staff experience and provide more timely access to care for patients, a consistent process, alignment to Realistic Medicine Principles and the Redesign of Urgent Care.

Committee noted that Phase Two of the Redesign of Urgent Care had 5 objectives:

- To provide direct access for SAS clinicians to Flow Navigation Centres for referral, scheduling and professional to professional advice.
- To enhance the ability for SAS clinicians to refer into primary care services.
- To build on the ability for SAS clinicians to refer to community pathways.
- To increase the ability for SAS clinicians to care for more patients closer to home through professional to professional advice.
- To further develop the ability for SAS clinicians to access and share patient information across all health boards to improve continuity of care and patient safety.

Martin Togneri enquired whether the improvements expected from this work had been quantified. Jim Ward advised that discussions had taken place with colleagues from Ambulance Services in England who had previously trialed a similar approach and had seen results of 35% - 40% of calls that did not require an ambulance response as a result of the improvement work.

Carol Sinclair noted that the proposed test of change was welcomed and would provide deeper assurance to Committee and the Board.

Liz Humphreys commented that since the start of the pandemic the Service had established many different ways of working to address problem areas as they arose, adding that was testimony to the skills and willingness of the teams involved to continue to make improvements. Liz noted that 45 to 50 people were being interviewed for the GP Adviser posts and asked whether it would be straightforward to identify the final number of GP advisers required.

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Irene Oldfather noted the significant investment in clinicians and asked if there would be a data system in place to evaluate the impact made by the investment and interventions. Irene further enquired about the interface between the Service and NHS24, specifically for calls that had not been passed to the Service by NHS24 directly and asked if there was a way of the Service identifying whether the patient had already been in contact with NHS24 prior to contacting the Service.

Jim advised that funding was in place for this work for the rest of this financial year and the next financial year adding that an evaluation will take place in relation to patient safety, clinical effectiveness, and costs effectiveness. Jim added that funding is based on 25 full time senior clinical staff, however most of the clinicians being recruited will be sessional rather than full time, adding that plans are being refined in relation to requirements as the work progresses. Committee were assured to note that reports would be provided to Clinical Governance Committee in relation to impact evaluation and the Board would receive reporting in relation to costs given the significant investment.

Francis Tierney enquired about the appraisal system that would be in place for the GP Advisors, noting that there would require to be some form of assessment included within their appraisal portfolio.

Jim advised that in relation to the appraisal of the GP Advisors, this would be covered as part of the medical revalidation arrangements which the Service already has in place. Jim reminded members that there are already a number of senior medical staff working with the Service and therefore all necessary processes to support appraisal arrangements are in place for any new GPs who come into Service.

Committee noted the areas discussed and thanked Jim for the information provided.

ITEM 5 PATIENT CENTRED CARE

ITEM 5.1 MENTAL HEALTH STRATEGY

Frances Dodd presented members with the draft Mental Health Strategy and thanked members for their patience following the delay in development of the Strategy which had been delayed due to the pandemic and assured Committee that although there had been delays in presentation of the Strategy work around mental health had continued to be developed throughout the organisation.

Committee discussed the Strategy and made suggestions for amendments to be made to strengthen the document ahead of submission to the Board which included:

- Vision and Objectives required to be punchier.
- Include more reference to Third sector and community support
- Objective 3 outcomes to be reviewed
- Inclusion of reducing stigma as an objective title
- Strengthen the conclusion and a summary at the start, potentially to include an executive summary
- Review of data references to ensure more recent information, potential to include the Scottish Burden of Disease report.
- Strengthen wording within Page 17.

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Members approved the Strategy for submission to the Board for final approval subject to the suggestions from members being made.

Action:

2. **Director of Care Quality and Professional Development** to make amendments to Mental Health Strategy made by CGC members ahead of presentation to the Board for final approval.

ITEM 5.2 WHISTLEBLOWING QUARTERLY REPORT

Committee discussed and noted the Whistleblowing Report presented which described the activity, infrastructure, progress and learning from whistleblowing arrangements since Implementation. The report provided assurance to Committee following the first 6 months of the arrangements being implemented across the Service. 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. Frances Dodd thanked members for their suggestion and advised that Committee would be presented with a whistleblowing report every six months.

ITEM 5.3 PATIENT EXPERIENCE AND LEARNING FROM ADVERSE EVENTS

Jim Ward introduced this paper, advising that due to service pressures, the usual governance pathway for SAERs had required to be modified in order to bring these updates to Committee in a timely manner. The aim of this was to provide assurance to Committee that learning and improvement efforts are being maintained, and that the SAERs discussed would be taken to the next NCOGG rather having already been considered at that forum.

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.

Francis Tierney noted that Non-Executive Directors receive sight of Care Opinion cases regularly, however, are never made aware of the resolution of these cases and advised that he was unsure of the rationale behind the cases being received by Non-Executive Directors if these are not followed up with notification of the outcomes. Frances Dodd assured Committee that the Service investigates all Care Opinion cases, adding that these are not dealt with through our Complaints processes and are responded to through Care Opinion directly. Frances Dodd added that in the majority of cases it would not be appropriate to share the responses as these would contain confidential patient information.

Martin Togneri thanked Frances Dodd for the explanation and added that it may however be useful for a report to be developed to allow for numerical analysis to be shared in relation to the number of Care Opinions received and number resolved.

Members welcomed the further refinement to the paper presented which enabled improved reading and thematic analysis.

Action:

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- 3. Director of Care Quality and Professional Development** to investigate the possibility of Care Opinion report to be developed to allow for numerical analysis of cases to be shared in relation to the number of received and number resolved.

ITEM 5.4 COMPLAINTS PROCESS REVIEW – VERBAL UPDATE

Frances Dodd highlighted to members the work ongoing to improve the complaints review process including the recruitment of complaint handlers within Ambulance Control Centres (ACC) along with regional ownership of complaints and concerns and how these would be managed at a local level.

Members noted work remained ongoing to develop thematic reviews of complaints and Committee would be kept appraised as work evolved.

ITEM 5.5 PATIENT RIDDOR PROCESS AND GOVERNANCE ARRANGEMENTS

Keith Colver presented a paper which outlined the new governance and learning process for Patient RIDDOR reporting which included examples of what is and what is not reportable, some early potential emerging patient RIDDOR themes and thematical analysis and triangulation with other adverse events.

Members discussed the paper and were assured that the Service were adhering to legislative reporting requirements and that the new process was in place to ensure robustness of reporting internally within the Service.

ITEM 5.6 RISK

ITEM 5.6 (a) Clinical Risk Register

Jim Ward presented the Clinical Risk Register which was discussed by members. It was agreed that the risk matrix required detailed review ahead of presentation to the Board to ensure that all risk levels and scorings were accurate. It was agreed that Jim Ward would review the Risk Register ahead of submission to the November Board meeting.

Action:

- 4. Medical Director** to undertake a detailed review of the Clinical Risk Register ahead of presentation to the Board to ensure accuracy of all risk levels and scorings.

ITEM 5.6(b) Risk 5037 Update

Members noted and welcomed the written update provided on Risk 5037 and agreed that as a result of this paper being presented, action 2021/08/05.4 could be closed on the Committee action tracker.

Carol Sinclair advised that the action tracker also contained an outstanding action for herself and Jim Ward to meet to discuss this risk in more detail. Carol advised that following review of the paper presented she was content that this meeting was no longer required. Committee agreed that action 2021/08/06.1 could be closed on the action tracker.

Action:

- 5. Secretariat** to update Committee Action Tracker to remove actions 2021/08/05.4 and 2021/08/06.1.

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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.

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. The update also included issues discussed at the last Infection Control Committee held on 16 September 2021.

Frances Dodd highlighted to members that work was ongoing to develop the regional reporting submitted to the Infection Prevention and Control Committee to ensure robust levels of assurance were obtained particularly in relation to the Standard Infection Control Precautions (SICPs) Audit Programme implemented at regional level.

Committee noted the report.

ITEM 7.2 EDUCATION UPDATE

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

- Undergraduate Pre-registration Paramedic Education
- Diploma in Higher Education Paramedic Practice
- Ambulance Technician Programme
- Ambulance Care Assistant Programme
- Supporting new qualified graduate Paramedics
- Learning in Practice (LiP)
- C1 and D1 Driving Licences
- Military and Scottish Fire and Rescue Service Training

Members thanked Cheryl Harvey for the update and asked that future Education reporting to Committee included alignment to the Demand and Capacity Programme to ensure any risks or challenges were highlighted.

Action:

- 6. Associate Director of Education and Professional Development** to ensure that future Education Updates presented to Committee include alignment to the Demand and Capacity Programme to ensure any risks or challenges are highlighted.

ITEM 7.3 CLINICAL SERVICES TRANSFORMATION PROGRAMME UPDATE

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

- Redesign of Urgent Care
- Involving Population Health
- Reducing Harm from Drugs

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- Out of Hospital Cardiac Arrest
- Major Trauma
- Stroke and Thrombectomy

Francis Tierney asked for more detail and narrative by way of explanation as to the difference between the Flow Navigation Hub and the Flow Navigation Centre referenced within the paper to aid understanding. Julie King advised that she would arrange for more detailed narrative to be emailed to Francis Tierney.

Action:

- 7. Service Transformation Manager** to provide detailed narrative by email to **Francis Tierney** outlining the difference between the Flow Navigation Hub and Flow Navigation Centre to aid understanding.

ITEM 7.4 SCOTTISH FIRE AND RESCUE SERVICE (SFRS) CLINICAL GOVERNANCE MOU

Committee noted the paper and Memorandum of Understanding (MOU) presented which provided an update on the work being progressed by the Service in supporting the SFRS to develop its clinical governance arrangements.

Members noted the MOU presented.

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.
- Four open actions relating to clinical audit which had been impacted by COVID-19 and staff movement remained on the tracker. The Audit Committee agreed extended target dates for these actions.

Carol Sinclair advised that as Audit Committee Chair, she confirmed support of the revised target dates, adding however that these dates must be met as soon as possible to enable completion of the actions.

ITEM 8.2 CLINICAL GOVERNANCE COMMITTEE WORKPLAN 2022/23

Members noted and approved the Committee workplan for 2022/23 which had been reviewed to clearly map out the levels of assurance against the workplan items.

ITEM 8.3 ACTION TRACKER

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

2021/05/07.3	Education Update
2021/08/05.3	Patient Experience Annual Report
2021/08/05.4	Clinical Risk Register – Risk 5037
2021/08/06.1	Clinical Governance and Patient Safety Report
2021/08/06.2	Controlled Drugs Annual Report

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2021/08/7.2	Education Update
2021/08/09.6	Committee Workplan – Whistleblowing Annual Report

Action:

8. **Secretariat** to update the action tracker.

ITEM 9 ITEMS FOR NOTING

ITEM 9.1 MEDICINES MANAGEMENT GROUP MINUTES

The Committee noted the minutes.

ITEM 9.2 NATIONAL CLINICAL OPERATIONAL GOVERNANCE (NCOGG) GROUP MINUTES

The Committee noted the minutes.

ITEM 9.3 PUBLIC PROTECTION ASSURANCE GROUP MINUTES

The Committee noted the minutes.

ITEM 10 ANY OTHER BUSINESS

Proposed Clinical Governance Committee Dates 2022

Members noted and approved the proposed Committee meeting dates for 2022:

- Monday 14 February
- Monday 16 May
- Monday 15 August
- Monday 14 November

Martin Togneri – End of Tenure

Jim Ward reminded Committee that Martin’s tenure comes to an end with the Service at the end of December and consequently this was Martin’s last meeting as Chair of the Clinical Governance Committee. Jim thanked Martin on behalf of the clinical directorate for his stewardship of the Clinical Governance Committee and wished Martin all the best for the future.

Tom Steele as Board Chair added his thanks to Martin for his chairmanship of the Committee. Tom added that the Service is a high performing Board which is in part due to the Clinical Governance Committee’s effectiveness.

Date of next meeting 14 February 2022 at 1000 hrs.

The meeting closed at 13:00.

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