



NOT PROTECTIVELY MARKED

Public Board Meeting

**26 May 2021
Item 15**

THIS PAPER IS FOR NOTING

**CLINICAL GOVERNANCE COMMITTEE MINUTES OF 15 FEBRUARY 2021
AND VERBAL REPORT OF 17 MAY 2021**

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 15 February 2021 were approved by the Committee on 17 May 2021.</p> <p>A verbal update of the meeting held on 17 May 2021 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 EIGHTY SECOND (82nd) CLINICAL GOVERNANCE
COMMITTEE AT 10.45AM ON MONDAY 15 FEBRUARY 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

In Attendance: 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
Drew Inglis, Associate Medical Director – ScotSTAR
Julie King, Service Transformation Manager
Stella MacPherson, Patient Representative
Alan Martin, Patient Experience Manager
Robert Mason, Patient Representative
Toby Mohammed, Head of Education and Professional Development
Chris Purnell, Engagement and Involvement Manager (*Item 4.1 only*)
Gary Rutherford - Patient Safety Manager
James Ward, Medical Director

Apologies: Pauline Howie, Chief Executive
Tim Parke, Associate Medical Director - Major Trauma
Andrew Parker, Clinical Governance Manager - Medicines

ITEM 1 WELCOME AND APOLOGIES

Martin Togneri welcomed everyone to the meeting. Committee were reminded that given the current situation and to ensure that all reasonable steps are taken for the executive team and senior operational leadership team to concentrate on immediate pressures, agendas for our Board and Governance Committee meetings in January and February were reviewed to focus on the most pressing issues and key risk areas for the Service.

The Committee welcomed Robert Mason, patient representative to his first meeting of the Clinical Governance Committee.

Doc: 2021-02-15 CGC Approved Minutes	Page 1	Author: PA to Director
Date: 2021-02-15	Version 1.0	Review Date: N/A

Members noted that as a result of the reviewed agenda, the undernoted items had been removed from the agenda and deferred to the May Committee meeting;

Hot Topic	Deferred to May Committee Meeting
Education Update	Deferred to May Committee Meeting
Clinical Services Transformation Update	Deferred to May Committee Meeting
Drug/Alcohol Update	Deferred to May Committee Meeting
Internal Audit Risks and Actions	Deferred to May Committee Meeting

Martin Togneri assured members that the deferral of the Internal Audit Risks and Actions item would not affect the due dates arising from internal audit reports, noting that the actions would still require to meet the target dates assigned.

It was noted that members had been invited to submit any points for clarification or questions that support the scrutiny, oversight and assurance role of the Board on the papers circulated ahead of the meeting to ensure discussion at the meeting was focused on items for decision making and approval.

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, Associate Director, Public Health Scotland and Trustee, Scotland's Charity Air Ambulance
- Liz Humphreys - Non Executive Director, Public Health Scotland

ITEM 3 MINUTES OF MEETING HELD ON 05 NOVEMBER 2020

The minutes of the meeting held on 05 November 2020 were reviewed and approved as an accurate record of the meeting.

ITEM 4 PATIENT CENTRED CARE

ITEM 4.1 INVOLVING PEOPLE STRATEGY

Chris Purnell joined the meeting for this item. Chris thanked members for their comments and feedback which had been received out with the meeting, adding that he would respond to each member who provided feedback in the coming days.

Members advised that they were content to approve the Strategy, subject to comments and feedback from Committee be incorporated. Chris advised that he would incorporate all comments and feedback received into a revised version of the Strategy and arrange for this to be circulated electronically to Committee.

Action:

1. **Engagement and Involvement Manager** to incorporate feedback and comments received from members and arrange for a revised version of the Involving People Strategy to be circulated electronically to Committee for final sign off.

Doc: 2021-02-15 CGC Approved Minutes	Page 2	Author: PA to Director
Date: 2021-02-15	Version 1.0	Review Date: N/A

ITEM 4.2 PATIENT EXPERIENCE AND LEARNING FROM ADVERSE EVENTS

Committee were provided with a comprehensive paper on Patient Experience and Learning from Adverse Events.

Martin Togneri highlighted his concerns in relation to the Significant Adverse Events Review (SAER) section of the paper. Martin advised that he would like to see the information provided to Committee be presented in a way that equips members with all the relevant information required to adequately ensure robust governance oversight. Martin asked for clarification in relation to the reporting of SAER Executive Summaries to Committee.

Jim Ward agreed that the layout of the SAER information presented to Committee was not particularly helpful in providing Committee with the assurance required. Jim advised that over the coming weeks he would review the presentation and level of information provided with a view to a refreshed report being available for the May Committee.

Jim assured Committee that a SAER Executive Summary for every review was reported through Committee, adding that following completion, SAERs are presented to the next available Committee meeting and the associated actions added to the SAER action tracker, which was also presented to every Committee meeting.

Liz Humphreys added that in relation to Datix system training, the paper highlighted that due to COVID-19 related priorities the training had been paused and asked for more assurance in relation how any gaps would be bridged meantime.

Jim Ward advised that in relation to the Datix system training, complaints handling and process against target are now reviewed regularly through the Executive Team and the Performance and Planning Steering Group. Jim added that the application of training had been affected by the inability to meet in person, however assured Committee that despite Covid related challenges there remains a strong focus on complaints handling across the organisation.

Martin Togneri and Liz Humphreys offered to meet with Jim Ward and Frances Dodd to review the paper presented to Committee to assist in ensuring that future reporting provides members with adequate information and refreshed layout.

Action:

2. **Medical Director and Director of Care Quality and Professional Development** to meet with **Martin Togneri and Liz Humphreys** to review the Patient Experience and Learning from Events paper, to assist in ensuring that future reporting provides members with adequate information and refreshed layout.

ITEM 4.3 CLINICAL RISK REGISTER

Committee were presented with the Clinical Risk Register and noted that there were currently 4 open clinical risks, 2 being "high", 2 being "medium", along with 1 Risk on the Corporate Risk Register which was Clinical with a risk level of "high".

Liz Humphreys asked in relation to Risk 3715 - Obstetric Emergency Cases, the last update on the Register advises that there would always remain an element of risk due to the unpredictable nature of events. Liz asked whether the risk therefore required to be tolerated at the current level.

Jim Ward reminded Committee that the revised Clinical Risk Register was presented as a "hot topic" at last Committee meeting with the aim of understanding of risk as a dynamic

Doc: 2021-02-15 CGC Approved Minutes	Page 3	Author: PA to Director
Date: 2021-02-15	Version 1.0	Review Date: N/A

driver and maintaining review to ensure mitigation against all risks ahead of the February Committee meeting. Jim added that in relation to Risk 3715, work would continue to improve and mitigate the risk, however added that obstetrics was a specific area of clinical care and practice, the nature of which carries inherent clinical risk.

Drew Inglis provided assurance to Committee that there was a huge amount of work ongoing to minimise the risk in conjunction with the Best Start Report along with discussions to improve systems.

Frances Dodd advised Committee that the Service have recently appointed a midwife and following discussion, the employee will also be working to support the review work in relation to obstetrics and ongoing work highlighted by Drew Inglis. Frances added that the new appointment will augment the extant strong midwifery input to the Clinical Assurance Group (CAG).

ITEM 5 PATIENT SAFETY

ITEM 5.1 CLINICAL GOVERNANCE AND PATIENT SAFETY REPORT

Carol Sinclair raised concerns in relation to the number of Datix reports highlighted within the paper in relation to the new defibrillators. Keith Colver advised that he recently discussed this with Paul Kelly, who had provided assurance that measures are in place with a group has been established to look into these reports. Jim Ward added that Sarah Stevenson was working with Paul Kelly to understand the risk and ensure mitigation. Jim advised that following this work, it was likely that a risk would be added to the Clinical Risk Register.

The Committee noted the report and assurance provided.

ITEM 6 EFFECTIVENESS

ITEM 6.1 INFECTION PREVENTION AND CONTROL UPDATE REPORT

Sarah Freeman advised Committee that since September the Infection Prevention and Control (IPC) work relating to COVID-19 had increased substantially and as a result it was anticipated that the IPC team would not achieve all of its deliverables within the IPC 2020/21 work programme. Sarah added that steps have been taken to record this within the IPC Risk Register as a risk to the IPC service deliverables and that this would be monitored through the Infection Prevention and Control Committee with updates being provided to the Clinical Governance Committee as necessary.

Committee noted the paper and information presented.

ITEM 7 COMMITTEE GOVERNANCE

ITEM 7.1 CLINICAL GOVERNANCE COMMITTEE WORK PLAN 2021

Committee noted and approved the presented work plan for 2021.

Doc: 2021-02-15 CGC Approved Minutes	Page 4	Author: PA to Director
Date: 2021-02-15	Version 1.0	Review Date: N/A

ITEM 7.2 ACTION TRACKER

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

2020/11/5.1	Patient Experience and Learning from Adverse Events - 20 minute standing agenda time
2020/11/8.1	Internal Audit Risks and Actions - typo amendment

Members approved an extension to the target date of **Action 2020/11/7.3, Drug and Alcohol Update to May 2021**, given the revised agenda for the February Committee meeting.

Action:

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

ITEM 8 ITEMS FOR NOTING

ITEM 8.1 CLINICAL ASSURANCE GROUP MINUTES

The Committee noted the minutes.

ITEM 8.2 MEDICINES MANAGEMENT GROUP MINUTES

The Committee noted the minutes.

ITEM 8.3 RESEARCH AND DEVELOPMENT GROUP UPDATE

The Committee noted the minutes.

ITEM 8.4 NATIONAL CLINICAL OPERATIONAL GOVERNANCE (NCOGG) GROUP MINUTES

Members noted that the January meeting of NCOGG was postponed due to COVID-19 and therefore there were no approved minutes of the group available for presentation to this Committee meeting.

ITEM 8.5 PUBLIC PROTECTION ASSURANCE (PPAG) GROUP MINUTES

Members noted that the January meeting of PPAG was postponed due to COVID-19 and therefore there were no approved minutes of the group available for presentation to this Committee meeting.

ITEM 9 ANY OTHER BUSINESS

Tom Steele reflected on the meeting noting that the review work agreed to be undertaken on future presentation of the Significant Adverse Event Review information was welcomed by Committee.

Tom raised concerns in relation to how swiftly Committee moved through the business of the meeting, adding that it was recognised that some members had posed questions on the

Doc: 2021-02-15 CGC Approved Minutes	Page 5	Author: PA to Director
Date: 2021-02-15	Version 1.0	Review Date: N/A

papers in advance of the meeting, however queried whether adequate discussion had been given to agenda items during the meeting.

Tom asked members for their reflections as to whether posing and responding to questions in advance of the meeting was beneficial. Members discussed this and noted that the feeling of both Non-Executive members and the Executive Team was that it would be preferable not to have questions asked in advance for future meetings and for the discussion to be had during the meeting. Members observed that although the agenda had been refined, allotted time had been included to allow for discussion.

Tom Steele thanked members for their reflection and acknowledged that there requires to be a balance to ensure adequate information was being sought and provided to allow for scrutiny and robust governance.

ITEM 9.1 WHISTLEBLOWING - VERBAL UPDATE

Frances Dodd provided Committee with an updated on Whistleblowing processes and highlighted that:

- The Whistleblowing Standards will be the Once for Scotland Whistleblowing Policy, which will be presented as a one page summary linking to the Whistleblowing Standards section of the Scottish Public Services Ombudsman (SPSO) website and accompanied by supporting guidance documents.
- The existing SAS policy will be updated in line with the checklist and the INWO whistleblowing standards and taken to the Policy Review Group.
- Communication would take place with staff every two weeks over the next 8 weeks within the staff brief or Chief Executive's update, to support staff understanding of the new policy and training resources.
- Work is ongoing to identify a cadre of staff who will be trained as whistleblowing investigators for the Service.
- Work is underway in partnership in relation to the process for initial review of whistleblowing concerns, with a consistent approach and decision making matrix to be developed.
- Support guidance will be developed detailing - what is a grievance, what is a dispute, what is an issue, what is whistleblowing to ensure support for staff and understanding of what these processes mean for staff and who to go to.
- Education materials have been reviewed and will be made available on @SAS.
- Whistleblowing content being developed for the @SAS page.
- Systems are in place for email and phone handling for Whistleblowing commencing from 1st April 2021.
- FAQs have been drafted and once agreed will be available on @SAS.
- A staff engagement session on Whistleblowing will be held in March.

Liz Humphreys thanked Frances and the team for all of the work and the progress which has been made particularly during the pandemic. Liz added that she had confidence in the progress being developed.

Frances Dodd added that Clinical Governance Committee, Staff Governance Committee and the Board would continue to be kept updated with progress. Members suggested that Whistleblowing be scheduled as a "hot topic" item on a future Committee agenda. It was agreed that Frances would liaise with Jim Ward in relation to appropriate timing for the presentation as a "hot topic".

Action:

Doc: 2021-02-15 CGC Approved Minutes	Page 6	Author: PA to Director
Date: 2021-02-15	Version 1.0	Review Date: N/A

4. **Secretariat** to include whistleblowing as a hot topic item to Committee workplan.
5. **Director of Care Quality and Professional Development** to liaise with **Medical Director** in relation to appropriate timing for a future presentation as a “hot topic” to Clinical Governance Committee.

Martin Togneri invited the patient representatives, Stella McPherson and Robert Mason to share any reflections or comments they had from the meeting.

Stella McPherson stated that she had observed from the Patient Experience paper that it seemed to indicate a large number of complaints relating to staff behaviours.

Frances Dodd advised that this was out with the normal pattern that had been historically seen in relation to attitude and behaviour complaints, adding that this may be as a result of less complaints being received within other areas over recent months as a result of the pandemic.

Jim Ward advised that staff are feeling the impact of delays and responses, adding that when people are waiting longer for a response than anyone would like, the patient expectation can often result in additional pressure towards staff being seen when they arrive on scene. Jim stated that communications skills are being looked at for CPD to assist staff in dealing with these situations.

Committee suggested that it may be useful to deep dive into attitude and behaviour complaints to establish the causes and any learning that could be taken forward. Frances Dodd advised that she would arrange for this work to be taken through the Learning from Events Group.

Date of next meeting 17 May 2021 at 1000 hrs.

The meeting closed at 12:10.

Doc: 2021-02-15 CGC Approved Minutes	Page 7	Author: PA to Director
Date: 2021-02-15	Version 1.0	Review Date: N/A