



**NOT PROTECTIVELY MARKED**

**Public Board Meeting**

**29 September 2021  
Item 17**

**THIS PAPER IS FOR NOTING**

**CLINICAL GOVERNANCE COMMITTEE MINUTES OF 17 MAY 2021 AND  
VERBAL REPORT OF 16 AUGUST 2021**

<b>Lead Director Author</b>	Martin Togneri, Chair of Clinical Governance Committee Lindsey Ralph, Board Secretary
<b>Action required</b>	The Board is asked to note the minutes and verbal report.
<b>Key points</b>	<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 17 May 2021 were approved by the Committee on 16 August 2021</p> <p>A verbal update of the meeting held on 16 August 2021 will be provided by the Chair of the Committee.</p>
<b>Timing</b>	Minutes are presented following approval by the Committee. The Board will receive a verbal update of the most recent Committee meeting.
<b>Contribution to the 2020 vision for Health and Social Care</b>	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.
<b>Benefits to Patients</b>	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.
<b>Equality and Diversity</b>	No issues identified.

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**Scottish  
Ambulance  
Service**  
*Taking Care to the Patient*



**MINUTE OF THE EIGHTY THIRD (83rd) CLINICAL GOVERNANCE  
COMMITTEE AT 10.00AM ON MONDAY 17 MAY 2021  
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 and Whistleblowing Champion

**In Attendance:** Keith Colver, Clinical Governance Manger – Guidelines  
Gareth Clegg, Associate Medical Director  
Tony Devine, Assistant Head of Education  
Frances Dodd, Director of Care Quality and Professional Development (*from 11:15*)  
Garry Fraser, Regional Director – West  
Sarah Freeman, Head of Infection Prevention and Control  
Pippa Hamilton, PA to Director (notes)  
Pauline Howie, Chief Executive (*from 12:00*)  
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  
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 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)

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- 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 15 FEBRUARY 2021

The minutes of the meeting held on 15 February 2021 were reviewed. Liz Humphreys noted that the last paragraph within page 7 of the minute contained an action which required to be added to the Action Tracker and it was agreed that the Committee secretariat would ensure that the action referred to would be added to the tracker.

Subject the above amendment being made, Committee approved the minutes as an accurate record of the meeting.

#### Action:

1. **Secretariat** to ensure that action contained with last paragraph on page 7 of the February minutes was added to the Action Tracker.

### ITEM 4 HOT TOPIC – Proposals for New Clinical Measures – Presentation

Jim Ward introduced a presentation which aimed to detail some of the working and plans for the development of a new suite of indicators to improve build better care for patients. Jim was joined by the three Associate Medical Directors, Tim Parke, Drew Inglis and Gareth Clegg.

Jim advised Committee that any new suite of indicators would supplement time based targets and would not replace them.

Committee noted that the key aims for the Service to improve clinical outcomes included:

- Major Trauma
- Out of Hospital Cardiac Arrest (OHCA) and Stroke
- ScotSTAR
- Safe care in community setting.

Committee were provided with a comprehensive presentation which detailed initial thoughts in relation to the development journey for each of the areas above to improve clinical outcomes. The presentation included suggested measurement and evaluation areas for:

- Key outcomes and benchmarks
- Process Measures
- Balancing Measures

Jim noted that the next steps for this work would include:

- Agree measures for;
  - Accountability
  - Improvement
  - Research
- Further discussions with Scottish Government
- High level Board reporting
- More detailed reporting to Clinical Governance Committee, through Clinical Services Transformation updates and data sets.

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Martin thanked Jim and the Associate Medical Directors for the presentation, adding that it was useful for Committee to have sight of the planned development at a Senior Executive level.

Liz Humphreys asked in relation to the internal benchmarking for OHCA survival rates contained within the presentation, why Scotland were much lower than other countries. Gareth Clegg advised that the benchmarking information was provided by the Global Resuscitation Alliance and relates mainly to cities rather than countries. Gareth added that although Scotland's survival rate may seem low in comparison, the challenges have to be seen in that context and Scotland's trajectory was positive.

Liz asked if Gareth could provide some clarification in relation to the red, amber and green OHCA measures contained within the presentation, particularly in relation to the challenges in collecting data for the red measures which are detailed as "presently unavailable".

Gareth advised that there are some of the areas which are key measurements and are marked as "green", for example ROSC, Survival, and response time. The measures marked as "red" are not being measured for multiple reasons, such as the resources, the data being available but not easily obtained with some areas of data collection requiring collaboration with other agencies.

Committee thanked Jim and the Associate Medical Director for the informative presentation and discussion.

## **ITEM 5 PATIENT CENTRED CARE**

### **ITEM 5.1 MENTAL HEALTH UPDATE**

Frances Dodd presented Committee with a paper which provided an update on the work being undertaken in relation to Mental Health following the decision taken by the Executive Team to delay the production of the mental health strategy due to the challenges faced by the Service during COVID-19.

Frances advised that the paper provided assurance to Committee that although the production of the mental health strategy had been delayed work had continued across all areas of work within Mental Health, along with opportunity for the Service to reflect on learning from COVID-19 and the impact across the population in relation to Mental Health.

Committee discussed and noted the updates provided on the work undertaken within the areas below to address the increased demands placed on the Service in relation to Mental Health:

- Staffing in Mental Health
- Mental Health Triage Car
- Distress Brief Intervention
- Mental Health Hub – NHS24
- Mental Health Strategy – Draft
- Education
- Learning in Practice
- Supervising First Aid for Mental Health
- Educational Pilot – Mental State Examination (MSE)

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## **ITEM 5.2 PATIENT EXPERIENCE AND LEARNING FROM ADVERSE EVENTS**

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

Martin Togneri advised that the action agreed at the February Committee meeting for the Medical Director and Director of Care Quality and Professional Development to meet with himself and Liz Humphreys to review the presentation of this paper to Committee had yet to take place. Martin asked that this meeting be scheduled before the end of June to enable refreshed reporting to be presented to the August Committee.

### **Significant Adverse Event Reviews (SAERs)**

Gary Rutherford advised Committee that contained within the paper were 9 Significant Adverse Event Review Reports. It was noted that each report contained bespoke recommendations which allowed individuals and teams to design and implement action plans to deliver solutions related to the learning identified from each review. A total of 24 recommendations were identified across the 9 reports.

Gary Rutherford provided assurance that work was ongoing to implement staff development sessions to support SAER reviewers in their thought processes, ensuring family or patient contact was established at an early stage and recognising the importance of this and develop their skills in having difficult conversations. A summary of themes relating to the SAERs presented was included in the paper.

Committee ran through each of the SAERs presented and Committee members commented on improvements that they would like to see within future reporting:

- Thematic analysis of recommendations
- Improved resolution timescales
- Improved family/patient engagement
- Clearer language used within report to ensure these can be understood by the reader.

### **Complaints**

Committee noted that between 01 April 2020 and 31 March 2021, the Service received 881 complaints which was a decrease of 279 complaints in the same period the previous financial year.

Alan Martin highlighted the undernoted complaints compliance:

- Stage 1 complaint compliance was at 54.8%, compared to 58.8% in the previous reporting period.
- Stage 2 complaint compliance was at 63.8%, compared to 67% in the previous reporting period.

Committee raised concern that complaints compliance continued to be low even though Committee had been previously advised that opportunities had been put in place to improve compliance, however with lower number of complaints being received by the Service, compliance was still not being achieved.

Alan Martin assured Committee that there continued to be focus on improving complaints compliance, adding that compliance was monitored monthly by the Performance and Planning Steering Group. Alan advised that Ambulance Control Centres continue to receive a high volume of complaints and work was underway by the newly appointed ACC General

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Manager to proactively put in place a dedicated team to take control of all ACC complaints, and it is hoped that this will allow for improvements to be seen.

Frances Dodd added that the new Clinical Quality Leads would also be looking into best practice for complaints across the Service and share learning across the system.

Committee suggested that it would be helpful for an additional chart to be included within future reporting which shows complaints received along with a demand map to allow for more triangulation of the data and allow for an additional level of insight. Alan Martin advised that work was ongoing with Mike Bell in relation to the presentation of the data and would discuss Committee's suggestion with Mike.

**Action:**

- 2. Medical Director and Director of Care Quality and Professional Development** to ensure that meeting with **Martin Togneri** and **Liz Humphreys** to review the presentation of the Patient Experience and Learning from Events paper be scheduled before the end of June to enable refreshed reporting to be presented to the August Committee.
- 3. Patient Experience Manager and Mike Bell** to discuss Committee's suggestion of the inclusion of an additional chart to be included within future reporting which shows complaints received along with a demand map to allow for more triangulation of the data to allow for an additional level of insight.

**ITEM 5.3 CLINICAL RISK REGISTER**

Committee were presented with the Clinical Risk Register and noted that there were currently 5 open clinical risks, 3 being "high", 2 being "medium", along with 1 Risk on the Corporate Risk Register which was Clinical with a risk level of "high".

Carol Sinclair asked in relation to risk 5037- Defibrillator failures, if a fix had been identified for the problems highlighted. Jim Ward assured Committee that discussions were ongoing with the supplier. Jim added that a short life working group had also been set up to look into the issues. Committee noted that updates would continue to be included within the Clinical Risk Register to reflect progress and actions taken to mitigate this risk.

**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. Keith highlighted to Committee that since submission of the report to Committee there had been interruption in access to the JRCALC App for a 2 hour period. Keith assured Committee that the interruption had been a UK wide and no patient safety incidents had been reported within the Service as a result of the access interruption.

Liz Humphreys asked if Committee could have more detail in relation to the JRCALC interruption circulated following the meeting. Keith advised that he would circulate an SBAR to Committee following the meeting.

Committee noted from the report that the North Region Patient Safety Quality meetings had been postponed due to COVID-19 response and asked what plans were in place to reconvene the meetings. Keith advised that the new Clinical Quality Leads are meeting with

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the Chairs of the Patient Safety Quality Groups with a view to ensuring the meetings are reinstated.

Francis Tierney commented that within the report the East Region section details that Datix reporting for child concerns had been noted for this first time, Frances queried why this information was only within the East Region and not within the North and West Regional updates.

Frances Dodd advised that the number of referrals for child and adult protection had increased since the setup of the new infrastructure. Frances added that the reporting of this information was not specific to just the East Region and reporting had been seen coming through all Regions, with reporting likely to increase as staff start to gain a better understanding of the new system.

Carol Sinclair noted that she was delighted to note the great work undertaken to establish the vaccination coach to vaccinate people in remote and rural areas. Carol highlighted the report advises that the work was supported by the Inclusive Healthcare Programme which included distributing take home naloxone kits and wider health information and asked if take home naloxone kits were given out.

Keith advised Committee that some kits were distributed, adding that the vaccination coach seen many different groups of people who had varying needs and where appropriate kits or additional health information was provided. Carol Sinclair thanked Keith for the clarification, adding that she was pleased to see such excellent public health holistic approaches being implemented.

**Action:**

- 4. Clinical Governance Manager (KC)** to circulate an SBAR on the access interruption to JRCALC App to Committee for information.

**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 meeting held on 19 March 2021.

Committee noted the paper presented.

**ITEM 7.2        INFECTION PREVENTION AND CONTROL WORK PROGRAMME APPROVAL**

Committee were provided with the infection prevention and control work programme for 2021/22, developed to align with NHS Scotland's National Antimicrobial Resistance/HAI Delivery Plan and National Quality Strategy ambitions. Sarah Freeman advised that Committee were asked to approve the Programme which covers 7 delivery areas:

- Antimicrobial Prescribing and Resistance
- Cleaning, Decontamination and Estates
- Infection Prevention and Control Guidance and Practice
- Organisational Structures
- Staff and Leadership
- Quality Improvement

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- Surveillance

Committee thanked Sarah for the report, detailed annual work programme and key deliverable areas and proposed completion dates. Committee approved the report.

### ITEM 7.3 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

Carol Sinclair suggested that it would be useful to see key strategic priorities aligned within future reporting. Frances Dodd advised that the pipeline document could be included to complement future reporting.

Francis Tierney noted that he would like to thank the Education and Professional Development Department for all of the work, education and training that they have continued to deliver throughout the past year. Committee members echoed Francis's comment.

Martin Togneri advised Committee that this would be Toby's last Clinical Governance Committee meeting ahead of his impending retirement. On behalf of Committee Martin thanked Toby for his contributions to Committee over his time with the Service and wished him well in retirement.

#### Action:

5. **Director of Care Quality and Professional Development** to ensure that pipeline document be included within future Education updates to complement future reporting.

### ITEM 7.4 CLINICAL SERVICES TRANSFORMATION PROGRAMME UPDATE

Julie King presented Committee with an update on progress against a range of clinical strategic projects. Julie advised Committee that work is underway to enhance and develop future reporting to Committee through 2021/22 to include clearly articulated aims, objectives and measures that describe impact and progress.

Liz Humphreys asked for clarification in relation to Page 4, bullet point 1 and asked what is meant by "increasing bystander CPR rates from around 65% to 85%". Julie King advised that a bystander refers to a member of the public carrying out CPR before the ambulance arrives, adding that the overarching aim of the OHCA strategy is to increase the number of people trained in CPR by a further 500,000.

Committee noted the update and information provided.

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## **ITEM 7.5 DRUG AND ALCOHOL PARTNERSHIPS IN SCOTLAND AND SAS RELATIONSHIP UPDATE**

Gary Rutherford advised that following a request by Committee at the November meeting to provide a report detailing the number of relationships established by the Service with the 32 Alcohol and Drug Partnerships (ADPs) in Scotland and report had been collated and was presented for Committee's information.

It was noted that the report contained details of 29 ADPs, which was due to Forth Valley being considered as one and East and Mid-Lothian as one. Gary advised that the report demonstrates communication links between the Service and all ADPs, with established partnership working with most and the Service being well placed to further collaborate with ADPs to connect people with recovery services.

Committee thanked Gary for the paper, noting that it was a useful mapping exercise which outlines the breadth of the work ongoing.

## **ITEM 8 COMMITTEE GOVERNANCE**

### **ITEM 8.1 ANNUAL REPORT – CLINICAL GOVERNANCE COMMITTEE**

Committee reviewed and noted the presented Annual Report for submission to the Board. Martin Togneri highlighted that there were some minor typos contained within the annual report and advised that subject to members agreement he would pick these up directly with the secretariat for amendment. Members agreed to Martin's suggestion and approved the Annual Report for submission to the Board subject to amendments requested by Martin being made.

#### **Action:**

- 6. Martin Togneri** to provide **Committee secretariat** with suggested minor amendments to Annual Report prior to the Report being submitted to the Board.

### **ITEM 8.2 TERMS OF REFERENCE – CLINICAL GOVERNANCE COMMITTEE/SUB COMMITTEES**

Committee reviewed the Clinical Governance Committee Terms of Reference as part of the annual governance cycle and endorsed the proposed revisions.

Committee noted that all sub-groups of Clinical Governance Committee had reviewed their ToR (*with the exception of the Infection Control Committee, and Public Protection Assurance Group with a review due to take place at the next meeting of each group*) and these were appended to the presented paper for noting by Committee. Jim Ward advised members the ToR for Infection Control Committee and Public Protection Assurance Group would be presented to the August Committee meeting.

Liz Humphreys enquired whether there was a requirement for whistleblowing to be referenced within the Clinical Governance Committee Terms of Reference. Committee discussed this suggestion and agreed that this would be a discussion to take place at Board level to ensure consistency across all governance committees and sub committees if appropriate.

Carol Sinclair suggested that within the Infection Prevention and Control Committee ToR, the use of the word "constitution" should be removed during review at the Groups next

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meeting ahead of the reviewed version being presented to the August Clinical Governance Committee. Sarah Freeman advised that she would ensure that this was removed as part of the review.

Committee endorsed all reviewed sub-committee Terms of Reference.

**Action:**

7. **Head of Infection Prevention and Control** to ensure that the word “constitution” is removed from the Infection Prevention and Control Committee ToR.

**ITEM 8.3 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.
- One open action relating to clinical audit which had been impacted by COVID-19 and staff movement remained on the tracker. The Audit Committee agreed a revised due date of June 2021 for this action at the April meeting and appointed the Medical Director as the new owner of this action.

**ITEM 8.4 ACTION TRACKER**

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

2020/11/7.3	Clinical Services Transformation Programme Update – Drug and Alcohol Partnerships
2021/02/4.1	Involving People Strategy
2021/02/9.1	Whistleblowing Update – Committee Workplan update

Members approved an extension to the target date of **Action 2021/02/4.2** to August 2021.

**Action:**

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

**ITEM 9 ITEMS FOR NOTING**

**ITEM 9.1 CLINICAL ASSURANCE GROUP MINUTES**

The Committee noted the minutes.

**ITEM 9.2 MEDICINES MANAGEMENT GROUP MINUTES**

The Committee noted the minutes.

**ITEM 9.3 RESEARCH AND DEVELOPMENT GROUP MINUTES**

The Committee noted the minutes.

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**ITEM 9.4 NATIONAL CLINICAL OPERATIONAL GOVERNANCE (NCOGG) GROUP MINUTES**

The Committee noted the minutes

**ITEM 9.5 PUBLIC PROTECTION ASSURANCE GROUP MINUTES**

The Committee noted the minutes

**ITEM 9.6 CLINICAL GOVERNANCE COMMITTEE WORKPLAN 2021**

Committee noted the workplan which is presented to each meeting for information.

**ITEM 9 ANY OTHER BUSINESS**

**Garry Fraser**

Martin Togneri advised members that this was the last Clinical Governance Committee meeting for Garry Fraser, who will be leaving the Service to join NHS Tayside. Martin thanked Garry on behalf of Committee for his contribution to both Clinical Governance and the Service over the years.

**Patient Representatives**

Following a suggestion from Andrew Parker, members discussed developments that could be made to Committee papers to assist patient representatives in being able to identify areas of focus for each meeting and subsequently contribute to discussions with ease. Jim advised that debrief sessions had now been set up with his team following each Committee meeting and he would discuss this further at the next debrief session and explore the outcome of those discussions with the Patient Representatives via Andrew Parker.

**Action:**

- 9. Medical Director** to discuss during Committee debrief meeting any developments that could be made to Committee papers to assist patient representatives in being able to identify areas of focus for each meeting and subsequently allow them to contribute to discussions with ease. Outcomes of discussions would be explored with Patient Representatives via **Clinical Governance Manager (AP)**.

**Date of next meeting 16 August at 1000 hrs.**

The meeting closed at 12:45.

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