



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



NOT PROTECTIVELY MARKED

Public Board Meeting

**May 2018
Item 17**

THIS PAPER IS FOR NOTING

**CLINICAL GOVERNANCE COMMITTEE MINUTES OF MINUTES OF 15
FEBRUARY 2018 AND VERBAL REPORT OF 17 MAY 2018**

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 15 February 2018 were approved by the Committee on 17 May 2018.</p> <p>A verbal update of the meeting held on 17 May 2018 will be provided by the Chair of the Committee.</p>
Timing	A verbal update of the most recent Committee meeting will be provided to the Board. Minutes are presented following approval by the Committee.

MINUTE OF THE SEVENTYITH (70TH) CLINICAL GOVERNANCE COMMITTEE AT 10.00 AM ON THURSDAY 15 FEBRUARY 2018 IN MEETING ROOM 19, NHQ

Present: Moi Ali, Non-Executive Director (Chair)
Neelam Bakshi, Non-Executive Director
Francis Tierney, Non-Executive Director

In Attendance: David Garbutt, Chairman
Pauline Howie, Chief Executive
James Ward, Medical Director
Mark Hannan, Head of Corporate Affairs & Engagement
John Burnham, Head of Education & Professional Development
Susan Wilson, Head of Infection Prevention & Control
Laura Livingston, Scott Moncrieff
Grace Scanlon, Scott Moncrieff
Mark Kelly, NHS24
Keith Colver, Clinical Governance Manager
Tim Parke, Associate Medical Director
Paul Gowens, Lead Consultant Paramedic
David Robertson, Deputy Director East Region
Lee Davies, Head of Strategy Implementation & Quality Improvement
Heather Maxwell, PA to Director National Operations (Minutes)

Apologies: Gareth Clegg, Associate Medical Director
Drew Inglis, Associate Medical Director
Patricia O'Connor, Director of Care Quality & Strategy Implementation
Derek Louttit, National Clinical Risk Manager
Colin Crookston, Patient Safety Manager
Andrew Parker, Clinical Governance Manager
Martin Togneri, Non-Executive Director
Sarah Howard-Stone, PA to the Medical Director

1 Welcome and Apologies

Moi Ali welcomed Laura Livingston and Grace Scanlon from Scott Moncrieff. Moi also mentioned that Martin Togneri had tendered his apologies as he had been unwell.

2 Minutes of meeting held on 9 November 2017

The Committee approved the minutes from 9 November 2017 as an accurate reflection of proceedings.

3 Matters arising and Action Tracker

There was one matter arising that was not on the agenda which Mark Hannan will cover off later in the meeting. Jim Ward was to give an update on duty of candour before it went live on 1 April 2018 but the next Clinical Governance Committee meeting

will not take place until May, therefore Moi Ali asked Jim if there had been any news. Jim reported that there had been some significant clarity from the Scottish Government. Our duty of candour lead, Sarah Stevenson had been preparing a brief for the Executive Team, which given the meeting schedule, Jim suggested that the brief could be taken to the Board.

ACTION: Sarah Howard-Stone to include Duty of Candour on the action tracker until approved by the Board.

The Committee reviewed and updated the rest of the Action Tracker, a copy of which would be circulated with the minutes.

4 Declarations of Interest

Moi Ali asked the Committee to note her Standing Declaration, relating to her membership of the Professional Standards Authority. No other Declarations of Interest were made.

5 Clinical Governance Annual Report 2017/18

A draft of the report had been circulated and Moi Ali asked for any comments, highlighting that it is a routine format. Moi will pass the few typos to be amended back to Sarah Howard-Stone.

David Garbutt raised the issue of a replacement for Anwar Din, the patient representative who sadly passed away. No one has yet been appointed, although work in identifying possible patient reps is ongoing jointly with NHS24.

The Committee were content to approve the report subject to a few changes.

ACTION: Jim Ward, Pat O'Connor and Mark Hannan agreed to meet as a matter of priority to find a replacement representative, ideally two, but one before the next meeting.

ACTION: Neelam Bakshi agreed to spend some time with the patient representative as part of their induction to the Committee.

ACTION: Moi Ali will speak to Lindsey Ralph to look at all the annual reports to ensure consistency across all Committees in relation to the attendance lists showing if they attended, gave apologies or not attended and not given apologies or not required to attend.

6 Internal Audit Risks and Actions

Jim Ward gave an update on progress with the actions, namely the Audit Committee owning them.

Jim wanted the Committee to be aware that all of the clinical team from 6 December until around 20 January were doing front line clinical duties. Therefore there were some things he would have expected more progress than described in the update. Grace Scanlon from Scott Moncrieff stated that it was useful to have the action date and the revised implementation date. Grace also mentioned that it was good to see the complaints coming down and hopefully the actions will be closed. The other actions

are all relevant in terms of the Out of Hospital Cardiac Arrest (OHCA) work plan. Jim Ward felt that some of the actions would be challenging, but can be progressed and to get to the point where the internal auditors will be satisfied.

Neelam Bakshi said that she had difficulty understanding item 16/17/49 – original date June then revised to 31 January, aware that things were busy in December and January in terms of an update, but there needs to be more clarity around the risk register. Neelam wanted it noted as a general point. Jim Ward agreed with Neelam and stated that these actions have been remitted back to the team to be taken forward. Paul Gowens stated that additional and management support was put in place at the end of November 2017. Paul Gowens reported that since the OHCA meeting was cancelled the risk log has not been signed off as yet; however it is available in draft form. It was agreed that this would be brought back to the next meeting in May.

ACTION: Paul Gowens agreed to update the Committee at the next meeting in May on the risk log and will work with internal audit.

7 Hot Topic

Jill Fletcher gave a presentation on mental health and distress brief intervention.

7.1 Clinical Decision-Making Framework

The Committee discussed the Mental Health Priorities and Distress Brief Intervention Programme Board 2018.

The Committee discussed the follow up required in regard to some further pathways for mental health to report back to this Committee. The Committee asked for their disappointment to be noted that under 18's are not included in the current national DBI programme being delivered across Scotland. It was agreed that going forward it would be beneficial for the Ambulance Service to include under 18's in their internal plans for mental health.

ACTION: Jim Ward and Pat O'Connor to liaise with Scottish Government regarding the discussions at the Committee in terms of under 18's within the Mental Health strategy going forward.

8 Person Centred Care

8.1 Patient Experience Update

Mark Hannan had circulated his paper prior to the meeting and the following were the highlights:

- The Service recorded 398 compliments between 1 April and 31 December 2017. Attitude and behaviour and clinical skills both received an equal amount of praise closely followed by teamwork.
- The number of compliments received via digital channels such as Facebook, Twitter and the Care Opinion website continues to rise. In December alone, SAS received 35 compliments on Facebook about patients we had treated.
- There were 101 posts on Care Opinion website which were viewed 35,805 times. 59% of these posts were positive, with 41% having a negative tone rating.

- In relation to complaints, latest results indicate that Stage 1 complaints compliance is currently 53.4% down from 54.5% in the previous time period. Stage 2 complaints compliance is currently on target at 70.2%, down from 71.9% in the previous report.
- The top five complaint themes are delayed response, attitude and behaviour, clinical assessment, triage and eligibility for PTS.
- The Scottish Health Council has published its review on how well the Scottish Ambulance Service has met the Participation Standard in 2016/17. In summary, the Service has maintained its scores from the previous review and the council have provided us with 5 recommendations which are now being taken forward across the Service.

ACTION: Mark Hannan to speak to Alan Martin to do a piece of work on the frontline resolution for the complaints process and tracking a complaint journey, looking at real examples and feedback to the next meeting.

ACTION: Mark Hannan to bring back to the next meeting the organisation recommendations which are to be incorporated into the SPSO report.

ACTION: Moi Ali asked Mark Hannan to have the reports strengthened by drilling down more into the patient opinion and points that are more relevant to the Clinical Governance Committee.

8.2 SPSO Annual Report 2016/17

The paper had been circulated prior to the meeting.

9 Patient Safety

9.1 Significant Adverse Event Report

Jim Ward gave an update on behalf of Derek Louttit who was not able to attend the meeting. In terms of the SAER update report there were 4 adverse event reviews presented.

Jim covered some of the details about the SAERs since the last meeting and actions taken, taking cognisance of the feedback from internal audit and how we compile the report.

These reflect a range of issues in terms of Ambulance Control Centres, practice systems, technology, and frontline elements in terms of operations ensuring that there is nothing patient identifiable.

The following was agreed to be taken forward:

- The Regional Directors are taking forward a piece of work reviewing SOPs looking at patient need and staff welfare
- Identify through our SAER process the areas for improvement
- Looking at the format of the report – inserting a part that says whether it would have or not made a difference to the outcome if resource was available
- Clinical Directorate working closely with ACC when there is a backlog and co-ordinate work around making the system more robust for any outstanding

actions.

9.2 Clinical Risk Report

Jim Ward asked the Committee to note any high risks on the report and offered to answer any questions or take any feedback.

Moi Ali noted that the clinical observations trial which Derek Louttit had been working on in South West was interesting. Jim wanted the Committee to know that although Derek had provided the update and gave support and leadership, the real key thing was grown out of frontline staff that identified issues and used QI methodology. This had been presented at the Annual Review 6 months ago in Falkirk and it was noted that they also received an award.

This was exactly the frontline patient safety improvement rapid cycle of change that the Service was looking to do as part of the business strategy.

It was noted that the Committee welcomed having an update on this.

9.3 Clinical Governance and Patient Safety Report

Keith Colver wanted to capture some of the discussions around reassuring the Committee with some streamlining whilst maintaining KPIs and also trying to give the Committee the feel of some of the work going on in the Service along with an early insight into business as usual. Keith stated that he had pulled together a report provided by the Clinical Services Transformation Programme and part of the Clinical Governance report by Jenny Long as well as various other pieces of work.

Keith wanted to pick out some key points to highlight to the Committee around the improvement measures as well as other Clinical Governance and Patient Safety activities.

A bulletin had been circulated to advise staff on the work going on around the new advanced level of care coming from the Advanced Paramedic Project which is being run as a pilot in Glasgow. An interim report is expected to be available by the end of March showing what sort of jobs, type and interventions the Advanced Paramedics are experiencing.

Tim Parke explained that 24 posts will be funded by the Scottish Trauma network which was welcomed by the Committee.

Keith Colver also highlighted the work which has been done around primary and urgent care and the excellent work around patient needs assessment which has been challenging.

ACTION: Jim Ward to speak to Lee Davies and her team to quantify the run charts in the report giving a better understanding around the percentages.

David Garbutt wanted to congratulate Craig Henderson and the team in bringing a change to the Stroke Pathway to fruition which has had a beneficial impact.

9.4 Clinical Governance Committee 2017/18 & 2018/19 Work Plans

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It was noted that the 2017/18 work plan had already been approved and approval was sought for the 2018/19 work plan.

Neelam Bakshi asked for a few points to be noted:

- The items which do not have a cross against them should sit in the “to be confirmed column”.
- The Terms of Reference – the Committee would be endorsing them rather than approving them as they would be going to the Board for approval.
- Terms of Reference – change the wording to reflect other committees and sub committees need to come to this Committee for approval.
- A couple of items are missing around the approval of our Annual Report; change Clinical Governance Work Plan from “18/19” to “19/20”.

The Committee approved the Work Plan subject to the above changes.

ACTION: Jim Ward to amend the work plan and circulate the paper to the Committee.

10 Effectiveness

10.1 NCRM

Jim Ward reported that the New Clinical Response Model had passed the one year point in November 2017 and that there was a document being prepared, but this is a brief report looking at some of the clinical and operational elements and the changes that the Service had seen over time. By and large the system had worked as intended and as we have heard today there are a number of other pieces of work that need to be taken forward. That involves some additional triage within ACC and revising coding in the yellow basket and also our arrangements for processing and closer working with NHS24.

David Garbutt noted that the Committee had reviewed the reports every quarter which had showed some interesting information which reinforced some of the benefits of the system which are not obvious when looking at the statistics.

Jim Ward wanted to highlight a few additional points;

- This report was completed before the Service went through a very busy December and January, not just within the Service but the whole of the NHS who were stress tested to breaking point. There will be further data forthcoming but our responses to cardiac arrest, and our high acuity, purple and amber calls have been very well maintained despite an increase in 40% of immediate life threatening demand which had been quite unprecedented. However, going through a test like that leads all to look at some of the other areas with a range of improvements which have been taken forward.
- Jim reported that there was an external piece of evaluation being done on the Stirling report looking at both activity time based and outcome data, which was welcome.
- The Service was also working closely with ISD to look at outcome data, particularly around cardiac arrest which has talked about clinical outcome indicators as opposed to time based.

Moi Ali stated that there are exciting elements for patients in real terms of outcomes.

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10.2 Infection Prevention & Control Update Report

Susan Wilson highlighted the main points in the report in terms of the infection audit programme. It remains consistent and above target across the Service, but still room for improvement for hand hygiene.

In terms of the face fit testing, there is a small working group which have put together some recommendations which is going to OMT in March and the Committee will await the outcome. In terms of PVC this increased significantly in December 2017 which was related to improved recording and further improved in January 2018 which was very positive.

Medicines Management Group had discussed the use of pre-hospital antibiotics for suspected sepsis cases. The use of antibiotics is particularly useful for remote and rural areas when a patient is more than an hour away from a hospital.

10.3 Education Update

John Burnham reported that the Service have been in conversation with NHS Education Scotland around the progress made in relation to the Technician qualification.

The Scottish Qualifications Authority (SQA) have awarded the Vocational Diploma for Ambulance Technicians 146 credits which means that the Service now has its own named award with the SQA.

It was reported that this course would be delivered at various Scottish Universities and that there will be transition arrangements in place.

Moi Ali highlighted that this is a relatively new paper but very helpful adding assurance around the clinical education to the Committee.

10.4 Performance Report

Jim Ward reported that this had been viewed by most of the Committee at the recent Board meeting. The data within this report is what backs up the statement Jim made in despite of the significant peak in demand and outcomes. In respect of ROSC high levels of service were maintained during that period. David Garbutt asked for it to be recorded the Committee's grateful thanks for the work done over that period maintaining the figures for the ILT calls which was a magnificent effort and making a real difference to patients. Thanks were also given to Paul Gowens for pulling the report together.

11 Items for noting

11.1 Infection Control Committee Update/Minutes – 16 October 2017

The Committee noted the minutes circulated prior to the meeting.

11.2 Clinical Advisory Group Update/Minutes – 14 December 2017 (draft)

The Committee noted the minutes circulated prior to the meeting.

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11.3 National Clinical Operational Governance Group Update/Minutes – 27 October 2017 (approved)

The Committee noted the minutes circulated prior to the meeting.

11.4 Medicines Management Committee Update/Minutes - September 2017 (verbal)

The Committee noted the verbal update of the minutes.

11.5 Research, Development and Innovation Minutes – 22 November 2017 (approved)

The Committee noted the minutes circulated prior to the meeting.

12 Any Other Business

It was noted that there was no other business.

13 Date of Next Meeting

17 May 2018 – 10:00 hrs in Meeting Room 19, NHQ