



**NOT PROTECTIVELY MARKED**

**Public Board Meeting**

**30 November 2022**

**Item 18**

**THIS PAPER IS FOR NOTING**

**CLINICAL GOVERNANCE COMMITTEE MINUTES OF 15 AUGUST 2022 AND  
VERBAL REPORT OF 14 NOVEMBER 2022**

<b>Lead Director Author</b>	Stuart Currie, Chair of Clinical Governance Committee -
<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 15 August 2022 were approved by the Committee on 14 November 2022. A verbal update of the meeting held on 14 November 2022 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 from the Chair of the Committee.
<b>Corporate Risk Identification</b>	Risk 4636 – Health and wellbeing of staff Risk 4638 – Wider system changes and pressures
<b>Link to Corporate Objectives</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>Link to NHS Scotland's Quality Ambitions</b>	The Clinical Governance Committee remit is to monitor good clinical governance to ensure safe, effective and person centred care across the Service.
<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 EIGHTH (88th) CLINICAL GOVERNANCE  
COMMITTEE AT 10.00AM ON MONDAY 15 AUGUST 2022  
VIA MICROSOFT TEAMS**

**Present:** Stuart Currie, Non-Executive Director (Chair)  
Liz Humphreys, Non-Executive Director and Whistleblowing Champion  
Irene Oldfather, Non-Executive Director  
Carol Sinclair, Non-Executive Director  
Francis Tierney, Non-Executive Director

**In Attendance:** Vicky Burnham, Assistant Head of Education  
Gareth Clegg, Associate Medical Director  
Frances Dodd, Director of Care Quality and Professional  
Sarah Freeman, Head of Infection Prevention and Control  
Pippa Hamilton, Committee Secretariat (notes)  
Pauline Howie, Chief Executive  
Paul Kelly, Clinical Governance Manager (*for item 5.4*)  
Julie King, Service Transformation Manager  
Robert Mason, Patient Representative  
Tim Parke, Associate Medical Director  
Andrew Parker, Clinical Governance Manager – Medicines  
David Robertson, Regional Director West  
Gary Rutherford - Patient Safety Manager  
Jayne Scaife, Head of Public Protection (*for item 4*)  
James Ward, Medical Director

**Apologies:** Keith Colver, Clinical Governance Manger – Guidelines  
Cheryl Harvey, Associate Director of Education and Professional Development  
Drew Inglis, Associate Medical Director – ScotSTAR  
Alan Martin, Patient Experience Manager  
Tom Steele, Board Chair

**ITEM 1 WELCOME AND APOLOGIES**

Stuart Currie welcomed everyone to the meeting.

**ITEM 2 DECLARATIONS OF INTEREST RELEVANT TO THE MEETING**

Standing declarations of interest were noted:

- Stuart Currie in his capacity as Non-Executive Director, The State Hospital.
- 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, 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 16 MAY 2022**

The minutes of the meeting held on 16 May 2022 were reviewed and approved as an accurate record of the meeting.

**ITEM 4 HOT TOPIC – HIGH INTENSITY USERS PROJECT**

Frances Dodd advised Committee that the Public Protection Team was established over 18 months ago to satisfy the Services statutory responsibilities in relation to Public Protection.

Committee received a comprehensive and informative presentation from Jayne Scaife, Head of Public Protection on the High Intensity Users (HIU) Project. The presentation included a case study of a High Intensity User of the Service, the processes used by the Service to engage with the patient and the outcomes and improvements for both the patient and the Service following HIU intervention.

The presentation highlighted that the aims of the HIU Project were:

- To improve the quality of care of vulnerable individuals with additional clinical, emotional, and docile needs who are struggling to access standard care services appropriately.
- To improve joint integrated working opportunities between services
- To reduce inappropriate demand and increase our capacity to respond appropriately to more emergencies.

The methodology used for the trial was to review data and identify patients retrospectively using the following definition:

- *Patient who called 999 12 times or more in a 3 month period or 5 times or more in 1 month period.*

A total of 137 patients were selected for the trial with an additional 170 crew referrals for support were considered. Patients under 18 were excluded from the trial, however an exploratory piece of work for these patients was undertaken.

Jayne Scaife highlighted that as part of the project the Public Protection Team produced 7 minute briefings for operational crews, undertook a number of Roadshows and station visits along with operational guidance written and published.

Committee noted that from the data gathered during the trial, nationally prior to intervention the patients made 3216 calls in the 4 weeks prior to support being offered compared to 1441 after intervention from the HIU Team. The results showed a statistically significant and positive change in the data, with a shift evident from commencement of Stage 1 of the HIU process. Jayne added that the results data highlighted that the significant reduction was not a chance reduction, and was as a result of a change in the patient journey, namely intervention from the HIU Team and using the newly defined process and interventions.

Jayne advised that the trial consisted of time consuming and complex work and included joint integrated working with every part of social care and community services engaged in the work at one point or another including multidisciplinary meetings.

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Committee noted the potential demand and capacity savings associated with the HIU project with included:

- 50% reduction in incidents
- 56% reduction in emergency calls
- 1775 patient journeys saved
- 221 call handling hours saved
- £647,608.75 saved in a 12 week period
- Potential to save £2,590.435.00 per year

Next steps were outlined to Committee:

- Establish a more permanent funding stream introducing caseload management to support the regional teams
- Assess the risk and issues in Scheduled Care as PTS referrals are escalating
- Expand and present the Under 18 HIU work to the National CP Committee
- Educate and support clinicians in respect of HIU/ASP and CSP.

Frances Dodd advised that the evaluation of the project was due to be presented to the Executive Team and Scottish Government which would include wider economic valuation.

Members thanked Jayne for the informative presentation and the impressive work undertaken by the Team and noted the great example of the Service being innovative and flexible in the delivery of person centred care.

## **ITEM 5 PATIENT CENTRED CARE**

### **ITEM 5.1 PATIENT EXPERIENCE AND LEARNING FROM ADVERSE EVENTS**

The Committee were provided with a 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 (SAER). Members noted and welcomed the work underway to carry out a review of the SAER process.

Members were assured by the improvements in complaint compliance as a result of the volume of work undertaken by the Regions and Ambulance Control Centres (ACC).

It was noted that the top 5 themes of complaint had remained stable over the last 3 years, however a positive reduction could be seen in Delayed Response and Clinical Assessment complaints.

Frances Dodd highlighted to members the increase in Attitude and Behaviour related complaints with further work being undertaken to gather data to identify themes in relation to those complaints. Frances added that there had also been an increase in complaints in relation to the Patient Transport Service, in particular the PTS booking line and PTS eligibility, which was likely due to recent changes made to the process. Members noted that the Patient Experience Team and ACC Complaints Resolution Managers had met to discuss the management of the PTS complaints along with any learning that could be taken from feedback received.

Gary Rutherford provided an update on SAERs and advised that 24 SAERs had been commissioned between January and June 2022 which compared to 27 in the same period in 2021. Members noted that the frequent primary SAER categories were:

- Delayed response (14)
- Ambulance tasking decision making/processes (3)

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- Patient deterioration after face to face assessment (2)
- Clinical equipment (2)
- Call disconnect issue (1)
- Delayed remote consultation (1)
- Handover delay – Joint with territorial board (1)

Committee were presented with 7 SAER summaries which included key learning for each case. Gary advised that 3 of the presented SAERs had a theme of health care professional calls and members noted that these calls were now being managed through the timed admissions hub to mitigate some of the factors related to these SAERs.

Members discussed the SAER summaries and actions presented. Gary Rutherford highlighted that work was being undertaken to review the SAER Action Tracker and this would be presented to future Committee meetings to enable clear monitoring and tracking.

Liz Humphreys noted from the report that the Learning from Events Group (LfEG) meeting which was scheduled to take place on 25 July was postponed until 05 August to allow an urgent SAER process meeting to take place and asked if any update could be provided from the LfEG meeting on 05 August.

Frances advised that the LfEG meeting on 05 August discussed many areas of work including the draft quality strategy, clinical supervision and learning culture.

Francis Tierney commended the work which had been carried out by all involved in the improvement in complaints compliance. Francis added that he was pleased to see the progress being made in relation to CPR for disabled people project.

## **ITEM 5.2 PATIENT EXPERIENCE ANNUAL REPORT**

Frances Dodd presented Committee with the Annual Report which members were requested to approve. Frances highlighted that the information contained within the report had been presented to Committee throughout the year within regular reporting.

Members thanked Frances and the Patient Experience Team for the excellent report and suggested the undernoted amendments be made to the report ahead of publication:

- Within the last sentence on page 2 which states “*as well as the ability to conduct meetings virtually*” the word “effectively” should be included with the sentence being amended to read “*as well as the ability to effectively conduct meetings virtually*”.
- The paragraph at the bottom of page 4 which pays tribute to the work of all staff should be moved to the top of the section.
- Page 5, section 2, before the care opinion section, a brief summary should be included of the improvements which have been made as a result of the work undertaken to encourage and gather feedback.
- Title of section 3 “Encouraging and Handling Complaints” be amended to remove the word “encouraging” and suggested replacing this with “Understanding, Responding and Learning from Complaints” or similar.

Frances Dodd thanked members for their feedback.

Members approved the Annual Report subject to members feedback and suggestions being incorporated.

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### ITEM 5.3 CLINICAL RISK REGISTER

Jim Ward advised Committee that the Clinical Risk Register contained within the suite of papers circulated did not reflect the latest version of the Risk Register. Jim passed on his apologies to members and advised that the Risk Register had been reviewed and updated on 2 August and he would arrange for the updated version to be circulated to Committee following the meeting.

Jim highlighted that there was a dedicated paper at agenda item 5.4 which provided an update on the Corpuls Defibrillator risk.

Liz Humphreys asked for an update on the progress of the Board Assurance Framework action plan particularly in relation to mapping the Committee agenda to the Corporate Risks. Liz highlighted that not all cover papers presented to this meeting detailed the link to the Corporate Risk Register and asked that future papers contain this information even if the item was not aligned to a risk this should be highlighted within on the cover paper.

Francis Tierney highlighted his concern in relation to the Corpuls failures. Jim Ward assured members that there was a dedicated working group established to work through all areas of this risk and reminded members that a detailed update was being presented to Committee at agenda item 5.4.

#### Action:

1. **Medical Director** to circulate the updated version of the Clinical Risk Register to Committee following the meeting.

### ITEM 5.4 CORPULS DEFIBRILLATOR MONITOR UPDATE

Paul Kelly joined the meeting for this item. Committee received a detailed paper which outlined the background and mitigating actions in place in relation to the Corpuls Defibrillators. The paper also included an update from Alistair Ross, EMRSN Clinical Lead on the experience of the ScotSTAR teams usage of the Corpuls monitor.

The paper presented provided information to members on the undernoted areas:

- Global Field Safety Correction Notices
- Mitigating Actions
- Action to date for Field Safety Correction Notices
- Annual Maintenance Programme
- Critical Incident Failure
- Specific Issues Identified by ScotSTAR Teams, including:
  - Moisture
  - Notching
  - Corrupt Cables
  - ScotSTAR Practice vs SAS Practice
  - GS Complaints Form
  - Incident Reporting and Investigation Centre
- Recommendations

Members thanked Paul for the detailed update and discussed the paper. Carol Sinclair highlighted her concern at the quality of the product and service received from the supplier. Carol noted that the paper described cable failure, costs of which were currently being met by the Service and added that the Service required to give consideration to how it might recover these costs from the supplier

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Carol Sinclair added that in relation to testing of the monitor, the manual states that testing should take place monthly however the supplier was recommending daily testing and asked what more can be done given the level of risk to the organisation.

Paul Kelly advised that a short life working group had been established which meets fortnightly and comprises of representatives from the supplier, SAS procurement, finance and clinical lead. Paul added that a test of change was introduced within 4 locations to undertake daily testing of CO2 which had also been recommended by Alistair Ross. Tim Parke added that he endorsed the recommendations made by Alistair Ross, particularly in relation to daily testing being rolled out across the Service.

Jim Ward advised that the recommendations from the short life working group would be presented to the Executive Team to consider communication and contractual elements. Jim provided assurance to Committee that a robust procurement and evaluation exercise was carried out in line with best practice ahead of the contract being awarded and added that a review of the contract was being currently carried out by the Head of Procurement.

Jim added that complete transparency was being provided to the Committee and the Board in relation to this work and advised that there was currently no timeframe for completion of the work by the working group however reporting of mitigating actions would continue to be provided through Committee.

#### **ITEM 5.5      **RESTRICTED** – SHARING INTELLIGENCE FOR HEALTH AND CARE GROUP**

This item was discussed in private.

#### **ITEM 6          PATIENT SAFETY**

##### **ITEM 6.1        CLINICAL GOVERNANCE AND PATIENT SAFETY REPORT**

In the absence of Keith Colver, Jim Ward 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 6.2        CONTROLLED DRUGS ANNUAL REPORT**

Andrew Parker provided Committee with the Controlled Drugs Annual Report 2021/22 which provided an overview and summary of the Controlled Drugs incidents and risks along with risks included within the Medicines Management Group Risk Register.

Andrew highlighted Appendix 2 of the report detailed a list of review dates for the Standard Operating Procedures (SOP) which underpin the Morphine Guidance Documents and Medicines Management Policy. Andrew added that Committee would note that there were several SOPs which were overdue review and provided assurance that a plan was in place to ensure these are reviewed and brought back up to date.

Committee approved the annual report.

#### **ITEM 7          EFFECTIVENESS**

##### **ITEM 7.1        INFECTION PREVENTION AND CONTROL UPDATE REPORT**

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Sarah Freeman presented Committee with an update on Infection Prevention and Control work since the last Committee meeting.

Sarah highlighted that due to the COVID-19 pandemic the priority for the Service was to ensure that all COVID-19 policies and guidance were updated, which had resulted in several Infection Prevention and Control policies and guidance becoming overdue for review. Sarah provided assurance to Committee that these would only require minor amendment and a plan was on place to ensure all overdue policies and guidance were reviewed by the end of the year.

Carol Sinclair noted from the report that Ambulance Control Centres had raised concern in relation to staff accessing learning modules and that funding was required to support this. Sarah advised that this was in relation to staff being unable to access learning modules via ACC desk top computers and assured Committee that these concerns had been reviewed with the plan for iPads to be procured to ensure that ACC staff can effectively access learning modules.

The Committee noted the update presented.

## **ITEM 7.2 EDUCATION UPDATE**

Vicky Burnham presented the paper which provided an update on the developments within the Education and Professional Development Department which covered the undernoted areas, including work underway to understand and develop a new progression route for Ambulance Technicians to a Paramedic professional qualification following the closure of the DipHE Paramedic Programme.

- BSc Paramedic Education
- Diploma in higher Education Paramedic Practice
- Progression route for Technician to Paramedic
- Ambulance Technician Programme
- Ambulance Care Assistant Programme
- Newly Qualified Paramedics
- Learning in Practice (LiP)
- Alignment with Demand and Capacity Programme

Carol Sinclair requested that emphasis be fed into future Education reporting to Committee highlighting to critical role this plays within the Demand and Capacity Programme and the current risk in relation to demand and capacity funding being secured. Vicky advised that she would feedback to Cheryl Harvey to ensure that the interdependencies were clearly emphasised within future reporting.

Committee noted the report and the volume of work ongoing within the Education and Professional Development Department.

### **Action:**

- 2. Associate Director of Education and Professional Development** to ensure that future Education reporting to Committee clearly emphasises the interdependencies and critical role between the work of the Education and Professional Development Department, Demand and Capacity Programme and the current risk in relation to demand and capacity funding being secured.

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## **ITEM 7.3 CLINICAL SERVICES TRANSFORMATION PROGRAMME UPDATE**

Julie King advised Committee that in line with the development of the 2030 Strategy a refresh of the Clinical Directorate programme governance had been undertaken to align to the key portfolios of “Urgent and Unscheduled Care” and “Preventative and Proactive Care”. Julie added that in conjunction with the refreshed programme governance and feedback from the May Clinical Governance Committee a refreshed proposed structure of reporting to Clinical Governance Committee was presented for discussion.

Members noted from the paper the proposed reporting structure included the undernoted areas and would include the use of highlight reports to articulate the aims of the various clinical work streams and their alignment to the 2030 Strategy. The Report would also provide full assurance across the range of work underway to deliver the Annual Delivery Plan for 2022-23 whilst also reflecting on an ad-hoc basis any developing initiatives that emerge.

- Urgent and Unscheduled Care
  - Out of Hospital Cardiac Arrest
  - Stroke/Thrombectomy
  - Major Trauma
- Preventative and Proactive Care
  - Urgent Care (aligned to the Urgent and Unscheduled Care Collaborative)
  - Pathways Hub
  - Drug harm Reduction
  - End of Life Care
- Clinical Actions/Updates
  - GP Evaluation
  - Pre-Hospital Management of the baby born at extreme preterm gestation

Members discussed and welcomed the revised reporting format.

## **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 four open actions relating to clinical audit, all of which have had revised due dates agreed by the Audit Committee given the operational pressures which have been experienced by the Service. All actions will be reviewed at the October Audit Committee meeting.

Committee noted the report presented.

### **ITEM 8.2 CLINICAL GOVERNANCE COMMITTEE WORKPLAN 2022/23**

Members noted the Committee workplan for 2022/23 which is presented to each meeting for member’s information with any amendments/additions since the last Committee meeting marked in red for ease.

### **ITEM 8.3 ACTION TRACKER**

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

2022/02/09.4	High Intensity Users Discussion
2022/05/03	Amendment to Minutes of 28 February 2022
2022/05/05.1	Patient Experience – removal of Care Opinion section from reporting
2022/05/05.1	Inclusion of update from Learning from Events Group to each Committee meeting
2022/05/05.2	Digital Strategy for Scotland
2022/05/06.1	Clinical Governance and Patient Safety – SAER training
2022/05/07.3	Clinical Services Transformation Programme – GP Adviser Evaluation Framework
2022/05/07.3	Clinical Services Transformation Programme – Progress Against Plan Timeline
2022/05/07.4	Annual Infection Prevention and Control Work Programme – Risk Identification Status
2022/05/08.4	Clinical Governance Committee Annual Report

**Action:**

3. **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 NATIONAL CLINICAL OPERATIONAL GOVERNANCE (NCOGG) GROUP MINUTES**

The Committee noted the minutes.

**ITEM 9.4 PUBLIC PROTECTION ASSURANCE GROUP MINUTES**

The Committee noted the minutes.

**ITEM 10 ANY OTHER BUSINESS**

**Frances Dodd, Director of Care Quality and Professional Development**

Pauline Howie advised members that this would be the last Committee meeting for Frances Dodd prior to leaving the Service to take up a new role within NHS Forth Valley. Committee wished Frances all the best in her new role.

**Paul Kelly and Andrew Parker, Clinical Governance Managers**

Jim Ward highlighted to Committee that this would be the last meeting for both Paul Kelly and Andrew Parker. Members noted that Paul was retiring from the Service and Andrew had taken up a new post within Perth and Kinross Primary Care. Jim and Committee passed on their thanks to both Paul and Andrew for their high quality of work and support to the Clinical Directorate and Clinical Governance Committee.

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Stuart Currie thanked everyone for their attendance, discussion and comments throughout the meeting.

**Date of next meeting 14 November 2022.**

The meeting closed at 12:40.

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