



NOT PROTECTIVELY MARKED

Public Board Meeting

24 November 2021

Item 17

THIS PAPER IS FOR NOTING

**CLINICAL GOVERNANCE COMMITTEE MINUTES OF 16 AUGUST 2021
AND VERBAL REPORT OF 15 NOVEMBER 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 16 August 2021 were approved by the Committee on 15 November 2021.</p> <p>A verbal update of the meeting held on 15 November 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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MINUTE OF THE EIGHTY FOURTH (84th) CLINICAL GOVERNANCE COMMITTEE AT 10.00AM ON MONDAY 16 AUGUST 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 – From 11:10(*unable to join initially due to technical issues*)
Liz Humphreys, Non-Executive Director and Whistleblowing Champion

In Attendance: Keith Colver, Clinical Governance Manager – Guidelines
Frances Dodd, Director of Care Quality and Professional Development (*from 11:15*)
Sarah Freeman, Head of Infection Prevention and Control
Pippa Hamilton, PA to Director (notes)
Pauline Howie, Chief Executive
Alan Martin, Patient Experience Manager
Robert Mason, Patient Representative
Andrew Parker, Clinical Governance Manager - Medicines
Gary Rutherford - Patient Safety Manager
James Ward, Medical Director
Ben Watson, Strategy Implementation and Improvement Manager (*Item 5.1*)

Apologies: Drew Inglis, Associate Medical Director – ScotSTAR
Julie King, Service Transformation Manager
Stella MacPherson, Patient Representative
Tim Parke, Associate Medical Director - Major Trauma

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)
- 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.

Doc: 2021-08-16 CGC Approved Minutes	Page 1	Author: PA to Director
Date: 2021-08-16	Version 1.00	Review Date: N/A

ITEM 3 MINUTES OF MEETING HELD ON 17 MAY 2021

The minutes of the meeting held on 17 May 2021 were reviewed. It was noted that a minor typo within page 10, action point 9 required amendment. Subject to this amendment being made, members approved the minute as an accurate record of the meeting.

ITEM 4 HOT TOPIC – WHISTLEBLOWING

Frances Dodd provided Committee with a presentation on changes to the Whistleblowing process within the Service. It was noted that from 1st April a Once for Scotland Policy aligned to the National Whistleblowing Standards was implemented. The Committee noted the changes include:

- An Independent National Whistleblowing Officer (INWO Website) with resources for staff
- Once for Scotland Policy aligned to Principles and Standards in HR Connect
- Internal SAS processes developed in partnership on @SAS
- Staff and Manager training available on INWO website
- FAQs and staff guidance on @SAS
- Dedicated phone line and email for Whistleblowing
- Confidential contacts and lead investigators identified, engaged and developing understanding of their role in relation to Whistleblowing.

Frances advised that the new process would promote a healthy workforce culture built on openness, transparency and accountability. The process encourages local level reporting, local escalation and early reporting.

The new process ensured a new focus on;

- Helping staff raise concerns that may be about patient safety or risk as early as possible and responding appropriately.
- Support and protection for staff when they raise concerns

Members noted that the undernoted methods were being used to triangulate information to develop assurance:

- Datix reports
- iMatter
- Grievances
- Staff feedback
- Partnership conversations
- Staff engagement sessions
- Local manager feedback
- Complaints/concerns
- Local stories and soft intelligence

Tom Steele asked how Datix was positioned as a major channel for raising concerns with the new Whistleblowing work. Frances advised that the Whistleblowing process had been embedded into Datix to log all Whistleblowing concerns, which would aid in looking at themes and triangulate all sources of data, including complaints, concerns and grievances.

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.

Doc: 2021-08-16 CGC Approved Minutes	Page 2	Author: PA to Director
Date: 2021-08-16	Version 1.00	Review Date: N/A

Martin Togneri noted the very comprehensive update, which was welcomed by members, along with the volume of work underway.

ITEM 5 PATIENT CENTRED CARE

ITEM 5.1 MENTAL HEALTH HUB EVALUATION

Ben Watson joined the meeting for this item.

Members noted that the Service worked with NHS24 and Police Scotland to undertake a preliminary evaluation of learning from the collaboration between the NHS24 Mental Health Hub (MHH) and the Service. The 5 aims of the mental health hub project were:

1. Improve and simplify the care pathway for people experiencing mental illness/distress and poor mental health well-being who present to either SAS or Police Scotland.
2. Where possible and clinically acceptable mental health professionals within NHS 24 MHH to manage and support the needs of individuals without onward referral to other agencies.
3. Reduce deployment of frontline Police Scotland and SAS staff to help people experiencing mental illness/distress and poor mental health well-being who present to either SAS or Police Scotland.
4. Reduce the emergency demand on locality based emergency services.
5. Reduce the number of patients taken to Emergency Department (ED) via the provision of better support and access to appropriate services.

Ben advised that a short life working group was established in February 2021 to evaluate the process and identify learning. Members noted that a mixed methods approach was applied to the evaluation with the short life working group analysing and reviewing a suite of quantitative and qualitative data from the Service and NHS24 which was supported by the analytics team within Public Health Scotland.

The collaboration enabled NHS24 and the Service to introduce three new service innovations that were defined and discussed as part of the evaluation along with general findings. Ben highlighted that the three innovations were:

- Collaborative working
- Signposting of low acuity coded calls
- Collaborative Delivery of Care – Professional to Professional Pathway.

Members noted that the general evaluation findings following the 20 week testing period highlighted that:

- Reduction of approximately 165 mental health incidents conveyed to hospital.
- 429 hours of ambulance time saved over the initial 20 week testing period of signposting.
- 55% of individuals successfully contacted NHS24 within 24 hours of being signposted by the Service
- 70.5% of signposted individuals to the NHS24 Mental Health Hub had a non-emergency outcome endpoint within three weeks of initial call to the Service.
- 3 innovative initiatives implemented as part of the collaboration.
- 12 recommendations and lessons for the future identified.

Irene Oldfather commented that she noted that 55% of individuals successfully contacted NHS24 within 24 hours of being signposted by the Service, however queried what had

Doc: 2021-08-16 CGC Approved Minutes	Page 3	Author: PA to Director
Date: 2021-08-16	Version 1.00	Review Date: N/A

happened to the other 45% of individuals, suggesting that the outcome for those individuals also required to be highlighted within the flash report of the evaluation document.

Irene added that mental health was difficult to risk assess and there required to be something built into the system to ensure education and learning for staff to highlight that if there was any level of uncertainty, staff should air on the side of caution. Irene suggested that service user feedback should also be built into the system.

Frances Dodd advised that in terms of the feedback from service users, the See Me survey was being undertaken to influence and develop thinking of the service going forward.

Frances advised members that within the last 6 months the Service had recruited a Clinical Effectiveness Lead for mental health, adding that detailed discussions were ongoing with the Scottish Government around the future strengthening of the structure for mental health.

Ben provided assurance to Committee that the work would align closely with the Mental Health Strategy and would be developed further going forward.

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.

Gary Rutherford advised at following discussion at the last Committee meeting, it was recognised that the way in which Significant Adverse Events Review information was being presented to Committee required review. Gary added that a review of paper had taken place and as a result the information was now being presented with 3 clear subheadings relating to the commentary of new SAERs.

Committee commented that they welcomed the restructuring of the paper, adding that it allowed members a clearer overview of the SAERs, enabled improved reading and thematic analysis.

Liz Humphreys queried whether it would also be useful to include whether Duty of Candour processes were pertaining to any of the cases. Jim Ward advised that Liz's point was helpful and that this would be picked up within the paper presented to the November Committee.

Irene Oldfather noted that within the complaints section of the paper, the last sentence of the summary of complaints, noted a significant increase in complaints received and the reasons for this was difficult to understand and currently any reasons were "purely speculation". Irene added that in Committee members opinion the increase would be down to abstractions and increased levels of demand on the Service which are in fact influencing factors.

Action:

- 1. Medical Director** to ensure that Duty of Candour cross references are added to future Patient Experience Reports presented to Committee.

ITEM 5.3 PATIENT EXPERIENCE ANNUAL REPORT

Committee were presented with the draft Patient Experience Annual Report 2020-21 for approval which set out the latest developments, key statistics and performance for the year.

Martin Togneri advised that he was happy with the content of the report, however added that some refinement was required ahead of publication, particularly around the use of acronyms.

Doc: 2021-08-16 CGC Approved Minutes	Page 4	Author: PA to Director
Date: 2021-08-16	Version 1.00	Review Date: N/A

It was agreed that a meeting would be arranged for Martin to meet with Mark Hannan to provide his suggestions for refinement.

Members noted that Robert Mason, Patient Representative, had also provided comments on the annual report and that Andrew Parker would arrange for these to be sent onto Mark Hannan for review. Committee thanked Robert for taking the time to provide helpful feedback on the Report.

Committee approved the Report, subject to refinement ahead of publication.

Action:

- 2. Secretariat** to arrange for a meeting between Martin Togneri and Mark Hannan to discuss refinement of the Patient Experience Annual Report ahead of publication.

ITEM 5.4 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 commented that the wording of risk 5037, may need to be relooked at to include any element of risk in terms of patient outcome along with the inclusion of any remedial actions being taken and the prescribed timelines for these.

Jim Ward advised that the issues are with the contract of the equipment supplier which are being identified and mitigated robustly. Jim added that it was difficult to be certain if there was risk in relation to patient outcomes. Members asked that Jim look into the detail of this risk further and provide an update to Non-Executive Committee members before the next Clinical Governance Committee meeting.

Jim highlighted to members that Committee are presented with the Clinical Risks within the Risk Register paper, however information on mitigation work being undertaken for these risks are provided to members within other Committee papers, such as the Clinical Governance and Patient Safety Report and Clinical Service Transformation Report presented to each meeting.

Action:

- 3. Medical Director** to look into the detail of risk 5037 further in relation to risk in terms of patient outcome along with remedial actions being taken and prescribed timelines and circulate an update to Non-Executive Committee members before the next Clinical Governance Committee meeting.

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.

Martin Togneri commented that within the paper it is highlighted that 33 Corpuls3 defibrillators still required to be located to enable remedial work to be carried out the devices. Martin asked for clarity as to why the Service was unaware of the location of these devices.

Doc: 2021-08-16 CGC Approved Minutes	Page 5	Author: PA to Director
Date: 2021-08-16	Version 1.00	Review Date: N/A

Jim Ward advised that as part of the contract for these devices the tracking application was not purchased and assured Committee that work was underway to resolve the issue. Carol Sinclair advised that if appropriate she would like an offline discussion with Jim in relation to the contract with Ortis. Jim advised that he was content for an offline discussion to take place and would arrange to meet with Carol.

Irene Oldfather asked for further information on the test of change underway within Ayrshire and Arran Flow Navigation Centre to assist with the scheduling of unscheduled care.

Jim advised that this work fits into the Redesign of Urgent Care work, adding that Ayrshire and Arran were selected for the test of change because of the handover issues experienced within that area. Jim added that updates on the progress of this work would be provided to Committee within the Clinical Governance and Patient Safety Reports.

Action:

- 4. Secretariat** to arrange for a meeting to be scheduled between the Jim Ward and Carol Sinclair to discuss the Ortis contract.

ITEM 6.2 CONTROLLED DRUGS ANNUAL REPORT

Andrew Parker provided Committee with the Controlled Drugs Annual Report 2020/21 which provided an overview and summary of the Controlled Drugs incidents and risks.

Liz Humphreys noted that the risks contained within the Report were not in the same format as all other risks presented throughout the Service and suggested that the controlled drugs risks required to be presented in the same standard format and required to include risk ratings.

It was agreed that the Annual Report would be reviewed to ensure that the Controlled Drugs risks were presented in the standard format.

Members noted that within section 4.1 and 4.3 of the report it referred to 2019/20 and not 2020/21 and asked that these sections of the report also be reviewed to ensure accuracy.

Jim Ward took the opportunity to pass his thanks to Keith Colver, Gary Rutherford, Paul Kelly, Jill Fletcher and Andrew Parker for the all the work they have continued to undertake in support of clinical governance, whilst also spearheading the mobile vaccine programme.

Action:

- 5. Clinical Governance Manager (AP)** to review the controlled drugs annual report, to ensure risks are presented in standard service format. Sections 4.1 and 4.3 refer to 2019/20 and not 2020/21 and require review to ensure accuracy.

ITEM 6.3 DUTY OF CANDOUR ANNUAL REPORT

Jim Ward presented Committee with the Duty of Candour Annual Report. Jim added that the Report describes both compliance with guidance and mitigating actions in terms of lessons learned from duty of candour responsibilities.

Martin Togneri asked whether the involvement of the Procurator Fiscal mentioned within Section 4 of the Report implied any suggestion of criminal activity. Jim advised that the Procurator Fiscal have a huge role to play in overseeing death certification and are in regular contact with the Service. Jim added that in some cases the Procurator Fiscal are closely

Doc: 2021-08-16 CGC Approved Minutes	Page 6	Author: PA to Director
Date: 2021-08-16	Version 1.00	Review Date: N/A

involved with families and bereaved relatives and will ask the Service questions and request information to establish whether there was requirement for a Fatal Accident Inquiry.

Members thanked Jim for the clarification and approved the Report.

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.

Sarah highlighted to members that the paper also contained at appendix 1, the outstanding deliverables for the programme of work 2020/2021, which had not been achieved along with detailing the mitigations or risk which will be carried out in the coming weeks.

Tom Steele thanked Sarah for highlighting and providing the information contained within appendix one, adding that this point was raised at the Board, where it was agreed that this information would be taken through the Clinical Governance Committee.

Committee noted the paper presented.

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

Members welcomed the recently confirmed availability of Paramedic Student non means tested bursaries set at the same level for nursing /midwifery students.

Carol Sinclair advised that she would welcome cross referencing education and training with the Demand and Capacity Programme within future Education updates provided to Committee.

Action:

- 6. Director Care Quality and Professional Development** to ensure that the information contained within future Education updates to Committee are cross referenced with work of the Demand and Capacity Programme.

ITEM 7.3 CLINICAL SERVICES TRANSFORMATION PROGRAMME UPDATE

Jim Ward presented Committee with an update on progress against a range of clinical strategic projects including:

- The Resign of Urgent Care Programme continues to move at pace and the Service is integral to its ambitions

Doc: 2021-08-16 CGC Approved Minutes	Page 7	Author: PA to Director
Date: 2021-08-16	Version 1.00	Review Date: N/A

- Drug Harm Reduction work was now embedded within the Regions with the Service's role in targeting the challenges of drugs within communities recognised and acknowledged by the Minister for Drug Policy following publication of the latest drug figures.
- Work continues to refine the Mobile Vaccination operation with it anticipated that the Service will be a key element of the delivery model in the planning of Flu and Covid boosters in the coming months.
- The Major Trauma Network goes live at the end of August with work ongoing to optimise the Services' preparedness to support this.

Committee acknowledged the volume of work undertaken and ongoing and thanked Jim for the detailed report.

ITEM 8 COMMITTEE GOVERNANCE

ITEM 8.1 (a) – (f) SUB-GROUP ANNUAL REPORTS

Committee reviewed and noted the presented annual reports from the subgroups of Clinical Governance Committee. Members noted that the annual reports had been endorsed by the relevant Group ahead of submission to Committee.

Committee approved the annual reports presented subject to the undernoted amendment being made:

- Within the Medicines Management Group Annual Report, the purpose of the Group requires to be standardised in line with other subgroup reports and should read *“The Medicines Management Group is accountable to the Clinical Governance Committee reporting through the Medical Director”*.

Liz Humphreys commented that by Committee having sight of these reports allowed members to recognise all of the work taken place through the year, with the documents representing and outlining the infrastructure in place. Liz queried whether from a governance point of view the sequencing of the Groups' Annual Reporting to Clinical Governance Committee was as effective as it could be.

Pauline Howie advised that work was ongoing in relation the Board Assurance Framework and Blueprint of Good Governance which would be discussed further with Board members at the August Board Development Session and would allow for the finer detail of areas such as that highlighted by Liz to be teased out.

Assurance was provided to Committee that within the Workplan the subgroup annual reporting would normally be presented to the May Committee meeting each year, however given operational pressures this year the reports were unavailable within the timeframe and were therefore deferred to the August Committee meeting.

ITEM 8.2 (a) – (b) TERMS OF REFERENCE – CLINICAL GOVERNANCE COMMITTEE/SUB COMMITTEES

Committee were presented with the Terms of Reference for the undernoted Groups for endorsement:

- Infection Prevention and Control Committee
- Public Protection Assurance Group

Committee endorsed the Terms of Reference.

Doc: 2021-08-16 CGC Approved Minutes	Page 8	Author: PA to Director
Date: 2021-08-16	Version 1.00	Review Date: N/A

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 August 2021 for this action.
- One new action was included relating to Falls Pathway with a due date August 2021.

Jim Ward assured members that the Falls Pathway work was a key platform in the Redesign of Urgent Care and blends in with the Interface Care with updates being provided to Committee as necessary.

Tom Steele asked for clarification as to whether Interface Care was being adopted across NHS Scotland. Jim advised that the work was being led by Derek Bell and supported by a range of specific leads. Jim added that work was planned for 3 regional information days to take place, along with communications being issued to Territorial Boards with the Service highlighted within each pathfinder project. Jim advised that the concept of the work was currently being formed and advised that he would ensure that the Board were updated as appropriate.

ITEM 8.4 ACTION TRACKER

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

2021/02/9.1	Whistleblowing – Hot Topic Presentation
2021/02/9.1	Deep Dive into attitude and behaviour complaints
2021/05/03	Minutes of 15 February 2021 meeting – amendment to Action Tracker
2021/05/5.2	Patient Experience and Learning from Events – Review meeting with CGC Chair/Medical Director
2021/05/5.2	Complaints vs Demand Chart
2021/05/6.1	JRCALC App SBAR
2021/05/8.1	Committee Annual Report Amendments
2021/05/8.2	Infection Prevention and Control Committee ToR – amendment
2021/05/09	Patient Representative – Meeting papers focus areas

Updates were received in the undernoted action tracker items:

- **2021/05/7.3 – Director of Care Quality and Professional Development** to ensure that pipeline document be included within future Education updates to complement future reporting.

Frances Dodd advised that this would be taken forward by Cheryl Harvey the newly appointed Head of Education and Professional Development when she starts with the Service in October. It was agreed that the target date for this action would be extended to November 2021.

Doc: 2021-08-16 CGC Approved Minutes	Page 9	Author: PA to Director
Date: 2021-08-16	Version 1.00	Review Date: N/A

Action:

- 7. 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.

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.

Liz Humphreys requested that the Whistleblowing Annual Report be added to the Committee Workplan for the May meeting each year. Members were advised that the draft Committee Workplan for 2022 was being developed and would be presented to the November meeting for approval.

Action:

- 8. Secretariat** to include Whistleblowing Annual Report as an item to be presented to the May Committee meeting each year.

ITEM 9 ANY OTHER BUSINESS

Subgroup Annually Reporting to Committee

Alan Martin raised concern at the subgroup annual reports being required for the Committee meeting in May each year and suggested that this reporting be submitted to the August Committee meetings. Martin Togneri reiterated that these discussions would fall into the Board Assurance Framework and Blueprint for Good Governance discussions due to take place at the August Board Development session.

Date of next meeting 15 November at 1000 hrs.

The meeting closed at 12:40.

Doc: 2021-08-16 CGC Approved Minutes	Page 10	Author: PA to Director
Date: 2021-08-16	Version 1.00	Review Date: N/A