Public Board Meeting	May 2019 Item 17
THIS PAPER IS FOR NOTING	
CLINICAL GOVERNANCE COMMITTEE MINUTES OF MINUTES OF 11 FEBRUARY 2019 VERBAL UPDATE OF 13 MAY 2019	

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	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. The minutes of the Clinical Governance Committee held on 11 February 2019 were approved by the Committee on 13 May 2019. A verbal update of the meeting held on 13 May 2019 will be provided by the Chair of the Committee.
Timing	A verbal update of the most recent Committee meeting will be provided to the Board. Minutes are presented following approval by the Committee.

MINUTES OF 74TH CLINICAL GOVERNANCE COMMITTEE

10:00 AM MONDAY 11 FEBRUARY 2019

MEETING ROOM, FALKIRK AMBULANCE STATION, FALKIRK

Members:	Martin Togneri, Non Executive Director (Chair)
	Neelam Bakshi, Non Executive Director
	Tom Steele, Chair
In Attendance:	Keith Colver, Clinical Governance Manager
	Garry Fraser, Regional Director, West Region
	Pauline Howie, Chief Executive
	Drew Inglis, Associate Medical Director
	Stella MacPherson, Patient Representative
	Alan Martin, Patient Experience Manager
	Vince McCluskey, Lead Infection Prevention & Control Adviser
	Toby Mohammed, Head of Education & Professional Development
	Andrew Parker, Clinical Governance Manager
	Claire Pearce, Director of Care Quality & Strategic Development
	Sarah Stevenson, Risk Manager
	Julie MacLeod, PA to Director of Care Quality & Strategic Development (Minute Secretary)
Apologies:	Mark Hannan, Head of Corporate Affairs & Engagement
	Jenny Long, CST Programme Director
	Derek Louttit, Clinical Risk Manager
	Francis Tierney, Non Executive Director
	Grace Scanlin, Scott Moncrieff
	Jim Ward, Medical Director
	Susan Wilson, Head of Infection Prevention & Control
Non Attendance:	Irene Oldfather, Non Executive Director

ITEM 1 WELCOME AND APOLOGIES FOR ABSENCE

Martin Togneri welcomed members and attendees to the meeting and apologies for absence were recorded as above. Martin went on to extend a Formal welcome to Stella MacPherson, who has now been appointed as the new Patient Representative on the Committee.

ITEM 2   DECLARATIONS OF INTEREST RELEVANT TO THE MEETING

Standing declarations of interest were noted; Martin Togneri, in his capacity as trustee of Scotland's Charity Air Ambulance and Board Member of NHS24. No new declarations of interests were recorded.

ITEM 3   MINUTES OF MEETING HELD ON 15 NOVEMBER 2018

The minutes of the meeting held on 15th November 2018 were reviewed for accuracy and it was agreed that the Datix item referred to on page 4 of the minute should be added to the Action Tracker. The minutes were agreed as a true and accurate reflection of the meeting and were subsequently approved.

ITEM 4   MATTERS ARISING NOT ON THE AGENDA

No matters arising were recorded.

ITEM 5   HOT TOPIC

5.1   Clinical Data For Service Improvement

Neil Sinclair, Acting Lead Consultant Paramedic gave a comprehensive presentation to the Committee in relation to Clinical Data for Service Improvement. The Service benefits from having standardised national clinical guidelines and a standardised electronic system for recording clinical data. This presents rich opportunities for using datasets to improve service planning, demonstrate the quality of care and feedback to localities and individual staff.

Neil went on to explain that the current EPR system had been in use for many years and a revised iteration came into effect last year with the introduction of GTEC tablets into ambulances. GTEC tablets enable the Service to:-

- Link data across the whole patient journey;
- Send patient records through to GPs;
- Increased matching through the use of a computer based algorithm to find CHI numbers;
- Quality Audit around the measures looking at specific care bundles and groups of patients;
- Focus on quality throughout the entire patient journey;
- Understand the variation between rural and urban areas;

Neil stressed that feedback is essential to improvement and it is important that we are feeding back to clinicians. With this in mind the Clinical Quality Indicators Framework will be fed into the National Clinical Operational Governance Group, Clinical Governance Committee and the Board.

The Committee thanked Neil for his comprehensive presentation and noted the update.

ITEM 6   PERSON CENTRED CARE

6.1   Patient Experience Update

Alan Martin, Patient Experience Manager referred members to the Patient Experience Update which was circulated with the papers for today's meeting and asked Committee members if they had any points which required clarification in relation to the report.

In terms of Care Opinion, Tom Steele asked if patients felt that getting multiple responses from different parts of the system was a problem. Alan advised that the new procedure does emphasise collaborative working and the Service are in continued dialogue with Care Opinion in regards of improving our responses. The Committee asked if an agreement had been reached with NHS24 and territorial boards where multiple people are involved in a care opinion incident as to who responds. Alan reported that 2 have now been done which have worked well, but in terms of disseminating a process to our responders, we are awaiting a reply from Care Opinion on having final authorisation as to who is going to respond.

In terms of the SPSO section of the report and in particular Ref WEMDC/34/11052/18 Martin Togneri asked who is undertaking the review and Alan advised that SPSO are doing the review and we are engaged with them regarding their findings.

The focus of the conversation then turned to complaints and Tom Steele stated that although stage 1 complaints are showing improvement they are still below target. The subject was raised at a recent Chairs meeting whereby it was discussed about sending a holding letter and Tom asked if there was a mechanism for us to do this. Alan explained that with stage 1 complaints there is the ability to extend a further 5/10 days, but this is still recorded as a fail in terms of compliance, therefore we do not issue a holding letter. Claire Pearce went on to explain that the Service are currently working on an improvement plan with the Ombudsman, looking at stage 1 and 2 complaints and training for letter writing which will ensure a better procedure within the Regions. The Committee stated that they are happy with the steps being taken, but require assurance that there are robust procedures in place. It was agreed that Alan Martin would produce a plan to be presented to the next meeting of the Committee, setting out a system with key milestones included.

Action/s: 1.   *Alan Martin to produce a report in relation to stage 1 and stage 2 complaints compliance setting out a system with key milestones included.*

ITEM 7   PATIENT SAFETY

7.1   Significant Adverse Event Report

Neil Sinclair presented the Significant Adverse Event Report to the Committee and the Committee noted the executive summaries of completed SAERs WEB35656 and WEB40023. The Committee noted that as requested at the November meeting a column has been included within the SAER Action Tracker to relate actions to the root cause and also acknowledged that the breakdown of Datix/Clinical Datix/Clinical Datix of potential concern/Significant Adverse Event Reviews has been launched as a result.

In terms of the outstanding SAERs which are considerably beyond the timescales for completion, these have been escalated to the Medical Director. The Committee stated that if the due date has elapsed, then there must be a revised target date added to the tracker to provide assurance to the Committee as to whether there is a systemic issue why things are being delayed. It was agreed that Sarah Stevenson would include revised due dates in the document.

Action/s: 2.   Sarah Stevenson to add revised target dates to the SAER Report if due dates have elapsed.

In terms of SAERs updates and actions, the following points were noted:-

1360   This action remains open until in place within all Boards. There is a vast amount of work ongoing with eHealth colleagues and conversations with Boards to take this forward, with Mark Christie working to get a solution in place. The Committee agreed that this action should be isolated to the areas where we don't have agreement. Sarah Stevenson to action.

1446   As long as there is enough information to identify the patient this action is now closed.

1513   Update from IT is awaited. Update to be provided to the next meeting of the Committee and review date amended to reflect this.

1518   Awaiting approval from the SOP Group. Update to be provided to the next meeting of the Committee.

The Committee noted the report.

7.2   Clinical Risk Report

Sarah Stevenson, Risk Manager, presented the Clinical Risk Register Update Report and asked the Committee to note the 2 high clinical risks contained within the report. Sarah provided the Committee with an overview of both risks and asked the Committee if they had any questions in relation to these. The Committee asked for a Datix report for each of the risks and agreed that contextualisation would be helpful too.

Action/s: 3.   Sarah Stevenson to provide Datix reports for each of the risks and also include contextualisation.

Pauline highlighted that we are changing how we present to the Board and that this will be standardised and should be re-visited after the Board decision. The Committee stressed that clinical risk and safety is important and they must be able to take assurance from the information which is presented.

The Committee noted the update.

7.3   Clinical Governance and Patient Safety Report

Keith Colver, Clinical Governance Manager, referred members to the Clinical Governance and Patient Safety Update which was circulated with the papers for today's meeting.

A new Regional Reporting Template has been developed and is now being tested. The aim is to empower local clinical mangers to improve saftety and provide relevant clinical reporting, with a renewed focus on qualitative data. For example working with local patient safety groups to understand why clinicians cannot always fully apply the PVC bundle.

The Clinical Governance Framework continues to empower the service to influence UK clinical practice. Members of the Clinical Directorate are members of two Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guideline groups: Acute Behavioral Disturnace and Cardiac Arrest.

Work also continues to develop the business case for the transition from the paper based clinical guidelines to electronic version of JRCALC Guidelines on the App system. This will allow all our clinicians access to the latest approved guidance. Further regular updates will be provided to the Committee

The Committee noted the report.

7.4   Adverse Events and Duty of Candour Policy

Sarah Stevenson, Risk Manager referred members to the Adverse Event and Duty of Candour Policy and explained that this replaces the Services Adverse Event Framework. The Policy has been approved by the Executive Team, Health Safety and Wellbeing Group, National Clinical Operational Governance Group and the Policy Review group and now requires approval by the National Partnership Forum in February 2019 and the Staff Governance Committee in April 2019 for full implementation.

The Committee went through the Policy and the following changes were agreed:-

Section 1 (Policy Statement) – Agreed that something should be added to the Duty of Candour Statement around what the expectation is where candour applies.

Section 3 (Aims) – Highlighted that this is a combined policy, but it was agreed that something should be included in the Aims to help to emphasise the Duty of Candour.

Section 4 (Roles and Responsibilities) – Agreed that a statement should be included to draw attention to recording data.

Section 4.10 (Governance Groups) – Highlighted that the same paragraph is included for Staff Governance Committee and Clinical Governance Committee but they have a different process and it was agreed that the text should be amended to match.

Section 4.4.1 (Line Manager Responsibilities) – 2 bullet points merged together – agreed that this should be amended.

Section 4.8 (Employees) – Agreed that first bullet point should read as soon as possible and no later than.

The Committee noted that they are content to approve the Adverse Events and Duty of Candour Policy subject to the changes listed above. Sarah Stevenson will make the necessary changes to the Policy.

Action/s: 4.   Sarah Stevenson to include recommendations and changes within the Adverse Events and Duty of Candour Policy.

ITEM 8   EFFECTIVENESS

8.1   Infection Prevention & Control Update Report

Vince McCluskey, Lead Infection Prevention & Control Adviser referred Committee members to the Infection Prevention & Control Update paper and highlighted that the Standard Infection Control Precautions (SICPs) compliance for the Service overall and each region/sub-region

remains well above the 90% compliance target (median 96%). The Service overall hand hygiene compliance improved to 93% in November and the Service continues to perform well against national cleaning standards (NCSS).

In terms of Respiratory Protective Equipment, Vince reported that a powered respiratory device providing FFP3 level protection is being tested at Dunfermline Station led by the Health & Safety Department.

In terms of recent infection control issues in relation to pigeon droppings Pauline Howie stated that the Service have taken on board all actions which came from the recent report and are fully compliant.

The Committee noted the update paper.

8.2   Education Update

Toby Mohammed, Head of Education and Professional Development referred to the Education Update which was circulated with the papers for today's meeting and highlighted that the business plan for the future delivery of Paramedic education is currently being developed and is in the final stages of preparation for submission to the SAS Board in March 2019. A request has been presented to the HCPC to increase numbers for the Dip HE Paramedic Practice programme for the next 2 years until the new degree programmes come into effect in 2021 and efforts are being concentrated in encouraging current Technicians to apply for the Paramedic programme.

A short life working group has been established to develop a programme for newly qualified Paramedics that will support their transition from student to registered paramedic. The group includes representatives from regions, a newly qualified paramedic, educators and staff side.

The Committee noted the report.

8.3   Clinical Services Transformation Programme Update

Neil Sinclair highlighted key points from the CST Programme update and stated that effective working is ongoing with NHS24, increasing the volume of low acuity patient calls that are transferred as part of business as usual in order that patients receive the most appropriate care. This is working very well and the results are being closely monitored.

The Committee noted the report.

ITEM 9   COMMITTEE GOVERNANCE

9.1   Internal Audit Risks and Actions

Andrew Parker, Clinical Governance Manager provided the Committee with a short overview of the Internal Audit Risks and Actions, highlighting that there is one closed action on the tracker and one which requires an extension of six months to complete. Andrew went on to explain that the Midazolam requires more work than first thought and the Committee agreed to a 6 month extension with the revised date for completion end June 2019.

The Committee noted the report.

9.2 Action Tracker

The Committee reviewed and updated the Action Tracker as below:-

69/8.1	Item closed, can now be removed.
70/3	Item closed, can now be removed.
70/5	Item Closed, can now be removed.
70/5	Date in the diary 10/05, therefore this item can now be closed.
70/6	Item closed, can now be removed.
71/3	Item closed, can now be removed.
71/5.1	Item closed, can now be removed.
71/5.1	Item closed, can now be removed.
71/5.1	Item closed, can now be removed.
71/7.2	Item closed, can now be removed.
71/7.3	It was agreed that this action should remain open with the new Patient Safety Manager to take this forward. Agreed to change the due date to end February 2019.
71/8.1	Jim Ward to ensure that TORs are submitted to Clinical Governance Committee on 13/05 for approval.
71/8.1	Item closed, can now be removed.
72/8.1	Item closed, can now be removed.
73/3	Item closed, can now be removed.
73/6.1	Item closed, can now be removed.
73/7.1	It was agreed that this Item could be closed.
73/9.1	Item closed, can now be removed.

ITEM 10   ITEMS FOR NOTING

10.1   Infection Control Committee Update/Minutes

The Committee noted the minutes.

10.2   National Clinical Operational Governance Group (NCOGG) Update/Minutes

Keith Colver provided the Committee with a verbal update in relation to NCOGG.

The Committee noted the update.

10.3   Medicines Management Group Update/Minutes

Andrew Parker highlighted that the Medicines Management Group had challenges with secretarial support at the last meeting and provided the Committee with a verbal update highlighting that PGD for Specialist Paramedics has been approved and distributed.

The Committee noted the verbal update.

ITEM 11   ANY OTHER BUSINESS

No items of other business were recorded.

ITEM 12   DATE OF NEXT MEETING

The next meeting of the Committee will take place on Monday 13 May 2019 at 1000hrs.