



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



NOT PROTECTIVELY MARKED

Public Board Meeting

**November 2018
Item 19**

THIS PAPER IS FOR NOTING

**CLINICAL GOVERNANCE COMMITTEE MINUTES OF MINUTES OF 13
SEPTEMBER 2018 AND VERBAL REPORT OF 15 NOVEMBER 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 on 13 September 2018 were approved by the Committee on 15 November 2018.</p> <p>A verbal update of the meeting held on 15 November 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 SEVENTY SECOND (72nd) CLINICAL GOVERNANCE COMMITTEE AT 10.00 AM ON THURSDAY 13 SEPTEMBER 2018 IN MEETING ROOM 2.12 (19), NHQ

Present: Martin Togneri, Non Executive Director (Chair)
Irene Oldfather, Non Executive Director
Francis Tierney, Non Executive Director

In Attendance Keith Colver, Clinical Governance Manager
Derek Louttit, Clinical Risk Manager
Mark Hannan, Head of Corporate Affairs and Engagement
Claire McTaggart, Scott Moncrieff
Tom Steele, Chairman
Pat O'Connor, Director of Care Quality and Strategic Development
Susan Wilson, Head of Infection Prevention and Control
James Ward, Medical Director
Drew Inglis, Associate Medical Director
Pauline Howie, Chief Executive
Tony Devine, Acting Head of Education and Professional Development
Andrew Parker, Clinical Governance Manager
Garry Fraser, Regional Director, West Region

Apologies: John Burnham, Head of Education and Professional Development
Neelam Bakshi, Non Executive Director
Paul Gowens, Lead Consultant Paramedic
Tim Parke, Associate Medical Director
Grace Scanlin, Scott Moncrieff
Gareth Clegg, Associate Medical Director

1 Welcome and Apologies

Martin Togneri welcomed everyone to the meeting and thanked them for their attendance.

2 Declarations of Interest relevant to the Meeting

No declarations of Interest were declared.

3 Minutes of meeting held on 17 May 2018

Martin Togneri noted that Neelam Bakshi had a few amendments for the minutes of May 2018; these will be forwarded to Sarah Howard-Stone outwith the meeting.

The minutes were accepted as an accurate reflection of proceedings of the May 2018 meeting, subject to Neelam's amendments.

4 Matters Arising not on the Agenda

No matters arising not on the agenda were brought to the table.

5 Hot Topic

5.1 Clinical Governance Framework Review

Jim Ward presented an update to the Committee on the Clinical Governance Framework. A copy of the presentation will be circulated with the minutes of the meeting. The presentation included;

- Background to the Framework
- Overview of the work since the Framework was launched
- Changes within the Groups who report into the Clinical Governance Committee; including how these changes are going to be taken forward
- Proposed work going forward

The Committee had a discussion regarding the Framework including:

- Links with NHS24 and how these are being developed and the ongoing work with NHS24. An overview of the links and ongoing work was given by Jim Ward to the Committee.
- Mental Health – Jim explained that even though we are a National Service across Scotland, links are being developed on a local basis with work being supported within the Regions to develop this. The Mental Health work is being taken forward with NHS24 and Police Scotland jointly including improved utilisation of resources, responses in the Community by the Police which includes referral pathways, etc. There is an appetite for colleagues across all three services to own this work being taken forward. Pauline Howie highlighted the transformation work within the organisation that is taking place and that it is currently difficult across all services in terms of Mental Health as there are stresses in the systems. Jim highlighted that change and innovation happens locally within the Regions and this needs to continue.
- Governance in the Blue Light Sector including the joint working with Scottish Fire and Rescue Service (SFRS) was discussed. Jim explained that there have been Joint Executive Team meetings taking place between SAS and SFRS in preparation for revised co-responding arrangements to cardiac arrests and improving governance around current activity.
- Community First Responders were discussed, noting that their support sits within the National Risk and Resilience Department. There have been many developments over the last two years including the standardisation of equipment, training, etc. There have not been major developments in terms of the new equipment, however, at the Annual Review in 2017 it was highlighted and discussed how the Community First Responders could have additional skills training in terms of diagnostics. The Committee noted that there are different views about skills development within the Community First Responders cohort across Scotland and that this needs to be carefully considered with good engagement and governance. Jim highlighted that discussions are also taking place with BASICS Scotland in terms of the response they provide, with a new responder policy under development jointly between SAS and BASICS Scotland. Updates will be provided on these discussions/developments going forward.
- Clinical Risk Register – Jim explained that each Sub-Group of the Clinical

Governance Committee has a risk register and that these will be reviewed at each meeting with any high or major risks being escalated to the Committee.

- Tom Steele highlighted the organisation's reputational risk in terms of how the Service responds to patients who have fallen. Jim Ward highlighted the risks within the yellow basket and how work on mitigating these risks robustly is being taken forward and directly reported to the Executive Team. There is also a Demand and Capacity Review taking place which will include shift rostering, periods of high demand, etc. Pauline gave an overview of how risks are escalated onto the Corporate Risk Register and the process for managing risks across the organisation. Mark Hannan also gave an overview of how the Communications Team respond to incidents as they happen to be more pro-active in terms of impact on organisational reputation. Positive stories are also circulated to the Press and partner agencies to keep them informed.

The Committee thanked Jim Ward for this presentation and update.

6 Person Centred Care

6.1 Patient Experience Update

Mark Hannan gave a short overview of the paper circulated prior to the meeting including;

- Compliments – 800 received last year with 307 between June and August 2018
- Patient Focus and Public Involvement - A meeting was held in May 2018 which was very successful. The next meeting will take place in October 2018 where there will be a presentation around the Patient Transport Service (PTS), Education and Fleet. This meeting will also be used to warm patient representatives up to the new strategy for 2020 to 2030
- Complaints – 1211 in 17/18 which is an increase on the previous year. The Committee was asked to note that this is less than 1% of the total number of calls we receive.
- Stage 1 and 2 Complaints – Mark gave an overview of these and advised these are now a standing item at the Executive Team each week.
- SPSO Training on handling of complaints. Work is ongoing in terms of 'train the trainer' training and it is hoped this will take place in the near future. The Committee discussed if 'train the trainer' is the right approach and how it may be more beneficial to have a centralised response to these. Mark explained that there was a small number of staff within each region who handle complaints but the feedback is that additional training would be beneficial. There is an option to respond centrally but at the moment there is not the capacity to do this. Garry Fraser explained that having a central team locally (in each region) has been successful within the West, as it enables immediate feedback and liaison locally. The benefits of having a local team is that they are in the same areas as the patients and it enables closer understanding of circumstances, etc.

Irene Oldfather suggested that moving away from using the phrase complaint would be beneficial as its meaning can be very negative from the outset and that feedback for improvement is more appropriate. The Committee agreed that reviewing the terminology used would be beneficial to make it more pro-active and less negative.

7 Patient Safety

7.1 Significant Adverse Event Report

Derek Louttit presented an update of the paper circulated prior to the meeting including;

- There are a number of SAER's ongoing at the moment and no Executive Summaries this quarter.
- The number of outstanding actions have reduced.
- An overview of the changes to Datix Reporting were given including how these will be reviewed and reported on a regional basis going forward via the National Clinical Operational Governance Group.

The Committee reviewed the outstanding actions including;

- Action 1360 – Francis Tierney noted the links between the Electronic Patient Records and Primary Care including how these are not necessarily forwarded on to the patient's GP. Jim Ward explained that work is taking place to enable these to be transferred electronically; however, this fundamentally depends on the appetite and prioritisation within territorial boards.
- Action 1362 – Psychiatric Emergency Plans. This is an action from 2015 – Jim explained that we have written to every Health Board to obtain a copy of their plans, however, we are still awaiting a response from some Boards. The Committee agreed it would be beneficial to get copies of these and that they should be included in the Mental Health Collaborative work. The Committee agreed to close this action as the work is ongoing.
- Action 1389 – Engagement with Police Scotland (Ambulance Control Centres). Derek gave an overview of the current process when the ACC receive a call from the Police and also explained how this is being taken forward to try and enable Call Handlers to speak to an officer on the scene. Pat O'Meara is leading on this work with Police Scotland.

The Committee noted the update.

7.2 Clinical Risk Report

Derek Louttit gave the Committee an overview of the Report explaining that it included high or very high risks.

The Committee noted the update.

7.3 Clinical Governance and Patient Safety Report

Keith Colver presented an overview of the report to the Committee including;

- Changes to JRCalc – we currently have them in PDF, however, going forward they will be contained within an App. There will be a rolling programme to update JRCalc going forward as the PDF is no longer supported. A decision has been made within the organisation to move the App based JRCalc.
- Colin Crookston will be leaving the Clinical Team to move to a Critical Care Paramedic role within Edinburgh Royal. He will be staying with the organisation in this new role.

- There are a number of activities planned over the coming months including the Post ROSC Guideline for Adrenaline. This is currently under review within England. Jim Ward explained that the West Advanced Paramedic Trial is continuing and enabling data to be collected in areas of OHCA and Major Trauma.
- The Research, Development and Innovation Group will be changing its name to Research, Governance and Innovation Group. The remit will change slightly going forward a copy of the Terms of Reference will be circulated to the Committee in due course.

The Committee noted the update. The Committee also noted its thanks to Colin Crookston for his contribution to Patient Safety over recent years.

7.4 Controlled Drugs Annual Report

Andrew Parker gave a short overview of the report circulated prior to the meeting noting;

- ScotSTAR has now been included within the Report
- A controlled drugs loss associated with a vehicle fire was recorded.
- The Medicines Management Group has reviewed and approved the report.
- The Report will change going forward to the calendar year rather than the financial year, therefore, the next report will be April 2018 until December 2018 and then each calendar year thereafter.

The Committee approved the report.

8 Effectiveness

8.1 Infection Prevention & Control Update Report

Susan gave a short update on the Report including;

- Hand hygiene – issues have been picked up and addressed with the August results improving significantly.
- Hoods – an overview was given of the possible way forward in terms of hoods rather than face masks.
- There has been a MERS case in England. This has been discussed and will be taken forward a piece of work within the Service going forward.
- PVC Bundle – Susan explained the audit process for the PVC Bundle. The Committee discussed non-compliance and how this is taken forward. Pauline suggested that a review could take place around the 4% of non-compliance with the results coming back to a future meeting. The Committee agreed it would be beneficial to have a review taken forward.

The Committee noted the update.

ACTION:

- 1) **Susan Wilson to take forward review of non-compliance of the PVC Bundle and provide an update to the Committee in due course.**

8.2 Infection Prevention & Control Annual Report

Susan Wilson gave an overview of the Annual Report to the Committee including the progress over the cover of the year. She explained that the report has been to the Infection Control Committee who approved the report.

Martin Togneri asked about the two ambers within the report around equipment and how these are being taken forward. Susan explained that both of these actions are being taken forward via the appropriate channels.

The Committee approved the Infection Prevention and Control Annual Report.

8.3 Education Update

Tony Devine gave a short update regarding Education to the Committee including;

- Paramedic education update.
- John Burnham seconded to NHS Education for Scotland (NES). A process to backfill John Burnham is in hand.
- Technician programmes running well – updates will be provided going forward.
- Out of Hospital Cardiac Arrest feedback – the links between clinical team and education have been strengthened to support the Learning in Practice (LiP) program. Feedback from LiP courses to date has been very positive.
- Learning in Practice (LiP) has been very well received this year and has proved to be popular with all colleagues. The Trauma elements have been extremely well received and staff have found this beneficial.
- LiP is currently sitting at 71%. The education team are currently reviewing progress and planning for winter pressures. There has been sickness within the education team along with retirements which has also impacted on this year's LiP. Resources will be aligned to LiP going forward to ensure we meet the target for this year.

The Committee had a discussion regarding the LiP including if we can reach 100% for 2018/19. Tony gave an overview of the work being taken forward to increase the delivery of sessions to staff, etc. Garry Fraser explained that the Regional Teams are working closely with the Education Team to review the training and to target specific staff to attend LiP, etc.

The Committee noted the update.

8.4 New Clinical Response Model (NCRM) Update

Jim Ward explained to the Committee that the NCRM is reaching the end of the pilot period and that this was discussed at the Board Development Session last week. An Internal Report is currently being finalised and will be circulated once this has been forwarded to Scottish Government for comment. The External Report by Stirling University is nearing completion.

The Committee noted the update and that the final report will be welcomed in due course.

8.5 Clinical Services Transformation Programme Update

Jim Ward gave the background of the paper to the Committee and that it is designed to provide assurance of the work being taken forward towards 2020. He explained that this report goes to the 2020 Strategy Group along with the Board; there is also significant cross over with the Clinical Governance and Patient Safety Report. An overview of the report was given including:

- VT/VF ROSC – Jim gave the background to the work being taken forward in terms of this.
- Decision Making Guideline (including the Sepsis Guideline) – The guideline supports paramedics on decision making and not conveying patients to hospital, they also advise when a patient should be taken to hospital.

The Committee had a discussion regarding Specialist Paramedics and how the dispatch codes have changed to task more appropriately. Jim Ward gave an overview of the work taking place around this.

The Committee also discussed the OCHA work being taken forward and how ROSC rates have increased since the strategy launched. Irene Oldfather highlighted the use of PAD's within Europe and how this is having an impact. Jim Ward explained that within Europe most data (eg ROSC) referred to relates to cities rather than national outcomes rates, meaning that caution should be exercised when making comparisons between different systems. He gave an overview of the work taking place including that with the Global Resuscitation Alliance.

The Committee noted the update.

9 Committee Governance

9.1 Internal Audit Risks and Actions

Andrew Parker gave a short overview of the paper circulated. He explained that there are no high level actions within the paper but there have been 2 new actions added. The Audit Committee are scheduled to review the remaining actions at their next meeting and will hopefully close them down.

9.2 Action Tracker

The Committee reviewed and updated the action tracker. During the review the Committee discussed the Patient Representative in terms of their role, suitability, etc. It was agreed it would be beneficial to not have a retired member of staff as the patient representative for the Committee as it was felt their in-depth knowledge of the Service would be better suited to other groups within the organisation.

10 Items for noting

10.1 Infection Control Committee Update/Minutes – March 2018

The Committee noted the minutes.

10.2 Clinical Advisory Group Update/Minutes – 7 August 2018

Drew Inglis highlighted the discussions at the last meeting including various Guidelines, Group membership, NEWS2 and also the Terms of Reference. It was highlighted that the membership will change going forward as the expertise within the organisation has now developed, however, the option to co-opt external advice will remain within the Terms of Reference. All topics discussed during the meeting and agreed were then circulated electronically for comment and approval by members not in attendance.

10.3 National Clinical Operational Governance Group Update/Minutes – 15 August 2018

Keith Colver gave a short update of the meeting to the Committee including that it was a very busy agenda, discussions included the updating of the reporting template and that the regional representatives would like to now take some ownership of the reporting and how this is taken forward. The Group also review the reporting mechanisms and structures for the SAER's and Clinical Risks.

10.4 Medicines Management Group Update/ Minutes – 24 May 2018

Andrew Parker gave a short update to the Committee on the minutes circulated prior to the meeting. Irene Oldfather asked a question regarding point 3 in terms of costs, etc. Andrew explained the medicines rationalisation process including the costs associated with this.

10.5 Research, Development and Innovation Group Minutes – 26 April 2018

No update was provided during the meeting.

11 Any Other Business

The Committee noted thanks to Pat O'Connor for her contribution towards Clinical Governance and the overall organisation over the last 3 years.

12 Date of Next Meeting

Thursday 15 November 2018 at 1000 hrs in Meeting 2.12 (19), Scottish Ambulance Service National Headquarters