



NOT PROTECTIVELY MARKED

PUBLIC BOARD MEETING

**25 September 2024
Item 17**

THIS PAPER IS FOR NOTING

**CLINICAL GOVERNANCE COMMITTEE MINUTES OF 13 MAY 2024 AND
AGENDA OF MEETING HELD ON 12 AUGUST 2024**

Lead Director Author	Stuart Currie, Chair of Clinical Governance Committee Julie Kerr, Governance Co-ordinator
Action required	The Board is asked to note the minutes and agenda.
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 13 May 2024 were approved by the Committee on 12 August 2024. The agenda from the meeting held on 12 August 2024 is also attached for the Boards information.
Timing	Minutes are presented following approval by the Committee. The Board are also provided with the agenda of the most recent Committee meeting for information.
Link to Corporate Ambitions	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.
Link to NHS Scotland’s Quality Ambitions	The Clinical Governance Committee remit is to monitor good clinical governance to ensure safe, effective and person centred care across the Service.
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.
Climate Change Impact Identification	This paper has identified no impacts on climate change.
Equality and Diversity	No issues identified.



**MINUTE OF THE NINETY FIFTH (95th) CLINICAL GOVERNANCE
COMMITTEE AT 10.00AM ON MONDAY 13 MAY 2024
VIA MICROSOFT TEAMS**

Present: Stuart Currie, Non-Executive Director (Chair)
Carol Sinclair, Non-Executive Director
Irene Oldfather, Non-Executive Director
Liz Humphreys, Non-Executive Director and Whistleblowing Champion (*joined at 10:35*)
Maggie Watts, Non-Executive Director

In Attendance: Andrew Cadamy, Associate Medical Director
Andrew Carruthers, Clinical Quality Lead West
Dave Bywater, Lead Consultant Paramedic & Acting Director of Care Quality & Professional Development
Gail Booth, Regional Head of Education-North (*for item 7.2 only*)
Gareth Clegg, Associate Medical Director (*left at 12:17*)
Gillian Macleod, Associate Director of Care Quality & Professional Development
Iona Crawford, Interim Dementia and Mental Health Lead (*for item 5.4 only*)
James Ward, Medical Director
Jill Fletcher, Clinical Governance Manager
Julie King, Service Transformation Manager
Keith Colver, Clinical Governance Manger – Guidelines
Martin Robertson, Patient Representative (*left at 12:17*)
Niki Kendall-Wilson, Interim Committee Secretariat (notes)
Sarah Freeman, Head of Infection Prevention and Control
Shereen Cameron, Patient Safety Manager
Paul Watson, Clinical Governance Manager- Medicines and Equipment
Tim Parke, Associate Medical Director (*left at 10:59*)
Wendy Quinn, Deputy Regional Director West

Apologies: Alan Martin, Patient Experience Manager
Cheryl Harvey, Associate Director of Education and Professional Development
David Robertson, Regional Director West
Gareth Evans, Associate Medical Director
Michael Dickson, Chief Executive
Tom Steele, Board Chair

ITEM 1 WELCOME AND APOLOGIES

Stuart Currie welcomed everyone to the meeting. It was noted that Emma Stirling was now on maternity leave and Dave Bywater was the interim, acting Director of Care Quality & Professional Development.

Apologies were noted as above.

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ITEM 2 DECLARATIONS OF INTEREST RELEVANT TO THE MEETING

No new declarations of interest were noted.

Standing declarations of interest were noted:

- Irene Oldfather in her position of Director, Scotland Health and Social Care Alliance and Vice Chair of Domestic Advisory Group (DAG) on the Trade and Cooperation Agreement (TCA) with the European Union.
- Carol Sinclair in her position as Trustee of Scotland’s Charity Air Ambulance and Strategic Data Adviser, Digital Health and Care, Scottish Government
- Stuart Currie - Board Member of State Hospital Board and Vice Chair of the Independent Review of Inspection, Scrutiny and Regulation of Social Care in Scotland by the Scottish Government.
- Liz Humphreys - Non-Executive Director, Public Health Scotland, and Trustee Scottish Association for Mental Health.
- Martin Robertson, Patient Representative, declared an interest as a member of Voices of Experience (VOX) Scotland.

ITEM 3 MINUTES OF MEETING HELD ON 12TH FEBRUARY 2024

The minutes of the meeting held on 12th February 2024 were reviewed and approved as an accurate record of the meeting subject to the undernoted minor amendment being made.

Minor amendment request was approved, this was to remove the leaving time of Irene Oldfather as although she had advised prior to the meeting she would be leaving, she was present for the whole duration.

Request for secretariat support in coordinating a meeting offline between Keith Colver, SAS Mental Health & Dementia Leads and Patient Representative Martin Robertson regarding Dementia Guidance availability on the Joint Royal College of Ambulance Service Liaison Committee (JRCALC) for staff (reference to 12th February Minute, item 6.1, paragraph 5).

ITEM 4 HOT TOPIC – Advanced Airway Guidance

Dr Garth Clegg and Dave Bywater were invited to present the recent review and proposal on SAS Advanced Airway Guidance specially on endotracheal intubation (ETI). Dave explained that ETI was the passing of a tube through the vocal cords to assist in ventilatory support to a patient and was almost exclusively used in the paramedics' context for patients who were already in cardiac arrest, to allow them to manage the airway and ventilate appropriately.

Dave Bywater stated that recent literature and research had reviewed ETI against other ventilation support technology and this had marked a moved away from using ETI by many of the other National Ambulance Services in the UK due to the associated complexities of ETI and the improvements gained in patient safety from utilising new ventilatory support technologies such as the subglottic airway (SGA). This had prompted SAS to review its stance and present an options paper for consideration to the Clinical Assurance Group (CAG) in January 2024. The Committee were asked to review the three options presented at CAG and the vote outcome of that sub-group in consideration of a plan forward for ETI within SAS.

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Dr Gareth Clegg thanked Dave for the background summary and highlighted that they were asking the question around the role and the skill of endotracheal intubation for paramedics and the Scottish Ambulance Service.

The Committee discussed the options paper and provided additional feedback for further consideration.

The Chair thanked Dave Bywater, Dr Gareth Clegg and members for the contributions. He noted the complexity and sensitivity of the discussion but highlighted the importance of the Committee being briefed on the direction of travel and challenges presented in this options review.

ITEM 5 PATIENT CENTRED CARE

ITEM 5.1 Patient Experience And Learning From Adverse Events (Including SAER Internal Audit Action Plan)

Mark Hannan and Shereen Cameron were welcomed to present the report.

Mark discussed the Patient Experience section of the report, highlighting the paper's data reflected on the period up until the end of the financial year. Mark stated this made it a barometer for the year, noting that complaints had decreased by 20% which was a positive continuation of the last few years. Mark cited this work was due to the continued efforts of the patient experience teams across the regions and nationally. Mark noted that the data from the Learning from Events Group would be utilised by the Patient Experience Team to improve services and processes.

More information on the current open SPSO cases would be provided when available, as currently the 6 open cases had not reached investigation stage.

Shereen presented the Significant Adverse Event section and highlighted that the newly formed Patient Safety & Risk Group (PSRG) had met for the second time. Shereen commented that this quarter's report included extensive data in comparison to previous submissions. There were improvements however noted there still was considerable progress to be made for the Service to reach compliance. In support of this Shereen has now appointed a Patient Safety Administrator and Clinical Lead.

Dr Tim Parke left the meeting at 10:59.

The Committee thanked Shereen for the additional data to the report noting the benefits, particularly in relation to the table on page 15 detailing outstanding SAERs.

Carol Sinclair asked why the Ambulance Control Centre was not included in Attitude & Behaviour mapping, and only to incidents. Mark Hannan acknowledged this and agreed to update this for the next quarter.

Overall, the Committee provided feedback and acknowledged that the Scottish Public Services Ombudsman (SPSO) impact timelines in SPSO cases. The undernoted actions were agreed.

Action(s):

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1. **Attitudes and Behaviours reporting to include ACC for the next quarterly report and not focus on physical attendance at incidents (Patient Experience Manager)**
2. **Review the ‘recommendation’ wording within WEB 83871 Case to reflect what had been addressed by SAS (Patient Safety Manager)**
3. **Carol Sinclair to meet with Mark Hannan, Alan Martin and Dave Bywater in relation to traction on learning and improvement within Attitudes & Behaviour complaints within SAS.**

The Chair applauded the inclusion of additional data and noted that although recurring themes may feel cumbersome it highlighted the areas that required more focus and discussion.

Mark Hannan left the meeting at 11:40.

ITEM 5.2 Adverse Events Framework Update

Shereen Cameron discussed the changes made to the Adverse Event & Duty of Candour Policy and noted these had been endorsed by the Patient Safety & Risk Group. This included updates to the time scales but with the caveat that the National Framework is currently being updated.

Carol Sinclair asked for clarity on the categorisation of adverse events and learning statement noted in section 6.4 and 6.6 of the policy. Shereen explained that it was to reference that the organisation, SAS, can implement an exercise in learning even in instances where there was no determined contributory cause to the unfortunate outcome.

It was agreed that a minor grammatical change would be made to section 5.5: to read ‘Openness about things that **have** gone wrong’.

Action(s):

4. **Minor grammatical change to section 5.5 within the draft Adverse Event & Duty of Candour Policy: to read ‘Openness about things that have gone wrong’ (Patient Safety Manager).**

Committee approved the Adverse Event & Duty of Candour Policy pending the minor changes agreed.

The Committee thanked and commended Jim Ward and Shereen Cameron on the pace of implementing the feedback from the SAER Audit which was associated with this policy being produced.

ITEM 5.3 Clinical Risk Register

Dave Bywater presented the Clinical Risk Register to members and advised that all updates to the Clinical Risk Register since the last Committee meeting were highlighted in red and advised that all risks had been reviewed and updated prior to presentation to Committee.

The Committee agreed that the language used in relation to risk 5516, Controlled Drug Licences should be reviewed to remove the word ‘unlawfully’.

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The Committee agreed that risk 4638 should be rescored via the matrix as the Board had expedited all mitigations available in relation to reducing Hospital Turnaround Times and reflect that traction was due to other challenges with partner Boards and healthcare stakeholders.

Action(s):

- 5. Clinical Risk 4638 to be reviewed and rescored with consideration of the mitigation in place around Hospital Turnaround Times (Clinical Risk Register Lead & Corporate Risk Manager)**
- 6. Clinical Risk 5516, in relation to the Controlled Drug Licences to be reviewed in relation to the language (Clinical Risk Register Lead & Clinical Governance Manager for Medicines)**

ITEM 5.4 Mental Health Update

Iona Crawford was invited to present the paper to Committee.

Iona highlighted some key activity:

- The new Mental Health & Dementia Team Head of Service and Clinical Effectiveness Lead had been recruited and would start in July.
- Launch of the third National Patient Experience Mental Health Survey with SeeMe
- Pathways collaboration work with Scottish Government Mental Health Unscheduled Care Group and Police Scotland due to an arising theme in local pathways for substance abuse. Irene Oldfather highlighted that there was a draft charter being developed for Substance Abuse in parliament.
- Progression of territorial Psychiatric Emergency Plans being available for SAS staff on the SAS Guideline App (JRCALC)
- Psychiatric Response Units: The Committee asked why there is a delay in expediting more units nationally following the pilot and evaluation. Iona noted following the economic evaluation, which did evidence that PRUs benefited in terms of saving service hours. The team noted that they would not be receiving any more Action 15 funding within the next 2 years to expand on the current sites, but they were expediting a plan to increase the service hours to provide 24/7 service within current sites. This would then be evaluated to give a wider picture on the impact.

The Chair thanked Iona for the update and highlighted the point on resources and disproportionate pathways in certain areas. He reiterated Irene's comments on the Human Rights Legislation and noted that human rights were essential and not desirable therefore could not be driven by resources at a given time.

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.

Keith highlighted there were some typos and abbreviations in the report which would be reissued to members.

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The Committee noted the update provided.

ITEM 6.2 Whistleblowing Quarterly Report

Andrew Carruthers presented the paper.

Key points raised by Andrew were:

- 12 concerns raised with 5 being taken through the whistleblowing process (1x Stage 1 and 4 x Stage 2)
- Noted there is progress to made to achieve the target for final response, which is 20 days. SAS currently have an average of 149 days. This was reviewed against other Boards and identified as comparable therefore the timescales may be subject to review overall. Andrew noted that there is no dedicated team and that investigators are appointed in addition to their remits therefore this is impacting timelines. This had been fed back via the Whistleblowing Peer Network and had been acknowledged by the SAS Whistleblowing Champion Liz Humphreys.

Liz Humphreys thanked Andrew and stated she was content with all the progress and work ongoing in this space. Liz reiterated the challenges Andrew expressed and noted that the progress in establishing a process and procedure where the foundation to compliance and now they can develop on this. This included linking in with the Patient Safety and Risk Group going forward.

ITEM 7 EFFECTIVENESS

ITEM 7.1.1 Infection Prevention and Control Quarterly Report

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

The Committee noted the update presented and thanked Sarah for the paper.

ITEM 7.1.2 Annual Infection Prevention and Control Work Programme

The Committee approved the programme of works.

The Committee noted that Sarah had now retired and was leaving the Board at the end of May. Dave thanked Sarah for her contributions to the Service, particularly during the COVID-19 pandemic.

ITEM 7.2 Education Update

Gail Booth presented the paper which provided an update on the developments within the Education and Professional Development Department which covered the undernoted areas:

- Ambulance Care Assistant Programme in 24/25
- Additional Newly Qualified Paramedic Programme in the West region

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- Learning in Practice data: most regions were achieving 90%; EPDD were working with operational colleagues to focus the content and the next scheduled course will be from reflections on SAERs

The Committee thanked Gail for the report.

ITEM 7.3 Clinical Services Transformation Programme Update

Julie King introduced the paper which provided an overview of the work underway across a range of workstreams within the Clinical Services Transformation portfolio which included highlight reports aligned to the undernoted portfolios:

- Integrated Planned, Urgent and Unscheduled Care
- Preventative and Proactive

Dave Bywater wished to note positive feedback received from clinical colleagues who had highlighted the positive impact the pathways work had on frontline operations.

Carol Sinclair requested the report included a visual chart in relation to the data included and offered to discuss with Julie King offline, if required.

Committee discussed and noted the report.

Action(s):

- 7. Inclusion of a visual data report/chart within the Clinical Services Transformation Programme report for the next Committee in August 2024 (Clinical Transformation Manager)**

ITEM 8 COMMITTEE GOVERNANCE

ITEM 8.1 Clinical Governance Committee Internal Audit Risk and Actions

No comments or feedback from the Committee were noted, the paper was acknowledged and accepted.

ITEM 8.2 Self- Assessment Action Plan Progress Update

The Chair asked if the Committee were content to approve the Self-Assessment Plan. Carol Sinclair highlighted that on page 4 the Committee asked how they take forward the question of

'Are members sufficiently independent of the other key committees of the Board? It was agreed that the plan would not be formally approved and that it would be discussed at the Integrated Governance Committee as the Clinical Governance Committee would need to evidence this independence.

Action(s):

- 8. Request to discuss the Clinical Governance Self- Assessment Action Plan (specifically page 4 in relation to independence) at the Integrated Governance Committee. (Carol Sinclair & Stuart Currie)**

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ITEM 8.3 Clinical Governance Committee – Annual Report 23/24

The Committee approved the report.

ITEM 8.4 Annual Reports – Sub-Groups

The Committee acknowledged and approved the reports.

ITEM 8.5 Terms of Reference – Clinical Governance Committee and Subgroups

The Committee acknowledged and approved the updated terms of references with the exception of a minor amendment being made to the Infection Prevention & Control Committee who were to remove the word ‘constitution’ from the document.

Action(s):

- 9. Infection Prevention & Control Committee to remove the word ‘constitution’ from the updated Terms of Reference (Infection Prevention & Control Lead)**

ITEM 8.6 Committee Workplan 2024

The Committee acknowledged the work plan for information.

ITEM 8.7 Action Tracker

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

2024/02/08.2	CGC Workplan
2023/11/11	Patient Experience and Learning from Events Paper
2023/11/05.3 1 & 2	Mental Health Update
2024/02/05.1 1 & 2	Patient Experience And Learning From Adverse Events

Action 2023/08/05.1 in relation to High Intensity Users (HIU) report inclusion in the Patient Experience and Learning from Events report: It was noted this action was overdue, Shereen Cameron requested that the Patient Safety Manger was removed from the action as this did not sit within her remit.

ITEM 9 ITEMS FOR NOTING

Stuart Currie advised members that items 9.1 to 9.6 were the approved minutes of each Committee Sub Group and are presented to each Committee meeting for information.

ITEM 9.1 Clinical Assurance Group Minutes

The Committee noted the minutes.

ITEM 9.2 Medicines Management Group Minutes

The Committee noted the minutes.

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ITEM 9.3 National Clinical Operational Governance Group Minutes

The Committee noted the minutes.

ITEM 9.4 Public Protection Assurance Group Minutes

The Committee noted the minutes.

ITEM 9.5 Research Development and Innovation Group Minutes

The Committee noted the minutes.

ITEM 9.6 Patient Safety & Risk Group Minutes

The Committee noted the minutes.

ITEM 10 ANY OTHER BUSINESS

None to note.

Stuart Currie thanked everyone for their attendance, discussion, and comments throughout the meeting and to all authors of the reports which allows Committee to take significant assurance from the work being undertaken.

Date of next meeting 12th August 2024 10:00

The meeting closed at 12:46.

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**NINETY SIXTH (96th) CLINICAL GOVERNANCE COMMITTEE
10:00 ON MONDAY 12 AUGUST 2024
VIA MICROSOFT TEAMS**

AGENDA

The matrix below links the agenda items within the Clinical Governance Committee with the Corporate Risks (CR) in place across the Service.

Key:

- CR 4638 – Very High – Hospital Handover Delays
- CR 5062 – Very High – Financial Targets
- CR 5519 – Very High – Statutory and Mandatory Training
- CR 5602 – High – Cyber
- CR 5603 – High – Business Continuity
- CR 4636 – High – Health and Wellbeing of Staff Affected
- CR 5653 – High – Organisational Culture

		IMPACT				
		Low (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
LIKELIHOOD	Almost Certain (5)				CR 4638 – 4 items	
	Likely (4)			CR 4636 – 2 items	CR 5062 – 1 item	
	Possible (3)					
	Unlikely (2)					
	Rare (1)					

	Agenda Item	Brief Type	Lead	Risk
10:00	1. Welcome and Apologies		S Currie	
	2. Declarations of Interest relevant to the Meeting	<i>For Discussion</i>	S Currie	
	3. Minutes of meeting held on 13 May 2024	<i>For Approval</i>	S Currie	
10:10	4. HOT TOPIC • Health Inequalities	<i>For Discussion</i>	J Ward	
10:55	5. Person Centred Care			
	5.1 Patient Experience and Learning from Adverse Events	<i>For Discussion</i>	J Ward/M Hannan/S Cameron	-
	5.2 Patient Experience Annual Report	<i>For Approval</i>	J Ward / M Hannan	
	5.3 Clinical Risk Register	<i>For Approval</i>	J Ward/	
11:25	6. Patient Safety			
	6.1 Clinical Governance and Patient Safety Report	<i>For Discussion</i>	K Colver	CR 4638
	6.2 Controlled Drugs Annual Report	<i>For Approval</i>	P Watson	-

	6.3	Whistleblowing Quarterly Report	<i>For Discussion</i>	A Carruthers	
11:45	7.	Effectiveness			
	7.1	Infection Prevention & Control Update Report	<i>For Discussion</i>	K Burnett	CR 4636, CR 4638
	7.2	Education Update	For Discussion	C Harvey	CR 4636, CR 4638, CR 5062
	7.3	Clinical Services Transformation Programme Update	For Discussion	J King	CR 4638
12:10	Comfort Break				
12:15	8.	Committee Governance			
	8.1	Internal Audit Risk and Actions	<i>For Discussion</i>	J Ward	–
	8.2	Medical Appraisal & Revalidation Quality Assurance (MARQA) Review	<i>For Noting</i>	J Ward	
	8.3	Clinical Governance Committee Workplan 2024	<i>For Noting</i>	J Ward	–
	8.4	Action Tracker	<i>For Approval</i>	S Currie	
12:45	9. Items for Noting - Circulated to Committee for Information Only				
	9.1	Clinical Assurance Group Minutes	<i>For Information</i>		
	9.2	National Clinical Operational Governance Group Decision Minutes	<i>For Information</i>		
	9.3	Medicines Management Group Decision Log	<i>For Information</i>		
	9.4	Public Protection Assurance Group Minutes	<i>For Information</i>		
	9.5	Patient Safety & Risk Group Minutes	<i>For Information</i>		
	9.6	Value Based Health and Care Group Minutes	<i>DEFERRED</i>		
	9.7	Research Development & Innovation Minutes	<i>DEFERRED</i>		
12:50	10.	Any Other Business	<i>For Discussion</i>	All	

Date of next meeting: Monday 11 November 2024, 10am

RECORDING PRIVACY NOTICE

Please note this meeting will be recorded for the purposes of the minute. The audio recording will be deleted after the minute is produced and approved in line with the MS Teams Audio & Transcription Guidance.

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