Meeting: NSS Board of 29/06/2018

Paper Number: B/18/74

Title of Paper: Clinical Governance Committee Annual Report 2017-18

Paper Type:
This is a routine paper to provide a summary of matters considered by the NSS Clinical Governance Committee and to provide assurance to the NSS Board that the Committee has fulfilled its remit.

Decisions Required
The Board is asked to approve the report that was approved at the meeting of the Clinical Governance Committee on 11 June 2018.

Analysis:
Substantial attention is given by the organisation to its clinical governance arrangements, proportionate to the nature of each Strategic Business Unit’s role, and progress continues to be made in the understanding and reporting of clinical risks within the corporate risk register. The Committee feels able to assure the NSS Board that the Clinical Governance Committee’s monitoring responsibilities are being met.

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1. INTRODUCTION

Under the provisions of NHS MEL (1998) 75, NSS has a duty to have in place appropriate arrangements to meet its clinical governance responsibilities. Clinical governance is defined as "corporate accountability for clinical performance". It is not intended to replace professional self regulation and individual clinical judgement, but to add an extra dimension that will provide the public with assurance that relevant, safe and effective systems and processes are in place.

Within NSS this serves to support NSS in delivering effective national and specialist services which enable and support improvements in the health and wellbeing of all the people of Scotland.

Clinical Governance within NSS is overseen by the Clinical Governance Committee, a subcommittee of the NSS Board. The committee, chaired by a non-executive member of the Board, receives reports, questions and where appropriate challenges the executives in attendance on aspects of the quality assurance of services likely to have a direct or indirect impact on health and wellbeing and, through its minutes, reports to the NSS Board on all relevant issues.

The Committee met on five occasions during 2016-17, on 17 May 2017 (Development Session), 12 June 2017, 25 September 2017, 1 December 2017 and 22 March 2018.

During the 2017-18 period, the following were Members and In Attendance at meetings:

Members:
Ms Julie Burgess, Non-Executive Director and Committee Chair
Mr Ian Cant, Non-Executive Director (until 25 June 2017)
Ms Jane Davidson, Non-Executive Director (from 26 June 2017)
Mr John Deffenbaugh, Non-Executive Director
Professor Elizabeth Ireland, NSS Chair

In Attendance:
Professor Marion Bain, Medical Director (until 15 October 2017)
Ms Noreen Kent, Nurse Director and Executive Lead for Clinical Governance
Dr Lorna Ramsay, Joint Interim Medical Director (from 16 October 2017)
Mr Colin Sinclair, Chief Executive
Professor Marc Turner, Medical Director – Scottish National Blood Transfusion Service
Dr Mike Winter, Joint Interim Medical Director (from 16 October 2017)

2. COMMITTEE ACTIVITIES IN 2017-18

2.1 Development Session

The Committee used this session to identify the areas where it had added value, and to look at ways to strengthen stakeholder links. They also discussed ways in which to get additional levels of assurance where they currently felt there could be gaps.
2.2 Health Impact Performance Monitoring
The committee received quarterly updates on key performance indicators (KPIs) which demonstrated progress towards positive health outcomes from NSS’s services. They also sought and received reassurances around any KPIs which were reporting as not on target.

2.3 Clinical Adverse Events, Risks and Complaints
Information on any clinical risks, clinical adverse events and clinical complaints was reviewed and interrogated quarterly by the committee. The reports also included details of mitigating actions and the outcomes of “Lessons Learned” reviews. Lessons learned are now separately identified within the report for each adverse event in order to evidence a culture of safety and service improvement. The basis was the NSS Adverse Events Management Policy, published in October 2015, which covered both clinical and information governance adverse events and has a focus on the principle of a just culture that encourages staff to report adverse events (including near misses) and promotes a culture of learning in order to drive continuous improvement and ensure NSS services are safe and effective. The policy is based on the principles and best practice guidance published by Healthcare Improvement Scotland.

Due to the planned introduction of Duty of Candour, a short life-working group was established to prepare for it and, as part of their work, the group instigated a review of the Adverse Events Management Policy. Taking on board the guidance issued by Scottish Government, and incorporating feedback received through consultation with stakeholders, an updated policy (incorporating the Duty of Candour) was presented at the March 2018 NSS Clinical Governance Committee meeting.

NSS records positive feedback in accordance with the Patient Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Directions, 2012 and the Scottish Government Can I Help You? Guidance for handling and learning from feedback, comments, concerns or complaints about NHS health care services, 2012. The positive feedback on clinical services continued to be included in the reports, in addition to clinical complaints and work is underway to quantify the ratio of positive to negative comments within the Scottish National Blood Transfusion Service.

In the course of the year, the Committee were updated on the action plan developed in response to a significant national adverse event relating to the Scottish Breast Screening Programme. They were assured that all recommendations for NSS had been addressed and a scheme of delegation was in place for other similar screening programmes to avoid similar future issues. They were also kept updated on risks reported on the Picture Archiving & Communications System, and the Community Health Index and Child Health system. Separate reports on these risks were added to the standing agenda items for the immediate future for monitoring purposes. Individual follow-up reports were also provided on other risks and incidents that the Committee wanted additional assurance on (e.g. cleft palate service, stem cell transplant service). Through the use of a clinical flag, the Committee were also sighted on risks which had not been categorised as a direct clinical risk but could have a clinical impact. The use of this flag is due to be reviewed at the start of the 2018/19 financial year.

The Committee also noted the links between clinical governance and information governance. NSS established an Information Governance Committee in September 2014. The adverse events and risks considered by the Information Governance Committee are often the same as those considered by the Clinical Governance Committee, with the former committee focused on the appropriate use of information, while the later considers clinical and health implications. There is cross membership across the two committees and regular updates are provided.

2.4 Scottish National Blood Transfusion Service (SNBTS) - Blood Safety and Regulation
The committee received quarterly reports from SNBTS on all issues relating to Blood Safety and Regulation. The reports from the Medical Director of SNBTS highlighted issues identified from various regulatory inspections throughout the year, predominantly by the Medicines and Healthcare Products Regulatory Agency. Members were provided with updates on the measures taken to address these issues which removed or mitigated any identified risks.
Particular attention continued to be given to clinical issues around the new National Centre programme of work, the lessons learned from a significant SNBTS IT outage and the introduction of Hepatitis E testing. The Committee also received updates on SNBTS’s relocation to the Jack Copeland Centre and the management of any potential associated clinical governance risks or issues.

2.5 Clinical Directorate Update
The Committee received regular updates on the work of the leads within the NSS Clinical Directorate. They also received presentations from a number of the clinical leads who provided the Committee with further insight and context to their work.

The NSS Clinical Leadership Team (the clinical directors for each clinical area) continues to routinely review all clinical adverse events, risks and complaints, and considers progress against our health impact objectives. The NSS Clinical Leadership Forum (clinical directors plus lead clinicians from each SBU) met biannually in 2017 to inform and support the strategic direction of NSS. They are looking to increase to three meetings in 2018.

2.6 Patient Group Directions
In December 2017, Members received a local audit report which provided assurance of the robust governance around the use of Patient Group Directions (PGD) in NSS which concluded that PGDs were applied according to local and national guidelines and policies.

2.7 Review of Annual Reports
The committee reviewed annual reports on:

- NSS Research Development and Innovation
- Infection Prevention and Control
- Feedback, Comments, Concerns and Complaints
- NSS Annual Review of Regulatory Compliance

2.8 Relationships with other Board Committees
The Committee continues to recognise the overlap in its responsibilities in respect of certain matters with the Staff Governance committee and has in place an agreed memorandum of understanding between these two committees. Cross reference to matters of mutual interest discussed in other committees of the Board (particularly relating to Staff Governance and Audit & Risk) were addressed as a standing item on the agenda of the committee. The committee also invited other NSS Board Members to observe future meetings to enhance their knowledge of the full spectrum of clinical activity within NSS.

3. CONCLUSIONS AND ASSURANCE TO BOARD

The Clinical Governance Committee concludes that: Clinical Governance structures and processes continue to be reviewed and monitored across NSS by clinical leaders, executive directors and the Clinical Governance Committee. Progress continues to be made in the understanding and reporting of clinical risks within the corporate risk register.

The committee feels able to assure the NSS Board that substantial attention is given by the organisation to its clinical governance arrangements, that this is proportionate to the nature of each Strategic Business Unit’s role, and that the Clinical Governance Committee’s monitoring responsibilities are being met.

Ms Julie Burgess
NSS Clinical Governance Committee Chair
June 2017