Minutes (APPROVED)

NHS NATIONAL SERVICES SCOTLAND CLINICAL GOVERNANCE COMMITTEE

MINUTES OF CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON 22 MARCH 2018 IN BOARD ROOM 2, GYLE SQUARE, EDINBURGH, COMMENCING AT 1230 HRS

Present:  Ms Julie Burgess - Non-Executive Director [Chair]
Professor Elizabeth Ireland - Chair of NSS
Dr Mike Winter – Joint Interim NSS Medical Director

In Attendance:  Mrs Noreen Kent – NSS Nurse Director and Executive Lead for Clinical Governance
Mrs Eilidh McLaughlin – Associate Director of Corporate Affairs and Compliance
Dr Fiona Murphy - Director, Specialist & Screening Services Directorate, PCF (item 8.4 only)
Mr Colin Sinclair – NSS Chief Executive
Professor Marc Turner – Medical Director, SNBTS
Mrs Caron Aird – Personal Assistant [Minutes]

Apologies:  Ms Jane Davidson - Non-Executive Director
Mr John Deffenbaugh - Non-Executive Director
Dr Lorna Ramsay – Joint Interim NSS Medical Director

ACTION

1. WELCOME, APOLOGIES AND DECLARATION OF INTERESTS

1.1 Ms J Burgess welcomed everyone to the meeting and noted the apologies as above. Members were asked to declare any interests in the context of the agenda items but none were declared. Ms J Burgess thanked Mrs C Aird for attending to take the minutes on behalf of the Committee Services team.

2. MINUTES OF CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON FRIDAY 1 DECEMBER 2017 [paper CG/18/02 refers]

2.1 Members agreed that the minutes of the meeting held on Friday, 1st December 2017 were an accurate record of the discussions.

3. MATTERS ARISING AND ACTION LIST [paper CG/18/03 refers]

3.1 Members noted that the majority of the items on the action list were either in progress, closed or covered within the agenda and papers for this meeting. Members were given an update on the two actions from the 1 December 2017 meeting. Members were advised that Fiona Murphy would be attending later in the meeting to give an update on item 5.2.

3.2 Mrs E McLaughlin advised that, in respect of item 9.1, an internal audit plan had been prepared and would be presented to the NSS Audit and Risk Committee at their next meeting on 28 March 2018. Key points which were highlighted in the report were Public Health Body, JCC transition, digital transformation and risk and service management delivery. Mrs E McLaughlin advised Members that the audit plan had been cross-referenced with recommendations that actions are reported to the relevant committee/group.
4. ADVERSE EVENTS MANAGEMENT (INCLUDING DUTY OF CANDOUR) POLICY [paper CG/18/04 refers]

4.1 Ms J Burgess advised Members that a revised version of the report had been circulated late the previous day and asked if the report had changed significantly. Mrs E McLaughlin advised that the report had been updated following comments received at the NSS Partnership Forum meeting earlier that week and it had been agreed that the paper would be updated and circulated prior to the CGC meeting.

4.2 Mrs McLaughlin advised that there had been a lot of feedback received in relation to the content of the report and that work had been undertaken to try to make the report ‘flow’ better and make it more understandable.

4.3 In respect of Duty of Candour, Mrs McLaughlin advised that Scottish Government had consulted a large number of stakeholders and issued guidance/regulations in February 2018. Unfortunately a lot of pushback had been received but the essence of the Government’s guidance had been used to create the NSS policy and this would be benchmarked against other NHS Boards.

4.4 Mrs McLaughlin confirmed that mandatory training is in place along with a communications plan.

4.5 Ms Burgess asked whether the policy was equally balanced towards supporting NSS staff and would like the views of the Staff Governance Committee on this point before the policy was signed off. This was particularly pertinent following the recent well publicised case which had caused consternation amongst the medical profession in the UK. Dr Winter reminded Members that although this guidance was written following an error made by a doctor during training, it was applicable to everyone and staff should feel empowered to challenge something they do not believe is right. Mr C Sinclair agreed with this statement.

4.6 Ms N Kent agreed with all these comments and commented that it would be a good opportunity to reiterate this work at the forthcoming Clinical Leadership Forum meeting, as well as at the nurse engagement event at the end of May.

4.7 Members were not content with the wording of the policy, specifically in section 11.1, bullet point 3 where the words ‘severe harm’ were used. Mrs McLaughlin advised that the explanation was a direct lift from the Scottish Government and confirmed that CLO were happy with the definition.

4.8 Members were asked to sign off the policy which would then be taken to the NSS Staff Governance Committee. The policy was required to be signed by Mr J Deffenbaugh in his role as Chair but it was agreed that in Mr Deffenbaugh’s absence, Professor E Ireland, in her role as Chair of NSS, would sign off the policy.

5. DRAFT TERMS OF REFERENCE [paper CG 18/05 refers]

5.1 Members reviewed the draft terms of reference and although happy with these, there was discussion around point 5 (e) ‘review major NSS programmes in support of clinical and public health services’. Members felt that it would be beneficial to have regular feedback from SBUs at meetings and it was therefore agreed that SBU representatives would be invited to future meetings to provide updates on such programmes of work. This arrangement would be reviewed in six months’ time.

5.2 It was agreed that an update on primary care would be given at the next meeting. [Secretary’s Note: This was later deferred to September 2018]
5.3 Professor M Turner advised that SNBTS held meetings on a monthly basis and he was happy to let Members have sight of minutes for information. Professor Turner agreed to forward minutes to the Committee Secretary for circulation and information.

6. ANNUAL REGULATORY REPORT [paper CG/18/06 refers]
6.1 Members discussed the contents of the paper, which summarised the clinical regulation to which NSS is subjected, updated on recent inspections by the relevant Regulatory Bodies, and covered any developments over the 2017 calendar year. Mrs McLaughlin highlighted that SNBTS had successfully transferred key licences to the JCC, general inspections had been positive, with any non-conformances reported in the year via governance structures with identified improvements made. PCF have renewed their UKAS accreditation in relation to competence in testing and calibration of laboratories.

6.2 Members were also advised that, although there had been one incident reported to the ICO, there had been no external reviews of FOIs in 2017. The new complaints handling procedure had been launched and training continues to be delivered across the SBUs. Mrs McLaughlin wished to record her thanks to SNBTS for their assistance.

6.3 Professor Turner felt that point 2.8 could be worded better and agreed to send a format of words to Mrs McLaughlin. It was agreed that the revised paper would be submitted to the NSS Audit and Risk Committee for information only.

7. UPDATE ON BLOOD AND TISSUE SAFETY MEASURES (incl HAI QUARTERLY REPORT) [Confidential paper CG/18/07 refers]
7.1 Professor M Turner spoke to confidential paper CG/18/07 which provided an update on blood and tissue safety measures within the Scottish National Blood Transfusion Service (SNBTS). The report covered the following areas:
   i. Clinical apheresis event
   ii. Inclement weather report
   iii. Regulatory and professional inspections and audit
   iv. Transition to the Jack Copland Centre
   v. Sustainability of Scottish hospital blood banks
   vi. Healthcare Associated Infection (HAI) quarterly report

7.2 Clinical apheresis event
Members noted the detail provided of the event on 1st February 2018 involving a patient with acute myelomonocytic leukaemia and acknowledged the role and response of SNBTS clinicians and the host Board. Members agreed that in future high level assurances would be sufficient and specific events would only be discussed by exception.

7.3 Inclement weather report
Members noted the disruption to transport, donor, manufacturing and clinical services during the recent bad weather. Members wished to record their thanks to staff who maintained the supply of products during exceptionally difficult circumstances.

7.4 Regulatory and professional inspections and audit
Members noted that one inspection had taken place in January 2018 in respect of stem cell collection process. A number of comments had been received but overall the inspection had had a very positive outcome, with the final report/recommendations still to be received.
7.5 Members also noted that an inspection of the Aberdeen clinical laboratories had been postponed due to the inclement weather and had been rescheduled for week commencing 12th March, with an inspection of the blood bank at the Royal Infirmary of Edinburgh scheduled for the week of 19th March.

7.6 Transition to the Jack Copland Centre
Members received an update on the transition of services to JCC and noted that progress is continuing to be made. Professor Turner was unable to provide timelines for testing, although this was likely to be May/June 2018.

7.7 Sustainability of Scottish hospital blood banks
Members noted the update. Professor Turner advised that the MHRA inspection policy was changing to one where they may undertake inspections at any hospital blood bank with 1 – 4 weeks notice. This means that blood banks will need to be inspection-ready at all times.

7.8 Healthcare Associated Infection (HAI) quarterly report
Members noted the update and the need to meet HAI policy standards in respect of hand hygiene, cleaning and estates.

8. NSS CLINICAL ADVERSE EVENTS, RISKS AND COMPLAINTS [paper CG/18/08 refers]

8.1 Quarterly Report (September to December 2017)
Members briefly discussed paper CG/18/08 which provided an update on clinical adverse events, risks and complaints since the last meeting on 1st December 2017, and noted that there had been marginal decreases in all three areas. Ms N Kent highlighted the following key points:

i. No national category 1 clinical adverse events reported
ii. One national category 2 clinical adverse event reported by PCF
iii. No red primary corporate clinical risks remain open at the end of February 2018. Exposure to red risk has decreased by two since the last reporting period
iv. Donor complaints have decreased since the last quarter from 61 to 60.

Members were also given an update on previously reported adverse events from Quarter 4 2016/17 in respect of:

i. Missing GP Medical Records
   Ms Kent advised that the final report was still in draft due to the fact that the SIRO in NHS Highland had changed but discussions were now moving forward to sign this off.

ii. Clinical Leadership Team
   A piece of work in respect of the CLT report is to be undertaken to ensure that each SBU is linked in. Human factors aspect is also to be included.

8.2 Discussion took place on the evolving report structure and MS Kent sought comments on the revised format. Members agreed that they were confident in the level of scrutiny and governance which takes place at SBU level as demonstrated in the appendices of the full report. Ms Burgess asked whether it would be possible to reduce the size of report while also including information on trends. After discussion it was agreed that a revised report comprising Executive Summary, At a Glance, SBARs, schematic learning and risk register would be brought to future Committee meetings.

8.3 Professor Turner felt that although section 4.1.7 was factually correct, it was difficult to distinguish the significance of the reporting of the missed malarial antibody tests (MAT). He advised that evidence suggests that transmission of malaria from such incidents would only occur once in every 125 years given
the number of transfusions in Scotland. Ms Kent commented that the content of the report was reliant on the information provided by SNBTS where such detailed clinical knowledge and interpretation is held, and suggested that as all incidents would have been discussed at the monthly SNBTS Clinical Governance and Safety Group meetings, perhaps it would be beneficial for that group to highlight which incidents should be reported to this Committee. In light of this, Professor Turner agreed to flag which incidents should be reported.

8.4 On a separate topic, Ms Kent updated Members on a recent incident at NHS Greater Glasgow and Clyde in respect of the water supply. Health Protection Scotland have been involved in the incident which involved rare/unusual organisms being found in the water supply in a small number of areas. Scottish Government has asked NSS HPS to undertake an investigation and a report will be submitted to this Committee in due course.

8.5 Picture Archiving and Communications System Update [paper CG 18/09 refers] Ms N Kent spoke to paper CG18/90 advising that it had previously been agreed that an update would continue to be reported to the Committee, and the item would remain as a standing agenda item.

8.6 Ms Kent gave an update on the current situation advising that a decision had been taken that there would be no benefit in storing images when the new system comes into use. Ms Kent confirmed that she would give a more detailed report at the next meeting.

8.7 Community Health Index and Child Health Systems Risks Update [paper CG 18/10 refers] Ms Kent spoke to the SBAR paper which gave background information on the programme which was initiated in December 2014. Tranche 2 of the programme has established that a full business case needs to be considered by the Programme Board at their March 2018 meeting. The Programme Board has already agreed that it would be recommending that the programme goes ahead, but only if funding is agreed and provided by Scottish Government. If funding is agreed, the programme would progress to implementation of the new CHI and Child Health systems, and would go live in July 2020. Members were asked to note the current position and support the proposed recommendations. They also agreed to discuss more fully once the funding position had been clarified.

8.8 NSD Management of Adverse Events Dr F Murphy attended to give Members a short presentation on the role of NSD including the planning, procurement and performance management of specialist healthcare services, co-ordination of the 6 population screening programmes in Scotland, management of national clinical and diagnostic networks and financial management of the 5 risk share schemes for NHS Boards.

8.9 Dr Murphy then gave an overview of how the recently introduced schematic diagrams are utilised when dealing with adverse events. Examples given were around the use of the process followed when dealing with an incident involving damaged kits for the bowel screening programme, as well as a separate example around a paediatric cardiac surgery event.

Ms Burgess thanked Dr Murphy for her informative and interesting presentation.
9. NSS HEALTH IMPACT PERFORMANCE REPORT [paper CG/18/11 refers]

9.1 Members noted that, at the end of the third quarter of 2017/18, achievement against the Key Performance Indicators (KPIs) was tracking as Green 92.6%, Amber 7.4% and Red 0%. This showed a slight drop in performance level from the previous quarter, where all measures had been reporting as green.

9.2 After discussion it was agreed that Members would receive a Q4 report at the next meeting and then performance would be picked up via DST. Mr Sinclair confirmed that performance was measured via the EMT and remedial action taken as and when required and reported to NSS Performance and Finance Committee.

N Kent

10. CLINICAL DIRECTORATE REPORT [paper CG 18/12 refers]

10.1 Members noted the Clinical Update report, which detailed the work undertaken by the Clinical Directorate since the last NSS Clinical Governance Committee meeting on 1st December 2017. Members requested that the Report be revised in terms of format with action areas in themes rather than professions. Ms Kent agreed to feedback this information to the interim medical director and wider team.

N Kent

10.2 Mr Sinclair advised Members that discussions were ongoing in respect of Ms Kent’s replacement following her retiral in June. Mr Sinclair will update the Committee in due course.

C Sinclair

11. DRAFT NSS CLINICAL GOVERNANCE COMMITTEE 2017/18 ANNUAL REPORT TO THE BOARD [paper CG 18/13 refers]

11.1 Members considered the draft of their annual report to the Board for 2017/18. It was agreed that a section on the work by Mrs McLaughlin and Mrs S Moffat around the Adverse Events/Duty of Candour policy should be included.

Members were asked to submit any other amendments to Mrs Bailey for discussion at the next meeting.

E McLaughlin/ S Moffat/ L Bailey

12. OTHER NSS GOVERNANCE COMMITTEE ISSUES

12.1 Members received the following updates from the other NSS Board Sub-Committees on items of relevance to the NSS Clinical Governance Committee:

12.2 Information Governance Committee
Professor Ireland advised that the Committee last met on 25th January 2018 and the main item to note was a discussion around the IG implications of the new Public Health Body and the amount of expertise and knowledge which would transfer to the new body.

12.3 Staff Governance Committee
Professor Ireland advised Members that there had been a lot of discussion around RIDDORS and the ongoing work being undertaken by Mrs J Jones and Mr Sinclair; equality and diversity, especially disability in the workplace; and a number of policies had been signed off at the meeting held on 16th February 2018.

12.4 Performance and Finance Committee
Members were advised that the Committee had agreed the draft Operational Delivery Plan, pending some minor changes and recognising that there were updates which were still awaited. They also noted that NSS continues to be well placed in respect of its current LDP targets, its risks and its sustainability plan.
12.5 Remuneration and Succession Planning Committee
Members noted that the meeting was held via teleconference due to the inclement weather. Updates from the Director of HR and Workforce Development in respect of grading of posts and an overview of recruitment were received. The next meeting, scheduled for June 2018, will look at the end of year reviews and objectives for the Chief Executive and his direct reports.

12.6 Audit and Risk Committee
Members noted that the next meeting of ARC would be held on Wednesday 4th April 2018.

13. ITEMS FOR THE SUB-COMMITTEE HIGHLIGHTS REPORT TO THE BOARD

13.1 Mrs C Aird agreed to draft up the Sub-Committee Highlights Report and send it to Ms Burgess for approval to issue with the papers for the next formal NSS Board meeting on Friday 6th April 2018.

C Aird

14. ANY OTHER BUSINESS

14.1 There were no other items of business raised. However, Members wished to place on record their thanks to Dr Winter for his contribution to the Committee during his secondment as Joint Interim Medical Director.

15. FOR INFORMATION/NOTING

15.1 Abdominal Aortic Aneurysm (AAA) Screening – HIS Report [paper CG 18/14 refers]
The Committee noted the report.

16. DATE OF NEXT MEETING

16.1 The next meeting will be held on Monday 11th June 2018 commencing at 0930 hrs in Meeting Room 6.5, Meridian Court, Glasgow.

There being no further business, the meeting finished at 1515 hrs.