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.

This was supplemented by Healthcare Improvement Scotland’s (HIS) Learning from adverse events through reporting and review: A national framework for NHSScotland third edition published in July 2018. The framework includes reference to the statutory organisational Duty of Candour legislation which will apply to specific events or incidents that have resulted in death or harm.

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 committee 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.


During the 2018-19 period, the following were Members and regularly In Attendance at meetings:

Members:
Ms Julie Burgess, Non-Executive Director and Committee Chair
Ms Jane Davidson, Non-Executive Director
Mr John Deffenbaugh, Non-Executive Director (until 31.07.18)
Professor Elizabeth Ireland, NSS Chair
Mr Mark McDavid, Non-Executive Director (from 01.08.18)

In Attendance:
Ms Noreen Kent, Nurse Director and Executive Lead for Clinical Governance (until 17/06/18)
Dr Lorna Ramsay, Interim Medical Director (until 31/10/18) and Medical Director (from 01/11/18)
Professor Jacqui Reilly, Interim Nurse Director and Executive Lead for Clinical Governance (from 18/06/18) and Director of Nursing and Executive Lead for Quality (from 01/02/19)
Mr Colin Sinclair, Chief Executive
Professor Marc Turner, Medical Director – Scottish National Blood Transfusion Service
2. COMMITTEE ACTIVITIES IN 2018-19

2.1 Agenda Items

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Evidence</th>
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<tbody>
<tr>
<td>ToRs 5(a)</td>
<td>Review and challenge NSS performance in delivering health outcomes.</td>
<td>Standing Items: Clinical Directorate Report</td>
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<tr>
<td>ToRs 5(b)</td>
<td>Review and challenge reports on clinical adverse events inclusive of duty of candour enactment, risks and complaints, including their identification, causes, management, lessons learned and service improvement implemented.</td>
<td>Standing Item: Adverse Events, Risks and Complaints Report</td>
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<td>ToRs 5(c)</td>
<td>Review regular reports on blood and tissue safety to satisfy itself that appropriate action is being taken to provide an adequate and safe supply.</td>
<td>Standing Item: Blood Safety Report</td>
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<td>ToRs 5(d)</td>
<td>Review compliance with clinical regulatory requirements.</td>
<td>Standing Items: Blood Safety Report, Clinical Directorate Report and relevant Annual Reports</td>
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<td>ToRs 5(e)</td>
<td>Review major NSS programmes in support of clinical and public health services.</td>
<td>See detail under Section 2.2 – Additional Highlights</td>
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<td>ToRs 5(f)</td>
<td>Gather and monitor information on any upcoming or potential developments within the health service and public health, including statistic trend analysis, and assure itself that NSS is appropriately positioned to support these.</td>
<td>Standing Items: Clinical Directorate Report</td>
</tr>
<tr>
<td>ToRs 5(h)</td>
<td>Draft an annual clinical governance report for inclusion in NSS’s Annual Report.</td>
<td>Undertaken by the Medical Director on behalf of the Committee</td>
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| ToRs 5(i) | Review annual reports on:  
- Infection Prevention and Control  
- Research, Development and Innovation  
- Clinical Professional Appraisal and Revalidation  
- Feedback, Comments, Concerns and Complaints | June 2018 Meeting |

2.2 Additional Highlights

In the course of the year, the Committee was updated on a number of issues affecting Breast Screening services:
- women affected by the Public Health England incident currently resident in Scotland.
- the issue of variation in the age parameters across the UK.
- the work being done to address any issues of slippage in the Scottish Breast Screening Programme (SBSP), looking specifically at final and first invitations, as well as the overall slippage rate.
- a “double-click” issue with the SBSP system which resulted in the duplication of results, and the follow up with Atos to ensure it did not recur.

Supplementary to this, the Committee received updates on the risks associated with the various other screening programmes managed by the National Screening Services Directorate, and were assured that the appropriate processes were in place for these to be managed.
The Committee discussed the clinical risks associated with the GP IT Re-provisioning project and were satisfied that they were sufficiently articulated for the Full Business Case to progress for discussion by the Board at an ad-hoc, Commercial in Confidence meeting at the Board Offsite in October 2018.

At various points in the year, the Committee were also briefed on the dental governance models discussed with the Scottish Government in light of the Scottish Dental Practice Board being disbanded. The Committee agreed the model they felt comfortable with and an outline proposal was generated for the February 2019 NSS Board meeting and brought to the March 2019 meeting of the Clinical Governance Committee.

2.3 Relationships with other Board Committees

The Committee continues to recognise the overlaps with other NSS Board committees (particularly the Information Governance and Staff Governance, Committees) in its responsibilities regarding certain matters. For example, 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 latter considers the clinical and health implications. Another example would be the revalidation of clinical staff, which would be discussed from an HR policy and process perspective at the Staff Governance Committee, with the Clinical Governance Committee being focused more on the specific clinical and patient safety concerns.

There is cross membership across all of the committees and regular updates on matters of mutual interest are provided as a standing item on the agenda of the Committee. The Committee also welcomes other NSS Board Members observing their 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 2019