

Minutes (APPROVED)

B/20/89

NHS NATIONAL SERVICES SCOTLAND CLINICAL GOVERNANCE & QUALITY IMPROVEMENT COMMITTEE

MINUTES OF NSS CLINICAL GOVERNANCE COMMITTEE MEETING, HELD ON 4 SEPTEMBER 2020, VIA TEAMS DIGITAL PLATFORM, COMMENCING AT 0930HRS

Present: Mrs Alison Rooney – Non-Executive Director [Chair]
Mr Mark McDavid – Non-Executive Director
Mr Keith Redpath – NSS Chair

In Attendance: Dr Lizzy Day, Scottish Clinical Leadership Fellow
Mr Peter McLaughlin, Programme Director – PCF (deputising for Dr Wheelans)
Dr Brendan O'Brien, Chief Clinical Informatics Officer
Dr Lorna Ramsay – Medical Director & Executive Lead for Clinical Governance
Professor Jacqui Reilly – Nurse Director & Executive Lead for Quality Improvement
Mr Colin Sinclair – NSS Chief Executive
Mr Calum Thomson, Head of Clinical Professional Development
Professor Marc Turner – Medical Director, SNBTS
Mrs Karen Nicholls, Committee Services Manager [Minutes]

Apologies: Dr Craig Wheelans – Interim Medical Director, PCF

ACTION

1. WELCOME, APOLOGIES AND DECLARATION OF INTERESTS

- 1.1 Mrs Rooney welcomed all to the meeting, her first as Chair of the committee, and noted the apologies above. Before starting the formal business of the meeting, Ms Rooney asked the Committee Members if they had any interests to declare in the context of the Agenda items to be considered. No interests were declared.

2. MINUTES OF CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON 2 MARCH 2020 [paper CG/20/17 refers]

- 2.1 Following a brief discussion, Members approved the minutes from the previous meeting held on 2 March 2020, subject to the correction of Dr O'Brien's title.
Action: Board Services to update minutes.

Board Services

3. MATTERS ARISING AND ACTION LIST [paper CG/20/18 refers]

- 3.1 Members noted that the majority of items were either completed or covered by the agenda. Members were advised that, in respect of item 2020-03-02 13.1, the Safe Staffing guidance had not been received yet as the programme had been paused by Scottish Government. Professor Reilly assured Members that the guidance would be circulated once it had been issued. Regarding 2020-03-02, Members noted that the work on Terms of Reference had also been deferred due to COVID but this would now be picked up.

4. CLINICAL TEAM UPDATE [paper CG/20/19 refers]

- 4.1 Members noted that the clinical team had been exceedingly busy and although many staff had been diverted to COVID-related work, a significant amount of regular activity had continued. Members were also pleased to hear that some



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Chair Keith Redpath
Chief Executive Colin Sinclair

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of the work which had been paused at the beginning of the pandemic was now being restarted and acknowledged that there were a number of factors, like the pausing of Safe Staffing by the Scottish Government (SG), which had helped with this.

4.2 Dr Ramsay also highlighted the following;

- Innovation workstream picking up including the ScotCap work previously presented to the Committee which was now working towards accelerated adoption;
- Rapid implementation was also in progress on the Upper GI cyto-sponge programme;
- NHS Scotland would also focus on innovation as part of the COVID-19 recovery programme;
- NSS facilitating the new Innovation Steering Group;
- Medicines had seen a bigger pause and it was challenging to get all the Scottish Government Directorates involved together at one time. However, a paper had been presented to NES Digital around prescribing. This was particularly important, and useful, during the COVID-19 response and the move to video and telephone appointments etc but prescribing was still done on paper;
- Establishment of three new Services continues and were now running Centre of Excellence for Reducing Risk and Infection in the Healthcare Built Environment; Screening Oversight function and Dental Governance;
- Successful transition around Public Health Scotland and provided support and advice to their clinicians and professional leadership. Professor Reilly was currently providing senior nursing support under a MOU on a temporary basis with review of this over the longer term support required;
- New Scottish Clinical Leadership Fellow – Elizabeth Day had now joined the organisation and the Pharmacy Fellow would also be coming back to NSS to finish his time;
- Annual Reports for Duty of Candour and Infection to be presented at the meeting, but the Research and Innovation Annual reports would come to a future meeting **Action: To be added to forward programme for future meeting.**
- Close liaison with Boards, stakeholders and SG was ongoing around support for COVID-19.

Board Services

4.3 Ms Rooney asked that the thanks of the Committee be passed to all the clinicians for the substantial work they had done, with further recognition that a review of capacity may also be required going forward to ensure NSS was able to fulfil the clinical obligations.

4.4 Members thanked Dr Ramsay for her informative report and noted it in full.

5. UNDERGRADUATE NURSING IN NSS [paper CG/20/20 refers]

5.1 Professor Reilly provided an overview of the reasons why NSS had never had undergraduate nurses in the past, and how the recent changes to the standards for education meant that a wider variety of nursing roles were being accounted for. The Continual Professional Development and learning practice placement assessment requirements also changed, as well as moving from a rigorous mentorship model to a wider supervision model. In light of these changes, the senior nurses in NSS had looked at this, noting that the pandemic had meant practice placements had to be revisited and there was a move to a national model on remobilisation through NHS Education for Scotland. There was a need to consider how placements could be broadened, as the social distancing

ACTION

requirements meant that the higher education colleges were struggling to get people in. This paper provided an overview of the considerations around NSS taking some of them on.

- 5.2 Members discussed the paper in full and were supportive of the recommendations. Ms Rooney suggested that this paper/programme of work should also be discussed at the NSS Staff Governance Committee. **Action: Board Services Add to forward programme for future NSS Staff Governance Committee.**

6. UPDATE ON CENTRE OF EXCELLENCE FOR REDUCING INFECTIONS AND RISK IN THE HEALTHCARE BUILT ENVIRONMENT [paper CG/20/21 refers]

- 6.1 Professor Reilly took Members through the update and highlighted the following;

- The funding bid had been submitted to SG in March 2020 and funding for current year has been approved;
- Imminent decision around Anti-Microbial Resistance and Healthcare Acquired Infection (ARHAI) expected;
- Programme overall at Amber status due to timescales and ability to engage with Territorial Boards during a pandemic;
- There was now an SBAR detailing the minimum viable product to enable the Centre to launch on 1st April 2021. This would include compliance of all new builds already in the pipeline (this was now running in Procurement Commissioning and Facilities (PCF) strategic business unit (SBU);
- Rest of the programme being developed with a wide range of programme work around guidance, intelligence, training and education which would run concurrently.

- 6.2 Mr McDavid asked whether there had been a decision on whether the new centre would be regulatory. Professor Reilly advised that at the moment the new centre would not require any legislative changes and the NHS inspection function would continue to sit with Health Improvement Scotland (HIS). Talks were ongoing to strengthen existing relationships between NSS giving expert advice to HIS and ensuring inspections are risk based and proportionate. The role of the new centre and functions would be outlined in a SGHSCD Directors Letter (DL) to the Boards. NSS was therefore in discussion with them on how to strengthen this. Any differences would be outlined in the relevant Directors Letter (DL) from SG to the Boards. The intention for the Centre was to concentrate initially on the builds before they started with compliance and assurance checks required to be signed off by the Centre. Currently the main focus of the function was an interim compliance review of all new buildings.

- 6.3 Professor Reilly added that the right people were already in place, however, there may be capacity issues. This was being managed via a robust workforce plan and the intention was to 'grow our own' by upskilling, but also use consultants when necessary. Mr Redpath queried the fact that only year one funding had been agreed so far and Professor Reilly advised that the Centre was included in the Programme for Government and the Chief Finance Officer had said it would be funded. It was usual practice to only confirm one year of funding at a time. Mr Redpath also raised concern at the length of time it was taking to get official confirmation that NSS would be the governing body in this field. Members noted that this was a risk but it was being managed.

- 6.4 Members thanked Professor Reilly for her update and noted the paper in full.

ACTION**7. PUBLIC INQUIRY [paper CG/20/22 refers]**

7.1 Professor Reilly took Members through the paper and noted the following;

- The Inquiry was launched in August 2020 with Lord Brodie as Chair;
- Professor Reilly would be the senior responsible officer within NSS for this inquiry;
- Evidence gathering had already commenced and Chris McVey, Programme Manager (HAI and IC) would be the coordinator;
- Recognition that the Terms of Reference for the Inquiry were wide and NSS involvement during the time in question had been around guidance;

7.2 Members noted the content of the paper and asked that this be a standing item for future meetings for the time being. **Action: Add to forward programme as standing item as a verbal update.** **Board Services**

8. NATIONAL SCREENING OVERSIGHT FUNCTION [paper CG/20/23 refers]

8.1 Dr Ramsay took Members through the update and highlighted the following;

- The proposal for a National Screening Oversight Function had been approved by the Scottish Screening Committee and the Chief Executives on how NSS would carry out this function. This was approved by the Cabinet Secretary;
- Work to establish this new function commenced during COVID-19 though with an amended approach and additional remit to oversee screening recovery;
- Interim arrangements were put in place and the service had to hit the ground running;
- Terms of Reference were almost completed and would be circulated to Members as soon as possible. **Action: L Ramsay to circulate TOR's when available;**
- Permanent team now being put in place and Gareth Brown (formerly from SG) would be attending the next meeting to update.

L Ramsay

8.2 Mr Redpath asked that for the next meeting the TORs for both this new function and the Scottish Screening Committee be available for comparison of roles and responsibilities. Members noted that the need for this new function had been a recommendation of the Scottish Screening Review. The intention was to review and evaluate the function after a period of two years. Relationships were also being developed with peers across the four nations to ensure learning opportunities were fully explored. Members asked that some form of benchmarking update be provided to a future meeting. **Action: L Ramsay to provide update to future meeting.** Dr Ramsay added that the response to COVID-19 had affected the workplan for the Breast Screening Review though it was expected this would be recovered, depending on any further pandemic issues, by year end.

L Ramsay**9. SCREENING RECOVERY PLAN**

9.1 Dr Ramsay took Members through a short presentation outlining a single cohesive recovery plan that had been approved by the Scottish Screening Committee, CEOs and SG ministers. This was focused on safety and minimising inequalities. This would lead to some changes to programmes that would require modifications to business as usual, for example additional communications etc. NSS was also working with HIS to review the existing screening standards for each programme.

ACTION

9.2 Members noted that those patients at a higher risk had now been screened and this was all done in a managed way. Another stage of the process had been to evaluate readiness in each Board to proceed to next stage prior to execution. The main issues identified had been around capacity and availability of venues given the requirements of the COVID-19 response. Dr Ramsay advised that all programmes of work were now moving into Stage 3 recovery resumption of routine screening. Work was also ongoing with SG on cancer recovery, screening and endoscopy recovery plans and engaging with Boards in particular around bowel screening and colonoscopy capacity. The role of the new oversight function would then be to monitor what is happening in Stage 3 routine screening and to look closely at any access issues or inequalities and if different ways of working would support this. Dr Ramsay added that whilst there was a national approach this was not rigid as Boards were not at the same stages of readiness.

9.3 Members thanked Dr Ramsay for her informative update and presentation.

10. BREAST SCREENING REVIEW [paper CG/20/24 refers]

10.1 Members went through the paper and highlighted the following;

- Timetable for the programme of work had been extended by 6 months and the report would therefore be for presentation in March 2021;
- Review was at a critical stage and moving into key areas around access, uptake inequalities, service delivery points and location of service;
- There had been a lengthy process of commissioning data and this would assist the process greatly. The first test would be using the new cancer database;
- Good feedback had been received on those who did not engage with the programme and this would feed into the inequalities work;
- Eligible population remained static. Over 70's were currently out of scope but could self-refer. This was currently using 7% of the capacity and further work would be done to drill down into this;
- Artificial Intelligence (AI) Mammography – this would offer a huge opportunity and great potential if it could be harnessed. Scotland would be ready to move at pace on this once the evidence was available and to do early adoption and a significant innovation programme nationally and this would feed into the clinical strategy;

10.2 Mr Sinclair asked for timelines around the potential use of AI and Mr McLaughlin advised that clinical trials would be the next step. Currently there was only one company in this market place who NSS were working with and it was expected that mid-2021 would be the quickest it could be completed. This project was about the future, not a short term solution.

10.3 Mr Redpath asked for further clarity on what the governance role for this Committee was around this subject matter as the governance structure presented showed others as the decision making parties. Ms Rooney advised that the outcome of the review may provide a better view of this and once that had reported a decision could then be made on when this came back to the Committee and for what purpose. Dr Ramsay added that for the Breast Screening programme NSS had responsibility across all aspects from beginning to end, and this was the reason for it coming to Committee. **Action: L Ramsay/A Rooney and P McLaughlin to review how this would be reported to future meetings.**

**L Ramsay/
A Rooney/
P McLaughlin**

ACTION

10.4 Members thanked Mr McLaughlin for his informative update and looked forward to further reports via the National Screening Oversight function at future meetings.

11. DENTAL GOVERNANCE UPDATE [paper CG/20/25 refers]

11.1 Members went through the update provided by Mr Paul Cushley, which came for noting and information to the Committee.

11.2 It was noted that the Scottish Dental Practice Board had not met during COVID-19, therefore the TORs for the new replacement body would need to be reviewed again.

11.3 After a short discussion Members asked that a further update to provide assurance that the appropriate governance was in place be brought to a future meeting as soon as an update was available. **Action: Add to forward programme for future meeting.**

Board Services**12. VACCINATION PROGRAMMES**

12.1 Dr Day took Members through a presentation providing an update on the current position to ensure the Committee was being kept up to date on this programme of work. Members noted that the intention was to have three vaccination programmes as follows;

- Standard Season Flu – the delivery model had been changed due to social distancing requirements and the responsibility for this sat with the Health Boards. Currently each was taking a different approach;
- Extended Flu programme – as per previous item
- COVID-19 programme
- Vaccine procurement and distribution, waste management, PPE distribution, practitioner payments under NSS remit and HBs may need other support e.g. IT. Members noted that the vaccines available would come from UK Government;
- Internal NSS Vaccine Group formed to ensure connected approach within NSS;
- Vaccine information was continually emerging and changing, possible time scale as early as late October
- Current prioritisation strategy from Joint Committee on Vaccination and Immunisation (JCVI)
- Frontline health and social care workers first group and then at risk groups;
- Service Delivery Programme overseen by Mary Morgan;

12.2 After a short discussion Members thanked Dr Day for her presentation and looked forward to future reporting.

13. UPDATE ON BLOOD AND TISSUE SAFETY MEASURES [paper CG/20/32 refers]

13.1 Professor Turner took Members through his update and highlighted the following;

- On site regulatory inspections and professional audits have been suspended since the last report of 20th February 2020 due to the COVI19 outbreak, however a number of desk top inspections have been carried out;
- The implementation of Directive 93/42/EEC–Medical Devices changed to Medical Device Regulation, (MDR) 2017/745 has been delayed to May

ACTION

2021. Directive 98/79/EC – In Vitro Diagnostic Medical Devices changed to In Vitro Diagnostic Regulation, (IVDR) 2017/746 will still be applied from May 2022;

- The IBI suspended hearings over the past 6 months but have continued to publish historical documents on their website. NSS have continued to respond to all requests in a timely manner;
- EU Exit - SNBTS preparations for EU Exit prior to the outbreak of COVID 19 included a review of key suppliers, consumables, country of origin and volume usage to enable SNBTS to secure procurement of at least 12 weeks stock to mitigate potential supply chain delays. Additional work on going to ensure MHRA and HTA licences to ensure they are fit for import and export to and from the EU if/when UK becomes a third country. Members asked whether this could impact Members of the European Blood Alliance and what impact this could have. Professor Turner advised that this risk was still there but was currently very quiet and a further update would be provided once there was a final decision on BREXIT;
- Scottish Government Organ Donation Opt-Out Scheme. Now working through the legal subtext and fully engaged from a tissues perspective;
- Gametes - HFEA licence for centralised storage of gametes was issued in June 2020 as scheduled;
- Cornea - The pandemic occurred just as SNBTS was preparing to send staff down to NHSBT Tissue Unit in Speke to be trained in eye retrieval. It was therefore agreed to postpone SNBTS eye retrieval within the central belt of Scotland for a few months;

13.2 Professor Turner then took Members through a detailed update on the implications of the COVID-19 pandemic and the challenges that had been faced by SNBTS. This had a significant impact on donor sessions due to the social distancing and travel restrictions. Provision had also moved to fixed centres and out of hospital facilities. This would in turn require additional funding which had formed part of the SNBTS RAM bid. He added that all related risks were being managed across the blood community and targeted communications through social media etc were taking place to encourage those with specific blood types to donate. Mr Redpath added that not with-standing the pandemic there had been no change in policy from the Board or SG on blood collection. Mr Sinclair added that he was fully supportive of Professor Turner and SNBTS approach during the pandemic. Members then discussed convalescent plasma. This, despite lack of high quality evidence, had seen a worldwide move towards treatment for COVID-19 patients, and discussions were ongoing with SG on how this would be funded going forwards.

13.3 Members thanked Professor Turner for his informative update and asked that their thanks be passed on to all SNBTS staff for their response to COVID-19.

Note: At this point Mr Redpath left the meeting meaning it was no longer quorate and any decisions made would therefore be homologated at the following meeting.

14. NSS COVID RESPONSE: CLINICAL ACTIVITY [paper CG/20/26 refers]

14.1 Dr Ramsay took Members through the update on clinical activity taking place in response to the NSS COVID programmes of work. She explained that the report included all clinical leadership and expertise that was being utilised in this

ACTION

response and the huge difference a cross sectional approach to working had been welcomed. Ms Rooney asked that it be recorded in the minutes the appreciation of the Committee of the breadth of work that had been undertaken. She particularly welcomed the proactive approach that came through the report, especially in relation to the Louisa Jordan Hospital and the Lighthouse Laboratories etc. Members also noted the advances made digitally including reporting and testing data and Mr Sinclair added that this was not just a replacement for 'Office' but offered huge clinical potential as we moved forward. These programmes would require exceptional governance and NSS would be right in the middle of it all. Ms Rooney asked for clarity on how the Committee could be assured that this was taking place and Dr O'Brien advised that there was a new governance structure being put in place that would feed into the NSS Committees. Members therefore asked that this be a standing item for future meetings. **Action: Add to forward programme.**

Board Services

14.2 Members thanked Dr Ramsay and Dr O'Brien for their informative report and look forward to future updates.

15. NSS STAFF VACCINATIONS [paper CG/20/27 refers]

15.1 Professor Reilly took Members through the paper and noted the following;

- SG targets for healthcare worker's vaccination had risen and work was underway in NSS to improve uptake from previous years;
- Endorsement of peer-to-peer vaccination being sought;
- Flu clinics would be done differently due to COVID-19 restrictions.

15.2 Members noted the paper in full and approved the content. It was noted that this would be homologated at the next meeting. **Action: Add to forward programme for homologation.**

16. ADVERSE EVENTS REPORT [paper CG/20/28 refers]

16.1 Mr Thomson took Members through the reports and noted that despite the Committee not sitting due to changes to governance as a result of the pandemic, the processes and governance had continued.

16.2 Members then discussed the report in full, including both the Q1 (20-21) and Q4 (19-20) information. Members were reassured that appropriate governance and lessons learned from Adverse Events was being managed appropriately.

17. CLINICAL RISKS [paper CG/20/29 refers]

17.1 Mr Thomson took Members through his paper and reminded all that this was a representation of all corporate clinical risks. It was noted that Clinical Directorate now reviewed all new corporate risks for any clinical aspects and provided appropriate challenge at an earlier stage.

17.2 Members discussed the risks in full and noted that there was one medium risk in relation to QMS email changes. Mr Thomson advised that this particular risk had been mitigated and was no longer in the major category. Ms Rooney asked for further information on this particular risk outwith the meeting. **Action: C Thomson to provide update outwith meeting.**

C Thomson

17.3 Members were content to note the paper.

18. DUTY OF CANDOUR ANNUAL REPORT [paper CG/20/30 refers]

18.1 Members noted the content of the report in full. Mr Thomson advised that this was an annual paper requested by SG and only one incident had been reported during the year. Members were advised that although the report had been anonymised the patient in question had multiple follow-ups after the incident and a lessons learned had been carried out.

19. HEALTHCARE ASSOCIATED INFECTION ANNUAL REPORT (HAI) [paper CG/20/31 refers]

19.1 Members discussed the paper in full and noted that NSS was fully compliant in mandatory training. There had been additional work throughout the pandemic that also fed into all aspects of HAI.

19.2 Members were content and welcomed this as a good example of an Annual Report to the Committee.

20. MEDICAL DEVICES REGULATIONS UPDATE [paper CG/20/33 refers]

20.1 Dr Ramsay presented the report and highlighted the following;

- Implications of this regulation on SNBTS were being reviewed and SNBTS was currently on track to meet the deadlines;
- Software had been identified as a medical device and work was ongoing with D&S. However, due to the pandemic this had been delayed and would resume in October;
- Work on a wider support for NHS Scotland was ongoing;
- The programme of work would require additional clinical informatics safety officer and a bid had gone into the RAM process to support this recruitment.

20.2 Members thanked Dr Ramsay for the information supplied and looked forward to further updates.

21. CLINICAL GOVERNANCE AND QUALITY IMPROVEMENT ACTION PLAN [paper CG/20/34 refers]

21.1 Mr Thomson advised that the framework had been approved last year but some parts of it had been delayed due to COVID. This paper included the updates made to reflect that. Members were assured this was a three-year plan, on the basis that completion of all the actions would take up to March 2021 with the following two years focussed on embedding that groundwork and taking it throughout the organisation. Members were content to approve the plan, subject to homologation.

22.1 OTHER GOVERNANCE ISSUES

22.1 There were no other governance issues to discuss.

23. HIGHLIGHTS REPORT FOR THE BOARD

23.1 Members agreed the following should be included in the Highlights Report to the Board

- Members support of the proposal in respect of undergraduate nursing
- Approval of peer vaccination.
- Approval of the annual reports for Duty of Candour and Healthcare Associated Infection

- Appreciation of the extent of the work done across NSS in relation to COVID and the capacity challenges this created which were being addressed by EMT
- Update on the new National Screening Oversight Function, which was formally part of NSS.

24. ANY OTHER BUSINESS

24.1 Members had no further business to raise.

25. CLINICAL GOVERNANCE COMMITTEE FORWARD PROGRAMME [paper CG/20/35 refers]

25.1 Mrs Nicholls agreed to update this for the next meeting following today's discussions. Members also discussed the possibility of a development session later the programme of work.

26. REVIEW OF MEETING

26.1 As she was still settling into the role of committee chair, Mrs Rooney invited Members to get back to her outwith the meeting with any feedback they might have.

27. DATE OF NEXT MEETING

27.1 The next meeting of the Committee was scheduled to take place at 0930hrs on 4 December 2020 via the TEAMS digital platform.

There being no further business, the meeting finished at 1330 hrs