

# Minutes (APPROVED)

B/21/13

## NHS NATIONAL SERVICES SCOTLAND CLINICAL GOVERNANCE AND QUALITY IMPROVEMENT COMMITTEE

### MINUTES OF NSS CLINICAL GOVERNANCE AND QUALITY IMPROVEMENT COMMITTEE MEETING, HELD ON 2 DECEMBER 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:** Ms Lisa Blackett, Non-Executive Director  
Mr Gareth Brown – Scottish Director of Screening  
Mr Gordon Greenhill, Non-Executive Director  
Professor Arturo Langa, Non-Executive Director  
Dr Brendan O'Brien – Chief Clinical Informatics Officer, DaS  
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 – Associate Director for Nursing, Clinical Governance and Quality Improvement  
Professor Marc Turner – Medical Director, SNBTS  
Mrs Lynsey Bailey – Committee Secretary [Minutes]

**Apologies:** None

#### ACTION

#### 1. WELCOME, APOLOGIES AND DECLARATION OF INTERESTS

1.1 Mrs Rooney welcomed all to the meeting and noted there were no apologies. Before starting the formal business of the meeting, Mrs 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 4 SEPTEMBER 2020 [paper CG/20/37 refers]

2.1 Following a brief discussion, and pending correction of Dr O'Brien's title, Members approved the minutes from the meeting held on 4 September 2020.

#### 3. ACTIONS AND MATTERS ARISING [paper CG/20/38 refers]

3.1 Mrs Rooney highlighted the two items for homologation (Actions 14.1 – COVID-19 Activities Update to be a standing item, and 15.2 - approval of the staff vaccination paper), which Members approved. Members noted that the majority of the remaining items were either completed or covered by the agenda.

3.2 Following up on action 15.2, Members received an update on progress with the flu programme which had now reached almost 50% of frontline workers. This was slightly below target but an increase on previous years. Members expressed concerns about how this could reflect on potential uptake of COVID-19 vaccine once it was available. Members discussed the potential reasons for reluctance to take the flu vaccine (some of which it was hoped would not impact on the uptake of COVID-19 vaccine), and recognised the significant work done



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Chair Keith Redpath  
Chief Executive Colin Sinclair

**ACTION**

to encourage and promote uptake. However, Members were keen to see some form of questionnaire or research into the reluctance over the flu vaccine being done to inform the plan being developed for COVID-19 vaccinations.

**4. ANNUAL REPORTS**

- 4.1 Mr Thomson spoke to the clinical staff revalidation report [**paper CG/20/39**], which provided assurance that NSS was fulfilling its obligation to ensure that all clinical staff who required registration with a professional body maintained their registration at all times. Members noted the overall numbers of clinical staff in NSS, how many in total were required to be registered, and which areas they worked in. Mr Thomson summarised the revalidation cycles for the registered staff and was pleased to report there had been no lapses in revalidation or registration in the past year, and that professional oversight of the nurses who transferred to Public Health Scotland was now well established. Members asked about the inclusion of non-registered staff in the statistics provided and were advised that this was to provide the context of the overall clinical staff picture.

**Action: Mr Thomson to consider how to best capture information on non-registered staff, particularly in respect of the tables within the clinical staff revalidation report, and also develop a paper on the non-registered clinical staff for a future meeting.** Members received some clarification on numbers of medical staff for the period of the report and the impact of transfers to Public Health Scotland. Overall, Members were very content with the report and approved it.

**C Thomson**

- 4.2 Dr Ramsay spoke to the Medical Staff Appraisal Report [**paper CG/20/40**], which provided assurance that NSS had fulfilled its obligation to ensure that all medical, dental and specialist public health staff had undergone Enhanced Appraisal and Revalidation, meeting regulatory body requirements as required. Members were pleased to note that there were no issues and that all necessary revalidation and appraisal paperwork had been completed. Members received an overview and clarification of the various measures which had been taken to balance the need for revalidation and appraisal against the impact of COVID-19 pressures, as permitted by the regulatory bodies. Members approved the report.

- 4.3 Mr Thomson then spoke to the Patient Group Direction (PGD) annual report [**paper CG/20/41**], which provided assurance that the governance around PGD use in NSS was robust and that PGDs were applied according to local and national guidelines and policies. Members received an overview of the role of PGDs and the process for reviewing them for this report. Members noted that the main change had been in relation to the vaccination programme and they were provided with assurance that the training provided to vaccinators had been generic and therefore would enable those vaccinators to be able to administer the COVID-19 vaccine once it was available. Mr Thomson was pleased to report that compliance with, and use of, the PGDs was high and there had been no issues raised as a result of the PGDs specifically. He also clarified that unregistered staff could not administer medications, even under a PGD. Members noted that, in light of requirements for COVID-19, there was legislation being worked on which would enable Healthcare Support Workers to deliver vaccinations. NSS would be considering what that meant and how best to ensure its Healthcare Support Workers were appropriately trained and prepared if necessary.

**5. MEDICAL DIRECTOR'S UPDATE [paper CG/20/42 refers]**

- 5.1 Dr Ramsay spoke to her update, highlighting that it related to the work of the clinical directorate and clinical areas across the organisation as relevant. Members were pleased to note the work on innovation was making good progress and a much more specific role for NSS was becoming evident. There

**ACTION**

had also been positive feedback around NSS's involvement in inquiries and its role in the handling of a minor outbreak at the National Distribution Centre. Overall, Members were assured that NSS was achieving a good balance and focus on the areas which had been identified as priorities. Some of these areas had made slower progress than others but nothing that gave any cause for concern.

- 5.2 It was expected that there would be a general COVID-19 inquiry in the foreseeable future to add to the existing inquiry workload. Members briefly discussed SCOTCAP and the deep dive review to ensure that lessons learned from that were taken forward for future acceleration work. Members sought and received assurances about resilience and sustainability from a staff perspective, noting the promotion of resources from the Scottish Government on wellbeing. The gap in senior medical leadership was acknowledged and Members looked forward to hearing more detail in a future meeting on how that would be closed. Members also wished to recognise and commend the efforts of staff during this time.

**6. ASSURANCE REPORTS**

- 6.1 Members considered the Clinical Adverse Events report [**paper CG/20/43**] which updated on all clinical adverse events activity from July to September 2020. No Category 1 or 2 events were reported. However, two Red incidents were reported by SNBTS - QIN10057 (BacT/ALERT system affected during planned power outages) and QIN9675 (failure of a Territorial Board hosted blood fridge) and Members received an overview of the responses to these events, and contingencies now in place. Members heard a brief explanation of how SNBTS categorisations were translated to the national categories. Members also noted that delayed closure of some of the risks had been due to factors outside of NSS's control (awaiting host board's action etc.). 90-95% of incidents were closed within 30 days and there was a process for the management of any longer-term actions if necessary. Members agreed they were sufficiently assured by the report and thanked Mr Thomson for his work on it.
- 6.2 Mr Brown updated on an adverse event which had arisen in the current quarter, relating to missed mailers for Cervical Screening. Members were provided with a brief overview of the response and noted the complexity of the governance landscape. Members were assured that the incident had been well managed, all women affected had been contacted, and a Root Cause Analysis was being done. There was unlikely to be a clinical impact from the event but there was a potential reputational impact. Members noted how this would factor into upcoming Atos contract discussions and also noted the event would be formally reported in the Q3 report.
- 6.3 Members discussed the Risk Report [**paper CG/20/44**], which updated on corporate clinical risks on the NSS Risk Register. Members were advised that a double failsafe had been introduced in the review of all new corporate risks to ensure any clinical perspectives were not missed. Members were pleased to note there were no corporate red clinical risks, and received assurance regarding the two risks from SNBTS (5297: "Solvency of FM supplier", and 5411; "Regulatory compliance and accreditation") that these were appropriately managed and under control. Following a brief discussion about the risk assurance framework, Members were content that clinical risks were being monitored and managed appropriately.
- 6.4 Dr O'Brien then spoke to a presentation on a proposed product safety approach to Clinical Safety in Scotland and how it would bring Scotland in line with best practice used elsewhere. Members noted that the next steps would be to develop and present a paper on this approach, detailing the capabilities and resource required, to the Scottish Government. In the meantime, clinical safety

cases would be progressed for vaccinations, Community Health Index, Child Health and other major programmes. Further updates would be included as an appendix to the risk report. Members thanked Dr O'Brien for his presentation and agreed it had been important to see it.

## **7. BLOOD SAFETY [paper CG/20/45 refers]**

- 7.1 Professor Turner spoke to his paper, which updated on blood safety issues within the Scottish National Blood Transfusion Service (SNBTS) and highlighted that SNBTS, like other blood services, was currently under unprecedented pressure. Members were pleased to note the positive outcomes of recent inspections, and that consideration was being given to mitigations for the potential impact of the EU Exit on the regulatory position. Members were advised that the Infected Blood Inquiry had resumed at full pace and Professor Turner summarised the testimony provided to date. However, as the inquiry was dealing with legacy issues, it created a challenge in discussing the expertise and thinking at the time as most of the people involved were now retired or employed elsewhere, although there was a small team supporting this.
- 7.2 Members were updated on how social distancing was being managed within donor sessions and noted that while the blood supply levels were currently somewhat volatile, they were being managed as closely as possible. There had been no shortages of blood in Scotland so far but Members acknowledged that this was not a reason for complacency. Members discussed the current uncertainties and complexities in forecasting demand and were given an overview of the publicity campaign which would be run over Christmas. Members noted that SNBTS had built up a stock of convalescent plasma which would be sufficient for clinical trials and occasional compassionate use but the study on the significance of convalescent plasma in recovery from COVID-19 was still to reach its conclusions. A group convened by the Scottish Government was developing clinical prioritisation criteria. Members asked about the facilities and staff available for plasma collection should need and demand increase and were advised that, as there were issues of specialist capacity, accommodation etc., it was not something that could be resolved simply through recruitment and securing additional funding. Given the ongoing uncertainty about convalescent plasma as an effective COVID-19 treatment, SNBTS were making some preparations to increase capacity should it be needed, but were not exclusively pursuing that course of action.
- 7.3 Professor Turner updated on the work of FAIR (For the Assessment of Individualised Risk), which had been set up to explore whether there was sufficient evidence to change the current blood donor selection policy for men who have had sex with men (MSM). Members were given an overview of FAIR's proposed additions to the current donor selection questions and discussed the potential challenges they could create, and how these could be managed. Members noted the proposed timescales for implementation but were advised, due to the current compounding pressures on donor staff, SNBTS were in discussions with colleagues from the other UK Blood Services around an alternative date. Members discussed the current pressures on staff more generally and were given an overview of what was being done to support staff wellbeing and prioritisation of work. Members wished to commend SNBTS staff for how they had been responding during the pandemic. Following a further discussion on the sustainability and capacity of the current ways of working, Members were pleased to note that NSS had received the same clinical uplift as territorial boards, which was being used to help with that. Based on the report, Members were assured and thanked Professor Turner for his update.

## 8. NATIONAL SCREENING OVERSIGHT REPORT [paper CG/20/46 refers]

- 8.1 Mr Brown spoke to his presentation which updated on the establishment of the National Screening Oversight Function (NSOF), the work now underway to progress “Business as Usual” activity, and progress in the recovery of national screening programmes. Members were pleased to note that all programmes were now running as well as could reasonably be expected, taking the impact of COVID-19 and associated control measures into account. Mr Brown also highlighted one slide in particular which illustrated the complexity and differences between internal and external governance. In discussing what they would like to see in future reports, Members agreed they wished to more fully understand NSS’s contribution – what was directly within NSS’s control and what NSS could influence – and getting assurance on that. Members also wished to understand where this Committee could add value, which led to a brief overview of where the quality aspect of the Committee’s remit could have an interest and value to add. Mr Brown agreed to keep Members updated and bring specific items when necessary. Members also suggested that this could be a possible item for a future development session – the context of how NSOF came to be with NSS, distinguishing between NSOF and the parts of NSS that deliver services, and clarity between what was NSS’s responsibility and what was the responsibility of the Boards. Finally, Members discussed the recovery plan and the flexibility within it to respond to, and limit the impact of, any changes in COVID-19 restrictions.

## 9. NSS COVID RESPONSE: CLINICAL ACTIVITY [paper CG/20/48b refers]

- 9.1 Members noted the overview provided of the major areas where NSS was supporting the ongoing COVID-19 response from a clinical perspective. They were particularly pleased to note the updates on the establishment of entirely new programmes and services within extremely short timescales. Particular highlights included:

- COVID-19 Testing
- National Contact Tracing Centre
- COVID-19 Vaccination
- Personal Protective Equipment
- Infection Prevention Control

- 9.2 Following a discussion about the governance routes, accountability and oversight, and reporting mechanisms for this work, it was agreed to develop that into a paper for clarification. **Action: Dr Ramsay, Professor Reilly and Mr Thomson to bring a paper on the governance and reporting arrangements for NSS’s COVID-19 clinical activity to the March 2021 NSS Clinical Governance and Quality Improvement Committee meeting.** Members were content that NSS was responding appropriately and proportionately, and could cope with what was anticipated over the coming months.

**L Ramsay/  
J Reilly/  
C Thomson**

## 10. CLINICAL GOVERNANCE AND QUALITY IMPROVEMENT ACTION PLAN UPDATE

- 10.1 Mr Thompson provided an update against the Clinical Governance and Quality Improvement Action Plan and was pleased to advise that while some aspects had had to be re-baselined due to COVID-19 priorities, other aspects remained on track. Members noted that the only change had been the more explicit incorporation of the Realistic Medicine activities to meet the Scottish Government’s additional funding requirements.

**ACTION****11. NSS CLINICAL GOVERNANCE AND QUALITY IMPROVEMENT COMMITTEE FORWARD PROGRAMME [paper CG/20/47 refers]**

- 11.1 Members discussed the restructure of the agenda which had been done for this meeting and noted that this would be worked in to the forward programme structure. Members agreed that a development session would be beneficial to consider what the Committee's needs were in respect of the reports received. It was suggested that it would be most helpful for the session to focus on regulatory context, the digital risk and safety approach, the relationships and governance link within screening services, and governance with other clinical groups in NSS.

**12. OTHER GOVERNANCE ISSUES**

- 12.1 There were no other governance issues to discuss.

**13. HIGHLIGHTS REPORT FOR THE BOARD**

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

- Approval of the three annual reports
- Recognition of the workload and challenges in SNBTS and the various actions underway
- Awareness of more detailed approach in clinical risk and safety in Digital and Security
- Establishment of the screening function completed, with clarity provided on NSS's duties in relation to that.

**14. ANY OTHER BUSINESS**

- 14.1 Members had no further business to raise.

**15. REVIEW OF MEETING**

- 15.1 Members felt it had been a very positive meeting and commended the work NSS had done.

**17. DATE OF NEXT MEETING**

- 17.1 Members noted the next meeting was scheduled for Wednesday, 24 February 2021 at 0930hrs.

There being no further business, the meeting finished at 1245hrs