

B/21/14

Minutes (DRAFT FOR APPROVAL)

NHS NATIONAL SERVICES SCOTLAND CLINICAL GOVERNANCE AND QUALITY IMPROVEMENT COMMITTEE

MINUTES OF NSS CLINICAL GOVERNANCE AND QUALITY IMPROVEMENT COMMITTEE MEETING, HELD ON 24 FEBRUARY 2021, VIA TEAMs DIGITAL PLATFORM, COMMENCING AT 0930HRS

Present: Mrs Alison Rooney – Non-Executive Director [Chair]
 Ms Lisa Blackett, Non-Executive Director
 Mr Gordon Greenhill, Non-Executive Director
 Professor Arturo Langa, Non-Executive Director
 Mr Mark McDavid – Non-Executive Director
 Mr Keith Redpath – NSS Chair

In Attendance: Dr Anna Lamont – Interim Medical Director, PCF
 Mrs Mary Morgan – Director of SPST
 Dr Lorna Ramsay – Medical Director & Executive Lead for Clinical Governance
 Professor Jacqui Reilly – Nurse Director & Executive Lead for Quality Improvement
 Dr David Stirling
 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: Mr Colin Sinclair – NSS Chief Executive

ACTION

1. WELCOME, APOLOGIES AND DECLARATION OF INTERESTS

1.1 Mrs Rooney welcomed all to the meeting and noted apologies as above. 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 2 DECEMBER 2020 [paper CG/21/02 refers]

2.1 Following a brief discussion, Members approved the minutes from the meeting held on 2 December 2020.

3. ACTIONS AND MATTERS ARISING [paper CG/21/03 refers]

3.1 Members noted the updates and that the majority of actions were either in progress or covered by the forward programme.

3.2 Members discussed the uptake of the flu vaccine, and correlation with the uptake of the COVID-19 vaccine. Following an update on the identified priority groups of staff who were being specifically invited to in-house clinics, Members were pleased to note that uptake among these groups had been higher than anticipated.



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Chair Keith Redpath
 Chief Executive Colin Sinclair

4. RESEARCH GOVERNANCE ANNUAL REPORT [paper CG/21/04 refers]

- 4.1 Dr Stirling introduced his paper, which described NSS's research activity in 2019/20 and provided assurance around the relevant governance structures and standards. Members received an overview of the very robust structure in SNBTS and were also assured that consideration was being given to how that could be replicated consistently across NSS as a whole. Members also discussed the arrangements in place with Public Health Scotland, noting that this relationship was at an early stage and appropriate links were still developing. Members were impressed with the number of publications that had been published in spite of the pandemic and noted the update on the Intellectual Property register. Members were pleased to note that NSS's Strategic Business Units were being actively encouraged to consider research and innovation in their business plans. Members were also assured the measures being taken to ensure innovation were being built on so that NSS had a fully comprehensive research, development and innovation strategy. Members noted the timelines, how the Scottish National Blood Transfusion Service's Research Advisory Group fed into the process and, although it was a five-year strategy, it was reviewed annually. Members then discussed how this linked in with the research, development and innovation requirements of the National Screening Oversight Function and NHSScotland Assure. Members thanked Dr Stirling for the report and confirmed they were content to approve it.

5. MEDICAL DIRECTOR'S UPDATE [paper CG/21/05 refers]

- 5.1 Dr Ramsay spoke to her update, which covered the work of the clinical directorate and clinical areas across the organisation as relevant. Members noted the transition to the new dental clinical governance arrangements was almost ready to start but could not fully take place until the legislation to finally stand down the Scottish Dental Practice Board (SDPB) was confirmed. In the meantime, work was ongoing with the remaining SDPB member to get endorsement of the transition arrangements. Members also recognised the changes required of dentistry services in response to COVID-19 had also impacted on timescales. Members discussed the number of new clinically related services generated by COVID-19. Members were pleased to note that the need for more planning around new services, and embedding the recent lessons learned, had been identified as necessary and engagement with colleagues had already begun to move this into a more Business As Usual position.

- 5.2 Professor Reilly provided an update on progress to date on NHSScotland Assure and establishing the appropriate links with Healthcare Improvement Scotland and NHS Education for Scotland. Members were provided with an overview of the plans to launch on 1 June 2021, the engagement plan with bodies such as Scottish Association of Medical Directors, and the plans covering Year 1 through to transitioning to BAU. Members were assured that the work already done in respect of new builds had illustrated the value of the service. Members agreed that it would be useful to see more detail on the structure and function and Professor Reilly offered to share this outside of the meeting. **Action: Professor Reilly to circulate information on the detail and structure of NHS Scotland Assure.**

J Reilly

- 5.3 Dr Ramsay gave Members an overview of the background to the National Cancer Resource Commission and the discussions at Scottish Government. Members were advised that work was ongoing to more tightly define the commission and Dr Ramsay expected to receive this in the coming week. There was a desire to move quickly and get the Commission established before the end of March 2021. Members were updated on the plans for recruitment and where this would sit within NSS. Dr Gareth Brown had agreed to be the Senior Responsible Officer due to his links with screening. Members discussed the

ACTION

clarity of the scope and were assured that this was being carefully considered and built into the wording of the commission. It would be clear that it was to be a two-year programme with a plan for transition after the end point. This had come from the Cancer Policy Group at Scottish Government and engagement had taken place with territorial Boards. Members were assured that NSS was proceeding carefully but were also keen that expectations were well-managed about what would happen beyond the programme.

- 5.4 Dr Lamont provided some further detail on the work on Complex Mesh Surgery Procurement. Members noted the specification and plans for commissioning a non-NHS surgery provider by May 2021. Given the sensitivities and level of visibility, this was something it was felt that Members should be made aware of and assured that it was being properly managed. Finally, Members were given an update on the breast screening review. They were assured that the recommendations had not been unduly impacted by COVID-19 constraints.

6. BLOOD SAFETY [paper CG/21/06 refers]

- 6.1 Professor Turner spoke to his report, which updated on blood safety issues within the Scottish National Blood Transfusion Service (SNBTS). Members were updated on the convalescent plasma trials, noting it had been agreed at both UK and Scottish Government level that the issue of convalescent plasma would be paused at present. However, collection through whole blood donation would continue over the next 4-6 weeks whilst awaiting the full analysis of the RECOVERY trial data and pending discussions with the UK Department of Health around the feasibility of a clinical trial in early phase infection. Work was ongoing in preparation for implementation of the FAIR (For the Assessment of Individualised Risk) recommendations on 14 June 2021. This date remained challenging because there was considerable work to be completed by the end of March 2021 in order to give time for training to be rolled out to staff, and for donors to be prepared for the more intrusive screening questions. Members were advised that there had been early engagement with some donor staff already and those involved had not raised any concerns. Members were pleased to note that SNBTS was mindful of the potential negative impacts and that there was an achievable plan for a 4-5% increase in donors ahead of implementation. Members were also briefly updated and assured regarding preparations for the organ donation opt out legislation taking effect. Members thanked Professor Turner for his report

7. ASSURANCE REPORTS

- 7.1 Members considered the Clinical Adverse Events report [paper CG/21/07], which updated on all clinical adverse events activity from October to December 2020. Members noted the following highlights:
- No National Category 1 clinical adverse events reported in NSS during the quarter.
 - Two National Category 2 clinical adverse events reported by SNBTS and PCF respectively during the quarter.
 - Two SNBTS events had activated the organisational Duty of Candour (DOC) procedure.
 - A total of 38 National Category 3 clinical adverse events were reported during the quarter.
 - Five significant Good Manufacturing Practice (GMP) incidents were reported by SNBTS during the quarter.
 - Adverse events work within screening recommenced on 1 October 2020.

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7.2 Members were pleased to note that the DOC process was maturing. Going back to the incidents, Members sought and received more detail on the incidents relating to donor acceptance, newborn screening, Abdominal Aortic Aneurysm screening, and the cytosponge programme. Members were pleased to see where improvements had been made but asked about whether there were any repeat patterns being identified. Mr Thomson assured that work had been done to identify themes across incidents and apply a human factors/ergonomics approach to the responses. Members asked about benchmarking NSS's DOC incidence against the rest of the NHS and were advised that it was low based on both pure numbers and as a percentage. However, public health related DOC incidents would need some monitoring as this was an area which would potentially be emerging or increasing in the future (e.g through paused screening during the pandemic). Members were assured that adverse events were being well managed with lessons being learned and taken forward.

7.3 Members then discussed the Clinical Risks report [paper CG/21/08, which updated on corporate clinical risks on the NSS Risk Register. Members noted that exposure to red clinical risk remained at zero. They were provide with an overview of the four amber corporate clinical risks, and that the clinical impact flag had been added to 28 NSS corporate risks. They were also assured that the Clinical Directorate continued to regularly review all red and amber risks with an identified clinical impact and had also included a deep dive of their own risks during the recent quarter. Members were given an overview of review process Members thanked those involved for the comprehensive update.

8. NSS COVID-19 RESPONSE ACTIVITIES [paper CG/21/09 refers]

8.1 Dr Ramsay spoke to the paper, which provided an overview of the major areas in which NSS was supporting the ongoing COVID-19 response from the clinical governance perspective. This included the establishment of entirely new programmes and services within extremely short timescales covering:

- COVID-19 Testing
- National Contact Tracing Centre
- COVID-19 Vaccination, including Helpline
- Personal Protective Equipment
- Infection Prevention Control
- Digital and Data - clinical safety assurance

Members noted that a framework was being developed, and would be presented at a future meeting. This would clarify and clearly articulate the specific governance arrangements in relation to these programmes and services. Members sought and received clarity around NSS's role and contributions in respect of infection prevention and control, and COVID-19 testing. Members thanked Dr Ramsay for the update and were pleased to note how well it spoke to NSS's standing as an organisation.

9. DRAFT NSS CLINICAL GOVERNANCE AND QUALITY IMPROVEMENT COMMITTEE ANNUAL REPORT TO THE BOARD [paper CG/21/10 refers]

9.1 Members were broadly content with the draft annual report but suggested that the Medical Director's report needed to be included against item 5e. Members also discussed Dr Ramsay's comments and Mrs Bailey, Dr Ramsay and Mrs Rooney agreed to consider how to incorporate them into the finalised update. **Action: Mrs Bailey, Dr Ramsay and Mrs Rooney to consider updates to the Annual Report**

**L Bailey/
L Ramsay/
A Rooney**

ACTION**9. DRAFT NSS CLINICAL GOVERNANCE AND QUALITY IMPROVEMENT COMMITTEE TERMS OF REFERENCE [paper CG/21/11 refers]**

- 9.1 Members felt the Terms of Reference were good in terms of review and challenge but perhaps needed strengthened in terms of developing strategy. Members also felt that it could be worth refreshing the membership list and the remit. Dr Ramsay agreed to give this some consideration and make some further updates to share with Mrs Rooney. **Action: Dr Ramsay and Mrs Rooney to consider updates to the Terms of Reference.**

10. DRAFT CLINICAL GOVERNANCE AND QUALITY IMPROVEMENT ACTION PLAN [paper CG/21/12 refers]

- 10.1 Members discussed the plan for holding proposed development sessions and agreed they were content to progress it. Mrs Bailey agreed to identify dates and issue invitations as soon as possible. **Action: Mrs Bailey to identify dates and issue invitations for Clinical Governance Committee Development Sessions.**

L Bailey

11. NSS CLINICAL GOVERNANCE AND QUALITY IMPROVEMENT COMMITTEE FORWARD PROGRAMME [paper CG/21/13 refers]

- 11.1 Members were content with the forward programme as it currently stood but were reminded that, as it was a work in progress, anything that arose could and should be added. Members were also advised about new members of the Clinical team who would be invited to future meetings as part of their induction.

12. OTHER GOVERNANCE ISSUES

- 12.1 There were no other governance issues to discuss.

13. ANY OTHER BUSINESS

- 13.1 Members had no further business to raise.

14. HIGHLIGHTS REPORT FOR THE BOARD [paper CG/21/14 refers]

- 14.1 Members agreed the following should be included in the Highlights Report to the Board:
- Approval of the annual Research Governance Report
 - The update on the National Cancer Resource Commission
 - Progress in the complex Mesh Surgery Procurement
 - Updates from SNBTS on convalescent plasma and the implementation of FAIR recommendations.

15. DATE OF NEXT MEETING

- 15.1 Members noted the next meeting was scheduled for Wednesday, 19 May 2021 at 0930hrs.

There being no further business, the meeting finished at 1217hrs