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**Meeting:** Board Meeting

**Date:** 29 July 2021

**Subject:** Clinical Governance Committee Annual Report

**Recommendation:** Members are asked to:

|  |  |
| --- | --- |
| Discuss and Note | ✓ |
| Discuss and Approve |  |
| Note for Information only |  |

* **Background**

As per the Committee Terms of Reference, the Clinical Governance Committee Annual Report is presented for noting.

A number of items in the report are currently in draft, this has mainly been as a result of the pandemic affecting the work being undertaken at this time.

* **Conclusion**

Members are asked to note the Clinical Governance Committee Annual Report.

**Morag Brown**

**Chair of Clinical Governance Committee**

**April 2021**

**Clinical Governance Committee**

**Annual Report**

**2020/2021**

1. **Background**
   1. The year 2020/2021 has been extremely challenging with the COVID-19 pandemic. The NHS was placed into special measures in March 2020; during the initial lockdown phase Golden Jubilee hospital suspended elective activity and continued to provide essential to life services from thoracic, cardiac and cardiology services. Surge critical care capacity was also provided for a small number of COVID-19 patients.
   2. As part of the Covid-19 pandemic response, the NHS Golden Jubilee Board approved the Agile Governance Model in March 2020. These temporary provisions ensured that flexible governance arrangements were in place to allow fast paced response to the changing national landscape.

In line with this, the Committee meeting in May 2020 was cancelled to allow additional time to focus on operational pandemic response.

* 1. The formal committee meetings restarted with an Extra-ordinary meeting in June 2020 and thereafter maintained the scheduled bi-monthly meetings. The Committee therefore was able to perform its role during the year in line with the approved terms of reference. The Committee remit was reviewed at the outset of the year and no amendments were made at that time.
  2. During the year 2020/2021 the membership of the Committee changed to reflect changes in the Non-Executive Directors portfolio with the new Non-Executive Director Whistleblowing Champion becoming a member of the Committee on appointment in November 2020.
  3. Attendance at the meetings is detailed in Appendix 1.
  4. The Committee Terms of Reference are detailed in Appendix 2.

1. **Meetings**
   1. The committee met six times in the year. The formal work plan supporting the committee was more agile this year reflecting the current situation and remained focused around the Safe, Effective and Person Centred themes. The committee continued to receive key standing updates in relation to the following items:

* HAIRT,
* Integrated Performance Report,
* Significant Adverse Events Review (SAER) Update,
* Risk Register,
* Expansion Programme
* Claims
* Quarterly Feedback Reports
  1. The Committee also noted new items in response to the pandemic situation such as processes to support restart of clinical activity and introduction of new services. A robust review of the governance structure at Service and Division level was also undertaken and a refreshed framework implemented.

The Committee also received a presentation from the Orthopaedic service on how they supported the restart of elective surgery and steps in place to maintain a green pathway as part of this.

The key sub committees of Clinical Governance Risk Management Group (CGRMG), e-Health Steering Group and Research & Development Steering Group each provided an update to the committee providing assurance on activity during the pandemic.

**Table 2 – Work Plan Items 2020/2021**

|  |  |
| --- | --- |
| **Month/ Year** | **Additional Items/ Deep Dive** |
| July 2020 | Patient Stories – New Services Feedback  Duty of Candour Annual Report  Process to support New & Restart Services |
| September 2020 | Annual Feedback Report  Scottish Patient Safety Programme Update  New & Restart Services Update  CG Committee restructure update |
| November 2020 | Annual Learning Summary  New & Restart Services Update  COVID-19 Critical Care update  CGRMG Update |
| January 2021 | Adverse Events Presentation  COVID Vaccination Programme Update  Shared Decision Making  Clinical Outcomes Framework  Orthopaedic Services Restart |
| March 2021 | E Health Steering Group Update  Research & Development Steering Group Update  Patient Visiting Update |

The Committee Work Plan for 2021-22 is detailed in Appendix 3.

1. **Board Updates**

* 1. The approved minutes of each of the Clinical Governance Committee meetings are presented to the Board meeting. A summary of key outputs from each meeting is presented to the Board to ensure all Board Members are appraised of any clinical governance issues.
  2. The annual report will be presented to Audit & Risk Committee in April to support the annual assurance statement and thereafter to the Board in June 2021.

1. **Risk Management** 
   1. As noted, several areas of the committee work plan are aligned to the safe and effective objectives and provide updates and assurance to the committee on the clinical governance activity.

* 1. The committee is updated at each meeting on Significant Adverse Events in the Closed Events Update with all SAER notified to the committee including discussion of all Learning Summaries on completion which allows the members opportunity to discussion and question the review and learning from these events.

* 1. Updates are provided on the Board claim profile twice within the year.
  2. Healthcare Associated Infection is a standing item on the committee agenda with the HAIRT report discussed in detail at each meeting.
  3. The Board Risk Register is a standing update for the committee supporting discussion on the aligned risks.

1. **Chair’s Conclusion**
   1. *The Clinical Governance Committee continues to develop the contribution that the Committee makes to ensure the continued provision and improvement in Internal Control arrangements within the Board and, in accordance with its Terms of Reference, will seek to maintain that progress.*
   2. *The Chair of the Clinical Governance Committee concludes that the Committee has fulfilled its remit and considers that there are adequate and effective arrangements in place to assure the Board of its corporate governance duties.*

**Chair of Committee – Morag Brown**

**April 2021**

**Appendix 1**

**Finance and Performance Committee**

**Membership and record of attendance**

Table 1. Committee Meetings & Attendance 2020/2021

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Members** | | **June 2020 (extra-ordinary)** | **July 2020** | **September 2020** | **November 2020** | **January 2021** | **March 2021** |
| **Morag Brown** | Chair Non-Executive Director | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| **Elaine Cameron** | Non-Executive Director | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| **Jane Christie-Flight** | Non-Executive Director | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| **Linda Semple** | Non-Executive Director | Apologies | ✓ | ✓ | ✓ | ✓ | ✓ |
| **Callum Blackburn** | Non-Executive Director | NA | NA | NA | NA | Apologies | ✓ |

Table 2. In attendance at CGC Meetings in 2020-21

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **In Attendance** | | **June 2020 (extra-ordinary)** | **July 2020** | **September 2020** | **November 2020** | **January 2021** | **March 2021** |
| **Susan Douglas-Scott CBE** | Board Chair | ✓ | ✓ | ✓ | Apologies | ✓ | ✓ |
| **Mark MacGregor** | Executive Medical Director | ✓ | ✓ | ✓ | Apologies | ✓ | ✓ |
| **Anne Marie Cavanagh** | Executive Nurse & AHP Director | Apologies | ✓ | ✓ | ✓ | ✓ | ✓ |
| **Jann Gardner** | Chief Executive | Apologies | ✓ | ✓ | ✓ | ✓ | Apologies |
| **Gareth Adkins** | Director of Quality, Innovation and People | ✓ | Apologies | ✓ | Apologies | ✓ | Apologies |
| **Laura Langan** | Head of Risk & Clinical Governance | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| **Liane McGrath** | Head of Corporate Governance | ✓ | ✓ | ✓ | Apologies | ✓ | ✓ |
| **Paul Rocchiccioli** | Consultant Cardiologist, Interventional Cardiology | - | ✓ | - | - | - | ✓ |
| **Theresa Williamson** | Associate Nurse Director | - | ✓ | - | - | - | ✓ |

**Appendix 2**

**Clinical Governance Committee**

**Terms of Reference**

**CLINICAL GOVERNANCE COMMITTEE**

**Terms of Reference 2020-21**

1. **Purpose**

The NHS Scotland Healthcare Quality Strategy is about putting people at the heart of everything we do, delivering measureable improvement and creating confidence that NHS Scotland is delivering the highest quality healthcare.

This Committee shall be a standing committee of the NHS Golden Jubilee Board which is part of the governance framework for NHS Boards and will:

* Lead the ‘Safe and Effective’ Ambitions within the NHS Healthcare Quality Strategy for this Board. This builds upon the responsibility to provide assurances to the Board that appropriate structures are in place for effective and safe clinical governance in accordance with MEL(2009)29 and that appropriate action is being taken to address any areas of concern.
* The Committee will work within the principles of the Scottish Government Blueprint for Good Governance (2019), to ensure effective management, improved performance and ultimately good outcomes for all stakeholders.
* Ensure that appropriate assurance, scrutiny and measures are in place that are subject to review by Health Improvement Scotland as part of the Healthcare Scrutiny Framework.

1. **Role**

The role of the Clinical Governance Committee is to

* Provide coordination and leadership to enable effective delivery of the Safe and Clinical Governance elements within the Healthcare Quality Strategy for NHS Scotland. The lead role for person centred and patient focus will be taken by the Person Centred and Staff Governance Committee.
* Assure the Board that appropriate structures and processes are in place to meet statutory obligations and any other guidance issued by the Scottish Government and Healthcare Improvement Scotland.
* Review outcomes of patient care through scrutiny of relevant reports and self-assessments

1. **Membership**

The Committee shall comprise of five Non Executive Directors appointed by the Board, one of which will be appointed by the Board to be the Committee Chair

The committee has a number of attendees, detailed below:

* Chief Executive
* Medical Director
* Nurse Director
* Head of Clinical Governance
* Head of Corporate Governance

The Board Chair may attend the Committee.

In addition:

* Invitations may also be extended to Clinicians and Prevention and Control of Infection Manager to discuss specific issues.
* The Senior Triumvirate Team with responsibility for Clinical Governance may be invited to attend as observers.

**3.1 Executive Director Lead**

The Designated Executive Lead will support the Chair of the Committee in ensuring that the Committee operates according to/in fulfilment of its agreed Terms of Reference. This role is supported jointly by the Nurse Director and Medical Director who will specifically:

* Support the Chair in ensuring that the Committee remit is based on the latest guidance and relevant legislation, and the Board’s best value framework;
* Liaise with the Chair in agreeing a programme of meetings for the business year, as required by its remit;
* Oversee the development of the annual schedule of reports for the Committee which is congruent with its remit and the need to provide appropriate assurance at the year-end, for the endorsement of the Committee and approval by the Board;
* Agree with the Chair an agenda for each meeting, having regard to the Committee’s remit and schedule of reports;
* Lead a mid-year review of the Committee Terms of Reference and progress against the annual plan, as part of the process to ensure that the plan is fulfilled; and
* Oversee the production of an annual report on the delivery of the Committee’s remit activity plan and reports, for endorsement by the Committee and submission to the Board.

1. **Quorum**

A quorum will consist of three Non-Executive directors.

**5 Conduct of Business**

* The Committee shall meet six times a year.
* The conduct of business will be in accordance with the Board’s Standing Orders.
* Prior to the full approved Minutes of the Committee being available, a template covering the main points of discussion will be shared at the next available Board meeting. The full Minutes of this Committee will be reported to the Board.
* Reports to the Committee will be required to have a standard cover sheet clarifying whether the report is being presented for information, for discussion or for approval.
* Papers are required to be circulated within 5 working days prior to the Committee taking place.
* There will be a requirement to produce an Annual Report at the end of each financial year.

1. **Framework**

The framework for the Committee will be scheduled as part of a forward monitoring plan and will include the following:

* Clinical Risk Management
* Adverse Event Management
* Control of infection / decontamination / management of healthcare environment procedures
* Monitoring and improving practice to provide Quality Assurance
* Learning from complaints
* Drugs and therapeutics issues
* Clinical Audit
* Developments in clinical practice
* Clinical and Ehealth Information management
* Monitoring the implementation of appropriate National Guidelines and Standards
* Monitoring of Scottish Patient Safety Programme implementation

The Committee is authorised by the Board to investigate any activity within its Terms of Reference and conduct investigations within agreed procedures.

**7 Responsibilities and Remit of the Clinical Governance Committee**

The Committee will ensure the Board has mechanisms in place in respect of all relevant legislation and policy relating to the provision of safe and effective clinical care:

* Ensure an appropriate framework is in place to support management of clinical risks and overall quality of care
* Monitor and evaluate reports, strategies and implementation plans relating to safe and effective care
* Ensure a robust system is in place for the timely submission of all clinical governance information required for national monitoring arrangements
* Review and agree the clinical governance work plan
* Provide an annual report to the Board for the statement of internal control;
* To provide assurance that systems and procedures are in place to manage the issues set out in MEL (2009) 29

In meeting these responsibilities, the Committee will receive reports from the Clinical Governance Risk Management Group which oversees the Divisional Clinical Governance and a number of Specialist Sub Groups and Committees including the EHealth Steering Group.

**8 Review of Terms of Reference**

These terms of reference will be reviewed annually.

**Appendix 3 – Clinical Governance Committee Workplan 2021-22**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Thurs 13 May 2021** | **Wed 7 July 2021** | **Thurs 9 Sept 2021** | **Thurs 11 Nov 2021** | **Wed 12 Jan 2022** | **Wed 2 March 2022** |
| Deadline: Thurs 6 May 21 | Deadline: Wed 30 June | Deadline: Thurs 2 Sept 21 | Deadline: Thurs 4 Nov 21 | Deadline: Wed 5 Jan 22 | Deadline: 23 Feb 22 |
| Board: 27 May 21 | Board: 29 July 21 | Board: 23 Sept 21 | Board: 25 Nov 21 | Board: 27 Jan 22 | Board: 24 Mar 22 |
| Integrated Performance Report (Clinical Gov) | Integrated Performance Report (Clinical Gov) | Integrated Performance Report (Clinical Gov) | Integrated Performance Report (Clinical Gov) | Integrated Performance Report (Clinical Gov) | Integrated Performance Report (Clinical Gov) |
| HAIRT | HAIRT | HAIRT | HAIRT | HAIRT | HAIRT |
| SAER Update | SAER Update | SAER Update | SAER Update | SAER Update | SAER Update |
| Complaints Update | Complaints Update | Complaints Update | Complaints Update | Complaints Update | Complaints Update |
| Board Risk Register | Board Risk Register | Board Risk Register | Board Risk Register | Board Risk Register | Board Risk Register |
| CGRMG Update | CGRMG Update | CGRMG Update | CGRMG Update | CGRMG Update | CGRMG Update |
| Expansion Programme | Expansion Programme | Expansion Programme | Expansion Programme | Expansion Programme | Expansion Programme |
| Clinical Department Update *(Cardiology, CCU)* | Clinical Department Update *(General Surgery)* | Clinical Department Update *(Anaesthetics)* | Clinical Department Update *(Ophthalmology, Diagnostics)* | Clinical Department Update *(Cardiothoracic Surgery)* | Clinical Department Update *(Orthopaedics)* |
| Deep Dive/Patient Story | Deep Dive/Patient Story | Deep Dive/Patient Story | Deep Dive/Patient Story | Deep Dive/Patient Story | Deep Dive/Patient Story |
| CGC Annual Report (Final) 2020-19 | Duty of Candour Annual Report | Scottish Patient Safety Programme Report |  |  | CGC Annual Report 2021-22 (Draft) |
| Annual Learning Summary Update |  | Whistleblowing Q1 Update |  | Whistleblowing Q2 Update | Whistleblowing Q3 Update |
|  | Annual Feedback Report 2020-21 | Q1 Feedback Report | EHealth Steering Group Annual Update | Q2 Feedback Report | Q3 Feedback Report |
|  |  | Claims Bi-Annual Report |  |  | Claims Bi-Annual Report |
|  | Drugs and Therapeutics Committee Annual Update | Prevention and Control of Infection Committee Annual Update |  |  | R&D Steering Group Annual Update |
| Patient Pathways Audit | Robotics Update | EPR Update |  |  |  |
|  |  |  |  |  | CGC ToR Annual Review |
|  |  |  |  |  | CGC Annual Workplan 2022-23 |
|  |  |  |  |  | Blue Print for Good Corp Gov Annual Update |
| **Item Key** | | | | | |
| Standing Items | | | | | |
| Annual Steering Group Update | | | | | |
| Annual Report / Requirement | | | | | |
| Deep Dive / Patient Story | | | | | |
| Specialist Item | | | | | |