**Clinical Governance Committee**

**Annual Report**

**2017/18**



**1 Background**

Members of the Clinical Governance Committee are appointed by the Board, to whom it is accountable. Members of the Clinical Governance Committee during 2016/17 were:

* Mark MacGregor (Chair)
* Maire Whitehead
* Philip Cox
* Karen Kelly

Within this year membership was reviewed to take account of changes in the Non Executive Directors with Maire Whitehead stepping down and Karen Kelly joining as a member from October 2017 onwards. Attendance at the meetings was recorded as follows:

**Table 1 – Attendance**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **List members** | April 2017 | July 2017 | Oct 2017 | Jan 2018 |
| Mark MacGregor, Non-Executive Director, Chair |  |  |  |  |
| Maire Whitehead, Non-Executive Director  (Until July 2017) |  |  |  |  |
| Philip Cox, Non-Executive Director | Apologies |  |  | Apologies |
| Jane Christie-Flight, Employee Director |  |  |  |  |
| Karen Kelly, Non-Executive Director  (commenced October 2017) |  |  |  |  |
| **In attendance** | | | | |
| Jill Young, Chief Executive |  |  | Apologies |  |
| Anne Marie Cavanagh, Nurse Director |  |  |  |  |
| Mike Higgins, Medical Director |  |  | Apologies | Apologies |
| Hany Eteiba  (Acting Medical Director Oct 2017 onwards) | Apologies | Apologies | Apologies | Apologies |
| Laura Langan Riach, Head of Clinical Governance |  |  |  |  |
| **By invite** | | | | |
| Stewart Craig, Clinical Governance Lead Cardiac Surgery |  |  |  |  |
| Theresa Williamson, Head of Nursing, Co-Chair SSD |  |  |  |  |
| Alistair Macfie, Associate Medical Director, SSD |  |  |  |  |
| Steven Friel, Head of Medical Physics, RNM Co-Chair |  |  |  |  |
| Jennifer Hunter, Clinical Nurse Manager, RNM Co-Chair |  |  |  |  |
| Jane Rodman, Clinical Nurse Manager, RNM Co-Chair |  |  |  |  |
| Paul Rocchiccioli, Consultant Cardiologist / Divisional CG Lead |  |  |  |  |

**2. Meetings**

The Clinical Governance Committee had four formal meetings during the period 1 April 2017 to 31 March 2018. The attached report has been approved by all members of the committee. The work programme focused around Safe, Effective and Person Centred Care with the following reports and issues considered by the committee:

**Table 2: 2017 /2018 Work Plan**

|  |  |
| --- | --- |
| April 2017  Division Updates  HAIRT Report  Closed Significant Events  Schedule of Reports  SPSP Report  Claims Report | July 2017  Division Updates  HAIRT Report  Closed Significant Events  Complaints Report  Annual Learning Report |
| *May 2017*  *Specialist Sub Groups annual presentation* |
| October 2017  Division Updates  HAIRT Report  Closed Significant Events  Claims Report | January 2018  Division Updates  HAIRT Report  Closed Significant Events  SPSP Report  Complaints Report |

On 30th May 2017 the Clinical Governance Committee received the annual presentations from the Specialist Groups and Committees that report to the Clinical Governance and Risk Management Group as follows:

* Infusion Devices Committee
* Drugs & Therapeutics Committee
* Health & Safety Committee
* Hospital Transfusion Committee
* Acute Pain Service
* Radiation Safety Committee
* Food, Fluid & Nutritional Care Group
* Research & Development Steering Group
* Infection Control Committee
* Resuscitation Committee

Each committee presented an overview of the work in last year highlighting successes and challenges and the key areas of focus for 2017/2018.

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| --- | --- |
| **3.** | **Work Plan**  Following from a review last year, this year both clinical Divisions have presented a summary report to each meeting outlining the CG activity within their area. The chairs of the Division CG Forums attend to discuss the report which includes updates on Significant Adverse Events, complaints and the Scottish Patient Safety programme (SPSP). Work has been undertaken in the year to develop the clinical audit reporting with an overview of Division clinical audit activity now included.  The Annual Learning report was reviewed by the committee in July 2017 which combines data from adverse events and complaints to identify themes and trends and links to improvement activity. Deteriorating patient was identified as a key theme in our SAE with significant work focused on this via the SPSP Scottish Structured Response (SSR) work which has progressed well with spread within the year to cardiology and orthopaedics.  Surgical brief improvement work featured as a learning point in the Annual report with a focus on the how the quality of this can be improved. Work is ongoing at Division level which is reported via the Division and SPSP reports. This will continue in 2018/2019.  The Clinical Outcomes Framework development remains a focus of the committee with discussions and reviews of data ongoing through the year and plans to test the approach in one speciality in 2018 and finalise the approach in 2018/2019.  The committee monitored the implementation of the revised Complaints Handling procedure with reports received in July and January. Complaints are also considered via the Person Centred Committee but the CGC noted the progress made and ongoing challenges in ensuring quality timely responses to patient concern.  The committee acknowledged the Duty of Candour legislation coming into effect in April 2018 and work underway to support implementation.  The HAIRT report is a standing item on each governance committee meeting and allows members to be regularly updated on key Prevention and Control of Infection areas. Key areas of focus in the year include improvements in MRSA 10 day screening, SAB prevention and the national work on |
|  |  |
| **4.** | **Board Papers** |
|  |  |
|  | The minutes of each of the Clinical Governance Committee meetings are presented to the next available Board meeting for discussion. Summary outputs from each meeting are presented to the first available Board meeting; this allows Board members to be appraised of any governance issues pending final approval of committee minutes. |
|  |  |
| **5.** | **Risk Management** |
|  |  |
|  | There were no risks discussed at the committee that could impact on the governance statement. The Committee agreed that adequate control measures were in the place for those risks described in the Board risk register. |
|  |  |
|  | The committee was involved in the review of Board risk arrangements via Board workshops (See RM annual report for further detail) and continued to view the Board risk register. |
|  |  |
|  |  |
| **6.** | **Chair’s Conclusion** |
|  | The Clinical Governance Committee continues to develop in the contribution that the Committee makes to ensuring 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. |
|  | The Chair concludes that the Clinical Governance Committee has fulfilled its remit and considers that there are adequate arrangements in place to ensure that clinical governance arrangements are in place to fulfil the requirements of the code of governance. |

**Mark MacGregor, Chair – Clinical Governance Committee**

**Presented to committee April 2018**

**CLINICAL GOVERNANCE COMMITTEE**

**Terms of Reference considered April 2017**

## TERMS OF REFERENCE

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 NHSScotland is delivering the highest quality healthcare.

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

1.1 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.

1.2 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

2.1 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.

2.2 assure the Board that appropriate structures and processes are in place to meet statutory obligations and any other guidance issued by the Scottish Executive and Healthcare Improvement Scotland.

2.3 Review outcomes of patient care through scrutiny of relevant reports and self assessments

1. **Membership**

The Committee shall comprise of:

* Four Non-Executive Directors of the Board, one of whom will Chair this Committee:
  + Mark MacGregor (chair)
  + Maire Whitehead
  + Stewart MacKinnon
  + Phil Cox

The following people should attend the committee:

* + Dr Mike Higgins, Medical Director.
  + Anne Marie Cavanagh, Nurse Director
  + Laura Langan Riach, Head of Clinical Governance
  + Jill Young, Chief Executive

The following people may attend the committee:

* + Board Chair
  + Employee Director
  + Director of Quality, Innovation & People
  + Chairs of Divisional Clinical Governance Groups

Invitations to meetings may include clinicians and infection control manager to discuss specific issues. Clinicians with responsibility for Clinical Governance may be invited to attend as observers.

Stewart McKinnon, Non Executive Director was appointed as Interim Board Chair in March 2016. As noted Stewart is also a member of this committee; it has been agreed that the membership of the CGC will not be revised on the basis of the interim arrangements and we will await the outcome of the formal appointment process before making any further changes.

**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. The named Executive Lead for the Committee is the Medical Director. Specifically they will:

* 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.

**4 Quorum**

A quorum will consist of three non-executive directors.

**5 Conduct of Business**

* The Committee shall meet at least four 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 NWTC Board.
* Reports to the Board 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.

**6 Framework Agenda**

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

* Clinical Risk Management
* Adverse Incident Reporting and Response
* Control of infection / decontamination / management of healthcare environment procedures
* Monitoring and improving practice to provide Quality Assurance
* Handling of complaints
* Drugs and therapeutics issues
* Clinical records
* Clinical audit plan
* Service provision, organisation and redesign
* 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 NWTC 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:

* As part of the Healthcare Scrutiny Framework ensure an appropriate framework is in place where delivery against the Board’s Quality Risk Profile is being achieved;
* monitor and evaluate reports, strategies and implementation plans relating to safe and effective care e.g. Harm Free Care programmes and prevention of Hospital Acquired Infection
* ensure a robust system is in place for the timely submission of all clinical governance information required for national monitoring arrangements e.g. Clinical Care Self-assessments
* review and agree the clinical audit 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

**8. Review of Terms of Reference**

These terms of reference will be reviewed annually.

**CGC Work plan for 2017/2018**

The following has been agreed:

|  |  |
| --- | --- |
| April 2017  Division Updates  HAIRT Report  Closed Significant Events  Schedule of Reports  SPSP Report  Claims Report | July 2017  Division Updates  HAIRT Report  Closed Significant Events  Complaints Report  Annual Learning Report  Clinical Outcomes Framework |
| *May 2017*  *Specialist Sub Groups annual presentation* |
| October 2017  Division Updates  HAIRT Report  Closed Significant Events  Claims Report  Surgical Brief Improvement Work  Duty of Candour | January 2018  Division Updates  HAIRT Report  Closed Significant Events  SPSP Report  Complaints Report |

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| --- | --- | --- | --- | --- |
|  | **April** | **July** | **October** | **January** |
| **HAIRT Report** | Latest monthly report presented at each meeting | | | |
| **Closed Significant Events** | Standing Item to report on any SAE closed since the last meeting and update on SAE action plan status | | | |
| **Division Updates** | Standing item | | | |
| **GJNH Complaints Report** |  | X |  | X |
| **Annual Learning Report Annual** |  | X |  |  |
| **SPSP Report (6 monthly)** | X |  |  | X |
| **Claims Report** | X |  | X |  |