



Council Building
2 High Street
Perth
PH1 5PH

23/09/2022

Attached is a supplementary agenda for the hybrid meeting of the **Audit and Performance Committee of the Perth and Kinross Integration Joint Board** being held in **the Council Chamber** on **Monday, 26 September 2022** at **09:30**.

If you have any queries please contact Committee Services - Committee@pkc.gov.uk.

Jacquie Pepper
Chief Officer – Health and Social Care Partnership

Please note that the meeting will be streamed live via Microsoft Teams, a link to the Broadcast can be found via the Perth and Kinross Council website. A recording will also be made publicly available on the Integration Joint Board pages of the Perth and Kinross Council website following the meeting.

Members

Beth Hamilton, Tayside NHS Board (Chair)
Donald McPherson, Tayside NHS Board
Councillor David Illingworth, Perth and Kinross Council
Councillor Sheila McCole, Perth and Kinross Council
Bernie Campbell, Carer Public Partner
Sandy Watts, Third Sector Forum

**Audit and Performance Committee of the Perth and Kinross Integration Joint
Board**
Monday, 26 September 2022

AGENDA

- 6.1 ASSURANCES RECEIVED FROM PARTNERS** **5 - 54**
Report by Head of Finance and Corporate Services (copy herewith
G/22/147)

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PERTH AND KINROSS INTEGRATION JOINT BOARD

AUDIT & PERFORMANCE COMMITTEE

26 SEPTEMBER 2022

ASSURANCES RECEIVED FROM PARTNERS

**Report by Head of Finance and Corporate Services
(Report No. G/22/147)**

PURPOSE OF THE REPORT

The purpose of this report is to provide assurance to the Integration Joint Board (IJB) of the effectiveness of the governance arrangements within Perth and Kinross Council (PKC), NHS Tayside (NHST) and the two Tayside IJBs during 2021/2022.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board Audit & Performance Committee: -

- (i) Note the assurance that has been received around the effectiveness of governance arrangements in NHST, PKC and Angus IJB;
- (ii) Note that assurance of effective governance arrangements in Dundee IJB is expected by the end of October 2022.

2. BACKGROUND

- 2.1 On an annual basis the IJB has to include a Governance Statement within its Annual Accounts. Perth and Kinross IJB considered Perth and Kinross IJB's Draft 2021/22 Annual Governance Statement at its June 2022 meeting (paper G/22/103). Perth and Kinross IJB had committed to provide assurances on our governance arrangements to NHS Tayside, Perth and Kinross Council and the other Tayside IJBs (reflecting Perth and Kinross IJB's hosting of Tayside wide delegated services on behalf of these IJBs). This was duly completed in August 2022.
- 2.2 It has been agreed with NHS Tayside that they would share their 2021/22 Annual Governance Statement with Perth & Kinross IJB as the vehicle for providing assurance. NHS Tayside's Annual Governance Statement was

considered within Annual Accounts approved at NHS Tayside's Board meeting of on 30th June 2022. The Annual Governance Statement concluded by noting: - "As the appointed Accountable Officer, and noting the disclosure in relation to the missing case records and the ongoing work in this area, I am able to conclude with the ongoing improvement work undertaken throughout the year, as evidenced above; the governance framework and the assurances and evidence received from the Board's committees, that corporate governance continues to be strengthened and internal controls were operating adequately and effectively throughout the financial year ended 31 March, 2022."

- 2.3 This consequently provides the required assurance, noting the disclosure relating to missing case records and the ongoing work in this area, to Perth & Kinross IJB regarding governance arrangements in place within NHS Tayside and the effectiveness of internal controls including procurement and fraud.
- 2.4 The Convenor of Perth & Kinross Council's (PKC) Audit Committee has written to the Chair of the Audit and Performance Committee providing assurance on PKC governance arrangements for 2021/22. This is attached at Appendix 1. The correspondence states '...The Annual Governance Statement is audited as part of the 2021/22 Annual Accounts by the Council's external auditors, KPMG. In their Draft Annual Audit Report to Members and the Controller of Audit for the year ended 31 March 2022, KPMG conclude that the "Council's governance arrangements operate effectively" and "the Annual Governance Statement shows an appropriate and accurate reflection of the governance arrangements at the Council". The audit of the 2021/22 Annual Accounts is substantially complete and KPMG plan to issue an unqualified audit opinion following the anticipated approval of the Accounts at the meeting of the Audit & Performance Committee on 27 September 2022.'
- 2.5 Formal correspondence regarding assurance has been received from the Chair of Angus IJB confirming that adequate and effective governance arrangements were in place throughout Angus IJB during 2021/22. This is attached at Appendix 2. Formal correspondence concerning the adequacy of Dundee IJB's systems of internal control is expected to be received by PKIJB after the completion of their External Audit, expected by the end of October 2022. A verbal update on this will be provided to this Committee at its next meeting in November 2022.
- 2.6 Regular assurance is provided to the IJB that NHS Tayside are effectively managing and monitoring clinical care and professional risk via receipt of a report at each Audit and Performance Committee meeting. Clinical Care assurance arrangements are currently being concluded with Perth & Kinross Council to provide a similar level of assurance to the IJB.
- 2.7 Annual assurance has been received in relation to Care Governance through the annual assurance report of NHS Tayside's Care Governance Committee as attached at Appendix 3. NHS Tayside's Audit and Risk Committee considered this report at their meeting of 23 June 2022 and confirmed that the Care and Governance Committee met their remits during the year ended 31 March 2022.

- 2.8 In addition, Perth & Kinross IJBs 2021/22 Annual Governance Statement, as approved by the IJB in June 2022, includes an improvement action to further strengthen clinical and care governance arrangements by committing to working with NHS Tayside to introduce assurance arrangements to the IJB for Inpatient Mental Health and Acute Medicine

3. CONCLUSION

- 3.1 The IJB's Audit and Performance Committee should note the assurance that has been received from partners confirming the adequacy and effectiveness of the governance arrangements which were in place during 2021/22, including a specific level of assurance in relation to Clinical Care Governance, and that Perth & Kinross IJB has provided assurance to all parties that adequate and effective governance arrangements were in place during 2021/22.

Author(s)

Name	Designation	Contact Details
Jane M Smith	Head of Finance and Corporate Services	jane.smith@nhs.scot

APPENDICES

1. Letter of Assurance 2021/22 from Perth & Kinross Council
2. Letter of Assurance 2021/22 from Angus IJB
3. Annual Report of the Care Governance Committee 2020/2021

2 High Street
Perth
PH1 5PH
Tel: 01738 475000

23 September 2022

Telephone: 01738 475032
Mob: 07767 006275
Email:
dillingworth@pkc.gov.uk

Ms. Beth Hamilton
Chair – Audit & Performance Committee
Perth & Kinross Integration Joint Board
2 High Street
Perth
PH1 5PH

Dear Ms Hamilton

ASSURANCES PROVIDED BY PERTH & KINROSS COUNCIL

At the meeting of Perth & Kinross Council Scrutiny & Performance Committee on 8 June 2022, the Annual Governance Statement (AGS) for 2021/22 was approved for inclusion in the Unaudited 2021/22 Annual Accounts. The AGS provides assurance as to the effectiveness of the Council's governance framework and in particular the system of internal control.

The AGS provides an opportunity to review the Council's rules, resources, systems, processes, culture and values to make sure that its governance framework and in particular its system of internal control is:

- Legally compliant;
- Ethically sound; and
- Fit for purpose

Thereby enabling the Council to achieve its strategic objectives and provide high quality services that meet the needs of its communities, in an appropriate, efficient and affordable way. It is important therefore, that governance issues are identified systematically and comprehensively and reported in an open and transparent manner.

The Annual Governance Statement for 2021/22 has been prepared in accordance with the CIPFA Framework: Delivering Good Governance in Local Government and is required to be published as part of the Annual Accounts.

The Annual Governance Statement is audited as part of the 2021/22 Annual Accounts by the Council's external auditors, KPMG. In their Draft Annual Audit Report to Members and the Controller of Audit for the year ended 31 March 2022, KPMG conclude that the "Council's governance arrangements operate effectively" and "the Annual Governance Statement shows an appropriate and accurate reflection of the governance arrangements at the Council".

The audit of the 2021/22 Annual Accounts is substantially complete and KPMG plan to issue an unqualified audit opinion following the anticipated approval of the Accounts at the meeting of the Audit & Performance Committee on 27 September 2022.

I trust that this is helpful to your Audit and Performance Committee.

Yours sincerely

Councillor David Illingworth
Chair - Perth & Kinross Council Audit & Risk Committee
Ward 9 – Almond & Earn

Your Ref:
Our Ref: SB/JR

Date: 21 July 2022



Bob Benson
Chair, Perth and Kinross IJB
Perth & Kinross Council Offices
3rd Floor
2 High Street
PERTH
PH1 5PH

Dear Mr Benson

ASSURANCES PROVIDED BY ANGUS INTEGRATION JOINT BOARD

As you will be aware, Angus Integration Joint Board (Angus IJB) has responsibility for delegated services as described in the IJB's Integration Scheme. This includes over-seeing a range of Hosted Services on behalf of all 3 Tayside Integration Joint Boards.

Since its inception the IJB has had an Audit Committee with devolved responsibility for a range of governance issues including assessing the adequacy and effectiveness of systems of internal control.

As Chair of Angus IJB Audit Committee, considering the work undertaken by Angus IJB Audit Committee in the year 2021/22, I can confirm that adequate and effective governance arrangements were in place throughout Angus IJB during the year 2021/22. This is further described in Angus IJB's Annual Governance Statement attached.

A copy of the IJB's 2021/22 Governance Statement as considered at the IJB's Audit Committee of 22nd June 2022 is attached at Appendix 1.

A copy of Angus IJB's 2021/22 Annual Internal Audit Report can accessed via the following links:-

[2021/22 Annual Internal Audit Report IJB 46/22](#)

[Angus IJB Internal Audit Service Annual Internal Audit Report 21-22](#)

I trust the above is of assistance.

Yours sincerely



Andrew Jack
Chairperson, on behalf of Angus Integration Joint Board Audit Committee

cc Jane Smith, Chief Finance Officer, Perth & Kinross Integration Joint Board
Alexander Berry, Chief Finance Officer, Angus Integration Joint Board.

Appendix 1: Angus IJB Annual Governance Statement 2021/22

Appendix 1: Annual Governance Statement

Annual Governance Statement

Introduction

In October 2015, the Scottish Government approved Angus IJB's Integration Scheme thus formally constituting the Partnership with the intention of it being responsible for services from 1st April 2016. Angus IJB duly assumed responsibility for services from 1st April 2016 and this Governance Statement therefore reflects the responsibilities assumed from 1st April 2016. The IJB's Integration Scheme has been updated since 2015 to allow for amendments to responsibilities. The original Integration Scheme did require to be reviewed after five years (i.e. by September 2020); however, while the review did happen within this timeline the IJB now expects that any revisions to the Integration Scheme will be agreed by Partners by June 2022. Proposed revisions are reflected in a draft updated Integration Scheme have already been subject to public consultation.

The Annual Governance Statement explains the IJB's governance arrangements and reports on the effectiveness of the IJB's system of internal control.

Scope and Responsibility

The IJB is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for and used economically, efficiently and effectively.

To meet this responsibility the IJB has established arrangements for governance which includes a system of internal control. The system is intended to manage risk and to support the achievement of the IJB's policies, aims and objectives. Reliance is also placed on the NHS Tayside and Angus Council systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the IJB. Reliance is similarly placed on Dundee IJB and Perth & Kinross IJB with respect to hosted services.

The system can only provide reasonable and not absolute assurance of effectiveness.

The Governance Framework and System of Internal Control

The Board of the IJB comprises voting members, nominated by either NHS Tayside or Angus Council, as well as non-voting members, including a Chief Officer appointed by the Board. Board membership during 2021/22 is documented in the Angus IJB Remuneration Report within the Annual Accounts.

Angus IJB also has an Audit Committee chaired by a member of the IJB and comprising six further IJB members. During 2021/22, the Audit Committee met four times. The Audit Committee conducts its business in line with CIPFA's "Audit Committees: Practical Guidance for Local Authorities and Police" guidance. The Audit Committee's membership at the year-end was as follows:-

Councillor Julie Bell (Chair of Audit Committee, attended 4 of 4 meetings)
Chris Boyle (attended 3 of 4 meetings)
Peter Burke (attended 4 of 4 meetings)
Andrew Jack (attended 4 of 4 meetings)
Kathryn Lindsay (attended 4 of 4 meetings)
Hayley Mearns (attended 2 of 2 meetings)
Peter Davidson (attended 1 of 1 meeting)

During the financial year, Hayley Mearns joined the Audit Committee, and attended her first meeting in September 2021 replacing Graeme Martin. In addition, Peter Davidson also joined the Audit Committee and attended his first meeting in December 2021. Peter Davidson replaced Charlie Sinclair (attended 2 of 2 meetings). Following Councillor Julie Bell's appointment as Vice Chair of the IJB in June 2022, a vacancy now exists on the Audit Committee. The IJB will be working towards filling that vacancy in due course.

The main features of the ongoing governance framework in existence during 2021/22 were:

- Approved Integration Scheme, Scheme of Delegation, Standing Orders and Financial Regulations.
- Bi-monthly public meetings of the IJB, with two additional special meeting of the IJB in November 2021 and February 2022. The requirement to hold additional special meetings does reflect the dynamic environment the IJB is operating in.

- Code of Conduct and Register of Interests for all IJB members.
- Monthly Executive Management Team, noting this group has been meeting more regularly during 2022 and the frequency of future meetings is under consideration.
- Formal bi-monthly Strategic Planning Group overseeing the IJB's Strategic Plan and its implementation and updating.
- Monthly Clinical, Care and Professional Governance forum.
- Bi-monthly Staff Partnership Forum.
- The Audit Committee met four times in 2021/22 with responsibility for agreeing the Annual Internal Audit Plan, considering the results of any external or internal inspections, assessments or audits of the IJB and scrutinising the Annual Accounts and Governance Statement of the IJB. The Audit Committee fulfils its remit in compliance with CIPFA's "Audit Committees – Practical Guidance for Local Authorities and Police".
- Appointment of Fife, Tayside and Forth Valley Management Services as Internal Auditors for the IJB with support from Angus Council Internal Audit.
- Appointment of Audit Scotland as External Auditors originally for financial years 2021/22, with 2021/22 being the final year of a 6-year appointment (noting the original appointment was for 5 years with a one-year extension agreed due to COVID-19). Plans are in the process of being confirmed for the next 5-year period (2022/23 to 2026/27).
- Chief Officer in post for duration of 2021/22, with the role being filled on an interim basis by Gail Smith to August 2021 and Gail Smith permanently fulfilling this role from August 2021.
- Chief Finance Officer in post for the duration of 2021/22 with the Chief Finance Officer having overall responsibility for the IJB's financial arrangements, being professionally qualified and having suitable experience to lead the IJB's finance function and to direct staff. In line with overall Corporate Support arrangements, the Chief Finance Officer is reliant on the finance support (staff and systems) provided by both NHS Tayside and Angus Council. Since 2019/20 responsibility for management of associated NHS finance staff has been devolved to the Chief Finance Officer. Responsibility for management of associated Angus Council finance staff transferred to the Chief Finance Officer in November 2021 facilitating the creation of an integrated finance team.
- High-level review of the "Role of the Chief Finance Officer in Local Government".

The governance framework described above operates on the foundation of internal controls, including management and financial information, financial regulations, administration, supervision and delegation. During 2021/22 this included the following:

- adoption of a new IJB Risk Management Strategy in April 2021.
- delivery of the IJB's Performance Reporting Framework.
- provision of regular financial monitoring reports to the IJB.
- provision of regular budget settlement reports.
- provision of regular Strategic Financial Planning reports to the IJB.
- approval and delivery of an Annual Internal Audit Plan.
- The increased adoption of the issuing of "directions" to Partner organisations to describe the in-year decisions of the IJB. This reflects recent Scottish Government guidance.
- implementation of the IJB's Complaints handling procedure, noting improvement work continues to be progressed.
- implementation of Clinical, Care and Professional Governance monitoring arrangements.
- implementation of the IJB's GDPR (General Data Protection Regulation) protocols.
- reliance on the procedures, processes and systems of Partner organisations for which assurance is received from Partner bodies.

As reported to the April 2022, Audit Committee, a number of IJB governance documents need to be refreshed.

The IJB complies with "The Role of the Head of Internal Audit in Public Organisations" (CIPFA publication) and operates in accordance with "Public Sector Internal Audit Standards" (CIPFA publication). The Head of Internal Audit reports directly to the Audit Committee with the right of access to the Chief Financial Officer, Chief Officer and Chair and members of the IJB Audit Committee on any matter and the right to submit reports directly to the Audit Committee. The annual programme of internal audit work is based on a strategic risk assessment and is approved by the Audit Committee. In 2021/22, the IJB's Audit Committee introduced an annual "private" meeting between the IJB's Internal and External Auditors and the members of the IJB's Audit Committee.

COVID-19

At the start of the pandemic in March 2020, the Health and Social Care Partnership initiated rapid changes in its management arrangements to both address COVID-19 planning and operational issues and maintain governance and internal control requirements. This included developing leadership and command structures led by the Angus Leadership Response Team (LRT). These structures in turn interfaced with similar structures in NHS Tayside and Angus Council. These structures have largely remained in place during 2021/22 with some aspects of arrangements being stepped up or down as the pandemic has transitioned through various phases.

Services have generally continued to successfully manage the pandemic response, particularly during periods of surges in infection rates, whilst at the same time consolidating adaptations to services and practice into mainstream, long-term models of service provision. The enduring nature of the pandemic has meant that recovery activity in many aspects of the Partnership's work has been focused on establishing a 'new normal' across the Partnership rather than returning to pre-pandemic ways of working. This is reflected in the status updates provided against actions within the Remobilisation Implementation Plan shared with the IJB with the majority of plan now either having been completed or becoming embedded as mainstream ways of working.

At the end of 2020, the IJB's Internal Auditors reviewed the functioning of the LRT and the IJB's overall governance arrangements during the first year of the COVID-19 pandemic and they commented that they formed "an overall positive impression opinion of the culture and leadership of the organisation and how its governance and management arrangements responded to the COVID-19 crisis." The Angus LRT had a Terms of Reference and has maintained an Action and Decision Log.

As the pandemic evolved, the IJB's focus moved from immediate responses to an increased focus on remobilisation and recovery. All associated plans were developed through the IJB's LRT and shared with the IJB for information as appropriate. Beyond remobilisation, the IJB has also continued to review its Strategic Commissioning Plan and underlying assumptions. This has resulted in changes to commissioning plans during 2021/22 as described elsewhere.

In 2020/21, and in response to emerging needs and Scottish Government direction, the IJB increased the governance focus within the Care Home and Care at Home sectors. Regular meetings of multi-disciplinary groups were initiated to oversee issues emerging in these sectors, including infection control measures, risk management, provision of PPE, staffing issues, visiting arrangements, quality of care and sustainability of service. These groups have continued throughout 2021/22 and are making a valuable addition to the local clinical and care governance arrangements. It is envisaged that these multi-agency operational groups, which now have a broader focus than just COVID-19 issues, will continue beyond the pandemic.

The IJB is also a significant participant in the regional Primary Care Co-ordination and Command Team that has assisted the management and over-sight of Primary Care services during the pandemic response.

Going forward, and reflecting national guidance, in April 2022 the IJB approved a recommendation that the Partnership no longer maintain a separate COVID-19 remobilisation plan, but that remaining remobilisation priorities are reflected in the Partnership's strategic and commissioning plans (overarching and care group specific) and individual service plans.

Mental Health – Governance Arrangements

Following the production of the "Independent Inquiry into Mental Health Services in Tayside: Trust and Respect", an action plan "Listen. Learn. Change" was produced with an associated strategy and implementation plan. This issue has been the subject of regular IJB discussion throughout 2020/21 and 2021/22.

In March 2020, the Scottish Government confirmed that the operational management for in-patient Mental Health Services in Tayside would transfer from Integration Authorities (Perth and Kinross IJB) to NHS Tayside. This change was accompanied by an increased focus on whole-system working. While operational management arrangements have been revised, strategic responsibility for Mental Health services remains with the IJB. It is reasonable to observe that the new Mental Health governance arrangements (including financial governance) do still need to be refined to ensure a shared collective understanding of remits and responsibilities. This is partly being reflected in the updating of the Integration Scheme and associated documents and it should also be noted that further work is still required regarding developing an associated financial strategy/framework. Further, noting the financial pressures within In Patient Mental Health Services, discussions are underway with NHS Tayside reviewing future financial accountabilities noting operational and strategic responsibilities, residual due diligence issues, the impact of COVID-19 on services and pressures on service budgets.

Adult Protection

Previous Annual Governance Statements have noted issues with regard to Adult Protection and 2021/22 has seen a continued rise in Adult Protection and Adults with Incapacity work in the Angus HSCP. This increase in activity has created significant demand-capacity challenges in the relevant services, which the Partnership has responded to by providing additional social work and support staff for the care management teams and care at home services.

There is further activity in the area of adult protection overseen by the Angus Adult Protection Committee (AAPC) and the Partnership's Clinical Care Practise Governance Group (CCPG): the implementation of Significant Case Review (SCR) P19 improvement plan (described in report to the February 2022 Special IJB meeting), the Adult Protection Improvement Plan arising from a large-scale audit of Partnership Adult Support and Protection activity, two initial case reviews, and improved training and audit/quality assurance functions. The AAPC and CCPG both have risk frameworks for adult protection, which are reviewed regularly. Adult Protection reports are submitted to the Tayside Chief Officers Group and to the IJB.

Income Management

During 2019/20 the IJB, in conjunction with Angus Council, initiated a review of its overall income management processes to seek to address some emerging operational issues. This work was initially delayed due to COVID-19 issues and resource to address this issue were only identified from early 2021. In June 2021, the IJB's Internal Auditors provided a consultancy-type report on this issue. Since then a working group has met regularly to progress improvements plans. As with a number of similar issues, the progression of these improvement plans has been inhibited due to COVID-19 related capacity constraints but work is in progress.

Development Issues

The IJB is required to review the effectiveness of its governance structures regularly. The IJB acknowledges that as an increasingly mature organisation, albeit working in a complicated environment, further development and review of governance structures is still required.

There is no doubt that governance improvements have been deferred since March 2020 due to the impact of COVID-19. This, of course, does not mean current governance standards, as described above, have necessarily slipped and the previous reassurance from Internal Auditors regarding governance arrangements during the first year of the pandemic can still give reassurance in that regard. However, while progress on improvement work generally has stalled, 2021/22 has seen the IJB contribute significantly to the development of the proposed revised Integration Scheme and this will be an important update for the IJB.

In recent years, the IJB's Annual Governance Statement has noted a number of governance "Areas for Improvement". An update is provided as follows: –

Area for Improvement	Lead Officer	Status in 2021/22	Proposals for 2022/23
Development of Large hospital Set Aside arrangements in conjunction with NHS Tayside	Chief Officer/Chief Finance Officer	Limited local progress. Previous reports to the IJB have reflected on current status and future developments. Last report to IJB was in June 2021 and since then progress has been delayed due to COVID-19.	Updates to be provided to IJB Board re both current status and future developments. Continue to progress discussion with NHS Tayside including work through Planned Care and Unscheduled Care Boards. It is anticipated this will be the subject of reports to the IJB in 2022/23.
Development of improved Hosted Services arrangements in conjunction with neighbouring IJBs	Chief Officer/Chief Finance Officer	Limited Progress - Finance information now well developed with plans developing to link in with broader reporting re Hosted Services. An approach to performance reporting for 'hosted' services has been agreed with Dundee and Perth & Kinross HSCPs	This requires proportionate improved coordination between all 3 IJBs. IJB intends to develop a consolidated information set regarding locally hosted services covering Finance, Performance and Risks.

Review corporate support arrangements.	Chief Officer	Limited Progress -- This requires resolution between the IJB and its partners. The updated Integration Scheme has not provided a ready-made solution or vehicle for solution to this long-standing issue. Progress has been made in 2021/22 regarding Finance support.	While this remains outstanding the provision of support services continues to be an area of risk and uncertainty for the IJB. The lack of clarity in the Integration Scheme is potentially a missed opportunity and the IJB and partners will have to continue to work together to address this issue as the provision of support services remains outstanding and continues to be an area of risk and uncertainty for the IJB.
Review IJB's overall governance framework	Chief Officer	Good Progress – The draft updated Integration Scheme is now subject to approval by Partners and should provide increased governance clarity.	Await progression by IJB's Partners.
Development of IJB Risk Appetite	Chief Officer	Limited Progress – Was consider in Risk Management development session but capacity to progress has been limited since then.	Updates to be reported to the IJB Audit Committee.
Development of Performance and Resources oversight function.	Chief Officer	Limited Progress – Capacity to develop proposals has been limited.	IJB to revisit proposals during 2022/23.

All the above issues have been noted in previous Annual Governance Statements. The resolution of these issues remains characterised by their complexity and the requirement to work with other parties. The issue of competing demands (particularly during the COVID-19 pandemic) and varying views across parties does remain a challenge. These issues are highlighted regularly to the IJB and the Audit Committee.

The IJB has noted previously that it is looking at reviewing the IJB's committee structure to ensure it is fit for purpose going forward and, for example, to ensure it is best able to provide oversight of approved planned interventions. Again, due to the COVID-19 pandemic, this review has been delayed.

Review of Effectiveness

As noted, the IJB has responsibility for reviewing the effectiveness of its governance structures regularly. Throughout 2021/22 governance updates have been regularly provided to the IJB's Audit Committee. However, reflecting COVID-19 impact, progress with governance improvement has been difficult. The IJB's general view, however, is that current governance arrangements have not been compromised by the impact of COVID-19.

At the end of 2021/22, the IJB's Chief Internal Auditor reviewed the IJB's governance arrangements and in the IJB's 2021/22 Annual Internal Audit report notes:-

- *As Chief Internal Auditor, this Annual Internal Audit Report to the IJB provides my opinion on the IJB's internal control framework for the financial year 2021/22.*
- *Based on the work undertaken, I have concluded that reliance can be placed on the IJB's governance arrangements and systems of internal controls for 2021/22.*
- *In addition, I have not advised management of any concerns around the following:*
 - *Consistency of the Governance Statement with information that we are aware of from our work;*
 - *The format and content of the Governance Statement in relation to the relevant guidance;*
 - *The disclosure of all relevant issues.*

While there remain a number of challenging areas of governance (described above in "Development Issues" section), it is the opinion of the IJB Chairperson and Chief Officer that at 31 March 2022, reasonable assurance can be placed upon the adequacy and effectiveness of the IJB's governance arrangements.

We consider that the internal control environment provides reasonable and objective assurance that any significant risks impacting on the IJB's principal objectives will be identified and actions taken to avoid or mitigate their impact. Additionally, systems are in place to regularly review and improve the internal control environment.

Emma Jane Wells	Gail Smith
Chairperson	Chief Officer

TAYSIDE NHS BOARD**ANNUAL REPORT OF THE CARE GOVERNANCE COMMITTEE 2020/2021****1 PURPOSE**

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, the Code of Corporate Governance requires that this Standing Committee submits an annual report to the Audit Committee. This report is submitted in fulfilment of this requirement.

2 CARE GOVERNANCE COMMITTEE**2.1 Purpose of Committee**

The purpose of the Care Governance Committee is to provide Tayside NHS Board with the assurance that robust governance, management systems and processes are in place and effective throughout the whole system* for NHS Tayside in relation to clinical and care governance.

(* whole healthcare system – NHS Tayside in partnership with the Integration Joint Boards (IJBs)).

During the financial year ended 31 March 2021 the Care Governance Committee membership consisted of:

Chair	Mrs Trudy McLeay, Non-Executive Member, Tayside NHS Board
Vice Chair	Ms Pat Kilpatrick, Non-Executive Member, Tayside NHS Board

Members

Mrs Jenny Alexander	Non-Executive Member, Tayside NHS Board
Professor Rory McCrimmon	Non-Executive Member, Tayside NHS Board
Dr Norman Pratt	Non-Executive Member, Tayside NHS Board
Ms Emma-Jane Wells	Non-Executive Member, Tayside NHS Board
Mr Grant Archibald	Chief Executive, NHS Tayside
Mrs Claire Pearce	Director of Nursing and Midwifery, NHS Tayside
Prof Peter Stonebridge	Medical Director, NHS Tayside

In attendance

Mrs Karen Anderson	Director of Allied Health Professions, NHS Tayside
Mrs Diane Campbell	Associate Director for Patient Safety, Care Governance and Risk Management, NHS Tayside
Mr George Doherty	Director of Workforce, NHS Tayside
Mrs Jane Duncan	Communication and Engagement Team, NHS Tayside
Ms Margaret Dunning	Board Secretary, NHS Tayside
Dr Emma Fletcher	Director of Public Health, NHS Tayside
	Member from 9 November 2020
Rev Alan Gibbon	Head of Spiritual Care

Ex officio attendance

Mrs Lorna Birse-Stewart

Chair of Tayside NHS Board

Committee members whose term of office ceased during the Committee year 2020/2021:

Dr Robert Peat

Non-Executive Member, Tayside NHS Board

1 April to 31 December 2020

Dr Drew Walker

Director of Public Health, NHS Tayside

1 April to 31 August 2020

The Nurse Director and Medical Director are appointed as the Lead Officers to support the functioning of the Care Governance Committee.

Support to the Care Governance Committee is provided by Ms Margaret-Rose Campbell, Committee Support Officer, NHS Tayside.

2.2 Meetings

On 17 March 2020 NHS Scotland was placed on an emergency footing until at least 31 March 2021.

On 26 March 2020 Tayside NHS Board approved revised governance arrangements for the period April to June 2020, designed to ensure NHS Tayside could effectively respond to COVID-19 and discharge its governance responsibilities, to make time available for management and operational staff to deal with Covid-19 and to minimise the need for people to travel to and physically attend meetings.

Tayside NHS Board on 28 May 2020 approved the resumption of Board and Standing Committees with specific measures in place, including use of Microsoft Teams.

The Care Governance Committee met on four occasions during the period 28 May 2020 to 31 March 2021:

- 4 June 2020
- 20 August 2020
- 1 October 2020
- 3 December 2020

Tayside NHS Board at its meeting on 28 January 2021 approved further revised governance arrangements from that date until further notice.

Agenda items scheduled to be reviewed at those meetings which were deferred (2 April 2020 and 4 February 2021) were presented at the next scheduled meeting which took place.

All meetings were undertaken through a hybrid approach of Microsoft Teams and limited staff attending in person observing socially distancing guidance put in place throughout the Covid-19 pandemic.

All business of the Committee was conducted in open session during the year 2020/2021, with 100% being held in open business.

NB: Reference has been made within this Annual Report to Reports being reviewed

within Reserved Business on 22 April 2021. These reports have not been included within the calculations of business conducted in open/reserved session for the financial year 2020/2021, but will be included in the Annual Report for the Care Governance Committee for the financial year 2021/2022.

The Record of Attendance is attached as Appendix 1.

2.3 Business

A function of the Care Governance Committee is to provide assurance to Tayside NHS Board that robust clinical, care and professional governance and clinical risk management systems and processes are in place; and are effective throughout NHS Tayside. To support Standing Committees in providing reliable assurance, work was undertaken with the Board Secretary, Standing Committee Chairs, Lead Officers, Internal Audit colleagues and Committee Support Officers at the beginning of the financial year 2020/2021, with amended report templates being reviewed and adopted as part of the Once for Scotland review.

Through the use of the standardised reporting templates, and agreed levels of assurance, the Committee has sought assurance that internal controls are in place around clinical, care and professional governance and risk management arrangements within NHS Tayside.

The Terms of Reference for the Committee were reviewed and a Committee Assurance Plan and Workplan developed for the year 2020/2021 and these documents were approved at the Committee held on 4 June 2020. The Committee Assurance Plan and Workplan have allowed the Committee to assess whether they were receiving the correct levels of assurance for the functions delegated to it from the Board, thereby improving the overall system of clinical and care governance. The completed Committee Assurance Plan and Workplan covering the items considered during the year 2020/2021 is attached at Appendix 2.

Minutes of each meeting of the Committee held have been timeously submitted to Tayside NHS Board for information, along with Chair's Assurance Reports.

3 OUTCOMES AND ASSURANCES

This report aims to provide assurance to Tayside NHS Board on the extensive remit of clinical, care and professional governance and risk management arrangements.

Draft agendas for the Committee are reviewed at planning meetings by the Chair and Lead Officers and strict criteria employed to ensure that items brought to the Committee are appropriate; based on the decisions and risks which have been delegated to the Committee by Tayside NHS Board. The remit of the Care Governance Committee, however, remains extensive.

For Assurance

- Clinical Quality Forum
The Clinical Quality Forum met for the final time on 2 November 2020.

The Clinical Quality Forum was recommended for dissolution by the Co-Chairs as it

was recognised that there was duplication in reporting and there was a need to strengthen the direct assurance reporting to the Care Governance Committee. Robust reporting from services will continue directly to the Tayside NHS Board Standing Committee of Care Governance.

Work was undertaken to identify outstanding areas of work which had been within the Clinical Quality Forum workplan and scheduled for the meetings 11 January 2021 and 1 March 2021 and outstanding reports identified to be brought into the workplan for the Care Governance Committee, or to be reviewed through local clinical care group pathways of governance. Areas incorporated into the Care Governance Committee workplan inclusive of: Clinical and Care Governance Assurance Reports from the three Health and Social Care Partnerships; Quality and Performance Review Reports from Acute Services Division and Mental Health and Learning Disability Services; Patient Safety, Clinical Governance and Risk Management Update, Area Drug and Therapeutics Committee Annual Report and Minutes.

Representation from the three Health and Social Care Partnerships, Acute Services Division and Mental Health and Learning Disability Services will attend the Care Governance Committee to present regular assurance reports.

- Clinical and Care Governance Strategy (3 December 2020)
The Committee were assured, through the Chair's Assurance Report from the Clinical Quality Forum of 2 November 2020, that whilst areas of work in relation to the Clinical Governance Strategy for NHS Tayside had been suspended during the Covid-19 pandemic, clinical governance activity in relation to adverse event and risk management had continued. The appointment of the Associate Medical Director for Patient Safety, Clinical Governance and Risk Management will support the development of a single document for Clinical and Care Governance, aligning the Clinical and Care Governance Strategy and the Getting it Right for Everyone Framework.
- Health and Social Care Partnership (HSCP) Assurance Reporting
During the period 1 April to 30 November 2020, the Committee received assurance, through the Clinical Quality Forum Minutes and associated Chair's Assurance Reports, on the performance of the three HSCPs within Tayside. Work had continued to establish more robust governance and reporting pathways within HSCPs and the introduction of a common reporting framework, with key quality measures, would provide the Committee with more consistent assurances in future reports.

Assurance reports from the three HSCPs were received at the Clinical Quality Forum on 2 November 2020 for consideration utilising the new standardised reporting template. Feedback on the use of the new template was very positive, and whilst the Forum agreed that there were still areas of reporting to be included within the reports from each of the three HSCPs, there was **Moderate Assurance** gained across all three HSCP from the assurance reports submitted to the Clinical Quality Forum of 2 November 2020. This was fed through to the Committee on 3 December 2020.

Angus Health and Social Care Partnership (HSCP)

From the reports submitted 29 June; 7 September; and 2 November 2020, the Clinical Quality Forum gained **Moderate Assurance** from Angus HSCP. The Clinical Quality Forum had acknowledged that there was a good framework with key controls

in place, however, there were areas where further work was required and information provided to gain a further level of assurance.

Dundee Health and Social Care Partnership

From the reports submitted 29 June; 7 September; and 2 November 2020, the Clinical Quality Forum gained an overall level of **Moderate Assurance** (Moderate – June; Limited – September; and Moderate – November) from Dundee HSCP.

Whilst the Clinical Quality Forum acknowledged that a framework with key controls was in place, there were areas where further work was required to gain a more consistent level of assurance from Dundee HSCP, resulting in limited assurance on one occasion as there remained a significant number of incomplete adverse events and risks which are non-contemporaneous within the system. Dundee HSCP are looking at alternative review methodology; commissioning expertise to help protect time to undertake adverse event review work; and arrange further adverse event training for staff. However, all improvements are being undertaken against the backdrop of the Covid-19 pandemic response.

Perth and Kinross Health and Social Care Partnership

From the reports submitted 29 June; 7 September; and 2 November 2020, the Clinical Quality Forum gained an overall level of **Moderate Assurance** (Limited – June; Moderate – September; and Moderate – November) from Perth and Kinross HSCP.

The Clinical Quality Forum's previous concerns during the financial year 2019/2020 around assurance reporting within Perth and Kinross HSCP prompted a comprehensive review of reporting arrangements within the remit of the Perth and Kinross Care and Professional Governance Forum. The Clinical Quality Forum were encouraged by the increased scrutiny which was evidenced around clinical and care governance process and activities within the Services. However, there was occasion when the Clinical Quality Forum gained limited assurance as there was limited detail contained within the assurance report which could be tracked over time, and there was no designated attendance from Perth and Kinross HSCP at the meeting. This limited assurance prompted Perth and Kinross HSCP to review their arrangements for consistent representation at the Forum.

Following dissolution of the Clinical Quality Forum following the meeting on 2 November 2020, HSCP Assurance Reporting was incorporated in to the workplan of the Care Governance Committee, with regular reporting expected to commence 4 February 2021 (deferred until 22 April 2021 meeting).

The three Health and Social Care Partnerships provided assurance to the Care Governance Committee at its meeting on 22 April 2021, at which time assurance gained was recorded as:

- Angus Health and Social Care Partnership – ***Limited Assurance***
- Dundee Health and Social Care Partnership – ***Limited Assurance***
- Perth and Kinross Health and Social Care Partnership – ***Moderate Assurance***

It was considered that the reports as currently presented encompass a range of information not specifically related to assurance on the clinical governance risk, raising issues out with the scope. The organisation is now working on refining the Health and Social Care Partnership reporting to Care Governance Committee to

ensure the level of assurance provided.

Quality and Performance Reviews

During the period 1 April to 30 November 2020, the Committee received assurance, through the Clinical Quality Forum Minutes and associated Chair's Assurance Reports, from Quality and Performance Reviews undertaken within the Acute Services Division; and the Mental Health and Learning Disability Services. On 22 April 2021, the Committee received Quality and Performance Review reports directly, at which time assurance was recorded as:

- Acute Services Division Quality and Performance Report – ***Moderate Assurance***
- Mental Health Services Quality and Performance Report – ***Moderate Assurance*** for Inpatient, Regional Inpatient, Crisis Resolution and Home Treatment Services; and ***Limited Assurance*** for Mental Health System wide review

It should be noted that both the Health and Social Care Partnership assurance reports and the Quality and Performance Review reports were presented to and reviewed by the Committee on 22 April 2021 in reserved business, supporting the test of change in HSCP reporting; and to ensure that assurance reporting is developed appropriately for the Standing Committee.

The Care Governance Committee were presented and considered the following reports, gaining **Moderate Assurance:**

- Equality and Diversity Assurance Report (4 June 2020)
- Department of Spiritual Care Annual Report: (4 June 2020)
- Spiritual Healthcare Committee Annual Report 2018/19 (4 June 2020)
- NHS Tayside Radiation Safety Committee Annual Report (20 August 2020)
- Safe and Effective Management and Use of Controlled Drugs across Tayside (3 December 2020)

The Care Governance Committee were presented with and considered the following reports, gaining **Limited Assurance:**

- **Race Equality Update (20 August 2020)**
The reported provided an update on the organisation's progress towards establishing networks for Black, Asian and Minority Ethnic (BAME) backgrounds; Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) staff; and staff with other protected characteristics, associated risk assessments and supporting information for staff and managers. The Committee noted that significant events, including Covid-19 and the Black Lives Matter campaign, have brought race equality and health inequalities to the fore nationally; and that while NHS Tayside Board support these significant agenda items there remains a large amount of work to be undertaken to address and take action to advance equality, diversity and inclusion throughout the whole system for NHS Tayside.
- **NHS Tayside Donation Committee Annual Report 2019/20 (1 October 2020)**
The Committee considered that the annual report provided limited detail related to organ donation within the organisation and requested that the content of future reports be reviewed. The Committee did receive information relating to the impending Deemed Consent Legislation introduction; capacity issues within intensive care unit; and the pace of improvement to expand the critical care provision.

For Decision

The Committee were presented with and considered the following reports which were presented "For Decision":

- Thrombectomy: New Interventional Procedure in Tayside (20 August 2020)
The Committee approved the recommendation by the Clinical Quality Forum to endorse the North of Scotland regional Mechanical Thrombectomy Service delivery from Tayside. Mechanical Thrombectomy supplements the effects of clot dissolving medications (thrombolysis), and is a radiological procedure performed by an appropriately training interventional radiology team supported by stroke, anaesthesia and critical care teams. Funding has been secured from Scottish Government and work is being undertaken to provide a single site model with service provision in Dundee. A report will be brought to the Care Governance Committee in October 2021 outlining the impact of the new intervention service.
- Patient Centredness Approach, NHS Tayside (1 October 2020)
The Committee approved the recommendations that: the Person-Centred Board to be stood down; a Leadership Group to oversee the development and coordination of the networks be implemented; networks in line with the proposed framework be developed; performance indicators be developed; development of an event to enable Tayside NHS Board members to consider person-centredness to both strategically inform improvement plans and enable robust governance assurance of the local approach; and the pursuance of resources to support the effective facilitation of the networks. Update reports will be brought to the Care Governance Committee in April and October assuring the Committee on the progress of the sustained and integrated approach to person centredness within NHS Tayside.
- Policy Endorsement
The following Policies were reviewed and endorsed for adoption by the Committee during the year 2020/2021:
 - Remote Prescribing during Covid-19 Pandemic (20 August 2020)
 - NHS Tayside Immunisation Policy (1 October 2020)
 - NHS Tayside Patient Escort Policy (1 October 2020)
 - NHS Tayside Transcribing Medicines Guidance (3 December 2020)
 - Mental Health and Learning Disability Observation Protocol (3 December 2020)

For Awareness

The Committee considered the following reports which were presented "For Awareness":

- Scottish Public Services Ombudsman Reports (Each meeting)
- NHS Tayside Duty of Candour Annual Report (20 August 2020)
- Clinical Negligence Claims (20 August 2020)
- Trust and Respect: Final report of the Independent Inquiry into Mental Health Services (20 August 2020)
- Breast Oncology Service: Acute Services Division (20 August 2020)
- Report of the Inspection Inquiry into the Issues Raised by Paterson (1 October 2020)
- Test Template for Health and Social Care Partnership Reporting (1 October 2020)
- NHS Tayside Annual Feedback Report (3 December 2020)
- Annual Internal Audit Report 2019/20 Report No T06/21 (3 December 2020)

Outstanding Items from Workplan 2020/2021

Reports which were not presented to the Care Governance Committee due to the

deferment of the standing committee on 4 February 2021 as a result of the organisation's continuing Covid-19 pandemic response, but which were reviewed at the next scheduled meeting (22 April 2021):

- Child Protection Annual Report (Assurance) **Moderate Assurance**
- Quality Assurance and Improvement (QAI) arrangements for Child Protection in Tayside (Assurance) **Moderate Assurance**
- Adult Support and Protection in Tayside Annual Assurance Report (Assurance) **Limited Assurance**
- Tayside Academic Science Centre (TASC) Annual Report (Assurance) **Comprehensive Assurance**
- Patient Safety, Clinical Governance and Risk Management Update (Assurance)
- Radiation Safety Committee Interim Report (Assurance) **Comprehensive Assurance**
- Scottish Public Services Ombudsman Annual Report/Annual Letter to NHS Boards (Awareness)
- Annual Report for Volunteering in Tayside (Assurance) **Comprehensive Assurance**

The Academic Health Science Partnership has for the second year running not provided an annual report due to the ongoing review of the partnership arrangements between NHS Tayside and the University of Dundee. The Committee has thereby received no assurance on research and improvement from this area, however, the Tayside Academic Science Centre provided assurance on operational achievements relating to the management of clinical research activity to the Committee through their Annual Report at the meeting on 22 April 2021.

The Patient Safety, Clinical Governance and Risk Management Update was deferred from the meeting on 4 February 2021. This report was not carried forward to the next meeting of the Care Governance Committee held on 22 April 2021, and it was noted within the Assurance Report Strategic Risk 16 Clinical Governance that all important elements from this report would be contained within individual reports from the three Health and Social Care Partnerships, the Operational Unit and Mental Health Services, therefore a collated report is no longer necessary, and will be removed from the Workplan going forward.

All other agenda items, which had been deferred from 4 February 2021, were included within the Agenda for the Care Governance Committee which was held on 22 April 2021. Levels of assurance gained are annotated above.

4 RISK ASSURANCE AND REPORTING

- 4.1 Further to the meeting held on 4 June 2020, where all seven strategic risks delegated to the Care Governance Committee were reviewed, there was agreement that strategic risk assurance reports would be reviewed on a rotational basis, with the intention of reviewing each risk three times per year.

The following table provides the dates when the strategic risks were considered by the Committee:

Risk	Dates Assurance Report Considered						
	02/04/20	04/06/20	20/08/20	01/10/20	03/12/20	04/02/21	22/04/21

Infection Prevention and Control (14)	MEETING DEFERRED	Item 6.3	Item 6.5		Item 3.4	MEETING DEFERRED	Item 6.5
Clinical Governance (16)		Item 6.4	Item 6.6		Item 3.5		Item 6.6
Mental Health Services: (395)		Item 6.1		Item 6.4			Item 6.2 Reserved
Child and Adolescent Mental Health Services (637)		Item 6.2		Item 6.5			Item 6.3
Public Protection (736)		Item 6.5	Item 6.7		Item 3.6		Item 6.7
Corporate Parenting (798)		Item 6.6		Item 6.6			Item 6.4
Care Homes (880)		Item 5.1 Verbal Report	Item 8.5 Verbal Report		Item 3.7		Item 6.8

The Committee received Strategic Risk Assurance Reports at each meeting. The projected target of 100% reporting (three Assurance Reports per year for each strategic risk) over the actual financial year had not been achieved following the deferment of the Standing Committees due to the organisation's response to the Covid-19 pandemic. Those Assurance Reports which were deferred from the meeting on 4 February 2021, were included within the agenda of the meeting held on 22 April 2021.

Strategic Risk 14 Infection Prevention and Control:

The Committee reviewed assurance reports at its meetings on 4 June, 20 August and 3 December 2020 gaining **Limited Assurance** from the three reports presented, recognising that this level of assurance is due to the Covid-19 pandemic being the Infection Prevention and Control Team's primary response and focus.

The assurance report presented to the Committee on 22 April 2021 provided an assurance level of **"Limited"** with the Committee acknowledging that, while there is a wide range of established controls in place, application of and compliance with these is dependent on a large number of variances across the organisation.

Strategic Risk 16 Clinical Governance:

The Committee reviewed assurance reports at its meetings on 4 June, 20 August and 3 December 2020, gaining **Moderate Assurance** from the three reports presented. Slippage had occurred regarding the planned controls which were developed to mitigate against the risk, with new timescales having being put in place. The aim to reduce the risk exposure rating to 12 by 30 April 2020 did not occur, but was reported as achieved at the meeting of 3 December 2020.

The assurance reporting arrangements from Health and Social Care Partnerships to NHS Tayside and Integration Joint Boards continues to be developed and is reflected in the limited to moderate assurance provided by the HSCP assurance reports presented to the Clinical Quality Forum and more recently to the Care Governance Committee. A more consistent process of reporting has been put in place and this will be demonstrated through the routine reporting at Care Governance Committee. Work continues to move to a single framework for clinical and care governance across Tayside health and social care.

The assurance report presented to the Committee on 22 April 2021 provided an assurance level of **“Moderate”** providing an anticipatory statement that the strategic risk exposure rating would be reduced to its planned rate of 9 by 31 August 2021.

Strategic Risk 395: Mental Health Services:

The Committee reviewed assurance reports at its meetings on 4 June and 1 October 2020.

The Committee gained **Moderate Assurance** from the report presented on 4 June 2020 as the report had evidenced a greater stability within the risk and evidenced that the Service was making progress against key actions. However, the Committee gained only **Limited Assurance** from the report presented on 1 October 2020 as the report cited a large number of challenges within the Service.

The complexity of the structure of Mental Health Services continues to present challenges in the management of the strategic risk and the associated mitigating actions. A proposal agreed following the Strategic Risk Management Group (8 December 2020) for alternative ownership and management responsibility of the strategic risk is still to be implemented at the close of the financial year 2020/2021, with the Mental Health Service Executive Leads having a new strategic risk for mental health under early development.

The assurance report presented to the Committee on 22 April 2021 provided an assurance level of **“Moderate”** with the Committee noting the departure of key individuals in senior leadership roles and the difficulties in recruiting to these posts. Please note that this assurance report was taken in Reserved Business.

The assurance report presented on 22 April 2021 was reviewed in Reserved Business due to the confidential nature of report content.

Strategic Risk 637 Child and Adolescent Mental Health:

The Committee reviewed assurance reports at its meetings on 4 June and 1 October 2020.

The Committee gained **Limited Assurance** from the report presented on 4 June 2020 noting that referral rates to CAMHS have continued to increase and, despite some success in service recruitment, there continues to be longstanding vacancies particularly in relation to Consultant Psychiatrist posts; and **Moderate Assurance** from the report presented on 1 October 2020 taking account of the improvements which were ongoing.

The assurance report presented to the Committee on 22 April 2021 provided an assurance level of **“Moderate”** with the Committee acknowledging the sustained improvements evidenced.

Strategic Risk 736 Public Protection:

The Committee reviewed assurance reports at its meetings on 4 June, 20 August and 3 December 2020 gaining **Limited Assurance** from the three reports presented, taking into account key factors impacting on the strategic risk. The Committee noted that during the period of the Covid-19 pandemic there have been regular reports submitted through the NHS Tayside Command Structure (Silver Command to Gold Command) providing assurance around the maintenance of these critical services, and there have been no gaps identified for which additional assurances should be sought.

The assurance report presented to the Committee on 22 April 2021 provided an assurance level of **“Limited”** however, the Committee noted the improvements which had been gained with the approval of the Public Protection Framework for NHS Tayside and the establishment of the Public Protection Executive Group.

Strategic Risk 798 Corporate Parenting:

The Committee reviewed assurance reports at its meetings on 4 June and 1 October 2020 gaining **Limited Assurance** from the two reports presented as there were significant lapses in governance.

The assurance report presented to the Committee on 22 April 2021 suggested an assurance level of **“Limited”** however, the Committee agreed an assurance level of **“Moderate”** as the Public Health Consultant for Child Health was in post; the NHS Tayside Corporate Parenting Plan had been approved at the Executive Leadership Group on 22 March 2021; and recruitment was in progress for the Child Health Commissioner substantive post.

Strategic Risk 880 Care Home Oversight:

Strategic Risk 880 Care Home Oversight was added to the Risk Register on 3 September 2020.

The Director of Nursing and Midwifery provided verbal updates to the Committee on 4 June 2020 and 20 August 2020 confirming arrangements for responsibility and accountability for leadership and guidance for care homes and care at home teams within NHS Tayside.

The Committee reviewed a formal assurance report at its meeting of 3 December 2020 and agreed that **Moderate Assurance** had been gained noting the progress made to manage the risk by the Care Home Clinical and Care Professional Oversight Group.

The assurance report presented to the Committee on 22 April 2021 provided an assurance level of **“Moderate”** with the Committee acknowledging that whilst the level of assurance remained constant, there had been significant progress in implementing further controls whilst managing Covid-19 outbreaks.

The reports provided to the Committee over the financial year 2020/2021 have shown a range of levels of assurance from limited to moderate as illustrated in the table below.

Strategic Risk	Assurance Report Considered Financial Year 2020/2021							Overall Assurance
	02/04/20	04/06/20	20/08/20	01/10/20	03/12/20	04/02/21	22/04/21	
Infection Prevention and Control (14)	MEETING DEFERRED	Limited	Limited		Limited	MEETING DEFERRED	Limited	Limited
Clinical Governance (16)		Moderate	Moderate		Moderate		Moderate	Moderate
Mental Health Services: (395)		Moderate		Limited			Moderate (Deferred Report)	Moderate
Child and Adolescent Mental Health Services (637)		Limited		Moderate			Moderate (Deferred Report)	Moderate
Public Protection (736)		Limited	Limited		Limited		Limited	Limited

Corporate Parenting (798)		Limited		Limited			Moderate (Deferred Report)	Limited
Care Homes (880)					Moderate		Moderate	Moderate

5. ISSUES FOR CONSIDERATION IN NHS TAYSIDE'S GOVERNANCE STATEMENT

Following the UK-wide "Stay at Home" order on 23 March 2020 in response to the Covid-19 pandemic, NHS Tayside established emergency response arrangements and implemented escalation-based mobilisation plans, ensuring that NHS Tayside could respond appropriately to Covid-19 and maintain a range of essential critical services and functions.

6. CONCLUSION

I am satisfied as Chair of the Care Governance Committee that the conduct of business, over the four meetings held within the financial year 2020/2021, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed the Committee to fulfil its remit as detailed in the Code of Corporate Governance.

In line with advice received from the Scottish Government advising NHS Board to review their governance arrangements to effectively respond to the Covid-19 pandemic, Tayside NHS Board revised its governance arrangements between April and June 2020 and From February 2021 to date.

Standing Committees of the Board did not meet in April and May 2020; and February and March 2021.

A review was undertaken during February and March 2021 by each of the Standing Committee Chairs, Lead Officers and Committee Support Officers to discuss the impact of this on their Committee's year end assurances.

Given the work undertaken and progressed during the year, I am satisfied that clinical governance arrangements within NHS Tayside are effective in highlighting risks and issues, and lead to detailed scrutiny through governance structures; that clinical and care governance arrangements continue to be developed across integrated health and social care partners; and that more secure and robust governance and reporting arrangements for Mental Health Services are being put in place.

I can confirm as Chair of the Care Governance Committee that adequate and effective clinical and care governance arrangements were in place within NHS Tayside and demonstrated to this Committee during the financial year ended 31 March 2021.

Attendance at the Committee meetings held has been stable throughout the year and this has been supported by the use of Microsoft Teams to conduct meetings.

I wish to acknowledge the contribution and commitment of all the Committee members and attendees, and to thank those who have prepared reports and attended meetings. In addition I wish to express my gratitude and thanks to the Margaret-Rose Campbell, Committee Support Officer for her support of the Committee during the year.

Mrs Trudy McLeay
Chair
Care Governance Committee
31 March 2021

Appendix 1
Care Governance Committee - Record of Attendance

Record of Attendance		02/04/2020 Deferred Covid-19 Pandemic	04/06/2020	20/08/2020	01/10/2020	03/12/2020	04/02/2020 Deferred Covid-19 Pandemic
Members							
Mrs J Alexander	Non-Executive Member, Tayside NHS Board		Present Microsoft Teams	Present	Present Microsoft Teams	Apologies	
Mr G Archibald	Chief Executive, NHS Tayside		Present Microsoft Teams	Apologies	Apologies	Apologies	
Ms P Kilpatrick Vice Chair	Non-Executive Member, Tayside NHS Board		Present Microsoft Teams	Present Microsoft Teams	Present Microsoft Teams	Present Microsoft Teams	
Professor R McCrimmon	Non-Executive Member, Tayside NHS Board		Present Microsoft Teams	Present Microsoft Teams	Present Microsoft Teams	Apologies	
Mrs T McLeay Chair	Non-Executive Member, Tayside NHS Board		Present Microsoft Teams Chair	Present Chair	Present Chair	Present Chair	
Mrs C Pearce Executive Lead	Nurse Director		Present Microsoft Teams	Present	Present	Present	
Dr R Peat 1 April to 31 December 2020	Non-Executive Member, Tayside NHS Board		Apologies	Present Microsoft Teams	Present Microsoft Teams	Present Microsoft Teams	
Dr Norman Pratt	Non-Executive Member, Tayside NHS Board		Present Microsoft Teams	Present Microsoft Teams	Present Microsoft Teams	Present Microsoft Teams	
Prof Peter Stonebridge Executive Lead	Medical Director, NHS Tayside		Dr C Fleming Microsoft Teams	Dr E Henry	Present	Present Microsoft Teams	
Ms Emma Jane Wells	Non-Executive Member, Tayside NHS Board		Present Microsoft Teams	Present Microsoft Teams	Present Microsoft Teams	Apologies	

Record of Attendance		02/04/2020 Deferred Covid-19 Pandemic	04/06/2020	20/08/2020	01/10/2020	03/12/2020	04/02/2020 Deferred Covid-19 Pandemic
Ex-Officio Attendance							
Mrs Lorna Birse-Stewart	Chair of Tayside NHS Board		Present Microsoft Teams	Present Microsoft Teams	Apologies	Present Microsoft Teams	
In Attendance							
Mrs Karen Anderson	Director of Allied Health Professionals		Mrs N Richardson Microsoft Teams	Present Microsoft Teams	Apologies	Present Microsoft Teams	
Mrs Diane Campbell	Associate Director for Patient Safety, Care Governance and Risk Management		Present Microsoft Teams	Mrs T Passway	Present Microsoft Teams	Apologies	
Mrs Jane Duncan	Director of Communications and Engagement		Mrs A Michie Microsoft Teams	Apologies	Mr S Douglas Microsoft Teams	Miss C Longmuir Microsoft Teams	
Mr George Doherty	Director of Workforce		Present Microsoft Teams	Apologies	Apologies	Apologies	
Ms Margaret Dunning	Board Secretary		Present Microsoft Teams	Present Microsoft Teams	Present Microsoft Teams	Apologies	
Reverend Alan Gibbon	Head of Spiritual Care		Present Microsoft Teams	Apologies	Present Microsoft Teams	Present Microsoft Teams	
Dr Drew Walker 1 April to 31 August 2020	Director of Public Health		Apologies	Apologies	Retired		
Dr Emma Fletcher 1 December 2020	Director of Public Health					Apologies	
Ms Margaret-Rose Campbell	Committee Support Officer		Present Microsoft Teams	Present	Present	Present	

Approved at CGC 04/06/2020
Final Sign Off at CGC 01/04/2021

TAYSIDE NHS BOARD





CARE GOVERNANCE COMMITTEE: COMMITTEE ASSURANCE PLAN and WORKPLAN 2020/2021

The completion of the Committee Assurance Plan will be used to inform the development of the Committee's Annual Work Plan.

The Committee Assurance Plan can also be used as a checklist for the development of the Committee's Annual Report.

Levels of Assurance

We have adopted the same level of assurance as Internal Audit:

Level of Assurance		System Adequacy	Controls
Comprehensive Assurance		Robust framework of key controls ensures objectives are likely to be achieved.	Controls are applied continuously or with only minor lapses.
Moderate Assurance		Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.
Limited Assurance		Satisfactory framework of key controls but with significant weaknesses evident which are likely to undermine the achievement of objectives.	Controls are applied but with some significant lapses.
No Assurance		High risk of objectives not being achieved due to the absence of key internal controls.	Significant breakdown in the application of controls.

To ensure the effectiveness of an organisation's risk and management framework, the board and senior management need to be able to rely on adequate line functions – including monitoring and assurance functions – within the organisation.

The 'Three Lines of Assurance' model as a way of explaining the relationship between these functions and as a guide to how responsibilities should be divided:

- The first line of assurance – functions that own and manage risk
- The second line of assurance – functions that oversee or specialise in risk management, compliance
- The third line of assurance – functions that provide independent assurance, above all internal audit.

The group looking at a topic is 1st line, telling the committee about having done this and what the outcome was (through a report, not just minutes) is 2nd line.

First line of assurance

Under the first line of assurance, operational management has ownership, responsibility and accountability for directly assessing, controlling and mitigating risks.

Second line of assurance

The second line of assurance consists of activities covered by several components of internal governance (compliance, risk management, quality, IT and other control departments). This line of assurance monitors and facilitates the implementation of effective risk management practices by operational management and assists the risk owners in reporting adequate risk related information up and down the organisation.

Third line of assurance

Internal audit forms the organisation's third line of assurance. An independent internal audit function will, through a risk-based approach to its work, provide assurance to the organisation's board of directors and senior management. This assurance will cover how effectively the organisation assesses and manages its risks and will include assurance on the effectiveness of the first and second lines of assurance. It encompasses all elements of an institution's risk management framework (from risk identification, risk assessment and response, to communication of risk related information) and all categories of organisational objectives: strategic, ethical, operational, reporting and compliance.

COMMITTEE ASSURANCE PLAN

(The completion of this Committee Assurance Plan will be used to inform the development of the Committee's Annual Workplan. This can also be used as a checklist for the development of the Committee's Annual Report

COMMITTEE: Care Governance Committee

FINANCIAL YEAR: 2020/2021

ASSURANCE NEED (Consider the Terms of Reference and breakdown into the areas that require assurance to be provided to the Committee)	SOURCE / EVIDENCE OF ASSURANCE (Considering the component parts of the Terms of Reference what evidence is required to be demonstrated against each component part)	TYPE OF ASSURANCE (1 st Line, 2 nd Line or 3 rd Line of Assurance)	FREQUENCY (When will the assurance be presented to the Committee)	DATE AT COMMITTEE	LEVEL OF ASSURANCE ACHIEVED To be completed after Committee Meeting (Comprehensive, Moderate, Limited, No Assurance)
<i>To provide assurance that there are adequate and effective adverse event and clinical risk management processes in place throughout the organisation to enable learning from adverse events which will reduce the risk of future harm.</i>					
Internal Governance	Care Governance Committee Annual Report	2 nd Line Assurance	Annually	04 June 2020	Comprehensive Assurance
The Committee has a duty to review its own performance and effectiveness, including its terms of reference on an annual basis	Care Governance Committee Terms of Reference	2 nd Line Assurance	Annually	04 June 2020	Comprehensive Assurance
	Care Governance Committee Workplan	2 nd Line Assurance	Annually	04 June 2020	Comprehensive Assurance
	Clinical Quality Forum Annual Report	2 nd Line Assurance	Annually	04 June 2020 – Deferred 20 August 2020	Noted within the CGC Meeting
	Clinical Quality Forum Terms of Reference	2 nd Line Assurance	Annually First Quarter	04 June 2020 - Deferred 20 August 2020	Noted within the CGC Meeting
	Clinical Quality Forum Chair's Assurance Report	2 nd Line Assurance	Each meeting	02 April 2020 04 June 2020 20 August 2020 1 October 2020 3 December 2020 4 February 2021	No Meeting Moderate Assurance (4 May 2020) Agenda template revised and CAR now provided For Noting For noting For noting For noting

ASSURANCE NEED	SOURCE / EVIDENCE OF ASSURANCE	TYPE OF ASSURANCE	FREQUENCY	DATE AT COMMITTEE	LEVEL OF ASSURANCE ACHIEVED
	Clinical Quality Forum Minutes Open and Reserved	1 st Line Assurance	Each meeting	02 April 2020 04 June 2020 20 August 2020 1 October 2020 3 December 2020 4 February 2021	No Meeting No rating provided. Taken in open business. No rating provided. Taken in open business. No rating provided. Taken in open business. No rating provided. Taken in open business. No rating provided. Taken in open business. No Meeting
	Clinical And Care Governance Strategy 2019/2021 Clinical And Care Governance Strategy 2019/2021	2 nd Line Assurance 1 st Line Assurance	Interim Update Bi-Annually (Two yearly) Full Review	Update December 2020 December 2021 (Signed off December 2019)	Assurance was provided as an update within the Chair's Assurance Report from CQF, 2 November 2020.

ASSURANCE NEED	SOURCE / EVIDENCE OF ASSURANCE	TYPE OF ASSURANCE	FREQUENCY	DATE AT COMMITTEE	LEVEL OF ASSURANCE ACHIEVED
Adverse Event and Clinical Risk Management	<i>The aim of this domain is to ensure there are adequate and effective adverse event and risk management processes in place throughout the organisation to enable learning from adverse events which will reduce the risk of future harm. It focuses on the reporting and reviewing of adverse events and near misses, in an open, honest and safe environment; continually highlighting good practice; identifying improvements, ensuring business continuity plans are in place and the implementation of patient safety programmes.</i>				
Overseeing:	<i>Seek assurance through Care Governance Committee, Clinical Quality Forum and Quality and Performance Review processes on all aspects of adverse event and clinical risk management and ensure actions and learning have been identified and shared throughout the organisation.</i>				
Seek assurance that robust clinical and care control arrangements are in place for the effective management of clinical and care risk and that they are working effectively across the whole system.	NHS Tayside Strategic Risk Profile Annual Review Update	1 st Line Assurance	Annual	04 June 2020 – Deferred. Decision by Head of Strategic Risk and Resilience Planning not to provide a Report.	
Seek assurance that strategic risks aligned to the Care Governance Committee are effectively managed.	Assurance Reports on Strategic Risk: Infection Prevention and Control Risk 14 Each strategic risk is also aligned to a Standing Committee of the Board and is reported and monitored as a minimum at every second meeting of the Committee via the NHS Tayside Risk Assurance Template.	1 st Line Assurance	Each meeting	02 April 2020	No Meeting
				04 June 2020	Limited Assurance
				20 August 2020	Limited Assurance
				1 October 2020	Not on agenda
				3 December 2020	Limited Assurance
Seek assurance that strategic risks aligned to the Care Governance Committee are effectively managed.	Assurance Reports on Strategic Risk: Clinical Governance Risk 16 Each strategic risk is also aligned to a Standing Committee of the Board and is reported and monitored as a minimum at every second meeting of the Committee via the NHS Tayside Risk Assurance Template.	1 st Line Assurance	Each meeting	02 April 2020	No Meeting
				04 June 2020	Moderate Assurance
				20 August 2020	Moderate Assurance
				1 October 2020	Not on agenda
				3 December 2020	Moderate Assurance
				4 February 2021	Not on agenda

Seek assurance that strategic risks aligned to the Care Governance Committee are effectively managed.	Assurance Reports on Strategic Risk: Mental Health Services Risk 395 Each strategic risk is also aligned to a Standing Committee of the Board and is reported and monitored as a minimum at every second meeting of the Committee via the NHS Tayside Risk Assurance Template.	1 st Line Assurance	Each meeting	02 April 2020	No Meeting
				04 June 2020	Moderate Assurance
				20 August 2020	Not on agenda
				1 October 2020	Limited Assurance
				3 December 2020	Not on agenda
				4 February 2021	No Meeting
Seek assurance that strategic risks aligned to the Care Governance Committee are effectively managed.	Assurance Reports on Strategic Risk: Child and Adolescent Mental Health Risk 637 Each strategic risk is also aligned to a Standing Committee of the Board and is reported and monitored as a minimum at every second meeting of the Committee via the NHS Tayside Risk Assurance Template.	1 st Line Assurance	Each meeting	02 April 2020	No Meeting
				04 June 2020	Limited Assurance
				20 August 2020	Not on agenda
				1 October 2020	Moderate Assurance
				3 December 2020	Not on agenda
				4 February 2021	No Meeting
Seek assurance that strategic risks aligned to the Care Governance Committee are effectively managed.	Assurance Reports on Strategic Risk: Public Protection Risk 736 Each strategic risk is also aligned to a Standing Committee of the Board and is reported and monitored as a minimum at every second meeting of the Committee via the NHS Tayside Risk Assurance Template.	1 st Line Assurance	Each meeting	02 April 2020	No Meeting
				04 June 2020	Limited Assurance
				20 August 2020	Limited Assurance
				1 October 2020	Not on agenda
				3 December 2020	Limited Assurance
				4 February 2021	Not on agenda
Seek assurance that strategic risks aligned to the Care Governance Committee are effectively managed.	Assurance Reports on Strategic Risk: Corporate Parenting Risk 798 Each strategic risk is also aligned to a Standing Committee of the Board and is reported and monitored as a minimum at every second meeting of the Committee via the NHS Tayside Risk Assurance Template.	1 st Line Assurance	Each meeting	02 April 2020	No Meeting
				04 June 2020	Limited Assurance
				20 August 2020	Not on agenda
				1 October 2020	Limited Assurance
				3 December 2020	Not on agenda
				4 February 2021	No Meeting
Seek assurance that strategic risks aligned to the Care Governance Committee are effectively managed.	Assurance Reports on Strategic Risk: Care Homes Risk 880 Each strategic risk is also aligned to a Standing Committee of the Board and is reported and monitored as a minimum at every second meeting of the Committee via the NHS Tayside Risk Assurance Template.	1 st Line Assurance	Each meeting	02 April 2020	Not a risk at the time.
				04 June 2020	No Assurance gained from update provided
				20 August 2020	Assurance gained, but no level assigned.
				1 October 2020	Not on agenda
				3 December 2020	Moderate Assurance
				4 February 2021	Not on agenda

ASSURANCE NEED	SOURCE / EVIDENCE OF ASSURANCE	TYPE OF ASSURANCE	FREQUENCY	DATE AT COMMITTEE	LEVEL OF ASSURANCE ACHIEVED
Seek assurance that clinical and care governance strategic risks, are being effectively managed by the Integration Joint Boards, and escalated as required.	Chair's Assurance Report from Clinical Quality Forum inclusive of an assurance statement on the reporting from Health and Social Care Partnerships. NB CQF Stood Down. Last meeting 2 November 2020. HSCP reporting to Care Governance Committee as of meeting 4 February 2021.	2 nd Line Assurance	Perth and Kinross Health and Social Care Partnership	02 April 2020 04 June 2020 20 August 2020 1 October 2020 3 December 2020 4 February 2021	No Meeting Assurance provided but no level of assurance given. (04/05/2020) Limited Assurance (29/06/2020) Moderate Assurance (07/09/2020) Moderate Assurance (02/11/2020) No Meeting
Seek assurance that clinical and care governance strategic risks, are being effectively managed by the Integration Joint Boards, and escalated as required.	Chair's Assurance Report from Clinical Quality Forum inclusive of an assurance statement on the reporting from Health and Social Care Partnerships NB CQF Stood Down. Last meeting 2 November 2020. HSCP reporting to Care Governance Committee as of meeting 4 February 2021.	2 nd Line Assurance	Dundee Health and Social Care Partnership	02 April 2020 04 June 2020 20 August 2020 1 October 2020 3 December 2020 4 February 2021	No Meeting Assurance provided but no level of assurance given (04/05/2020) Moderate Assurance (29/06/2020) Limited Assurance (07/09/2020) Moderate Assurance (02/11/2020) No Meeting
Seek assurance that clinical and care governance strategic risks, are being effectively managed by the Integration Joint Boards, and escalated as required.	Chair's Assurance Report from Clinical Quality Forum inclusive of an assurance statement on the reporting from Health and Social Care Partnerships NB CQF Stood Down. Last meeting 2 November 2020. HSCP reporting to Care Governance Committee as of meeting 4 February 2021.	2 nd Line Assurance	Angus Health and Social Care Partnership	02 April 2020 04 June 2020 20 August 2020 1 October 2020 3 December 2020 4 February 2021	No Meeting Assurance provided but no level of assurance given (04/05/2020) Moderate Assurance (29/06/2020) Moderate Assurance (07/09/2020) Moderate Assurance (02/11/2020) No Meeting
Seek assurance that strategic risks aligned to the Care Governance Committee are effectively managed.	Update report on archived risk: Person Centred Care (previously Strategic Risk 121)	1 st Line Assurance	One annual update	20 August 2020	No Assurance Report to the CGC as Strategic Risk archived. Report – "Person Centred Approach, NHS Tayside" to CQF For Decision to replace Person Centred Board with Person Centred Network on 7 September 2020. Approval by CQF.

ASSURANCE NEED	SOURCE / EVIDENCE OF ASSURANCE	TYPE OF ASSURANCE	FREQUENCY	DATE AT COMMITTEE	LEVEL OF ASSURANCE ACHIEVED
Seek assurance that data and measurement systems underpin the delivery of care and that these are monitored through the clinical governance structures and reported at the Clinical Quality Forum.	Acute Services Division Quality and Performance Review Report NB CQF Stood Down. Last meeting 2 November 2020. Reporting to Care Governance Committee as of meeting 4 February 2021.	2nd Line Assurance	Each Meeting	4 February 2021	No Meeting
Seek assurance that data and measurement systems underpin the delivery of care and that these are monitored through the clinical governance structures and reported at the Clinical Quality Forum.	Mental Health and Learning Disability Services Quality and Performance Review Report NB CQF Stood Down. Last meeting 2 November 2020. Reporting to Care Governance Committee as of meeting 4 February 2021.	2nd Line Assurance	Each Meeting	4 February 2021	No Meeting
Seek assurance that data and measurement systems underpin the delivery of care and that these are monitored through the clinical governance structures and reported at the Clinical Quality Forum.	Patient Safety, Clinical Governance and Risk Management Update NB CQF Stood Down. Last meeting 2 November 2020. Reporting to Care Governance Committee as of meeting 4 February 2021.	2nd Line Assurance	Each meeting	4 February 2021	Will not be reported to the Care Governance Committee. Assurance Report Strategic Risk 16 to CGC 22 April 2021 reported that all important elements will be contained within reports from HSCPs, the Operational Unit and Mental Health Services.
Seek assurance that all standards and quality of care and treatment are being met.	Area Drug and Therapeutics Committee Annual Report NB CQF Stood Down. Last meeting 2 November 2020. Annual Report will come to CGC October 2021.	2 nd Line Assurance	Annually	October 2021	
Seek assurance that all standards and quality of care and treatment are being met.	Child Protection Annual Report	2 nd Line Assurance	Annually	4 February 2021	No Meeting
Seek assurance that all standards and quality of care and treatment are being met.	Quality Assurance and Improvement Arrangements for Child Protection in Tayside	2nd Line Assurance	Annually	4 February 2021	No Meeting
Seek assurance that all standards and quality of care and treatment are being met.	Annual Assurance Report on Adult Support and Protection in Tayside	2nd Line Assurance	Annually	4 February 2021	No Meeting
Seek assurance that all standards and quality of care and treatment are being met.	Prisoner Healthcare Service Report	2 nd Line Assurance	As required	4 February 2021	No Meeting This update will be provided as part of the Perth and Kinross HSCP Assurance Report and not a separate report.

Clinical Effectiveness	<i>The aim of this domain is to ensure that people who receive care get the right care, at the right time, in the right way. It focuses on ensuring our staff and services are informed and up to date with evidence based practice; research and development and guidelines as well as highlighting the importance of having agreed outcome measures and established clinical audits.</i>				
Overseeing:	<i>Seek assurance through Care Governance Committee, Clinical Quality Forum and Quality and Performance Review processes on all aspects of clinical effectiveness.</i>				
ASSURANCE NEED	SOURCE / EVIDENCE OF ASSURANCE	TYPE OF ASSURANCE	FREQUENCY	DATE AT COMMITTEE	LEVEL OF ASSURANCE ACHIEVED
Seek assurance that where results of inspection are below required standards, appropriate action plans are developed and monitored effectively by the Clinical Quality Forum, and escalated to Care Governance Committee.	Individual reports being requested, where there are external inspections or visits.	Initial Inspection Report when presented to the Committee will be: 3rd Line Assurance Progress Report on Actions will be: 2nd Line Assurance	As required		
	Trust and Respect: The Independent Inquiry into Mental Health Services in Tayside	2 nd Line Assurance		20 August 2020	Provided at meeting For Awareness – No level of assurance provided.
	Breast Oncology Service	2 nd Line Assurance		20 August 2020	Provided at meeting For Awareness – No level of assurance provided.
Seek assurance that appropriate actions are progressed in respect of clinical governance matters which are raised within internal and/or external audit reports relating to NHS Tayside and/or Integration Joint Boards.	Annual Internal Audit Report <ul style="list-style-type: none">2019/20 Report No T06/21 (<u>For awareness</u>)	Initial Inspection Report when presented to the Committee will be: 3rd Line Assurance Any specific progress Report on Actions will be: 2nd Line Assurance	As required	3 December 2020	Provided at meeting For Awareness – No level of assurance provided.
Seek assurance that where performance improvement is necessary for the whole system, the improvements, interventions and outcomes are effective.	Commissioned reports specifically where there are concerns for services which cross whole organisation/partnership boundaries.	2nd Line Assurance	As required		
Seek assurance that effective controls are in place to mitigate against clinical safety risks.	Radiation Safety Committee Annual Report	2 nd Line Assurance	Once per year	04 June 2020 – Deferred to 20 August 2020	Moderate Assurance
Seek assurance that governance arrangements for Research and Development are in place and effective. Evidence shall be provided to the Care Governance Committee in the format of an annual report relating to the quality	Tayside Academic Science Centre Annual Report	2nd Line Assurance	Annual	4 February 2021	No Meeting

of research and processes within the whole system.					
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ASSURANCE NEED	SOURCE / EVIDENCE OF ASSURANCE	TYPE OF ASSURANCE	FREQUENCY	DATE AT COMMITTEE	LEVEL OF ASSURANCE ACHIEVED
Person Centredness	<p><i>The aim of this domain is to enable all practitioners and leaders to develop cultures of person-centredness that positively contribute to patient and staff well-being. It focuses on:</i></p> <ul style="list-style-type: none"> <i>enhancing care experiences</i> <i>sharing decision making</i> <i>enhancing how we engage the public in reviewing and improving our services</i> <i>implementing best person-centred practices as advocated by Scottish Government through 'Excellence in Care' and Healthcare Improvement Scotland; practical examples include person-centred visiting and advocacy</i> <i>developing capability within the system to create environments where staff and therefore evidence based care flourishes.</i> 				
Overseeing:	<i>The elements of person centredness that the Care governance Committee seek assurance on include:</i>				
<u>Feedback and Complaints:</u> The Care Governance Committee shall receive reports to demonstrate that feedback and complaints are handled in accordance with national guidance, lessons are learned and improvements made from complaints investigations and their resolution. Improvements are also made from investigation by the Scottish Public Services Ombudsman (SPSO), Mental Welfare Commission (MWC) and the Equality and Human Rights Commission (EHRC).	Scottish Public Ombudsman Service Report	2 nd Line Assurance	Every meeting	02 April 2020 04 June 2020 20 August 2020 1 October 2020 3 December 2020 4 February 2021	No Meeting Provided at meeting for Awareness, although it was agreed that the report did provide Comprehensive assurance. Provided at meeting For Awareness – No level of assurance provided. Provided at meeting For Awareness – No level of assurance provided. Provided at meeting For Awareness – No level of assurance provided. No Meeting
The Care Governance Committee shall receive an Annual Feedback Report to demonstrate that learning and improvement from feedback, concerns and complaints is being achieved.	Scottish Public Ombudsman Service Annual Report	2 nd Line Assurance	Annually	4 February 2021	No Meeting
	Legal Claims Report	2 nd Line Assurance	Annually	04 June 2020 – Deferred 20 August 2020	Provided at meeting For Awareness – No level of assurance provided.
	NHS Tayside Annual Feedback Report	2 nd Line Assurance	Annually	3 December 2020 2020	Provided at meeting For Awareness – No level of assurance provided.

ASSURANCE NEED	SOURCE / EVIDENCE OF ASSURANCE	TYPE OF ASSURANCE	FREQUENCY	DATE AT COMMITTEE	LEVEL OF ASSURANCE ACHIEVED
<u>Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012:</u> The Care Governance Committee shall receive reports and minutes from the Equality and Diversity Governance Group which demonstrates assurance of compliance with the Equality Act 2010, and evidence robust equality and diversity systems and processes in NHS Tayside.	Equality and Diversity Annual Report	2nd Line Assurance	Annually	04 June 2020	Moderate Assurance
	Equality and Diversity Governance Group Terms of Reference	2nd Line Assurance	Annually	04 June 2020	Moderate Assurance
	Equality and Diversity Governance Group Assurance Plan	2nd Line Assurance	Annually	04 June 2020	Moderate Assurance
	Equality and Diversity Governance Group Workplan	2nd Line Assurance	Annually	04 June 2020	Moderate Assurance
	Equality and Diversity Statutory (Specific Duties) (Scotland) Regulations	2nd Line Assurance	April 2020	04 June 2020	Moderate Assurance
04/06/2020 Level of Assurance: The Care Governance Committee recorded a level of Moderate assurance in relation to the evidence provided within the Assurance Report.					
	Tayside NHS Board's Mainstreaming and Equality Outcomes Report Original published 20 April 2017, review April 2021	2nd Line Assurance	Main Report Every FOUR Years	April 2021	
	Mainstreaming and progress with the Equality Outcomes Report Interim Report published 20 April 2019 Next Interim Report April 2023	2nd Line Assurance	Interim Progress Report Every TWO Years between Main Reports	April 2023	
The organisational duty of candour provisions of The Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 and The Duty of Candour Procedure (Scotland) Regulations (2018): The Care Governance Committee shall receive an Annual Report which demonstrates compliance with the Duty of Candour duties, evidencing NHS Tayside's procedures and actions following any cases identified.	Duty of Candour Annual Report	2nd Line Assurance	Annually	04 June 2020 – Deferred 20 August 2020	Provided at meeting For Awareness – No level of assurance provided.

ASSURANCE NEED	SOURCE / EVIDENCE OF ASSURANCE	TYPE OF ASSURANCE	FREQUENCY	DATE AT COMMITTEE	LEVEL OF ASSURANCE ACHIEVED
<u>Volunteering</u> : The Care Governance Committee shall receive an annual volunteering report providing assurance volunteers are supported within NHS Tayside, and that the volunteer service is provided and developing in line with the NHS Tayside Volunteer Strategy, the refreshed Strategy for Volunteering outlined in the NHS (CEL 10 2008) and the Scottish Government's 'Volunteering For All' framework.	Volunteering Annual Report	2 nd Line Assurance	Annual	4 February 2021	
<u>Organ Donation</u> : The Care Governance Committee shall receive assurance on the framework for the ethical and legal implications of organ donation in NHS Tayside through an Annual Report from the Donation Committee.	Organ Donation Committee Annual Report	2nd Line Assurance	Once per year	1 October 2020	Limited Assurance
<u>Spiritual Care</u> : The Care Governance Committee shall receive an Annual Report from the Spiritual Healthcare Committee and from the Department of Spiritual Care that provides assurance around the role of spiritual care and the effectiveness of the service.	Annual Report Spiritual Healthcare Committee	2nd Line Assurance	Annually	02 April 2020 04 June 2020	No Meeting Moderate Assurance
	Annual Report Department of Spiritual Care	2nd Line Assurance	Annually	02 April 2020 04 June 2020	No Meeting Moderate Assurance

ASSURANCE NEED	SOURCE / EVIDENCE OF ASSURANCE	TYPE OF ASSURANCE	FREQUENCY	DATE AT COMMITTEE	LEVEL OF ASSURANCE ACHIEVED
Continuous Improvement and Professional Standards	<i>The aim of this domain is to ensure that all services learn about what works and what doesn't and supports teams to make improvements. The key policy drivers include the Chief Medical Officer's Annual Report 2014-15, Realistic Medicine and Excellence in Care approach. These reports emphasise the need to put the person receiving health and care at the centre of decision-making and create a personalised approach to their care. They also recognise the importance of valuing and supporting all health and care professionals as vital to improving outcomes for the people in their care.</i>				
Overseeing:	<i>Tayside NHS Board is committed to quality improvement demonstrated by the commitment to NHS Tayside Vision and Values, the Transforming Tayside programme and work on culture. The Clinical Quality Forum supports quality improvement at all levels providing the platform for assurance and the identification and support to key areas of work requiring improvement specifically closing the loop for quality of care.</i>				
There is an environment for continuous and sustainable improvement across NHS Tayside and the Health and Social Care Partnerships.					
There are opportunities for the sharing of good practice and learning throughout NHS Tayside and the Health and Social Care Partnerships.	Safer Management of Controlled Drug	2 nd Line Assurance	Annually	20 August 2020 – Deferred to December 2020	Moderate Assurance
The Committee will receive an Annual Report from the Academic Health Science Partnership (AHSP) which will include improvement and research elements.	Annual Report AHSP	2 nd Line Assurance	Annually		
The Committee will receive an annual report in relation to Medical and Nursing and Midwifery revalidation.	Nursing and Midwifery Revalidation Report	2 nd Line Assurance	Annually	3 December 2020	Mrs Pearce advised this report is not required at CGC. Reported verbally at CQF 2 November 2020. Should be reported at Staff Governance in future.
The Committee will receive an annual report in relation to Medical and Nursing and Midwifery revalidation.	Secondary Care Appraisal and Revalidation Report	2 nd Line Assurance	Annually	3 December 2020	Professor Stonebridge advised this report is not required at CGC. Presented to Staff Governance Committee on 13 October 2020. Duplication of reporting.

This workplan outlines the major items which the Care Governance Committee has to consider as part of its schedule of work for the year.

This should allow the Committee to fulfil its terms of reference. The workplan will continue to be kept under review throughout the year.

CARE GOVERNANCE COMMITTEE WORKPLAN 2020-2021												Item		
			2 April 2020		4 June 2020		20 August 2020		1 October 2020		3 December 2020		4 February 2021	
			Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual
INTERNAL GOVERNANCE														
Care Governance Committee Annual Report 2019-2020		Medical/ Nurse Director	✓	Defer - Meeting Cancelled	✓	✓ Item 5.6								
Care Governance Committee Terms of Reference 2020-2021		Medical/ Nurse Director	✓	Defer - Meeting Cancelled	✓	✓ Item 5.7								
Care Governance Committee Assurance and Work Plan 2020-2021		Medical/ Nurse Director	✓	Defer - Meeting Cancelled	✓	✓ Item 5.7	✓	✓ Item 5.1	✓	✓ Item 5.1	✓	✓ Item 7.1	✓	Sign off to occur at 01/04/2021
Clinical Quality Forum Annual Report 2019-2020		Medical/ Nurse Director			✓	Deferred	✓	✓ Item 6.3						
Clinical Quality Forum Terms of Reference and Workplan 2020-2021		Medical/ Nurse Director			✓	Deferred	✓	✓ Item 6.4						
Clinical Quality Forum: Chair’s Assurance Report for Care Governance Committee (Open Business)		Medical/ Nurse Director	✓	Defer - Meeting Cancelled	✓ 04/05/2020	✓ Item 5.5	✓ 29/06/2020	✓ Item 6.1	✓ 07/09/2020	✓ Item 6.2	✓ 02/11/2020	✓ Item 3.1	✓	Carried forward due to deferment
Clinical Quality Forum: Minute		Medical/ Nurse Director	✓	Defer - Meeting Cancelled	✓ 04/05/2020 (Unapproved)	✓ Item 13.1 (Reserved Business)	✓ 29/06/2020 (Unapproved)	✓ Item 6.2 (Open Business)	✓ 07/09/2020 (Unapproved)	✓ Item 6.1 (Open Business)	✓ 02/11/2020 (Unapproved)	✓ Item 3.2		
Clinical and Care Governance Strategy 2019/2021		Ass Dir PS,CG&RM									✓ Update	✓ Update within Item 3.1		
ADVERSE EVENT AND CLINICAL RISK MANAGEMENT														
NHS Tayside Strategic Risk Profile – Annual Review Update		Medical/ Nurse Director/ Head of SR&RP	Strategic Risks not agreed for Organisation											
14	Infection Prevention and Control	IPC Manager	✓	Defer - Meeting Cancelled	✓	✓ Item 6.3	✓	✓ Item 6.5			✓	✓ Item 3.4		
16	Clinical Governance	Ass Dir PS,CG&RM	✓	Defer - Meeting Cancelled	✓	✓ Item 6.4	✓	✓ Item 6.6			✓	✓ Item 3.5		
395	Mental Health Services - Sustainability of Safe and Effective Services across Tayside	Chief Officer/Ass Dir MH	✓	Defer - Meeting Cancelled	✓	✓ Item 6.1			✓	✓ Item 6.4			✓	Carried forward due to deferment
637	Child and Adolescent Mental Health Services	Chief Officer Acute Services	✓	Defer - Meeting Cancelled	✓	✓ Item 6.2			✓	✓ Item 6.5			✓	Carried forward due to deferment
736	Public Protection	Director of AHPs	✓	Defer - Meeting Cancelled	✓	✓ Item 6.5	✓	✓ Item 6.7			✓	✓ Item 3.6		
798	Corporate Parenting	Nurse Director	✓	Defer - Meeting Cancelled	✓	✓ Item 6.6			✓	✓ Item 6.6			✓	Carried forward due to deferment
880	Care Homes	Nurse Director			✓	✓ Item 5.1	✓	✓ Item 8.5			✓	✓ Item 3.7		
Patient Centredness Approach, NHS Tayside		Dir of AHP					✓	Defer	✓	✓ Item 7.3				

		2 April 2020		4 June 2020		20 August 2020		1 October 2020		3 December 2020		4 February 2021	
		planned	actual	planned	actual	planned	actual	planned	Actual	planned	actual	planned	actual
Assurance Reports:													
Angus Health and Social Care Partnership (included following stepping down of CQF)	Clinical Director											✓	Carried forward due to deferment
Dundee Health and Social Care Partnership (included following stepping down of CQF)	Clinical Director											✓	Carried forward due to deferment
Perth and Kinross Health and Social Care Partnership (included following stepping down of CQF)	Clinical Director											✓	Carried forward due to deferment
Quality and Performance Review Reports:													
Acute Services Division (included following stepping down of CQF)	Chief Officer, Acute Services											✓	Carried forward due to deferment
Mental Health and Learning Disability Services (included following stepping down of CQF)	AND MH&LD											✓	Carried forward due to deferment
Patient Safety, Clinical Governance and Risk Management Update (included following stepping down of CQF)	Ass Dir PS,CG&RM											X	See Note in Committee Assurance Plan
Area Drug and Therapeutics Committee Annual Report (went to CQF in September 2020, due to CGC in October 2021, included following stepping down of CQF)	Business Manager Pharmacy Service												
Area Drug and Therapeutics Committee Minutes (included following stepping down of CQF)	Business Manager Pharmacy Service									✓ 20/08/2020	✓ Item 8.5	✓ 29/10/2020 03/12/2020	Carried forward due to deferment
Child Protection Annual Report	Improvement & Performance Manager/ Lead Nurse Child Protection											✓	Carried forward due to deferment
Quality Assurance and Improvement (QAI) arrangements for Child Protection in Tayside	Improvement & Performance Manager/ Lead Nurse Child Protection											✓	Carried forward due to deferment
Annual Assurance Report on Adult Support and Protection in Tayside	Director of AHPs											✓	Carried forward due to deferment
NHS Tayside Adult Protection Strategic Implementation Group Minutes	Interim Strategic Lead, Adult Protection											✓ 06/10/20	Carried forward due to deferment

		2 April 2020		4 June 2020		20 August 2020		1 October 2020		3 December 2020		4 February 2021	
		planned	actual	planned	actual	planned	actual	planned	Actual	planned	actual	planned	actual
Prisoner Healthcare Service Report	Head of PHC, OOH, FMS											✓	Contained within P&K HSCP Rpt
CLINICAL EFFECTIVENESS													
Radiation Safety Committee Annual Report	IRMER Lead & Scientific Lead for Radiation Safety			✓	Deferred	✓	✓ Item 6.8					✓ Interim update on Radon Surveillance	Carried forward due to deferment
Tayside Academic Science Centre (TASC) Annual Report (only comes to CGC, does not go through CQF first)	Tayside R&D Director											✓	Carried forward due to deferment
PERSON CENTREDNESS													
Scottish Public Services Ombudsman (SPSO) Reports	Complaint/ Feedback Team Lead	✓	Defer - Meeting Cancelled	✓	✓ Item 7.1	✓	✓ Item 8.2	✓	Not on agenda	✓	✓ Item 8.1	✓	Carried forward due to deferment
Scottish Public Services Ombudsman (SPSO) Annual Report	Complaint/ Feedback Team Lead											✓	Carried forward due to deferment
Legal Claims (Reserved Business)	Complaint/ Feedback Team Lead/ Claims Officer			✓	Deferred	✓	✓ Item 8.3						
NHS Tayside's Annual Feedback Feedback Report	Complaint/ Feedback Team Lead									✓	✓ Item 8.2		
Equality and Diversity Governance Group Annual Report	Head of Corporate Equalities			✓	✓ Item 5.4								
Equality and Diversity Governance Group Terms of Reference	Head of Corporate Equalities			✓	✓ Item 5.4								
Equality and Diversity Governance Group Assurance Plan	Head of Corporate Equalities			✓	✓ Item 5.4								
Equality and Diversity Governance Group Workplan	Head of Corporate Equalities			✓	✓ Item 5.4								
Equality and Diversity Statutory (Specific Duties) (Scotland) Regulations Report	Head of Corporate Equalities	✓	Defer - Meeting Cancelled	✓	✓ Item 5.4								
Equality and Diversity Governance Group Minutes	Head of Corporate Equalities	✓ 03/12/2019	Defer - Meeting Cancelled	✓ 03/12/2019 21/01/2020	✓ Item 9.2	✓ 21/05/2020	✓ Item 8.6			✓ 21/07/2020 (15/09/2020 cancelled)	x	✓ 21/07/2020 17/11/2020	Carried forward due to deferment
Duty of Candour Annual Report	Ass Dir PS,CG&RM			✓	Deferred	✓	✓ Item 8.4						

		2 April 2020		4 June 2020		20 August 2020		1 October 2020		3 December 2020		4 February 2021	
		planned	actual	planned	actual	planned	actual	planned	Actual	planned	actual	planned	actual
Volunteering Annual Report	Interim Head of CG&RM											✓	Carried forward due to deferment
Volunteer Strategy 2019-2024	Interim Head of CG&RM					✓ Update	This update will form part of the Patient Safety, Clinical Governance and Risk Management Update which is presented to the Clinical Quality Forum on 7 September 2020. The update will be captured within the Chair's Assurance Report to the Care Governance Committee (1 October 2020) from CQF of 07/09/2020.						
Organ Donation Committee Annual Report	Consultant in Anaesthesia and Intensive Care Medicine							✓	✓ Item 6.3				
Spiritual Healthcare Committee Annual Report	Head of Spiritual Care	✓	Defer - Meeting Cancelled	✓	✓ Item 5.3								
Spiritual Care Department Annual Report	Head of Spiritual Care	✓	Defer - Meeting Cancelled	✓	✓ Item 5.2					✓ Interim Update	✓ Item 8.3		
Spiritual Healthcare Committee Minutes	Head of Spiritual Care			✓ 19/09/2019	✓ Item 9.1	✓ 10/03/2020	✓ Item 8.7					✓ 08/09/20	Carried forward due to deferment
Inspection/Review Reports provided to the Committee (to be added to throughout the year):													
Trust and Respect: The Independent Inquiry into Mental Health Services in Tayside	Interim Director of MH Services					✓	✓ Item 8.1						
Breast Oncology Service	Associate Nurse Director					✓	✓ Item 6.10						
Report of the Inspection Inquiry into the issues raised by Paterson								✓	✓ Item 8.1				
CONTINUOUS IMPROVEMENT													
Annual Report from the Academic Health Science Partnership (AHSP)						No report available	There is currently no Academic Health Science Partnership. Work is ongoing to review partnership arrangements. No report will be forthcoming in the financial year 2020/2021.						
Secondary Care Appraisal and Revalidation – Medical Inclusive of DL(2019)22 (31/12/2019) compliance	Consultant in Anaesthesia and Intensive Care Medicine									✓	Not to CGC. Reported to Staff Governance 13/10/2020		
Revalidation – Nursing and Midwifery	Associate Nurse Director for MH									✓	Not to CGC reported Staff Governance Committee if appropriate		
Safer Management of Controlled Drugs	Lead Pharmacist					✓	Deferred	✓	Deferred	✓	✓ Item 3.3		
CLINICAL POLICIES (to be added to throughout the year)		For adoption, following approval by the Clinical Quality Forum, throughout the year.											
Remote Prescribing during Covid-19 Pandemic (for adoption)						✓	✓ Item 7.1						

		2 April 2020		4 June 2020		20 August 2020		1 October 2020		3 December 2020		4 February 2021	
		planned	actual	planned	actual	planned	actual	planned	Actual	planned	actual	planned	actual
NHS Tayside Immunisation Policy (for adoption)								✓	✓ Item 7.1				
NHS Tayside Patient Escort Policy (for adoption)								✓	✓ Item 7.2				
NHS Tayside Transcribing Medicines Guidance (for adoption)										✓	✓ Item 4.2		
Mental Health and Learning Disability Observation Protocol (for adoption)										✓	✓ Item 4.3		
NEW INTERVENTIONAL PROCEDURES (to be added to throughout the year) (An intervention is a combination of program elements or strategies designed to produce behaviour changes or improve health status among individuals or an entire population.)		For endorsement following scrutiny and approval by the Clinical Quality Forum throughout the year.											
Thrombectomy: New Interventional Procedure in Tayside						✓	✓ Item 7.2						
ADDITIONAL ITEMS BROUGHT TO THE COMMITTEE													
Race Equality Update	Board Secretary					✓	✓ Item 6.9						
Test Template for Health and Social Care Partnership Reporting	Interim Head of CG&RM							✓	✓ Item 8.2				
Annual Internal Audit Report 2019/20 Report No T06/21 (for awareness)										✓	✓ Item 8.4		