

Minute

**Tayside NHS Board
Care Governance Committee**

Minutes of the above meeting held on Thursday 7 October 2021 at 1000 hours in the Board Room, Level 10, Ninewells Hospital and via Microsoft Teams.

Present:**Non Executive Members**

Mrs P Kilpatrick	Vice Chair, Care Governance Committee/ Non-Executive Member, Tayside NHS Board (from item 7.4)
Professor G Martin	Non-Executive, Tayside NHS Board (to item 7.4)
Mrs T McLeay	Chair, Care Governance Committee/Non-Executive, Tayside NHS Board
Dr N Pratt	Non-Executive, Tayside NHS Board

Executive Members

Mrs C Pearce	Director of Nursing and Midwifery, NHS Tayside
--------------	--

In attendance:

Mrs D Campbell	Associate Nurse Director/Director for Patient Safety, Care Governance and Risk Management
Mrs T Passway	Head of Patient Safety Clinical Governance and Risk Management
Mrs N Richardson	Director of Allied Health Professions

Attendee:

Mrs H Barnett	Director of Performance
Dr A Clement	Clinical Director, Angus HSCP
Dr H Dougall	Clinical Director, Perth and Kinross HSCP
Ms S Gourlay	Chief Nurse Care Homes & Primary Care
Dr E Henry	Associate Medical Director (from item 7)
Dr S Hilton-Christie	Associate Medical Director Patient Safety, Clinical Governance and Risk Management
Ms D McCulloch	Head of Health and Community Care, Dundee HSCP
Dr S Pillai	Clinical Director, Diagnostics
Mr K Russell	Associate Nurse Director
Ms L Wiggin	Chief Officer, Acute Services

Apologies:

Mrs J Alexander	Non-Executive member, Tayside NHS Board/Employee Director
Mr G Archibald	Chief Executive, NHS Tayside
Mrs A Buchanan	Non-Executive Member, Tayside NHS Board
Mr G Doherty	Director of Workforce
Mrs M Dunning	Board Secretary
Dr E Fletcher	Director of Public Health
Reverend A Gibbon	Head of Spiritual Care
Mr M Kendall	AHP Lead, Dundee Health and Social Care Partnership
Professor P Stonebridge	Medical Director, NHS Tayside

Mrs Trudy McLeay in the Chair

1 WELCOME AND APOLOGIES

Mrs McLeay welcomed all to the meeting.

She thanked health and social care staff across all of Tayside for their continuing hard work in this most challenging of times. Mrs McLeay also thanked all of the staff who had prepared reports for the meeting.

Apologies were received and noted above.

The Chair advised that Ms Pat Kilpatrick would be joining the meeting at approximately 11:00am.

It was noted that the meeting required two out of three Executive Directors to be present for a quorum. Mrs Pearce advised that the Chief Executive was in another meeting and would join as soon as he was available. It was agreed that the meeting would continue and if required items for decision would be discussed and circulated for approval and homologated at the next meeting.

2 DECLARATIONS OF INTEREST

No interests were declared.

3 MINUTES AND CHAIR'S ASSURANCE REPORT

3.1 Minute: Care Governance Committee 5 August 2021

The Minute of the Care Governance Committee of 5 August 2021 was approved on the motion of Professor G Martin and seconded by Dr N Pratt.

The Committee approved the Minute of the meeting held on 5 August 2021

3.2 Chair's Assurance Report to the Board following the Care Governance Committee 5 August 2021

The Chair advised that the Chairs' Assurance Report had been submitted to the Board on 26 August 2021.

The Committee noted the Chair's Assurance Report of 5 August 2021

4 ACTION POINTS UPDATE AND MATTERS ARISING

4.1 Action Points Update

The Action Points Update was noted and discussed.

Action 1 Adverse Event Management Process evaluation to come forward to the meeting on 2 December 2021.

Action 2 SPSO Reports

Mrs Hazel Barnett advised that the three Health and Social Care Partnerships (HSCPs) had different complaints processes in place to that of NHS Tayside.

It was noted that Mrs Barnett had met with two of the HSCP Leads for Complaints (Angus and Dundee) and was still to meet with the Perth and Kinross Lead. These meetings would consider SPSO recommendations and the governance processes for health related complaints and outcomes in the HSCPs.

Action 3 SPSO Feedback to Equality and Diversity Group

Mrs Hazel Barnett advised that the learning from SPSO reports would be shared via the Equality and Diversity Governance Group.

Action 4 Sage and Thyme or equivalent training

Mrs Claire Pearce advised that she had discussed this with Mr George Doherty. In terms of the ongoing COVID situation and challenges, it would not be possible to take this forward.

Action 6 NHS Tayside Feedback Annual Report 2020/21 – action completed. The Feedback Report was approved by Tayside NHS Board on 26 August 2021.

Action 7 Dundee HSCP Assurance Report – information on number of GP sessions per 100,000 of population in Dundee to be included in the 2 December report to the Committee.

Actions 8, 9 and 10 – due to the ongoing COVID situation, leads for these services had been asked to provide summaries on emerging risks. The updates requested would come to the December meeting dependent on the COVID challenge.

Action 11 – Level of detail to be included in SPSO reports to be discussed with the Caldicott Guardian – meeting still to be arranged with the Medical Director (Caldicott Guardian). Update to come forward to December meeting.

Action 12 – Update to DATIX re reason for refusal of final reports – completed.

The Committee noted the updates provided.

4.2 Matters Arising

There were no other matters arising.

5 COMMITTEE ASSURANCE AND WORKPLAN

5.1 Committee Assurance Plan and Workplan 2021/2022

The Committee noted the Assurance and Workplan 2021/22.

5.2 Record of Attendance

The Committee noted the Record of Attendance.

6 Patient Experience

6.1 Patient Story

The Chair noted the importance of hearing experiences through stories at this meeting, the standing committee that has a real focus on the care of patients and people. The Chair gave her thanks to the staff member who had provided her experience on behalf of the Care Governance Committee and expressed condolences to the family.

Ms Nic Richardson read aloud, verbatim, the patient story and advised the Committee of the learning and improvements that have been made since receiving this feedback. It was noted these included sympathy cards; a flowchart for aftercare to the family of a deceased patient and Thistle Bags for a patient's belongings.

It was evident from feedback provided by the meeting members that hearing the story in this way had a profound effect. The Chair shared the assurance she received from this item that stories are used for learning and improvement.

The Care Governance Committee noted that it was planned to feature patients' stories in future meetings, also potentially staff stories; these would include both positive and negative feedback and actions taken from the learning. The power and value of an apology was noted.

The Committee noted the Patient Story and that patient' stories both negative and positive would feature in future meetings

6.2 Person Centredness Approach (CGC60/2021)

Ms Nic Richardson spoke to this report. She advised the report provided an update on the distributed leadership person-centredness model in Tayside that was approved by the Care Governance Committee in

October 2020, and that progress had been reported to the Committee in April 2021.

Ms Richardson gave an overview of the four key areas that were supported by the Whole System Person Centredness Leadership Group. These were improve care experience for staff, patients, families and carers; transform person-centred leadership and care cultures; community engagement, including public and patient involvement and shared decision making.

Areas of note were facilitated training for c250 staff in Compassionate First Response: Power of Apology, Responding to Concerns and Complaints, Conflict and Challenging Behaviour and Writing Patient Centred Responses; a 40% increase in Care Opinion stories in 2020/21 compared to 2019/20.

It was noted that Appendix 2 to the Report gave an overview of the alignment of the Person Centred approach within NHS Tayside to the refreshed NHS Tayside Collective Leadership and Cultural Strategic Framework and Talent Framework.

Training in MS Teams has been provided by the Communications and Engagement Team for public partners to ensure they were able to take part in events throughout the pandemic. Tayside has been praised by Healthcare Improvement Scotland Community Engagement (HISCE) for the rapid training of public partners in MS Teams and our approach has been shared by HISCE as an example of good practice.

Progress in shared decision making was highlighted with the Testing of Treatment Escalation Planning documentation with the assistance of the Patient Safety Team, and the engagement of design students as interns to develop patient and family engagement material to encourage conversations about treatment plans.

Ms Richardson advised that some progress had inevitably been delayed due to the challenges of the COVID pandemic. She outlined the NHS Tayside Person-Centred Care Logic Model at Appendix and noted the intention to spread patient centred care across the organisation.

In response to a query from Mrs McLeay about the involvement of carers in the decision-making process, Ms Richardson advised that this would be discussed as part of the Logic Model and would be included in future reports.

The Care Governance Committee noted this paper for awareness.

Dr Elaine Henry joined the meeting.

7 Reports for Assurance

Integration Joint Board

7.1 Dundee Health and Social Care Partnership: Assurance Report

Ms Diane McCulloch was in attendance and spoke to this report. She advised that Dundee HSCP Service Risks are considered within the Dundee Clinical, Care and Professional Governance Group every two months. It was noted that each Primary Governance Group (PGG) reviews the risks for their service area on a monthly basis. The DHSCP Governance Group met on 23 September 2021.

Ms McCulloch advised there were 3 new current risks added to Datix since the last report - Psychiatry of Old Age – Older People Services (Dundee), Workforce and Pathways of Care/Complex Needs Patients and Psychiatry of Old Age – Older People Services (Dundee) – Ligature Risk.

Red risks highlighted included the workforce capacity in the Dundee Drug and Alcohol Service, the implementation of the Medication Assisted Treatment (MAT) Standards, and the suitability of the building at Constitution House. Ms McCulloch outlined the mitigation actions in place, and highlighted the issue in respect of the job banding of District Nurses in Dundee. The Committee noted that this was also having an impact on the retention, recruitment, morale and contributed to the overall tiredness of staff.

Level of Assurance – Moderate

The Committee considered and accepted the report from Dundee HSCP which was provided for assurance.

7.2 Assurance Report: Perth and Kinross Health and Social Care Partnership (CGC62/2021)

Dr Hamish Dougall was in attendance and presented this report. He advised that the governance processes on the management of risk and the quality of clinical and care services in Perth and Kinross Health and Social Care Partnership had been agreed at the IJB meeting on 29 September 2021.

Dr Dougall highlighted access to assessment beds within psychiatry of old age (POA), winter pressures and the prisoner healthcare female custody unit as new and emerging risks.

The Committee noted the other key risk areas of community hospital registered nurse staffing levels and workforce within Mental Health Services with limited additional mitigations recorded. Dr Dougall advised that since the report was written there had been an improvement in the

mental health medical workforce (2.5 to 4.6 WTE consultants).

Dr Dougall also advised the Committee of the risk around Primary Care Sustainability. It was noted that this strategic risk sat with the Angus IJB as the host for Primary Care Services. He advised that a survey had been undertaken on the sustainability of all GP practices in Perth and Kinross and the results had been shared with the Medical Director and the Chief Executive.

There was detailed discussion on mitigating actions and controls to address these risks. It was noted that there was ongoing partnership working across NHS Tayside and the Health and Social Care Partnerships to mitigate these risks.

Level of Assurance: Moderate. Following discussion about the level of assurance offered from this report, due to the reporting of limited assurance in some areas, it was agreed that further discussion would be held outwith the meeting, with Dr Dougall on the reporting of the levels of assurance.

- **The Committee: Considered and accepted the report from Perth and Kinross HSCP which was provided for assurance.**

7.3 Assurance Report: Angus Health and Social Care Partnership (CGC63/2021)

Dr Alison Clements was in attendance and spoke to this report. She gave an overview of new emerging risks, key risks that are becoming increasingly significant in terms of likelihood or severity and other issues and concerns.

The three risks highlighted were the Sustainability of Primary Care Services, Workforce Optimisation and the Implementation of Strategic Planning Priorities. The mitigating actions were outlined and it was noted that in respect of the governance of the strategic and service risks for primary care, that discussion was ongoing to adopt a similar approach to that of the Tayside Mental Health risk. The Committee noted that an internal audit was planned for the Sustainability of Primary Care Strategic Risk.

There was discussion about the workforce element of the Sustainability of Primary Care Services strategic risk. The Committee noted the key risk around 2c general practices.

Dr Clements advised of the extensive ongoing work with universities on workforce recruitment and retention, and the Committee recognised that GP recruitment and retention was an issue nationally.

Dr Henry noted that she would contact Dr Clements outwith the meeting to discuss leadership development in the recruitment to posts in Primary

Care.

Dr Clement advised of the various actions including working in an integrated way, avoiding duplication, reviewing the level and type of healthcare support and the opportunities of investing in other roles. She highlighted that prevention and early intervention was key.

Level of Assurance – Moderate

The Committee considered and accepted the report from Angus HSCP which was provided for assurance.

Care Governance

7.4 Acute Services Division Clinical and Care Governance Report (CGC65/2021)

Ms Lorna Wiggin spoke to this paper and provided the Committee with an update on the areas of risk or concern within Acute Services. Issues raised included workforce pressures, remobilisation challenges and elective activity.

Ms Wiggin informed the Committee that supplementary spend for nursing and midwifery staffing continues to be managed within funded budgets and is below pre-COVID levels. However it was noted that bank staff and contract agencies were still needed due to increased demand and COVID-related absence.

The Care Governance Committee noted and welcomed the newly qualified practitioners that would be joining NHS Tayside.

In relation to medical staffing, Ms Wiggin advised that the main risk was the ongoing challenge of recruiting into several specialities which were experiencing a shortage of available medical staffing at a national level. These specialties included medicine for the elderly; anaesthetics; radiology; infection prevention and control; and oncology.

Other areas of risk were the challenges responding to remobilisation and elective activity alongside the clinical activity and pressures commensurate with delivering care in pandemic. It was noted that these were monitored by the Quality Performance Review process.

Staff well-being was also highlighted. Ms Wiggin advised that everything possible was being done to support staff and an example of this support was a chaplaincy attendee at the daily huddle meetings.

Ms Wiggin provided a detailed overview of other service specific areas including breast screening, planned care, critical care and COVID-19

pathways.

During discussion the following points were noted.

Work was underway to align breast screening radiography with mainstream radiography to facilitate advanced practitioner training. Dr Pratt noted that he had previously highlighted that in his opinion, based on discussion he had with staff groups, that breast cancer oncology should be a strategic risk in its own right.

Ms Wiggin outlined the mitigating actions that were in place including the recruitment of a breast cancer surgeon along with support from NHS Grampian and that the clinical team were actively recruiting, however, there were oncology recruiting difficulties across Scotland. She noted that Dr Hannah Lord, Clinical Leader, Oncology was working with the service to rebuild the team.

Following further discussion, it was agreed that Dr Pratt and Ms Wiggin would discuss this matter outwith the meeting. Mrs Pearce advised that the Medical Director was scheduled to meet with the Oncology staff.

Additional capacity was discussed and Ms Wiggin gave an overview of what was available including Medinet at PRI and Ninewells and the Vanguard Unit for endoscopy, as well as additional mobile MRI and CT scanning units.

Dr Henry highlighted that thanks to the leadership across the whole organisation covering both health and social care, NHS Tayside was in a good position and staff were working together to the benefit of the patients.

Ms Kilpatrick joined the meeting.
Prof. Martin left the meeting.

Level of Assurance – Moderate

The Committee noted the report on the Acute Services Division Clinical and Care Governance Report and the following highlighted points:

- **The ongoing staffing challenges in both the nursing and medical workforce.**
- **The impact of COVID-19 on elective care.**
- **The measures required by NHS Tayside in order to provide safe COVID-19 pathways and environments, and the consequent necessary reduction in the activity which is able to be delivered.**

7.5 Mental Health and Learning Disability Services Quality and

Performance Review Report (CGC65/2021)

Mr Keith Russell, Associate Nurse Director was in attendance and presented the committee with an update on Mental Health and Learning Disability Services. Key risks noted were:

- Capacity and flow
- Delayed discharge
- Patient safety measures
- Workforce availability and wellbeing

Mr Russell advised that in relation to General Adult Psychiatry capacity and flow was managed day to day as they are experiencing high levels of occupancy. The admission of patients was monitored at the daily Hospital Capacity and Flow huddles, however, pressure on beds across the service was significant and this was a similar position with other NHS Boards across Scotland.

It was noted that work was ongoing with the Health and Social Care Partnerships to reduce delayed discharges and the factors that were influencing the rates of adverse events within the wards were discussed.

Mr Russell advised of the work currently underway including improving observation practice, a planned test of Safe Wards and an environmental design project being led through the Design meets Healthcare Module of 5th Year Medical Student Training.

In relation to workforce availability, it was noted that 16 Newly Qualified Practitioners had been recruited and that the medical workforce in General Adult Psychiatry and Learning Disabilities inpatient services in Tayside was in a more stable position.

In response to queries raised by Committee Members, it was noted that the three Health and Social Care Partnerships were working with the Team and the workforce was also being supported by the newly appointed General Managers - Louise Ewing, General Manager for Inpatient General Adult Psychiatry, Crisis Team, IHTT and Liaison Psychiatry with a portfolio for Unscheduled Care, and Lindsey Bailie, General Manager for Inpatient Learning Disabilities, Specialist Inpatient General Adult Services and with a portfolio for Scheduled Care.

There was discussion in respect of performance indicators for mental health. Mrs Barnett advised that work was ongoing with the Business Unit and the Mental Health Team to develop a dashboard. Mr Russell advised of the performance information that was available in relation to average length of stay, admission etc. and that these were reported through the Quality, Performance and Review process.

Ms Kilpatrick asked about the availability of step down beds and Mr Russell advised of the redesign of the crisis pathway; with the focus on ensuring that the point of crisis contact with the service best met the needs of the patient and this was not necessarily in the secondary care service.

Level of Assurance - Moderate

The Committee considered and accepted the report relating to the Mental Health and Learning Disability Services Quality and Performance Review which was provided for assurance

Strategic Risks

7.6 Assurance Report: Strategic Risk 934 Mental Health and Learning Disability Services (CGC66/2021)

Mr Russell spoke to this report. He advised that the three month review of the Strategic Risk for Mental Health and Learning Disabilities was undertaken by the Integrated Leadership Group at its meeting on Tuesday 24 August.

It was noted that all service areas covered under this risk had been asked to review the adequacy of their controls.

Mr Russell advised that the system wide risks in mental health are complex and inter related and the majority of current and planned controls will require longer than the three month risk review to mitigate the risks to a degree that would enable a reduction in risk ratings.

Risks that have increased have done so on the basis of deterioration experienced by the system and the recognition that current and planned controls are either inadequate and/or require further development. The Integrated Leadership Group's view was that the overall risk rating for the strategic risk remains unchanged and it will be reviewed again in three months.

It was highlighted that feedback from the first review has presented opportunities for learning and strengthening the collective approach and will be used to further develop the process.

Mr Russell advised that the Chief Internal Auditor had been involved throughout the process and had given positive feedback.

In response to queries from Non Executive Members, Mr Russell advised that the third sector were involved with the Health and Social Care Partnerships and their Strategic Commissioning Groups and that National Services Scotland (NSS) were providing Programme Team Support to the implementation of the Mental Health and Well-being Strategy.

The Committee noted the level of assurance as moderate for Strategic Risk 934 Mental Health and Learning Disability Services

The Care Governance Committee agreed to take Item 7.10 next on the agenda.

7.7 Thrombectomy Pilot – Impact and Assurance Report (CGC70/2021)

Dr Sanjay Pillai was in attendance and presented this report. He gave the background to the establishment of the Thrombectomy Pilot in November 2020.

The Committee noted that initially it had been assessed that there would be an average of four patients per month. Currently 13 patients had been treated; there had been more put forward as suitable for treatment, but this had not been possible due to other co-morbidities. Dr Pillai advised that permission had been given to extend the pilot to patients from Aberdeen, and this would assist with training the team.

Dr Pillai outlined the mitigations in place to keep up the skills of the team including the use of the Thrombectomy simulator and that two or three interventional radiologists were present for every procedure undertaken.

The Committee noted the opportunities for the future that included the development of a North of Scotland based Thrombectomy training facility, supporting and advancing Thrombectomy research and improving patient outcomes.

During discussion, it was noted that the impact of significant workforce vacancies across some of the staff groups involved (i.e. anaesthetics, radiography), on the development of the Thrombectomy service would need to be included in the risk register along with a record of the mitigating actions.

It was noted that updates on the Thrombectomy Pilot would be submitted to the Operational Unit Clinical Governance meeting.

Level of Assurance: Following discussion, the Committee agreed a Moderate level rather than the Comprehensive that had been proposed.

The Care Governance Committee considered the contents of this paper as evidence of a moderate level of assurance on the steps being taken to minimise risk and maximise patient safety within the provision of Thrombectomy within Ninewells Hospital, Dundee (as the regional North of Scotland Hub).

The Care Governance Committee took a break at this point and the

meeting resumed at 12:20pm.

7.8 Assurance Report: Strategic Risk 637 Child and Adolescent Mental Health Services (CGC/67/2021)

Dr Elaine Henry presented this report.

The Committee noted that there was still work to do to sustain performance but the performance of the neurodevelopmental part of the service was emerging as a greater risk. It was noted that an update would be brought to the December meeting about this.

Dr Henry advised that referral rates into CAMHS Outpatients had returned to pre COVID levels. It was noted that preliminary analysis suggested that more children with eating disorders are presenting and at an earlier age.

Dr Henry gave an overview of the recently announced Scottish Government funding. It was noted that the first phase of the funding is to meet the expansion to age18 for all and 25 for some young people.

The second phase of investment covered seven areas - access to liaison services for young people getting inpatient care, increased access to neurodevelopmental professionals, out-of-hours unscheduled care, intensive home treatment teams, National units for Forensic and Learning disability CAMHS and for services to secure CAMHS care.

It was noted that there is also a commitment to develop intensive psychiatric care units for young people. The need for this last development is a national issue as no service currently exists in Scotland.

The regional intensive psychiatric care beds for young people will be located adjacent to the Young Person Unit in Dundee and also a national approach to supporting the mental health of young people in secure care. This will be done on a national basis rather than by individual community mental health teams as at present.

The Committee noted that workforce remained a risk. Initiatives such as non-medical prescribers and advanced nurse practitioners were highlighted as an area of focus to attract and recruit staff, as was the inpatient development, acknowledging the risks with competition from other NHS Boards for staff.

Dr Henry highlighted a risk in relation to the CAMHS accommodation in Perth and advised that a paper was to be submitted to the Asset Management Group to seek approval for alternative accommodation.

The Care Governance Committee noted:

- The ongoing risk to mental health of young people as we continue

to live with COVID

- Staff wellbeing and resilience as we work with COVID and physical distancing
- Recruitment to local posts at the same time as all other Scottish Boards
- The pace and scale of delivery of CAMHS and Neurodevelopmental standards and the extension of this in recent weeks to National and Regional initiatives. These are much hoped for initiatives and bring opportunity and the leadership team will focus on bringing in support to deliver recruitment with governance and accountability

Mrs McLeay welcomed the plan to site the Young Persons IPCU next to the current North of Scotland regional young person's recovery unit in Tayside. She also welcomed the innovative approaches to recruitment and noted that applications for funding for training in areas such as non-medical prescribing could be made to Tayside Health Fund.

Mrs McLeay highlighted the recurring themes of staff recruitment, retention and well-being, and she noted she would raise this at the next meeting of the Staff Governance Committee.

In response to queries from Ms Kilpatrick, it was noted that the Perth CAMHS replacement accommodation was included in the capital plan and that work was ongoing with the national group in respect of the flexibility of accommodation for YPU or IPCU, and the bed modelling across the North of Scotland region.

The Committee noted the level of assurance as moderate for the strategic risk 637 Child and Adolescent Mental Health Services

7.9 Assurance Report: Strategic Risk 880 Care Home Oversight (CGC68/2021)

Ms Sandra Gourlay was in attendance and presented this report. She advised that the risk exposure rate had remained the same as COVID was still prevalent in communities. Since the last report to the Committee there had been significantly less COVID outbreaks in care homes.

The Committee noted the current controls and the assessment of adequacy in the report along with the planned and proposed controls. It was noted that the Care Homes Oversight Group had discussed the risk at a recent meeting and the next six monthly review of the risk was scheduled for March 2022.

The Committee noted the level of assurance as moderate for the strategic risk 880 Care Home Oversight.

Patient Centred Care

7.10 Scottish Public Services Ombudsman (SPSO) Reports (CGC69/2021)

Mrs Hazel Barnett was in attendance and presented this report. She advised that during July and August 2021, four cases were investigated by the Ombudsman in respect of NHS Tayside and decision reports on their findings were published.

It was noted that one case was not upheld (with no recommendations) and three cases were upheld (with recommendations). The detail of these cases, including any action or learning taken within NHS Tayside was included in Appendix 1 of Report CGC69/2021.

The Committee noted that Appendix 2 of Report CGC69/2021 gave an update on outstanding actions taken in respect of cases previously reported to the Care Governance Committee. It demonstrated that all recommendations and actions have been progressed and are now considered closed by the SPSO.

The Care Governance Committee took moderate assurance in respect of NHS Tayside's systems and processes for responding and learning from recommendations made by the SPSO.

The Committee noted that the report evidences the local implementation of recommendations, and that further controls are required to provide assurance regarding organisational learning from recommendations.

8 ITEMS FOR DECISION

Policies and Guidance

8.1 Clinical Policy Governance Group Report (CGC71/2021)

Dr Sharon Hilton-Christie presented the Clinical Policy Governance Group Report.

She advised that the newly formed Group had met on 8 September 2021 and had approved four organisational policies for submission to the Care Governance Committee for adoption:

- Food fluid and nutrition policy section 1.2.3 – Sip until send
- Adult missing patient policy
- Child protection case supervision policy
- Child protection policy

Dr Hilton-Christie highlighted the policy changes in respect of fasting in the Food fluid and nutrition policy section 1.2.3 – Sip until send. It was noted that a Communications Plan had been developed to ensure all

across the organisation were aware of this major change, and the changes required to patient information leaflets.

Mrs Claire Pearce acknowledged the hard work that had been undertaken around clinical policies and that she gave her approval to the policies.

8.2 T06/22 Annual Internal Audit Report 2020/21 (CGC72/2021)

Mrs Tracey Passway spoke to this item. She highlighted the themes in respect of clinical and care governance that were covered in the Internal Audit Annual Report.

Four areas of note were:

- The Revision of the Clinical and Care Governance Strategy
- An evaluation/development event for the Care Governance Committee
- The quality aspects of the waiting times risk and mitigating controls to be presented to the Care Governance Committee (potentially in the format of a new strategic risk)
- The alignment of the Public Health Strategy, strategic risk management, performance reporting and assurance flow to the Public Health Committee

Mrs Passway gave an overview of the ongoing work, outlined in Report CGC72/2021 that addressed each of these areas.

As the meeting was not quorate, it was agreed that both of these items would be circulated to the Care Governance Committee by e-mail for approval and the decisions would be homologated at the next meeting.

9 ITEMS FOR AWARENESS

9.1 Feedback from Sharing Intelligence for Health & Care Group (Letter from Alastair McLellan/Simon Watson dated 6 July 2021)

The letter dated 6 July 2021 in respect of feedback from the Sharing Intelligence for Health and Care Group was noted.

Mrs Tracey Passway advised that the further information on audits requested by Public Health Scotland would be taken forward through the Operational Unit Clinical Governance meetings.

The Committee noted the Feedback from Sharing Intelligence for Health & Care Group for awareness.

Items for Noting

9.2 Area Drug and Therapeutics Committee Minute 17 June 2021

The Committee noted the Minute of the Area Drug and Therapeutics Committee of 17 June 2021.

10. DATE OF NEXT MEETING

The next meeting will take place at 1000 hours on 2 December 2021

11. MEETING REFLECTIONS AND CONSIDERATION OF MATTERS FOR CHAIR'S ASSURANCE REPORT THE BOARD ON 28 OCTOBER 2021

The Committee agreed to highlight :

- The very powerful patient story on care for the family after death from Nic Richardson, Director of Allied Health Professions.
- The update on the distributed leadership person-centredness model in Tayside that was approved by the Committee in October 2020, and the moderate assurance from the update on the person centredness approach in Tayside.
- The key risks in each of the Health and Social Care Partnerships. Acute Services Division and Mental Health and Learning Disability Services, receiving moderate assurance from each of the reports. Noting the ongoing staffing challenges across all of the areas along with the wellbeing of staff.
- Collaborative working across the Health and Social Care Partnerships.
- The Strategic Risks considered - Mental Health and Learning Disability Services, Child and adolescent Mental Health Service and Care Homes Oversight – all moderate assurance.
- The virtual approval of the following policies via the Clinical Policy Governance Group Report (decision to be homologated at next meeting as meeting not quorate) :
 - Food fluid and nutrition policy section 1.2.3 – Sip until send
 - Adult missing patient policy
 - Child protection case supervision policy
 - Child protection policy
- The update on the Thrombectomy Pilot report

Subject to any amendments recorded in the Minute of the subsequent meeting of the Committee, the foregoing Minute is a correct record of the business proceedings of the

meeting of Tayside NHS Board Care Governance Committee held on 7 October 2021, and approved by the Committee at its meeting held on 2 December 2021.

2 December 2021

.....
CHAIR

.....
DATE