

Minute**Tayside NHS Board
Care Governance Committee**

Minutes of the above meeting held on Thursday 3 February 2022 at 1000 hours in the Gold Command Room, Level 10, Ninewells Hospital and via Microsoft Teams.

Present:**Non Executive Members**

Mrs A Buchanan	Non-Executive Member, Tayside NHS Board
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
Professor P Stonebridge	Medical Director, NHS Tayside

In attendance:

Mrs M Dunning	Board Secretary
Mrs T Passway	Interim Associate Director Patient Safety Clinical Governance and Risk Management

Mrs N Richardson	Director of Allied Health Professions
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Attendee:

Mrs H Barnett	Director of Performance
Mrs L Birse-Stewart	Chair, Tayside NHS Board (<i>ex-officio</i>)
Ms K Brechin	Nurse Director
Dr A Clement	Clinical Director, Angus HSCP
Dr S Cole	Consultant in Anaesthesia and Intensive Care Medicine, Associate Medical Director Professional Governance (for item 6.10)
Mr D Courtney	Head of HR – Workforce Planning (<i>deputising for Mr G Doherty</i>)
Dr H Dougall	Clinical Director, Perth and Kinross HSCP
Mr S Dunn	Nurse Director Corporate Nursing
Mrs V Ewan	Voluntary Services Manager (for item 6.14)
Mrs S Gourlay	Chief Nurse Care Homes & Primary Care
Dr E Henry	Associate Medical Director
Mrs D Huband	Communications Manager (Deputising for Mrs J Duncan)
Mr M Kendall	AHP Lead, Dundee Health and Social Care Partnership
Dr E Magee	Improvement and Performance Manager, Child Protection (for items 6.12 & 6.13)
Ms D McCulloch	Head of Health and Community Care, Dundee HSCP
Prof R Petty	Professor of Medical Oncology
Mr K Russell	Associate Nurse Director
Mrs L Sharkey	Associate Director of Midwifery (for item 6.7)
Ms J Smith	Lead Nurse Child Protection (for items 6.12 & 6.13)
Dr L Talbot	R&D Manager, Improvement & Quality (for item 6.11)

Apologies:

Mrs J Alexander	Non-Executive member, Tayside NHS Board/Employee Director
Mr G Archibald	Chief Executive, NHS Tayside
Mr G Doherty	Director of Workforce
Mrs J Duncan	Director of Communications and Engagement
Dr E Fletcher	Director of Public Health
Reverend A Gibbon	Head of Spiritual Care
Mrs P Kilpatrick	Vice Chair, Care Governance Committee/ Non-Executive Member, Tayside NHS Board

Mrs Trudy McLeay in the Chair**Action****1 WELCOME AND APOLOGIES**

Mrs Trudy McLeay welcomed all to the meeting, in particular those who were in attendance to present reports.

Mrs McLeay advised that in order to minimise the meeting time due to pressures within services, it was assumed that Members had read the reports and that the Agenda allowed report authors five minutes to present their reports and five minutes for questions.

It was noted that Mr Simon Dunn would deputise for Mrs Claire Pearce from 11:00am to 12:00pm.

The apologies were noted as above.

2 DECLARATIONS OF INTEREST

No interests were declared.

Mrs Lorna Birse-Stewart, as ex-officio and former Chair of the Care Governance Committee, wished to extend her thanks to Mrs Trudy McLeay in her role as Committee Chair and previously her support as Vice Chair. It was noted that Mrs McLeay had been Chair of the Committee for two years and Mrs Birse-Stewart noted the significant difference Mrs McLeay had made in terms of Committee business, assurance and oversight and the integrity and teamwork she had displayed.

Mrs Birse-Stewart noted Mrs McLeay had implemented a number of improvements within the Committee, and her support of Mrs Claire Pearce and other colleagues and the confidence provided, in terms of assurance to the Board.

Mrs McLeay thanked Mrs Birse-Stewart, noting her time as Chair had been a pleasure. Mrs McLeay extended her thanks to Mrs Claire Pearce, Mrs Tracey Passway and Mrs Diane Campbell for their help and support.

3 MINUTES AND CHAIR'S ASSURANCE REPORT

3.1 Care Governance Committee Minute 2 December

The Minute of the Care Governance Committee of 2 December 2021 was approved on the motion of Mrs Anne Buchanan and seconded by Prof Graeme Martin.

3.2 Chair's Assurance Report to the Board following the Care Governance Committee 2 December 2021

The Chairs Assurance Report to the Board of the Care Governance Committee meeting held on 2 December 2021 was presented to the Committee for noting.

The Committee:

- **Noted the Chairs Assurance Report of the Care Governance Committee meeting held on 2 December 2021**

4 ACTION POINTS UPDATE AND MATTERS ARISING

4.1 Action Points Update

Mrs Claire Pearce spoke to the Action Points Update.

Action Point Ref 2 – Dundee Health and Social Care Partnership Assurance Report – It was noted that information regarding GP hours was not available therefore, this had not been included within the report.

Action Point Ref 5 – Improving Observation Practice – It was noted that this was to be a Patient Story Agenda item for this meeting however, in order to manage current pressures within services, this item had been deferred to the April 2022 meeting.

Action Point Ref 6 - Scottish Public Services Ombudsman (SPSO) Reports – It was noted that Mrs Hazel Barnett had discussed the level of detail included in the SPSO Reports with the Medical Director, as Caldicott Guardian, and agreed that as the number of cases were minimal further detail may breach the identity of patients, therefore reports would continue to provide an overarching summary. Mrs Trudy McLeay advised that she had been assured through discussions with the team that this was being managed and was content that the Committee received the appropriate information.

It was noted that all other action points were complete.

The Committee:

- **Noted the Action Points Update**

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 REPORTS FOR ASSURANCE

It was agreed that item 6.9 would be taken next on the Agenda

6.9 Scottish Public Services Ombudsman (SPSO) Report (CGC09/2022)

Mrs Hazel Barnett advised that this was the regular report to the Committee which provided moderate assurance in respect of the systems and processes for responding and learning from the SPSO recommendations.

Mrs Barnett advised that between September and December 2021, six cases had been investigated by the Ombudsman and that the decision reports on their findings had been published. It was noted that of these, two cases were not upheld, with no recommendations, three cases were upheld, with recommendations and one case was partially upheld, with some recommendations. Mrs Barnett advised that the details of the cases upheld were included at Appendix 1 of the report.

The Committee noted that Appendix 2 of the report provided an update on outstanding actions taken in respect of cases previously reported to the Committee. It was noted that all recommendations and actions had been progressed by the services involved and were now considered closed by the SPSO.

It was noted that the findings from SPSO reports were shared with the services involved, discussed at local Clinical Governance Groups and were communicated through the Getting it Right newsletter.

Mrs Trudy McLeay noted the impact complaints had on staff and sought assurance in relation to support being provided for staff. Mrs Barnett advised that the covering paper highlighted that there was cognisance of the impact on and the wellbeing of staff. She advised that she was a Member of the Wellbeing Group and that it was her intention to liaise with the Chair of that group to raise awareness of the mechanisms in place and support available to staff. Mrs Anne Buchanan noted the impact complaints can have on staff however, emphasised the need to learn from feedback and complaints and how this was implemented across the organisation. Mrs Buchanan welcomed this being seen in Dundee Integration Joint Board. Mrs Barnett agreed with the need for organisational and system wide learning however, advised that due to the number of complaints there was the need to address the backlog in the first instance then develop the learning. She advised that an additional co-ordinator had been appointed which would increase capacity within the Complaints Team.

It was noted that regular debrief sessions were also ongoing within the Complaints Team.

The Committee agreed that a moderate level of assurance had been provided.

The Committee:

- **Noted the content of the report**
- **Agreed that a moderate level of assurance in respect of NHS Tayside's systems and processes for responding and learning from recommendations made by the SPSO**

Adverse Event and Clinical Risk Management

6.1 Assurance Report on Child and Adolescent Mental Health Services Outpatient Strategic Risk 637 (CGC01/2022)

Dr Elaine Henry advised that Child and Adolescent Mental Health Services (CAMHS) Outpatient performance in Tayside against the 18 week target had been lower than 90% with, consequential impact on patients and their families that had resulted in adverse publicity for the Board.

It was noted that whilst performance had sustained delivery of the 90% target, there was one week where performance had reduced to 77%. This was due to acute staff absence relating to Covid-19 infection and it was noted that performance rapidly returned to 89%-90% delivery. Dr Henry advised that benchmarking from Public Health Scotland data showed that NHS Tayside was one of the higher performing Boards.

Dr Henry noted there was recognition of the need for better risk reporting and that the performance of the Neurodevelopmental part of the service was emerging as a greater risk. It was noted that significant work was ongoing and that this would be separated from the overall Risk 637 and reported to a future Committee meeting.

In terms of waiting list revalidation, the graph on page 2 of the report highlighted performance against standard.

Dr Henry noted the updates provided in relation to the key risks as summarised at section 2 of the report. It was noted that the main areas for concern related to the following:

- The ongoing risk to mental health of young people as we continued to live with Covid and the need for assurance that referrals were not being missed
- National issues relating to recruitment
- The pace and scale of the delivery of CAMHS and Neurodevelopmental standards, reporting direct to Scottish Government. Dr Henry noted that it was the intention to broaden risk assessment
- The need to deliver accommodation in Perth and Kinross

Mrs Trudy McLeay welcomed the report and noted the progress being made, particularly regarding the provision of accommodation in Perth and Kinross.

Mrs McLeay noted the increase in the age limit from 18 to 25 for those in care. She queried whether the provision of a Mental Health Nurse in emergency ambulances included children or if this service was delivered only for adults. Dr Henry advised that there was significant work ongoing in relation to 16 to 18 year olds and that there was a lot of potential. It was noted there was also the potential to link with Adult Mental Health however, clear pathways were needed. Dr Henry noted that if designed properly this would be of great benefit for young people and our services.

Mrs Anne Buchanan also welcomed the report, in particular the focus on Neurodevelopmental Services.

Mrs Hazel Barnett noted that CAMHS featured in the Performance Reporting to the Performance and Resources Committee. She advised that CAMHS performance previously was c40% however, noted that performance in December 2021 was 92% against the 90% target. Mrs Barnett noted the significant amount of work undertaken was not to be underestimated. Mrs Barnett also welcomed the work in relation to accommodation in Perth and Kinross and expressed her thanks to the team.

Mrs Claire Pearce noted that the report provided assurance however, the level of assurance had not been specified within the report. It was agreed that this would be circulated to the Committee and included in future reporting.

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The Committee:

- **Noted the content of the report**
- **Requested that a level of assurance would be determined and circulated to the Committee and included in future reporting**

6.2 Assurance Report on Care Home Oversight Strategic Risk 880 (CGC02/2022)

Mrs Sandra Gourlay advised that the report provided an updated position following its last submission to the October 2021 Committee meeting. It was noted the risk score remained at 16, High and that this was predominantly due to the community transmission of the Omicron variant. Mrs Gourlay advised that systems and processes were in place to support Care Homes. It was noted that the Care Home Clinical and Care Professional Oversight Group continued to meeting fortnightly, noting that these had been stepped up in December 2021, and that the Health and Social Care Partnership (HSCP) Huddles met weekly, these had been stepped up also. Mrs Gourlay advised that as a safety net, there had been national recommendation to the Chief Executives and Executive Nurse Directors in relation to the continuation of Care Home provisions until September 2022.

The Committee noted that the Autumn/Winter 2021 Flu and Covid-19 Vaccination Booster Programme had been implemented in all Care

Homes. It was noted that as at 6 January 2022, 84% of residents had been vaccinated with booster/3rd dose. Mrs Gourlay advised the incident rate of Covid positive resident and staff cases had increased in December and January due to the Omicron variant however, it was noted that the impact was less than previous peaks. Mrs Gourlay acknowledged the support of the Health Protection Team in managing outbreaks in Care Homes.

Mrs Gourlay noted the report provided an update in relation the allocation of funding from Scottish Government to NHS Tayside to support recruitment, discovery workshops and feedback sessions, the implementation of the Winter (2021/22) Respiratory Pathway and the planned implementation of Principles for General Practice working with Care Homes.

Mrs Gourlay spoke to the current controls. It was noted that the Terms of Reference and Memberships of the Care Home Clinical and Professional Oversight Team and Operational Group were currently being reviewed. Improvements relating to data collection, analysis and reporting would be reported through a specified sub group as would the Tayside care assurance support visit tool. The Health Protection Team were reviewing specific templates and the education sub group of the Clinical and Professional Operational Group continued to review the ongoing training and education support. Mrs Gourlay noted the development of the Standard Operating Procedure (SOP) for supporting care homes that required workforce /staffing support. It was noted the SOP had been completed and shared with Care Homes and that any new roles would have this requirement as core to the roles.

Mrs Gourlay advised that the current controls had been assessed as being adequate and noted that the planned/proposed controls would be a significant focus of the Oversight and Operational Group. The report highlighted the planned/proposed controls which included collaborative improvement work, recruitment to Project Manager role, additional sub groups and self assessment against the recently published Scottish Care report.

The Committee were asked to note a moderate level of assurance had been provided and recognised the ongoing improvement work and planned work.

Mrs Trudy McLeay advised that she was aware that Care Home staff valued the support provided from NHS Tayside. Mrs Anne Buchanan noted she was assured by this feedback however, queried how the home environment in Care Homes was balanced against NHS Tayside rigid Infection Prevention Control (IPC) measures and preventing Care Home staff from feeling that the NHS is telling them how to do their job. Mrs Claire Pearce advised that the Teams in Tayside, including the IPC team, had worked very hard, and had liaised with Care Home managers to ensure that staff and residents environment was as homely as possible. There was supportive team working between NHS Tayside and Care Home staff.

Prof Peter Stonebridge sought further detail around risk descriptions and explanations as to how risk scores were reduced. It was noted that this detail would be included in future reporting.

Mrs Pearce noted the moderate level of assurance being provided within the report. She advised that whilst adequate systems and processes were in place it was felt that comprehensive assurance could not be provided due to the number of Care Home closures due to the Omicron variant. It was expected that the next iteration of the report would provide comprehensive assurance.

The Committee:

- **Noted the content of the report**
- **Agreed that moderate assurance had been provided**
- **Noted that future reporting would include more detail on risks**

Person Centredness

It was agreed that item 6.4 would be taken next on the Agenda.

6.4 Perth and Kinross Health and Social Care Partnership Clinical and Care Governance Assurance Report (CGC04/2022)

Dr Hamish Dougall advised that the report had, as requested, been truncated to provide an update on the highest risks. It was noted that the three risks, graded as being 'very high' were detailed at section 2.3 of the report.

829 Premises and Accommodation for Clinical and Non Clinical staff across Perth and Kinross

Dr Dougall advised that no real progress had been made.

982 Mental Health – Workforce

Dr Dougall advised that this risk remained high. It was noted that 3 to 4 consulting staff were providing services out of locality and that a dependency on locums continued. Dr Dougall advised that 3 full time Advanced Nurse Practitioners had been appointed and community services had been enhanced with the addition of 9 Mental Health skilled nurses. It was noted the recruitment of an additional 3 Band 4's who would be in post by the end of March 2022.

1128 POA Inpatient Area Staffing Levels

Dr Dougall advised that the position had stabilised slightly since the time of preparing the report. It was noted that a further SBAR would be presented to Executive Management Team next week.

It was noted that the Primary Care risk was graded as 16, High. Perth and Kinross HSCP were conducting a second round of their sustainability survey and that 17 out of 23 practices had so far responded.

Dr Dougall advised that risk 657, North Locality Service, had been down rated and that the staffing risk across services remained at 16. It was noted that Pitlochry Hospital remained a priority and that it was anticipated that the Community Custody Unit in Dundee would soon be

open, however remained a risk for now as long term funding had not been secured.

The Committee agreed that a moderate level of assurance had been provided.

The Committee:

- **Noted the content of the report**
- **Agreed that moderate assurance had been provided**

6.3 Assurance Report: Dundee Health and Social Care Partnership Clinical and Care Governance Assurance Report (CGC03/2022)

Mrs Diane McCulloch and Mr Matthew Kendall were in attendance to present the report which provided the data from October to November 2021.

It was noted that the key risks, as highlighted within the report, related to the Dundee Drug and Alcohol Recovery Services (DDARS), the clinical treatment of patients within the Mental Health Service risk and recruitment. Mr Kendall advised that the risk scores were unchanged however, there had been significant ongoing activity.

Mr Kendall noted there were many issues relating to the availability and recruitment of staff. It was noted that a review of substantive roles within Mental Health Services was being reviewed. It was noted that 3 posts had been recruited to and an additional 2 were ongoing.

It was noted that there were no significant concerns in relation to the top 5 reported adverse events. These events continued to be reviewed through the relevant groups and teams, particularly in relation to slips, trips and falls.

The report highlighted an increase in terms of pressure ulcers and it was noted that the Lead Nurse was working with the community nursing team to review and ensure appropriate care.

A never event was reported, relating to inpatient care. It was noted this was in the early stages of investigations, with the Clinical Governance Team and clinical teams working to determine the level of review required. It was noted that the patient was well and making good progress and that an update would be presented to the Committee when available.

Mr Kendall advised that progress in relation to overdue verified events had slowed, primarily due to staff absence. It was anticipated that continual improvements would start to be seen.

Mr Kendall noted the update in relation to unverified events and advised that a number of these incidents were linked to the Vaccination Programme. It was noted the Clinical Governance Team was supporting the management of these incidents and significant improvement in the number of incidents was anticipated.

It was noted that the Significant Adverse Event Review, was linked to the Digital Strategy, and had been escalated accordingly.

In relation to complaints, Mr Kendall advised that improvement in relation to timeframes was required. It was noted that a small number of complaints had exceeded 80 days due to the complexity of the complaint. There was recognition of the need for a quicker response to complaints.

Mrs Trudy McLeay noted issues relating to cross organisation systems not linking together. She highlighted the importance of connection and access across all systems, in particular with HSCPs, and advised that she had escalated the issue with the Digital Director. Mr Matthew Kendal gave assurance that work was ongoing with IT within Health and Councils to ensure staff can access required systems. He acknowledged that there were issues regarding systems linking together however, advised that work was ongoing with digital colleagues.

The Committee agreed that a moderate level of assurance had been provided.

The Committee:

- **Noted the content of the report**
- **Agreed that moderate assurance had been provided**

6.5 Angus Health and Social Care Partnership Clinical Care Governance Assurance Report (CGC05/2022)

Dr Alison Clement presented the report and advised the Angus Health and Social Care Partnership (HSCP) Clinical Care and Professional Governance (CCPG) Group continued to support partnership and commissioned services.

Dr Clement noted the key risks highlighted within the report and advised that the Sustainability of Primary Care Services risk was the highest scoring risk. It was noted that a review event would be held which would involve all stakeholders and that there was a considerable number of activities ongoing. There were staffing issues within 2C Practices, which were being managed and discussions were ongoing. Dr Clement highlighted the need to build on workforce and focus on Care at Home.

In relation to the implementation of strategic planning priorities risk, Dr Clement noted that progress had been adversely impacted by Covid-19 and that a continued focus on Covid-19 was not sustainable moving forward.

Dr Clement advised that adverse events remained stable. It was noted that work was ongoing in relation to the timing of reviews and that a Feedback Working Group had been established. Dr Clement noted that there had been a reduction in the number of complaints received, there would be a focus on learning and that there was extensive work ongoing in relation to adult protection and related themes. It was noted that service manager work was also being prioritised.

An update in terms of Naloxone and drug related deaths was included within the report.

Mrs Trudy McLeay welcomed the report and the significant work underway within Angus. Mrs McLeay also noted the reference to the Digital Strategy and re-iterated the need for this to be addressed timeously.

Ms Anne Buchanan noted the issue in relation to being unable to record pressure sores on Datix. Dr Clement advised that the Clinical Governance Co-ordinator had highlighted this issue. It was noted that a separate category was to be created to allow analysis of data. Dr Clement advised that she would escalate the issue directly with the team. Ms Buchanan also noted that she looked forward to seeing the evaluation of the 7-day Mental Health Service once available and welcomed the approach to mental health GP leads working across Tayside.

The Committee agreed that a moderate level of assurance had been provided.

The Committee:

- **Noted the content of the report**
- **Agreed that moderate assurance had been provided**

6.6 Acute Services Division Clinical Governance Report (CGC06/2022)

Ms Kathryn Brechin advised that the report was, as requested, a brief summary report which highlighted key exceptions and areas of risks.

The key areas of risk were summarised at section 2.3 of the report, with the most significant being the impact of Covid-19, and the fourth wave in particular. Ms Brechin advised that the impact of Covid continued to affect risk in relation to the quality and safety of care through the direct impact of change in a clinical demand and workforce pressures, as well as the indirect consequences as a result of step down clinical activity and deployment of staff to meet the Covid and unscheduled care demand.

It was noted that elective urgent and cancer work had been prioritised and maintained. The report noted the following key actions during the reporting period:

- Adult Pathway and escalation/de-escalation framework had been updated and remained responsive to meet Covid-19 demand
- Implementation of Scottish Government (SG) guidance, including the update to the 2021/22 Winter Respiratory Illness in Health and Social Care Settings Addendum. Ms Brechin noted there had been a significant change in how patients and pathways were managed
- Patient and staff testing remaining responsive to demand. Mrs Brechin noted the significant efforts from colleagues across services, particularly over the Public Holiday weekend and that colleagues had been remarkable at maintaining care
- Prioritisation of planned surgery as per SG Clinical Prioritisation Guidelines

Ms Brechin advised that the endoscopy decontamination process at Ninewells had failed an annual inspection with an area of non compliance. It was noted that mitigation was put in place to manage case lists and support scope decontamination. Ms Brechin advised that the local decontamination service at Ninewells had been re-instated and that a temporary decontamination unit was on site to provide increased resilience until the endoscopy reprovision project was delivered. It was expected that this unit would remain on site for 24 months, or until the service reprovision was complete.

It was noted that the Scottish Patient Safety Programme (SPSP) deteriorating patient collaborative had been paused due to the current Covid wave however, it was expected to recommence in February/March 2022. Ms Brechin noted the update in relation to SCR P19, care in Acute Services and advised that there was an action plan in place to address areas of learning.

There was an unannounced Healthcare Improvement Scotland visit at the Perth Royal Infirmary site on 7 to 9 December 2021. It was noted the draft report had been received and an action plan was being developed.

There was a Joint Inspection of Services for Children and Young People at Risk of Harm in Dundee, it was noted that the report had been shared, inspectors had rated the services as being good and noted some key strengths.

Ms Brechin noted in relation to service level risks, that whilst there had been limited focus to review the risk register, work was ongoing with divisional teams and assurance provided that these risks were being reviewed. It was noted that there were a number of challenges associated with the clinical environment however, there had been a positive move in relocating the Covid Critical Care Ward from the Theatre Assessment Service to Ward 31.

Ms Brechin gave assurance that Acute Services were maintaining both Clinical Governance Committee and Quality Performance Reviews and that adverse events data and patient safety data was being reviewed at both forums. In relation to SAERs data, there had been 10 SAERs commissioned in the reporting period. It was noted there continued to be a number of SAERs beyond 140 days however, work was ongoing with relevant clinical services and the Clinical Governance and Risk Management Team to complete these outstanding SAERs.

It was noted that there had been a shift demonstrating improvement in relation to Pressure Ulcer data, whilst Patient Falls data remained stable. It was noted that complaints was another key focus and it was the intention to provide an update on a positive, Tayside wide, piece of work which was ongoing.

Mrs Trudy McLeay welcomed the report, the partnership working and the incredible work being undertaken.

Ms Anne Buchanan queried in relation to the SAERs, the communication with families. Ms Brechin advised that there was good communication and that reviews were ongoing with families. Ms Brechin reflected on earlier feedback from Ms Buchanan, and advised that it was the intention to bring positive patient and staff feedback to the Committee in the next report.

Ms Brechin noted, in response to a query raised by Dr Norman Pratt around Oncology risks, that work continued to support patient services.

Prof Peter Stonebridge queried whether there were any trends in relation to patient deterioration. Ms Brechin advised that there were no trends in terms of patient outcomes however, as part of the SPSP deteriorating patient collaborative there would be more detailed review and analysis of process measures and outcome data to support improvement work.

Mrs Tracey Passway highlighted that the data pack prepared for the Acute Services Clinical Governance Committee had been shared with the Committee however, noted that this had not been made available in the public domain due to the possibility of patient data being identifiable.

Ms Buchanan noted the level of data available and requested that analysis alongside the data for future reporting. Ms Brechin noted that this would normally have been provided however, this was not the request for this report, and that additional analysis would be included in future reporting. Ms Brechin provided assurance that this level of analysis review had continued at the local Acute Services Clinical Governance Committee.

The Committee agreed that a moderate level of assurance had been provided.

The Committee:

- **Noted the content of the report**
- **Agreed that moderate assurance had been provide**

6.7 Midwifery/Maternity Services Assurance Report (CGC07/2022)

Mrs Lesley Sharkey advised that this was the first iteration of this report, being presented to the Committee for the first time. The report provided assurance in respect of midwifery and maternity services. Mrs Sharkey advised that the report would continue to develop and noted that feedback was welcomed.

Mrs Sharkey advised that the report provided a high level overview and moderate assurance in respect of the systems and processes for midwifery and maternity services. It was noted that operational management for maternity services was through Acute Services.

The report highlighted the processes in place for reviewing the quality of care, responding to issues when raised and the escalation process to senior managers in respect of quality of care issues. It was noted that further information relating to ante-natal care would be included in future reporting.

It was noted that significant work was ongoing in terms of governance and reporting arrangements and leadership work in relation to development.

The report highlighted that early access to antenatal care was linked to improved outcomes for women and their babies. It was noted that data demonstrated that women were attending their first antenatal booking appointment earlier in pregnancy and that for 2021, NHS Tayside had consistently met the Scottish Government national standard of 80% booked antenatal appointments by the 12th week of gestation.

It was noted that there was a decreasing birth rate in Tayside Hospitals however, Mrs Sharkey noted the importance of continued consideration of the increasing health and social complexities of people using the maternity services and the impact this would have on midwifery staffing.

Mrs Sharkey highlighted that Tayside had a wide range of options in terms of choice of birth place, including the Perth and Angus Community Birth Units, and that whilst there had been a reduction in birth place choices during the Covid-19 pandemic all options had been reinstated from July 2020.

Mrs Sharkey advised that the main risks were highlighted through operational management in acute services and workforce challenges for registered midwives. It was noted that there was a known national shortage of midwives and that due to local workforce demographics there was a potential risk in relation to ongoing recruitment and retention of staff. However, Mrs Sharkey noted that there was a dedicated recruitment plan in place and that there had been a positive response to job advertisements.

Mrs Trudy McLeay welcomed the report and in relation to workforce, queried whether university placements were attracting staff to Tayside. Mrs Sharkey advised that historically there had been reduction in numbers of those training staying within Tayside however, this was no longer the case. In general, those who train in Tayside continue their career in Tayside.

Prof Peter Stonebridge queried the still birth rate and whether there was national comparable data. Mrs Sharkey advised that the still birth rate was publically available and comparative data would be included in reporting once available.

The Committee agreed that a moderate level of assurance had been provided.

The Committee:

- **Noted the content of the report**
- **Agreed moderate assurance in respect of NHS Tayside's systems and processes for midwifery and maternity services had been provided**

6.8 Mental Health and Learning Disabilities Inpatient Service (CGC08/2022)

Mr Keith Russell advised that the report had been developed based on the Mental Health Quality Performance Review held on 17 January 2022. It was noted that the report focussed on the key risks identified by services.

Mr Russell advised that the key risks from Adult Mental Health & Learning Disability In-Patient Crisis Resolution and Home Treatment, Ninewells Liaison Psychiatry and In-Patient Addictions Service were:

- Capacity and Flow
- Delayed Discharges
- Workforce availability
- Staff Wellbeing

The key risks highlighted from Secure Care Services were:

- Delayed Discharges
- Workforce availability
- Heating within the Clinic
- Reliable and timely urine drug screening

Mr Russell advised that the General Adult Psychiatry Wards were operating above the Royal College of Psychiatry recommended level of occupancy. The report also detailed the number of occasions non bedroom areas were used to enable admissions of patients in need of in-patient care, October 2021 – 17, November 2021 – 16 and December 2021 – 0. It was noted that subsequent to the report being prepared a non bedroom area was used on one occasion on the 18 January 2022. Mr Russell advised that the use of bedrooms above the ward complement of 22 beds in Moredun Ward where additional bedrooms were available had increased occupancy and activity levels on the ward. The report highlighted that high levels of bed occupancy can increase the risk of violence and aggression, occurrence of adverse events and less comprehensive discharge planning. It could also impact on patients' sense of safety, care experience and impact negatively on the well being and resilience of staff leading to increased burnout and retention issues.

The level of delayed discharges was highlighted within the report. Mr Russell advised that the number of delayed discharges had reduced since the report had been prepared and was reflective of the system wide focus to minimise delayed discharges and the partnership working with the Health and Social Care Partnerships (HSCPs).

The report detailed vacancies within the service and the mitigating actions in place to review and maintain staffing levels. Mr Russell noted that staff wellbeing and recognition remained a key issue. He highlighted the improvement project Esk-Elent Esk, which had been led by a Senior Charge Nurse and the team. It was noted this project had been positively received.

Mr Russell provided a brief update in relation to the adverse events as noted within the report.

Mr Russell noted that the Mental Welfare Commission had undertaken three planned visits, Ward 1 Carseview Centre on 23 November 2021, Ward 2 Carseview Centre on 29 November and Intensive Psychiatric Care Unity Carseview Centre on 20 December 2021. It was noted that the draft report would be published February/March 2022.

Following a query from Prof Peter Stonebridge, Mr Russell advised that delayed discharges would be reported over time to allow the Committee to see changes.

The report noted vacancy rates in in-patient Occupational Therapy. Mrs Nic Richardson advised, in relation to workforce, that interviews had been held over the last week and that prioritisation was ongoing to ensure service capacity was maximised.

Ms Anne Buchanan requested that in-patient feedback continued to be developed as she felt these were key to identifying and supporting learning. Mrs Trudy McLeay noted that staff wellbeing and recognition had lifted morale within Human Resources and Emergency Dept using the learning from excellence project and that she felt this would be successful within Mental Health Services also.

The Committee agreed that a moderate level of assurance had been provided.

The Committee:

- **Noted the content of the report**
- **Agreed that moderate assurance had been provided**

6.10 Annual Report – Organ Donation Committee (CGC10/2022)

Dr Stephen Cole was in attendance to present the Organ Donation Committee Annual Report and provide an update on the impact Covid-19 had had on organ donation.

Dr Cole advised that organ donation was life changing for a number of patients, for example taking patients off dialysis. It was noted that as a result of the Covid-19 pandemic there had been a reduction in the number of organ donations and activity had reduced. Dr Cole advised that the pandemic had also impacted on nursing and medical staffing, who were assisting in other wards and that all these factors had led to reduced activity.

Dr Cole highlighted that the Recipient Centre had been concerned about the effect of Covid-19 on the recipient, theatre activity had been adversely affected in Tayside therefore, affecting activity in the Transplant Centres and Tissue Services.

It was noted that activity, particularly within the Recipient Centres, was now beginning to return to normal and potential survivors were being prioritised.

Dr Cole noted that the Organ Donation Committee remained a highly functioning Committee, supported by the Board and Executive Team. Dr Cole noted the enthusiastic membership of the Committee, noting that a number of patient recipients were also members pre Covid-19. It was noted that the Committee were now utilising health funds to raise awareness and support donation activities.

Mrs Trudy McLeay welcomed the report and noted, pre Covid-19 the remarkable stories shared with the Committee regarding organ donations. Ms Anne Buchanan introduced herself and advised that she would soon be joining the Organ Donation Committee. Ms Buchanan queried when the difference in the number of people opting out of organ donation would be seen. Dr Cole advised that Scotland had followed the Welsh experience and advised that it had taken a significant time for them to determine if there was a difference in the number of people opting out of organ donation. Dr Cole anticipated that Covid-19 may impact on this also however, noted that families were now addressing the issue of organ donation earlier and that public awareness was more common.

The Committee welcomed the report and agreed moderate assurance had been provided.

The Committee:

- **Noted the content of the report**
- **Agreed that moderate assurance had been provided**

COMFORT BREAK 12:05 – 12:35

Clinical Effectiveness

6.11 Tayside Academic Science Centre (TASC) Research Governance Annual Report (CGC11/2022)

The Committee welcomed Prof Russell Petty and Dr Lorna Talbot to present the report.

Prof Petty advised that Covid-19 had brought into focus the importance of Research & Development (R&D) trials, and that these trials demonstrated a clear pathway out of the pandemic. It was noted that Tayside had a strong clinical research infrastructure in place and therefore, this enabled the focus to shift to addressing the pandemic.

Prof Petty advised that in at the height of the pandemic in 2020, the focus of clinical research was directed to Covid-19 and the production of a vaccine. It was noted that the focus now was around reinstating non Covid-19 clinical research. Prof Petty advised that there had been a number of challenges which had been overcome by changing working practices and had led to a number of innovations resulting in increasing and improving patient experiences.

Prof Petty noted success in restarting the vast majority of clinical trials, with over 300 active clinical trials, being undertaken in 2021, around 200 of which had been completed. It was noted that some areas, including Oncology, had recovered fully and had exceeded Covid-19 levels.

Prof Petty summarised that TASC was in a transit period, the need for Covid-19 research was reducing and non Covid-19 was increasing. It was noted that the focus moving forward was to address the backlog and offer trial opportunities to patients however, it was vital that the team undertaking clinical research were supported.

Mrs Trudy McLeay welcomed the report, and in particular the development of research facilities in the Gannochy Research Suite in Perth Royal Infirmary, noting this improved accessibility for Perth and Kinross patients. Mrs McLeay noted the support provided by the Tayside Charity Fund and requested that more information regarding this support be provided in future reporting. Mrs McLeay also noted that she had attended the Good Clinical Practice (GCP) course, which she found beneficial and was aware this had been particularly useful to Nursing and Allied Health Professional colleagues. Prof Petty welcomed the feedback, in particular regarding the Gannochy Research Suite, noting it would provide additional services and opportunities for patients. He advised that Doctors and Nurses had been appointed and that this was an exciting initiative.

Mrs Anne Buchanan also welcomed the report and queried whether Brexit would have a detrimental impact on income and opportunities. Prof Petty advised this was unlikely and that considerable work had been undertaken to mitigate the risk and sustain research, and noted that Medicines Regulations was being reorganised across the UK.

Following a query from Dr Norman Pratt in relation to opportunities for brain tumours, Prof Petty advised that a focussed Ultrasound Centre had been established in Tayside. He advised that a programme of work was in place and that there were also potential applications for brain tumours and possibly other areas of the body. It was noted that Tayside had the potential to be leaders in this field and hoped that there would be growth in this area in coming years.

Prof Graeme Martin noted the working relationship with the University and queried whether there were any challenges in this working relationship. Prof Petty advised that the University was a strong partner and highlighted that the main challenge was around recruitment of high calibre clinical researchers. He advised that these researchers were highly skilled and required significant support during training, identifying academics at an early stage and supporting their development and growth was key. Prof Petty noted that Tayside had an excellent Medical School and this would be harnessed, that the collaboration between NHS Tayside and the University was vital and advised that support was being provided in recruiting additional staff. Prof Martin advised that he feedback these comments to the University.

The Committee agreed that a comprehensive level of assurance had been provided.

The Committee:

- **Noted the content of the report**
- **Agreed that comprehensive assurance had been provided**

6.12 NHS Tayside Child Protection Annual Report 2020/21 (CGC12/2022)

Ms Jayne Smith and Dr Elizabeth Magee were in attendance to present both this item and item 6.13 of the Agenda.

Ms Smith advised that this was the third NHS Tayside Child Protection (CP) Annual Report, which demonstrated a wealth of activity despite the challenges across the organisation.

Ms Smith highlighted the “Strengthening Child Protection Practice – taking a self-evaluation approach in 2021” report, included at Appendix 1 of the report, which was shared for information and awareness. It was noted that the CP Annual Report provided information on the governance structures in place across NHS Tayside, CP quality assurance and performance reporting and the establishment of the NHS Tayside Public Protection Executive Group (PPEG).

Mrs Trudy McLeay queried the reduction in CP training in Allied Health Professions (AHPs). Dr Magee advised that this was addressed under the next report however, noted that there had been a reduction in training. It was noted that work was ongoing, engaging with service managers, to focus on how well staff felt supported and review areas for improvement. Mrs Nic Richardson confirmed that there was awareness that training had reduced, noting there had been challenges due to deployment of staff however, this was being addressed.

Ms Anne Buchanan queried in terms of Child and Adult Safeguarding, whether there was multi-agency training, and also the role of Maternity services. Ms Smith advised that NHS Tayside’s Child Protection service supported multi-agency learning and development and worked closely with partner agencies through the Child Protection Committees (CPCs) and Tayside Regional Improvement Collaborative (TRIC). It was noted that during the reporting year 2020/21, the CP training data presented in both the CP Annual Report and CP Quality Assurance Report referred to single agency (Health) CP training only.

The CP Annual Report highlighted collaborative learning across Tayside including the CP workforce development programme known as Priorities For Practice, which NHS Tayside’s CP Service contributes to. There would be a focus on this work in a future annual report. In relation to the role of Maternity services, Ms Smith advised that NHS Tayside’s CP service continued to work closely with Maternity services to keep unborn babies and families safe. The focus of the CP Annual Report changed year on year with CP capacity building in Maternity services featuring in a previous report. The CP training and supervision data provided in both the CP Annual Report and CP Quality Assurance Report included the midwifery workforce and the roll out of a new model of group supervision for midwives would feature in the 2021/22 annual report.

Ms Buchanan queried work in relation to the Family Nurse Partnership (FNP) Programme. Ms Smith advised that the FNP had recently presented their annual report and gave assurance that there was significant work ongoing.

The Committee were assured by the report however, a level of assurance had not been determined.

The Committee

- **Noted the content of the report**
- **Requested that a level of assurance would be determined and circulated to the Committee and included in future reporting**

6.13 Quality Assurance and Improvement Arrangements for Child Protection in Tayside – July to September 2021 (CGC13/2022)

Dr Elizabeth Magee advised that this Quality Assurance (QA) and Improvement for Child Protection (CP) Report provided the current state position for CP QA activities in NHS Tayside for the reporting period 1 July to 30 September 2022. It was noted that the report was presented to the Public Protection Executive Group (PPEG) at its meeting on 8 December 2021.

The report highlighted that the majority of CP quality standards identified and associated Quality Indicators (QIs) met or exceeded the required performance standard of 95% compliance where applicable during Quarter 2 of 2021/22. It was noted that 94% QIs assessed demonstrated continued compliance across CP standards. This referred to 50 QIs not 48 as noted within the report.

It was noted that three exceptions to this were summarised in Table 1 of the report. Standard 7/7.2 & 7.3 referred to CP training, levels 2 and 3. It was noted that all face to face training for levels 2 and 3 had been suspended in line with current Covid restrictions. There had been significant uptake of level 1 training and generally good uptake of level 2 and 3 training. It was noted that the mode of training was no longer reported on as an exception as it was agreed training would be provided virtually for the foreseeable future.

In terms of CP Pulse Surveys, it was noted that online surveys were targeted to specific workforce groups to gauge confidence and identify areas for improvement and further support. It was noted that surveys had been suspended due to competing service demands however, work was ongoing to re-establish these surveys.

Dr Magee advised that the Committee were asked to note the contents of the report, Appendix 1 and that a moderate level of assurance had been provided.

Dr Magee also advised that new CP guidance was launched in September 2021, with an implementation timeline of 18 months, and that quality assurance reporting would be reviewed in light of this new guidance.

Following a query from Ms Anne Buchanan, it was noted that level 1 training was mandatory for all staff and was available on Learnpro.

Prof Graeme Martin queried the level of evaluation in terms of monitoring awareness of training. Ms Smith advised that evaluations were an important part of training. She noted that there had been various changes and that processes were in place to ensure staff were updated on training and key learning from Initial/Significant Case Reviews (ICR/SCR) and Learning Reviews.

The Committee agreed that a moderate level of assurance had been provided.

The Committee

- **Noted the content of the report**
- **Agreed that the report provided moderate assurance that CP quality standards continued to be met across NHS Tayside and were continually reviewed in line with current national and local CP policies, directives, quality standards and learning/recommendations from CP incidents including initial and significant case reviews (ICRs/SCRs)**

Other Reports for Assurance

6.14 Volunteering Annual Report 2021 (CGC14/2022)

Mrs Tracey Passway introduced the report and advised that Mrs Valerie Ewan was also in attendance for this item.

Mrs Passway advised that the report provided an update on the volunteering activities within NHS Tayside and assurance around the systems and processes in place.

Mrs Passway highlighted that NHS Tayside had a vast number of volunteers and that there was collaborative working with the three local Councils and the three Third Sector Interfaces.

The report provided an update on the following key areas:

- The Volunteer Policy had undergone its 2 year review. The updates were approved by the Clinical Policy Governance Group at its meeting on 3 November 2021 and was endorsed by the Care Governance Committee on 2 December 2021
- Tayside NHS Board was recredited with the Investing in Volunteering award in January 2021.
- National guidance “Remobilisation of Volunteering in NHSScotland Covid-19” was published on 4 May 2021 and updated on 12 August 2021. It was noted that this guidance was applied and ensured that volunteers returned to roles in a safe and measured way.

Mrs Passway noted another key highlight included a bid to Tayside Health Fund Charitable Funds Committee to secure an external consultant, managed by Voluntary Health Scotland to undertake a scoping exercise. It was noted this would report in March 2022 and would support the service going forward.

Mrs Passway also extended her thanks to Mrs Trudy McLeay for her contribution and support to voluntary services.

Mrs Ewan noted that the past year had been challenging however, noted that the report detailed examples of the good work undertaken, ongoing and planned moving forward.

Mrs McLeay noted, as a member of the Volunteer Team Zoom, that she was pleased to see the support being offered to volunteers, which she was aware was greatly appreciated.

Ms Anne Buchanan welcomed the report and queried whether, post Covid-19, whether there was an annual celebration of volunteers. Mrs Ewan advised that the work of volunteers was recognised at an event held every two years however, this had been paused due to Covid-19. It was noted that once face to face meetings resumed, quarterly meetings would be held for volunteers. It was noted that these meetings along with celebrations during Volunteers Week in June 2022 would provide the opportunity to volunteers to get together, acknowledge their efforts and issue service awards.

The Committee agreed that a comprehensive level of assurance had been provided and was warranted, particularly in light of being reaccruited with the Investing in Volunteering award.

The Committee

- **Noted the content of the report**
- **Agreed that the report provided comprehensive assurance that volunteer services were robust across all health sectors within Tayside**

7. ITEMS FOR DECISION

7.1 NHS Tayside Clinical Policy Governance Group (CGC15/2022)

Mrs Nic Richardson presented the report, noting that she had been appointed as Co-chair of the Clinical Policy Governance Group (CPGG).

Mrs Richardson advised that the CPGG met on 12 January 2022 to review and agree the pathway for assurance for those policies aligned to the Medicines Policies Group (MPG). It was agreed that a selection of relevant policies would be reviewed through the MPG but all clinical policies would be presented to the Care Governance Committee with the assurance of the CPGG.

The CPGG also reviewed clinical documentation seeking a THB number to support assurance and a future shift to electronic documentation systems. This included documentation relating to Art Therapy for use in General Adult Psychiatry, Music Therapy and Podiatry. The Committee was asked to formally adopt this documentation and the request for a THB number as approved by the CPGG.

It was noted that the CPGG intended to rationalise the recording and management of the Clinical policies to reflect their multi-professional nature. Mrs Richardson advised that currently policies were defined as being either, Clinical or Nursing and Midwifery policies. The Committee

was asked to approve rationalisation of these categories to a single list of Clinical policies.

Mrs Richardson advised that the CPGG routinely reviewed those policies which had breached or were nearing their review date, taking into account clinical pressures and the impact of the Covid-19 pandemic. It was noted that all policy owners had been contacted to determine whether an extension was required or, in the case of critical policies seeking an update on reviews. Mrs Richardson advised that all policy authors were offered support and mentorship.

The Committee

- **Adopted the documentation given approval by the Clinical Policy Governance Group**
- **Supported the Clinical Policy Governance Groups plans to rationalise the categorisation of Clinical policies and the management of extensions for review**

8. ITEMS FOR AWARENESS

8.1 Area Drugs and Therapeutics Committee Minute – 28 October 2021

The Committee noted the Area Drugs and Therapeutics Committee Minute of 28 October 2021.

8.2 Public Protection Executive Group Minute - 8 December 2021

The Committee noted the Public Protection Executive Group Minute of 8 December 2021.

Mrs Claire Pearce wished to thank Mrs Trudy McLeay for all her support and understanding of clinical pressures during her time as Chair of the Committee. Mrs McLeay thanked Mrs Pearce and noted it had been a pleasure working with colleagues.

Mrs McLeay noted that for this meeting, the process of emailing questions and answers had been adopted. She suggested that this process be considered for future meetings to ensure limited impact on services. During discussions it was noted that there may be some benefit in adopting this process, for example more detailed answers being provided however, there was the need to ensure all questions raised outwith the meeting were also reported through the Committee. It was agreed that this would be considered moving forward.

9. DATE OF NEXT MEETING

The next meeting will take place at 1000 hours on Thursday 7 April 2022

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

The meeting reflections was not discussed and would be prepared outwith the meeting.

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 3 February 2022, and approved by the Committee at its meeting held on 7 April 2022.

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CHAIR

07 April 2022

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DATE