

Minute**Tayside NHS Board
Care Governance Committee**

Minutes of the above meeting held on Thursday, 07 April 2022 at 1000 hours in the office of the Executive Nurse Director, Level 10, Ninewells Hospital and via Microsoft Teams.

Present:**Non-Executive Members**

Mrs J Alexander	Non-Executive member, Tayside NHS Board/Employee Director
Ms A Buchanan	Chair, Care Governance Committee/Non-Executive Member, Tayside NHS Board
Ms P Kilpatrick	Vice Chair, Care Governance Committee/Non-Executive Member, Tayside NHS Board
Professor G Martin	Non-Executive, Tayside NHS Board (MS Teams) (from 1215 hours)

In attendance:

Mrs C Pearce	Executive Director of Nursing, NHS Tayside
Professor P Stonebridge	Medical Director, NHS Tayside
Ms Margret-Rose Campbell	Committee Support Officer
Mr S Dunn	Nurse Director, Corporate Nursing
Ms M Dunning	Board Secretary
Dr Sharon Hilton-Christie	Associate Medical Director, Patient Safety, Clinical Governance and Risk Management
Mrs T Passway	Head of Patient Safety, Clinical Governance and Risk Management
Mrs N Richardson	Director of Allied Health Professions
Mr K Russell	Associate Nurse Director, Mental Health and Learning Disability Services
Dr S Thakore	Associate Medical Director, Quality Management

Attendee:

Mrs H Barnett	Director of Performance (Items 6.1 and 10.4)
Dr A Clement	Clinical Director, Angus Health and Social Care Partnership (HSCP) (Item 8.5)
Miss J Howden	Senior Charge Nurse, Mental Health and Learning Disability Services (Item 7.1)
Mrs P Davidson	Infection Prevention and Control Manager (Item 8.2)
Mr M Dickson	Clinical Governance Co-ordinator, Perth and Kinross HSCP (Item 8.7)
Dr H Dougall	Clinical Director, Perth and Kinross HSCP (Item 8.7)
Mrs J Galloway	Head of Community Services, Angus HSCP (Item 8.5)
Mrs G Gilling	Strategic Lead, Adult Protection (Item 8.8)
Ms C Longmuir	Communications Manager (Attending on behalf of Mrs J Duncan)
Ms D McCulloch	Head of Health and Community Care, Dundee HSCP (Item 8.6)
Mr G Mills	Chief Nurse, Practicing Professional Development (Observer, shadowing Mr S Dunn)

Mr D Williams	Independent Oversight and Assurance Group on Tayside's Mental Health Services (Observer)
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Apologies:

Professor G Archibald	Chief Executive, NHS Tayside
Mrs L Birse-Stewart	Chair, Tayside NHS Board (<i>ex-officio</i>)
Mrs K Brechin	Nurse Director, Operational
Mrs S Dickie	Nurse Director, Community and Health & Social Care Partnerships in Tayside
Dr E Fletcher	Director of Public Health
Mr M Kendall	AHP Lead, Dundee Health and Social Care Partnership
Dr N Pratt	Non-Executive, Tayside NHS Board
Dr D Shaw	Clinical Director, Dundee HSCP

Ms A Buchanan in the Chair

Action

1 WELCOME AND APOLOGIES

Ms Annie Buchanan welcomed all attending to her first meeting as Chair of the Care Governance Committee.

Responding to Mrs Jenny Alexander, Non-Executive Member, Ms Buchanan confirmed that the Committee were quorate as there were three Non-Executive Members in attendance as per the Terms of Reference.

Ms Buchanan indicated that the meeting would be recorded. No objections to this were raised.

Ms Buchanan welcomed to the meeting Mr David Williams, representative of the Independent Oversight and Assurance Group on Tayside's Mental Health Services; and Mr Gordon Mills, Chief Nurse, Education who were both observing the Committee meeting.

2 DECLARATIONS OF INTEREST

No interests were declared.

3 MINUTES AND CHAIR'S ASSURANCE REPORT

3.1 Care Governance Committee Minute 02 February 2022

The Minute of the Care Governance Committee of 02 February 2022 was approved on the motion of Mrs Anne Buchanan and seconded by Mrs P Kilpatrick, Vice Chair.

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

The Chair's Assurance Report to the Board of the Care Governance Committee meeting held on 02 February 2022 was presented to the Committee for noting.

The Committee:

- Noted the Chairs Assurance Report of the Care Governance Committee meeting held on 02 February 2022.

4 ACTION POINTS UPDATE AND MATTERS ARISING

4.1 Action Points Update

Mrs Claire Pearce, Executive Nurse Director advised the Committee that the one outstanding action will be completed at this meeting, through Item 7.1 Patient Experience.

Ms Buchanan requested that all completed actions be removed from the document.

The Committee:

- Noted the Action Points Update

4.2 Matters Arising

There were no other matters arising noted by the Committee.

5 COMMITTEE ASSURANCE AND WORKPLAN

5.1 Committee Assurance Plan and Workplan 2021/2022

The Committee noted the completed Assurance and Workplan 2021/2022.

5.2 Record of Attendance

The Committee noted the Record of Attendance for 2021/2022.

6 EXTERNAL/INTERNAL REPORTS

Ms Buchanan indicated to the Committee that Items 6.1 and 10.4 would be taken together on the agenda to enable Mrs Hazel Barnett, Director of Performance to return to her duties.

6.1 Scottish Public Services Ombudsman (SPSO) Reports (CGC16/2022)

Mrs Barnett presented the SPSO Report to the Committee for their awareness, advising that Mrs Tracey Passway and herself had discussion around frequency of reporting and proposed to the Committee that the SPSO report be brought to every alternate meeting, opposed to each meeting. The Committee were in agreement to this.

Mrs Barnett advised that for the period January and February 2022, five cases have been investigated by the Ombudsman and decision reports on their findings published. Of these: four cases were not upheld (with no recommendations), with one case partially upheld (with some recommendations). Mrs Barnett indicated that Appendix 1 provides information on the current status in response to recommendations from decision reports. Appendix 2 reflects that the SPSO has confirmed that all cases which have previously been reported to the Committee have been closed.

In response to query from Mrs Alexander, Mrs Barnett indicated that the Decision Report Action referenced in Appendix 1, was a recommendation associated with a General Practice, hosted by Angus HSCP and will be reported on through the Assurance Report from Angus HSCP further in the agenda.

Mrs Barnett confirmed for the Committee members that the SPSO recommendations do not sit with the Complaints and Feedback Team and work will be being undertaken to review the reporting template to ensure that HSCPs include, within the Assurance Reports, relevant updates on progress of recommendations.

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No further issues were raised and Ms Buchanan thanked Mrs Barnett for the SPSO report.

The Committee:

- Agreed to reporting at alternate meetings.
- Noted the Scottish Public Services Ombudsman Reports.

10.4 Annual Report: Scottish Public Services Ombudsman (SPSO) (CGC30/2022)

Mrs Barnett presented the Annual Report, which gives reflective statistical information for the Annual Report published on 09 June 2021, for awareness, advising that the report given the opportunity for Committee Members to understand some of the issues that the public have complained about in the year 2020-2021.

Key points for the Committee to note would be:

- A total of 58 complaints were received for NHS Tayside Board in the year 2020-2021, excluding independent contractors. This is a decrease of 49% on the volume received during the year 2019-2020 (114).
- A total of 66 complaints were determined by the SPSO for NHS Tayside Board in the year 2020-2021, a decrease of 41% when compared to 2019-2020.
- Clinical Treatment/Diagnosis was the most common reason for complaints referred to the SPSO in 2020-2021, offering valuable insight and learning opportunities for NHS Tayside on how we improve the quality of care and experience we offer.
- Meetings occur regularly throughout the year with SPSO at which time themes are reviewed; advice gained on difficult and/or repetitive complaints; and support received throughout the process of investigation, recommendation and identifying improvement actions.

Mrs Barnett confirmed that a review of complaints received did not raise concern around a specific area, service or individual. The majority of the complaints relate to patients complaining about wait times, which given the backlog created throughout the pandemic lockdown period, is understandable. Ms Kilpatrick queried what guidance and/or advice is provided to patients, General Practitioners and/or referrers which would manage their expectations. Mrs Barnett advised that discussions have taken place with Paula Speirs, NHS Scotland Deputy Chief Operating Officer on the matter of whole population expectation and national advice

is awaited from the Scottish Government on the way forward.

Mrs Barnett advised that the figure quoted within the report of 66 complaints determined by the SPSO during 2020-2021 (when complaints received were 58), includes those complaints that had been carried forward from the year 2019-2020.

The Committee:

- Noted the Annual Report: Scottish Public Services Ombudsman.

7 PATIENT EXPERIENCE

- 7.1 Dr Shobhan Thakore, Associate Medical Director for Quality Management; Mr Keith Russell, Nurse Director Mental Health and Learning Disability Services; and Miss Jenny Howden, Senior Charge Nurse, Mental Health and Learning Disability Services attended the Committee to provide the Committee with a Patient Experience Story relating to Improving Observation Practice. An NHS Tayside Improving Observation Practice Steering Group was convened to review current practice and develop a framework which is reflective of person centred care by being recovery focussed; trauma informed; and values and rights based.

Improving observation practice is a national programme with the aim to end the use of enhanced observations as it is currently by March 2019, replacing it with a framework of proactive, responsive and personalised care and treatment which focuses on prevention and early intervention.

The new framework was introduced into Mulberry Unit, Murray Royal Hospital, Perth, a 20 bedded acute admissions ward which cares for patients with a variety of mental health conditions.

The framework was initially implemented with a young adult patient with a diagnosis of emotional unstable personality disorder, was on the autistic spectrum and had an extensive history of self harming behaviour when at home. Four weeks into the admission (January 2021), and due to the rise in the behaviour of self harming, the patient was commenced on constant observations, following the then current Observation Policy. The patient found this process highly restrictive; struggled with their care needs; found that their communication needs were not met due to the volume of staff carrying out the observations each day; and found it difficult to engage with all staff involved in their care. The multi-disciplinary care team made the decision to implement the process of improving observation practice (May 2021) and agreed with the patient and their family a treatment plan which was more patient centred and strength based. The multi-disciplinary care team also introduced the “clinical pause”, where they reviewed the treatment and care planning with the patient on a daily basis, which allowed more informed decisions to be made about what could be made better for the patient.

Following implementation of the improving observation practice the care team recorded a significant reduction in the patient’s self harm, adverse incidents, and the use of physical restraint. The patient stopped the use

of “as required” medication; was far more engaged in using alternative coping strategies; communication improved significantly between the patient, their family and the multi-disciplinary care team; and the patient reported that they felt “safer”.

The multi-disciplinary care team have fed back the positive impact of working in a different way: the patient having much more autonomy and power around the decision making and having more skills and interventions available to them around self-regulation, also improved support and communication for both the patient in the ward and their family.

There was an overall improvement reported in the patient’s mental state, thus allowing them to be moved on to the next placement and continued treatment in January 2022.

Mr Russell advised that the development team and multi-disciplinary care team have expressed their satisfaction in the process of development and implementation of the improved observation practice; noting how practice has changed from a nursing perspective. Staff feel more empowered. There are also benefits of continued practice education, with a focus on trauma based training.

Mr Russell, advised that improving observation practice continues to be implemented where there is early identification of patient need, however, due to staff changes and the need for continuing education sessions it is difficult to roll out across all patient areas. Sustainability of practice is important, and there is a programme of audit around improving observation practice and around patients having care plans in place to provide evidence to support the process. The new framework requires resources and support to enable consistent delivery to the patients.

Improving observation practice is included in the induction process for new nursing staff and also features in the undergraduate training through Dundee and Abertay Universities.

Miss Howden advised that, in terms of therapy and therapeutic activities, the Activity Co-ordinator became involved in the initial implementation of practice, liaising with the patient to agree an individualised plan of activities. The Activity Co-ordinator will continue to provide support in the planning and undertaking of activities, based on a strength based approach, which are suited to the patient population within the Ward.

Mr Russell advised that from a national perspective and improving observation practice being undertaken in other Scottish Health Boards, NHS Tayside features heavily in the information available on the subject within the Healthcare Improvement Scotland website and are at the forefront of the development and implementation. The multi-disciplinary team based in Moredun Ward also received the Scottish Mental Health Nurse Forum Scotland In-Patient Care Award for their work on improving observation practice (December 2021).

Dr Thakore advised the Committee that despite the development of the

Improving Observation Practice framework having occurred within Mental Health and Learning Disability Services, the principle of the framework could be applied within any in-patient healthcare setting where a patient is identified as requiring proactive, responsive, personalised care and treatment.

The Committee:

- Thanked Dr Thakore, Mr Russell and Miss Howden for their very informative presentation which evidenced an improved patient experience within Mental Health and Learning Disability Services.
- Requested that the presentation be provided to the Committee Support Officer for circulation to Committee and In Attendance members.

8 REPORTS FOR ASSURANCE

8.1 Assurance Report: Strategic Risk 934 Mental Health and Learning Disabilities (CGC17/2022) (Deferred from 02 February 2022)

Mr Russell presented the Assurance Report to the Committee which provides current status on the work undertaken around the revision of strategic risk within the Service, and apologised for the omission of Appendix 1 which was circulated to Committee members on the morning of the meeting.

The Current Risk Exposure Rating is reported at 16 (March 2022), having remained the same as the previous three assurance reports. Planned Risk Exposure – 16.

Mr Russell advised that the strategic risk comprises of two key components: Patient Care Pathways; and Workforce, which are underpinned by eight service level risks, the highest inherent service risks being Workforce; Pathways of Care; Ligature Anchor Points; and Mental Health Strategy. The report provides details of current and planned/proposed controls to mitigate against the risks.

Mrs Claire Pearce, Executive Director of Nursing thanked Mr Russell for the assurance report and would support the content of report for the Committee, advising that following the process of revision of the strategic risk in early 2021 there was a need to further review the risk post COVID-19 pandemic to ensure that there is a clear focus on the strategic risk of delivering the Mental Health Strategy, with a clearly identified Responsible Lead, while ensuring that operational service level risks are captured and managed directly by the Service. Mrs Pearce requested that the Committee support the proposal to further review the strategic risk. All Committee members in attendance supported the proposal and Mrs Pearce requested that Mr Russell liaise with colleagues, Service Executive Leads and the Head of Strategic Risk and Resilience Planning to consider reframing the risk and bring proposal back to the Care Governance Committee on 04 August 2022 as part of the Strategic Risk Assurance Report.

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Responding to a query from Mrs Alexander, Mr Russell advised that Appendix 1 was the same paper which was presented to the Health and

Safety Committee earlier in the week. He confirmed that the information contained within the report around ligature anchor points within Strathmartine Hospital – Bridgefoot House Flats 2 and 3 was correct. The risk assessment tool used within Mental Health and Learning Disability Services (Manchester Patient Safety Framework) proactively identifies risks through likelihood risk scoring, uses prospective risk assessments and leads to actions being developed to manage the risks. The assessment carried out within Bridgefoot House Flats 2 and 3 did not identify ligature anchor point risks. However, Mr Russell advised that he would arrange for a reassessment of the accommodation to be undertaken should the Committee think that this was necessary. The Committee agreed that a reassessment should be carried out. KR

Mr Russell offered a **Reasonable** level of assurance to the Committee in recognition of the strengths of the processes in place and the opportunities for further improvement.

The Committee:

- Noted the content of the assurance report.
- Agreed that a **Reasonable** level of assurance had been gained from the assurance report.

8.2 Assurance Report: Strategic Risk 14 Infection Prevention and Control (CGC18/2022)

Mrs Pamela Davidson, Infection Prevention and Control Manager presented the Assurance Report to the Committee which provides current status on the strategic risk.

The Current Risk Exposure Rating is reported at 16 (February 2022) having reduced from 20 reported in the October 2021 report. Planned Risk Exposure – 12, a reduction from 16 (October 2021).

Mrs Davidson advised that the strategic risk was reviewed in February 2022 in collaboration with the Head of Strategic Risk and Resilience Planning. The risk exposure rating with no controls remains at 25 (5x5) (Very High); and the current risk exposure rating reduced to 16 (4x4) (High); and the planned risk exposure rating reduced to 12 (3x4) (High). These ratings reflect all of the controls in place to mitigate the risk associated with Infection Prevention and Control. Therefore, Mrs Davison requested that the Committee would support the proposal to archive Strategic Risk 14. Moving forward the risk definition will be reframed taking into account the legislative requirements and controls that are embedded within NHS Tayside.

Factors supporting this proposal are: the established Infection Prevention and Control Team within Tayside; the functioning Infection Prevention and Control Committee and subcommittee structure; a national manual that all Boards in Scotland follow; a robust Tayside annual work plan and programme regarding surveillance, audit extinction; and the successful transition from the COVID-19 pandemic to post pandemic remobilisation.

Mrs Davison highlighted that Healthcare Improvement Scotland had carried out an Unannounced Inspection Perth Royal Infirmary on 07-09

December 2021 using their safe delivery of care inspection methodology. The Inspection resulted in five areas of good practice and two requirements with an action plan now implemented.

Mrs Davidson also highlighted that there are a number of ongoing improvement initiatives: short life working groups in relation to reducing the incidence of *E coli* bacteraemia and *Staphylococcus aureus* Bacteraemia (SAB); and a review undertaken of *Clostridioides difficile* Infections (CDI) with a plan to undertake a deep dive into new cases over a three month period following which, based on lessons learned, the CDI review tool will be amended to support robust multi-disciplinary review.

Mrs Davidson assured the Committee that there was support to archive the strategic risk as the established Operational Unit Infection Prevention and Control Committee would continue to review operational risks associated with infection prevention and control through Performance Reviews.

Mrs Davidson was in agreement to the Committee's request to provide a Healthcare Associated Infection update later in the year to assure the Committee that this work continues to be a priority for the organisation.

Responding to query Mrs Davidson advised that the recruitment of the Infection Prevention and Control Doctor had been undertaken and the closing date passed for applications; Clinical Lead for Microbiology is being undertaken through locum and clinical scientists who as part of their role will have Infection Prevention and Control sessions.

Mrs Davidson offered a **Reasonable** level of assurance to the Committee recognising the established processes available to minimise risk, examples of which are the National Infection Prevention and Control Manual, local audit, education and surveillance programmes, along with robust Infection Prevention and Control committees and governance fora.

The Committee:

- Noted the content of the assurance report
- Agreed that a **Reasonable** level of assurance had been gained from the assurance report.
- Supported the proposal that Strategic Risk 14 Infection Prevention and Control be archived.

8.3 Assurance Report: Strategic Risk 736 Public Protection (CGC19/2022)

Mr Simon Dunn, Nurse Director, Corporate Nursing presented the Assurance Report to the Committee which provides current status on the strategic risk; and the progress of the Public Protection Framework for NHS Tayside since its approval in January 2021.

The Current Risk Exposure Rating is reported at 9 (March 2022) having reduced from 12 reported in the December 2021 report. Planned Risk Exposure 9.

Mr Dunn highlighted; that the Public Protection Executive Group (PPEG) will continue to provide reports to CGC in the form of the Child Protection and Adult Protection Annual Reports. These reports are also shared with the three Chief Officer Groups (COG) for the Tayside Public Protection Partnerships (Angus, Dundee, and Perth & Kinross).

There has also been an agreement around representation for the 3 Chief Officer's groups hosted within our partner local authority areas with strengthened membership from NHS Tayside at each.

The functions that exist under Child Protection and Adult Protection are looking for shared opportunities to create single Public Protection structures starting with an assurance framework and education strategy. Adult Protection have also just produced their second Annual report which complements the Child Protection report published in the last reporting period the aim is consideration of a combined Public Protection report at the end of this year.

Mr Dunn advised the Committee that this report highlights significant progress over the last 12 months since the approval of a Public Protection Framework for NHS Tayside, with a clear direction around shared Public Protection functions; the Public Protection Executive Group, under the leadership of the Executive Director of Nursing, is developing well with clear representative membership across NHS Tayside and the three HSCPs. Mr Dunn directed the Committee to the current controls which are functioning as expected.

As a result of progress the risk rating has reduced to 9 and Mr Dunn requested that the Committee support the proposal to archive Strategic Risk 736 with a reporting occurring through operational governance pathways.

Mr Dunn offered a **Reasonable** level of assurance to the Committee recognising that the Public Protection Executive Group (PPEG) continues to be strengthened with agreed Terms of Reference; agreed membership; and a structure of operational improvement groups which report to and provide assurance to the PPEG.

The Committee:

- Noted the content of the assurance report
- Agreed that a **Reasonable** level of assurance had been gained from the assurance report.

- Supported the proposal that Strategic Risk 736 Public Protection be archived.

8.4 **Assurance Report: Acute Services Division (CGC20/2022)**

Ms Lorna Wiggin, Chief Officer Acute Services presented the assurance report to the Committee which provides an update on key quality measures of the Acute Services Division (1-31 January 2022). Ms Wiggin advised that assurance within Acute Services is received through the triangulation of quality and safety data; and information and intelligence presented and reviewed at the Acute Services Clinical Governance Committee, the Quality and Performance Review, and the Acute Services Infection Control Committee.

Ms Wiggin advised that the NHS Tayside Acute Services remain on an emergency footing, with significant challenges in respect of patient placement; staff absence; and service remobilisation.

Ms Wiggin highlighted that:

- Crude mortality remains stable, noting random variation only.
- Cardiac arrest rates, at both Ninewells Hospital and Perth Royal Infirmary, demonstrate random variation with no trends being noted.
- NEWS compliance (National Early Warning Score) is reported as below target, with some local variation.
- Pressure ulcer data remains positive overall, with one Grade 4 reported. Review identified that the patient was admitted with a Grade 3 pressure ulcer which deteriorated following admission. The review outcome determined that there were unavoidable causes, but learning has been identified to support improvement.
- Slips, trips and falls data is encouraging, with random variation. The Acute Falls Group is well established with good representation across Services and supports improvement across clinical services.
- Maternity and Children Quality Improvement Collaborative data is shared with the Acute Services Clinical Governance Committee and reviews a wide range of data. An emerging issues has been noted around the Induction of Labour Pathway and a short life working group has been established to oversee a review of practice and implementation of NICE recommendations (National Institute for Health and Care Excellence).
- There are no exceptions to report in regard to adverse events reported and the level of harm. One never event has been fully reviewed, with improvements put in place immediately and learning shared widely through the Acute Services Clinical Governance Committee.
- In terms of service risks, there have been no significant changes within the risk register. Assurance is provided through the Quality Performance Review process and the Acute Services Clinical Governance Committee that risks are being managed. A plan is in place to review and update the Datix system to archive or redefine a number of extant risks.
- Areas of risk to bring to the Committee's attention:
 - Oncology Services – mutual aid has been put in place to support services affected by workforce gaps. Arrangements are in place to ensure that all patients receive treatment by a suitably experienced

- clinician through the mutual aid arrangements. Work continues within NHS Tayside to recruit, develop and build a sustainable multi-professional model of care.
- COVID-19 pandemic has an unpredictable nature, and continued prevalence and demand presents a significant risk to the remobilisation of services. This risk is being reported and managed through the Command Structure in place.
 - Oral Maxillofacial Surgery Laboratory has been stepped down on the Ninewells site following assessment against appropriate legislation and associated guidance for Control of Substances Hazardous to Health Regulations 2002. This assessment highlighted laboratory ventilation and environment concerns. The laboratory in Perth Royal Infirmary is currently being utilised. An Incident Management Project Team has been established to progress the immediate, short and long term actions.
 - Planned Care - Priority 3 and Priority 4 services have not remobilised as yet
 - The East of Scotland Regional Breast Screening Service is hosted by NHS Tayside with a 36 month call/recall cycle in place. Due to the step down of screening services at the start of pandemic and workforce challenges no Board in Scotland is achieving the national standard. A recovery plan has been agreed, supported by National Services Scotland.
- A serious care review has been undertaken relating to Child and Adult Support and Protection. Actions have been submitted along with evidence of completion were appropriate.
 - Joint Inspection of Services for Children at Risk of Harm inspection took place in 2021 with the report published in January 2022. Multi-agency improvement plan has been completed to progress recommendations.
 - The Assisted Conception Unit was inspected by the Human Fertilisation and Embryo Authority on 22 February 2022 and the final report is awaited.

Ms Wiggin confirmed that the never event had included the full multi-disciplinary team and the Scottish Ambulance Service. Learning from the review has been shared widely across NHS Tayside and also across the Scottish Ambulance Services across Scotland.

Ms Buchanan referred to the Internal Control Evaluation 2021/22 report which recommended that reporting on waiting times and referral to treatment, and impact on patients of delays, be brought to the Care Governance Committee. Ms Wiggin advised that this could be included within the Assurance Report, however, would wish the Committee members to give clear direction on what information it required. Quantitative data is currently reviewed through the Quality and Performance Reviews. Mrs Pearce noted that the quantitative data reporting and that the Waiting Times and Referral to Treatment Strategic Risk is currently reviewed at Performance and Resources Committee, however advised that the Committee would be interested to understand aspects such as patient prioritisation; delays; and the impact on the patient in terms of harm. Ms Wiggin advised that she would liaise with colleagues to consider how this information could be sourced and

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reported on to the Committee.

Ms Wiggin explained to the Committee that a letter template advising patients around the current situation of remobilisation of services and the potential of extended waiting times had been agreed. Discussions are taking place on how support for remobilisation plans is provided at national, regional and local levels.

Ms Wiggin advised to the Committee that the Oral Maxillofacial Surgery Laboratory step down in Ninewells Hospital is a service level risk and not a strategic risk which would be reported through a Standing Committee. The Laboratory in Ninewells is in an area aligned alongside clinical services and administration offices, and the extraction of harmful fumes. The Laboratory in Perth Royal Infirmary is currently be utilised, however there are plans for relocation as part of the enabling works to facilitate the development of the National Treatment Centre on the Infirmary site. Consideration is being given to where a new laboratory would be best sited.

The Committee noted that within the report it was noted that Unscheduled Care Group had undertaken improvement work around complaints compliance, and requested that in the next assurance report there be an update on other services within the Acute Division on any improvements or concerns around complaints compliance. LW

Ms Wiggin offered a **Reasonable** level of assurance to the Committee recognising that there continues to be opportunities for improved use of systems and process to support governance; and challenges with data capture and analysis with dynamic response to the COVID-19 pandemic, including adverse event, risk and complaints management.

The Committee:

- Noted the content of the assurance report
- Agreed that a **Reasonable** level of assurance had been gained from the assurance report.

8.5 Assurance Report: Angus Health and Social Care Partnership (CGC21/2022)

Dr Alison Clement, Associate Medical Director, supported by Mrs Jillian Galloway, Head of Health and Community Services, presented the assurance report to the Committee providing assurance on the clinical and care governance activities and arrangements across the Partnership as outlined in the Getting It Right for Everyone Framework and in accordance with the partnership integration scheme.

Dr Clement advised that the Angus Health and Social Care Partnership (HSCP) and Integrated Joint Board (IJB) continues to focus on key risks and the report reflects the key clinical care and professional governance risks.

Dr Clement wished to highlight to the Committee:

- The risk Implementation of Strategic Planning Priorities has been reviewed and the residual score reduced to 16 from 20, supported by

the development of an Early Intervention and Prevention workstream; and positive progress towards the development of the next Strategic Commissioning Plan.

- The strategic risk Sustainability of Primary Care is planned for a revision to ensure that there is a collective approach to the corporate governance and internal control of both the strategic and service level risks within Primary Care. A risk workshop is to be held in May/June 2022 to review the current risk description, with a further workshop to be arranged to review management arrangements and further define service level risks.
- Work continues around workforce, looking at both Health and HSCP staffing groups across all services to improve outcomes, efficiency and reduce duplication.
- A new clinical care strategic risk has been introduced: the withdrawal of the Roche Glucose Nano Meters, which are used within Primary Care Teams across all three HSCPs, to monitor and support the management and assessment of individuals with diabetes or the unwell patient. This has significant implications to teams such as District Nursing who utilise this equipment in the course of duties. This situation is being addressed across Tayside as a key risk and consideration of alternative provision is being undertaken.
- Feedback on the listening services which are being provided across all general practices, through the Spiritual Care Service, indicate that there is a positive impact being made for patients that have been supported.
- The successful development and introduction of a hub model within Montrose is being looked to be replicated across the whole system. This model has had significant impact on mental health services. A “no wrong door” ethos has been particularly successful in avoiding individuals being passed from service to service, and reducing staff’s frustration as they try to find the right way to provide support the patients.
- Recruitment challenges over a prolonged period has led to considerable risks for the Brechin 2C Practice and its population. Particular risks exist; lack of medication reviews; proactive management of people with co-morbidity; unmet need for General Practitioner appointments which may result in delayed and/or missed diagnosis. A service risk, with an Extreme Category 1 risk score is in place. An audit of complaints received has identified key themes which has given a focus to improvement work to support the provision and continuity of safe care to patients.
- Mental Health Service delayed discharges continue to be reviewed with inpatient services and community teams. A new social worker and two healthcare support worker posts have been created in adult mental health to support a good discharge pathway, and 72 hour follow up post discharge.

Dr Clement assured the Committee on the Scottish Public Services Ombudsman decision report and the complaint made about the way the Practice handled the initial complaint. Dr Clement indicated that the complaint and recommendation will be discussed at the next scheduled assurance meeting, and raise the profile through the GP Sub Committee in Angus and through the Local Medical Council and Primary Care

newsletters, that there is support wide spread within primary care to have a standard approach for complaints and to make sure that practices are aware that the information on Ombudsman Referral should be included in the complaints responses.

Dr Clement expanded on the “no wrong door” advising that within Montrose there are three General Practices and Mental Health Teams co-located within one building. This arrangement allows co-operative working, through allocation meetings, between teams and Practices to agree the best signposting and/or treatment. This co-operative working provides an opportunity to provide treatment for both the physical and mental health of the patient; and which can include identifying support for whole families – a holistic approach to care and treatment.

Mrs Galloway advised the Committee that delayed discharges within Psychiatry of Old Age can occur following an application being lodged with the court and a date to formalise the application being identified. The COVID-19 pandemic has impacted on the length of time awaiting a court decision. Work has been progressed through the Public Protection Executive Group around incapacity of patients and there are small improvements that could be made in terms of the timeline for people when there is a potential option to move them out of an acute hospital. Each individual case is looked at on its individual merits, as the patient’s needs are central.

Dr Clement offered a **Reasonable** level of assurance to the Committee from the evidence contained within the assurance report.

The Committee:

- Noted the content of the assurance report.
- Agreed that a **Reasonable** level of assurance had been gained from the assurance report.

8.6 Assurance Report: Dundee Health and Social Care Partnership (CGC22/2022)

Mrs Diane McCulloch, Head of Health and Social Care presented the assurance report to the Committee providing assurance on clinical governance and risk management processes.

Mrs McCulloch highlighted:

- The clinical risk with the HSCP remain broadly the same as previously reported, with the majority sitting within the Drug and Alcohol Services. One new risk has been added: Lack of resource to deliver the benzodiazepine dependence pathway complaint with guidelines, and considerations are ongoing on how this risk will be mitigated.
- Discussions have taken place around the Mental Health risks, with the aim to be in a position to have a sustainable workforce. To further mitigate the short term risks and address the national shortage of Psychiatrists, the Service have appointed two Advanced Nurse Practitioners and a Specialist Mental Health Pharmacist, who will be further supported by a Pharmacy Technician. There are two further Advanced Nurse Practitioners in training, and the intention is to assign them in post following qualification. While Locum cover

continues to be the mainstay of the Community Mental Health Team, individuals are remaining longer term in post than previously, therefore enabling a more stable Service.

- Complaints performance has reduced significantly, with only 20% of complaints being managed within the 20 day timeframe in January 2022. Root cause can be attributed to a number of senior managers having left the service and the capacity within the service to manage the workload. Work, in collaboration with the Complaints and Feedback Team, is planned to better understand where and why responses to some complaints take longer than the standard 20 days. The Clinical Care and Professional Governance Group monitors response times, themes and support the sharing of learning.
- One local adverse event review has been held following a complaint regarding poor and inappropriate communication from the range of staff on and visiting the ward. Key aspects identified were lack of patient-centred care and poor communication with the patient and their family. Sharing of the learning from this review, via the governance forum, has identified that this was an isolated incident and this type of communication is not widespread across the Partnership.
- Work continues within the Partnership to review workforce models, however, establishment of new posts and regarding of existing posts within the Partnership has had an impact on taking this work forward.
- The Partnership have submitted an assessment to the Medication Assisted Treatment (MAT) Improvement Support Team setting out progress made to date and areas where further work and support is required. To assist the Partnership the Improvement Support Team are willing to recruit staff and second them back to the Partnership. This will support the work going forward

In response to query around access to specialist guidance on pressure ulcers from the NHS Tayside Tissue Viability Service/Nurse, Mrs McCulloch advised that she would be better placed to answer the query once she had made further enquiry. The Committee agreed that this information could be included in the next Assurance Report, highlighting if there is an identified gap.

DMcC

Mrs Pearce advised that the Committee have a responsibility to review external inspection reports and be assured that recommendations/actions are being progressed within both Health and HSCP Services appropriately, and be cited on any areas of exception. Mrs Pearce requested that an update on the Dundee Drugs Commission Report: Responding to Drug Use with Kindness, Compassion and Hope be provided within the next Assurance Report to the Committee (04 August 2022). Mrs McCulloch agreed that an update would be included in the next report, as reporting on the Dundee Drugs Commission Report is part of the HSCPs clinical governance assurance route.

DMcC

Responding to query around successful recruitment of General Practitioners to specialist services like Dundee Drug and Alcohol Recovery Service (DDARS) Mrs McCulloch advised that there had been recent recruitment of a General Practitioner, with special interest, to work within the Mental Health Services. Currently there are two or three General Practitioners working within the Drug and Alcohol Recovery

Service in addition to their Practice role. There are also those General Practitioners who will have an interest in the specialism but will take forward this work as part of their General Practitioner role within the Practice, albeit that they receive funding through the specialist service. Recent funding has been received from the Scottish Government to expand the General Practitioner Shared Care programme within the Drug and Alcohol Recovery Services, inclusive of funding for two part time General practitioners to work part time across both their Practice and the Service. Mrs McCulloch advised that there are recruitment issues at this particular time, however, where an interest is identified in a General Practitioner an approach is made. Mrs McCulloch would check the financial terms of employing a General Practitioner within a specialist role in the Drug and Alcohol Recovery Services and update the Committee in the next Assurance Report (04 August 2022).

DMcC

Mrs McCulloch offered a **Reasonable** level of assurance to the Committee from the evidence contained within the assurance report.

The Committee:

- Noted the content of the assurance report.
- Agreed that a **Reasonable** level of assurance had been gained from the assurance report.

8.7 Assurance Report: Perth and Kinross Health and Social Care Partnership (CGC23/2022)

Dr Hamish Dougall, Associate Medical Director, supported by Mr Mark Dickson, Clinical Governance Co-ordinator, presented the assurance report to the Committee providing assurance on care and professional governance activity across the Partnership.

Dr Dougall advised the Committee that the Perth and Kinross Car and Professional Governance Forum meet monthly; have good attendance from across the Partnership Services; and have clear focus on assurance.

Dr Dougall highlighted:

- Risk 1133 referred to within the assurance report: No Consultant Cover for Adult Community Mental Health Team in Perth and Kinross HSCP North Locality. Dr Dougall advised that the issues which led to a Pending Risk being raised have been resolved and a locum consultant in place. The risk has been closed.
- Risk 829: Challenges in relation to accommodation for clinical and non-clinical staff across Perth and Kinross continued to be considered and options explored for premises.
- Risk 982: Workforce continues to be challenging with medical vacancies supported by Locum Consultant cover. Significant developments include: Advanced Health Practitioners being deployed to enhance service provision; identification of significant new Scottish Government funding to significantly enhance Primary Care MH capacity in GP practices; the appointment of a new senior suicide awareness co-ordinator; and significant interest from a number of General Practitioners in developing specialist interest roles integrated in current mental health medical workforce. Regular meetings have

been put in place with the Operational Medical Director for Mental Health to support workforce issues and plan ahead where possible.

- Within North Locality's Pitlochry Hospital General Practice Unit became temporarily non-operative from 03 January 2022. Staff across the locality have worked flexibly to cover sickness across all areas due to COVID-19 and sharing resources to meet demand. Work is being undertaken to review the workforce and engagement; with a working group to review and consider models of care. It is hoped that the Unit will be opened mid to late May 2022, however this is dependent on successful recruitment processes.
- Within South Locality evacuation assessments identified potential issues for evacuation of bariatric patients within Community Hospitals. Through the use of side rooms there continues to be provision to admit bariatric patients, however, there remains the need to identify and implement longer term solutions within these premises.
- Waiting times for individuals within HMP Perth to see a General Practitioner is showing improvement with access to Locum cover and a reduction in COVID-19 absences. All requests for General Practitioner appointment are prioritised on the basis of clinical need.
- The Director of Dentistry, Dr Morag Curnow, is due to retire in November 2022 and recruitment is in hand to appoint a replacement. Dr Dougall would wish to thank Dr Curnow for her excellent leadership to the Service over a substantial number of years.
- There has been difficulty in the recruitment and retention of Podiatrists and this is a national issue across NHS Scotland. Locally this carries the risk of being unable to provide a safe level of service which may lead of unintended consequences to patients and staff. This service risk has been added to the risk register on Datix.
- Work has continued to reduce the number of outstanding local adverse event reviews. Over an 18 month period the number of outstanding reviews has reduced from 24 to 8. Dr Dougall appreciated that this will never be zero given the inherent nature of adverse events, however, the improvement is substantial.
- Exception reporting to the Perth and Kinross Care and Professional Governance Forum is now embedded and mechanism in place for Services to quickly and easily escalate areas of concern. Services report to each alternate meeting. Annual Reports are also provided as per schedule.

Dr Dougall raised with the Committee that the HSCP remains committed to improving care and professional governance, and work is progressing to develop governance and performance dashboards to support assurance reporting across agreed professional standards. Dr Dougall advised that there was not a robust set of Key Performance Indicators (KPIs) for Mental Health and Learning Disability Services to measure performance, an example cited as: "Follow up within seven days of discharge". Perth and Kinross HSCP being provided with data evidencing a low compliance with the indicator, however, following a deep dive the compliance was 100%. Dr Dougall indicated that there is a disconnect in the quality of the data, and no reliable set of KPIs across the three Partnerships, and would welcome the opportunity to discuss further out with the Committee.

Mrs Pearce advised the Committee that the Business Unit have been working with Community Mental Health Teams to provide a reliable data pack each month inclusive of Demand, Capacity, Activity and Queue (DACQ) data. The information collected by Healthcare Improvement Scotland was stepped down due to the COVID-19 pandemic and reinitiating submission of this data will be a focus in this financial year.

The Committee requested that a review of the key performance indicators for Mental Health and Learning Disability Services be undertaken and an agreed suite of information for the data pack be developed.

HD,
DS,
AC &
HB

Mrs Nicola Richardson, Director of Allied Health Professions provided a brief update around Podiatry, referring back to the point made around Podiatry service risk. The Tayside Podiatry Service is hosted within Perth and Kinross HSCP. The national difficulty of recruitment that is alluded to is being supported through national conversations to try and support new graduates into the NHS Health Service. Within the most recent cohort of graduates, only 25% of the graduates were available and willing to work in the NHS.

Dr Dougall responded to query around the eight week wait for General Practitioner appointment in HMP Perth advising that all calls are prioritised on the basis of clinical need; and there is no significant clinical risk to the individual.

Dr Dougall offered a **Reasonable** level of assurance to the Committee as there is now a system of consistent and structured reporting on activities to the Care and Professional Governance Forum, resulting in significant enhanced assurance levels being provided to the Care Governance Committee.

The Committee:

- Noted the content of the assurance report
- Agreed that a **Reasonable** level of assurance had been gained from the assurance report.

The Committee broke for a comfort break at 1215 hours, returning at 1230 hours.

Mr Graeme Martin, Non-Executive NHS Tayside joined the meeting.

8.8 NHS Tayside Adult Protection Annual Report 2021 (CGC24/2022)

Mrs Grace Gilling, Strategic Lead, Adult Protection presented the Annual Report to the Committee to provide assurance on the key adult protection activities and developments undertaken by NHS Tayside Adult Protection Service, in partnership with other NHS Tayside Services and multi-agency partners.

Mrs Gilling highlighted:

- The Adult Protection Team, which initially comprised of two adult protection advisors and the Strategic Lead, is now at full complement, which can provide specialist and expert safeguarding training, advice and guidance to all NHS Staff, thereby supporting them to fulfil their safeguarding responsibilities and duties across a wide range of issues. The Team consists of three generic Adult Protection Advisors across the three geographical areas; one Adult Protection Advisor with Care Home Oversight, a MAPPA (Multi-Agency Public Protection Arrangements) Health Liaison Officer; Gender Based Violence/Violence Against Women Nurse Advisor (one of only three such advisors in NHS Scotland); and two administrative staff.
- The COVID-19 pandemic has brought challenges to all NHS Tayside services and within the context of adult protection, the Team continue to see a significant increase month on month in referrals.
- During 2021 Dundee recorded 2,835 referrals; Perth and Kinross 2,404 referrals; and Angus 634 referrals.
- The Adult Protection Service relies on multi-agency partnership working, and solid partnership working arrangements have been forged with colleagues from the three HSCPs, local authorities and Police Scotland. Training resources are also shared across the organisations.

Mr Dunn advised the Committee that as the organisation moved toward a fully established public protection framework, the annual reporting will be developed further. Currently the Child Protection Annual Report (reported in February 2022) and the Adult Protection Annual Report have been reported separately, and it is intended that the next annual report will combine the two services into one overarching Public Protection Annual Report.

Mrs Gilling offered a ***Reasonable*** level of assurance to the Committee acknowledging the establishment of the Public Protection Executive Group in March 2021, which provides the structure to scrutinise adult protection quality assurance and performance activities.

The Committee:

- Noted the content of the Annual Report.
- Agreed that a **Reasonable** level of assurance had been gained from the Annual Report.

9 ITEMS FOR DECISION

9.1 Draft Care Governance Committee Annual Report 2021-2022 (CGC25/2022)

Professor Peter Stonebridge, Medical Director, presented the Committee's Draft Annual Report for the year 2021-2022 advising that the Annual Report would be submitted to the next Audit and Risk Committee giving an account of the work of the Care Governance Committee for the year 2021-2022.

The Committee members had no additions or alterations to the Annual Report, and approved it for publication.

Ms Buchanan thanked Margaret-Rose Campbell, Committee Support Officer for compiling the comprehensive report.

The Committee:

- Noted the content of the Annual Report and approved it for publication and provision to the Audit and Risk Committee on 19 May 2022.

9.2 Draft Care Governance Committee Terms of Reference, Committee Assurance Plan and Work Plan (CGC26/2022)

Mrs Pearce presented the Draft Terms of Reference, Committee Assurance Plan and Work Plan to the Committee members for consideration and agreement moving into the financial year 2022-2023.

The Committee considered the draft Terms of Reference (TOR), Committee Assurance Plan and Work Plan documentation, which had been comprehensively reviewed to ensure that membership is: more aligned to representation from clinical services who have responsibility for clinical and care governance; and has a more focused purpose and remit.

The Workplan has been reviewed to ensure that items being reported upon are relevant to the Care Governance Committee's purpose and remit. The schedule of assurance reporting has been reviewed with Acute; Mental Health; Midwifery/Maternity Services; Health and Social Care Partnerships and Pharmacy Services reporting at alternate meetings which will then enable productive discussion and the identification of areas where more in-depth exploration is required. Strategic Risks will continue to be reviewed at alternate meetings.

Mrs Pearce advised that a light touch review of the Care Governance Strategy had been undertaken, and a more in-depth review will be undertaken and brought to the Committee for agreement in June 2024.

Mrs Pearce advised that there was a significant review of the Integration Joint Board's (IJB) Integration Schemes across Tayside underway and to further assist with "closing the loop" between the Committee and the IJBs

MC

there would be an intention to include a statement within the Terms of Reference: Reporting Arrangements to stipulate that *“Following a meeting of the Care Governance Committee the Lead Executives will provide feedback to each of the three Integration Joint Boards on the outcome of discussion on their assurance report, confirming the level of assurance that was providing and highlighting any action required.”*

Ms Buchanan advised that, if the amended Terms of Reference was accepted and approved by the Committee, letters would be written to those previous members of the Committee highlighting the changes within the Committee structure and remit and thanking them for their contribution to the Committee.

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Action

Ms Buchanan advised that a Care Governance Committee workshop would be scheduled (Date 07 July 2022 agreed) at which time new and existing members would work to co-create a refreshed way forward for the Care Governance Committee and to review the workplan, identifying duplication and gaps.

TP

Mrs Alexander remarked on the removal of the Director of Workforce from the In Attendance membership of the Committee, Mrs Pearce advised that as per the Terms of Reference the Committee *“may obtain whatever professional advice it requires, and it may require Directors, Integration Joint Board Chief Officers or other officers of the NHS Tayside to attend meetings”*. Therefore, specialist knowledge can be requested at any time. Ms Dunning also noted that those who are listed In Attendance are there to give advice to the Committee on matters discussed, and not to influence Committee members on decisions or matters of assurance.

Mrs Alexander commented on the use of the word *“minimum”* within the membership section of the Terms of Reference and it was agreed that this word would be removed and the statement read *“Six Non-Executive Members, including the Chair of the Area Partnership Forum (Employee Director) and the Chair of the Area Clinical Forum”*.

MC

Discussion took place around the use of names and roles within the Terms of Reference. Further to the meeting the Head of Committee Administration provided the following statement *“We will continue to use names in our Terms of Reference working document. Names are not shown in the Committee remits in the Code of Corporate Governance as approved by Tayside NHS Board.”* The Terms of Reference will be amended appropriately and uploaded to the NHS Tayside Internet as the public facing document, while the Code of Corporate Governance will be updated with anonymised narrative.

MC

There were no further areas for discussion raised, and the Committee members therefore approved the Terms of Reference, Committee Assurance Plan, subject to the amendments listed above, for publication and inclusion in the Code of Corporate Governance.

The Committee:

- Noted the content of the revised Terms of Reference, Assurance Plan and Workplan and approved all the documents for the year 2022-

2023.

- Noted that the Terms of Reference would be included within the amended Code of Corporate Governance and presented to the Tayside NHS Board for approval.

10 ITEMS FOR AWARENESS

10.1 NHS Tayside Clinical Policy Governance Group (CGC27/2022)

Dr S Hilton-Christie presented the report to the Committee on behalf of Mrs N Richardson and herself as Co-Chairs of the Group.

The Committee considered the Clinical Policy Governance Group (CPGG) Report on the meeting held on 09 March 2022 and agreed the adoption the Adverse Event Management Policy which had been approved by the CPGG.

Mrs Pearce outlined to Dr Hilton-Christie and Mrs Richardson that the role of the CPGG would be to provide assurance to the Care Governance Committee that systems and processes are in place to ensure that all clinical policies are reviewed, approved and communicated to the organisation. The CPGGs multi-professional membership provides the expertise through which clinical policies are approved for adoption by NHS Tayside. Mrs Pearce submitted a proposal that the CPGG provide an assurance report to the Care Governance Committee on a twice yearly basis, providing assurance on the systems and processes in place; provide information on the number of clinical policies within the organisation; data on policies are under review and the stage of that process; and escalating areas of high risk and concern. The Committee members supported the proposal to move CPGG to a schedule of bi-yearly assurance reporting.

Mrs Richardson confirmed to the Committee that the CPGG has Area Partnership representation from different areas of the organisation.

The Committee

- Noted the report and adopted the documentation given approval by the Clinical Policy Governance Group on 09 March 2022.
- Supported the proposal to move CPGG to a schedule of bi-yearly assurance reporting.

10.2 Internal Control Evaluation 2021/2022 Report No T08/22 (CGC28/2022)

Ms Buchanan advised that the Internal Control Evaluation (ICE) Report was provided for awareness to the Committee at this stage. This document would form the basis for discussion at the Care Governance Committee workshop, reviewing the recommendations and incorporating these into the work of the Care Governance Committee.

The Committee:

- Noted the content of the ICE Report No T08/22
- Noted that recommendations contained within the report pertaining to Care Governance Committee would be further discussed at the planning/assurance session being scheduled

10.3 **Person Centred Governance (CGC29/2022)**

Mrs Richardson presented the Patient Centred Governance report to the Committee for awareness, apologising for the Draft watermark left on the report. Mrs Richardson advised that the Person Centred Leadership Group's re-formation and re-evaluation of its structure and purpose following a period of significant change in membership.

Mrs Richardson highlighted that the Group have identified and are leading on some pieces of work which they feel would be of benefit to the organization. Two projects which are in the early stages:

- A medical student project, Student Selected Component in Design in Healthcare, is underway to look at and suggest improvements for the patient experience in Ninewells Hospital. The projects focuses on wayfinding and signage at the main entrance and concourse within Ninewells Hospital. Two potential improvements identified in changing signage and direction finding through the concourse; and an app to guide people through the building.
- The tannoy system at the main entrance to Ninewells Hospital has been considered by a study group with improvements suggested to add a welcome message, whilst retaining the public health messages which are regularly aired, to enhance the staff, patients and visitors' experience.

The Committee raised and discussed concerns their concerns around behaviours which occur at the main entrance to Ninewells Hospital: smoking; illicit drug use; and alcohol consumption. Mrs Richardson agreed that she would take back the discussion at Care Governance Committee to the Patient Centred Leadership Group and the study group to consider and identify improvement activity.

The Committee:

- Noted the content of the Patient Centred Governance report provided for awareness.

10.5 **Minutes/Action Notes**

The Committee:

- Noted the minutes and actions notes of the:
 - Spiritual Healthcare Committee 02 November 2021
 - Tayside Cardiopulmonary Resuscitation Committee 07 December 2021
 - Area Drugs and Therapeutics Committee Minute 09 December 2021

11 **DATE OF NEXT MEETING**

11.1 The next meeting will take place at 1000 hours on Thursday,
02 June 2022

12 **MEETING REFLECTIONS AND CONSIDERATION OF MATTERS FOR
CHAIR'S ASSURANCE REPORT TO THE BOARD ON 28 APRIL 2022**

Areas for inclusion were identified as:

- Terms of Reference, Assurance Plan and Workplan 2022-2023
- Assurance Reports from HSCPs
- Patient Story – Improving Observation Practice
- Patient Centredness Report
- Clinical Policy Governance Group Report
- Strategic Risk: Infection Prevention and Control (**Archive**)
- Strategic Risk: Public Protection (**Archive**)
- Strategic Risk: Mental Health and Learning Disability Services

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 07 April 2022, and approved by the Committee at its meeting held on 02 June 2022.

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CHAIR

02 June 2022

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DATE