

### Tayside NHS Board - Care Governance Committee

Minute of the Tayside NHS Board Care Governance Committee held at 1000 hours on Thursday 2 December 2021.

#### **Present**

##### **Non-Executive Members**

Mrs J Alexander, Non-Executive Member, Tayside NHS Board/Employee Director (until 1135 hrs)

Mrs A Buchanan, Non-Executive Member, Tayside NHS Board

Mrs K Kilpatrick, Vice Chair, Care Governance Committee/Non-Executive Member, Tayside NHS Board

Mrs T McLeay, Chair, Care Governance Committee/Non-Executive Member, Tayside NHS Board

Mr G Martin, Non-Executive Member

##### **Executive Members**

Mr G Archibald, Chief Executive, NHS Tayside

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

Professor P Stonebridge, Medical Director, NHS Tayside

##### **In Attendance**

Ms G Bell, Committee Support Officer (observing)

Mrs K Brechin, Associate Nurse Director (from 1105 until 1215hrs)

Dr A Clement, Clinical Director, Angus HSCP

Mr D Courtney, Head of HR – Workforce Planning

Mrs D Campbell, Associate Nurse Director/Director for Patient Safety, Care Governance and Risk Management.

Mrs P Davidson, Infection Prevention and Control Manager, Ninewells Hospital (from 1150hrs)

Mr M Dickson, Clinical Governance Coordinator, Perth & Kinross Health and Social Care Partnership

Ms I Duckett, Midwifery Team Manager (until 1024 hrs)

Ms M Dunning, Board Secretary, Tayside NHS Board

Dr E Fletcher, Director of Public Health

Mrs H Ford, Committee Support Officer

Reverend A Gibbon, Head of Spiritual Care

Ms B Hamilton, Non-Executive Member, Tayside NHS Board (observing)

Dr S Hilton-Christie, Associate Medical Director for Patient Safety, Clinical Governance and Risk Management

Mr M Kendall, Allied Health Professional Lead, Dundee Health and Social Care Partnership

Mr C Lamont, Mental Health Strategic Lead, Perth & Kinross Health and Social Care Partnership

Mrs A McManus, AHP Lead, Perth & Kinross Health and Social Care Partnership

Ms A Michie, Communications Manager, Level 10 Ninewells Hospital.

Mrs T Passway, Head of patient Safety Clinical Governance and Risk Management

Mr K Russell, Associate Nurse Director, Mental Health and Learning Disability Services (from 1100 hrs until 1241 hrs)

Dr S Thakore, A & E Consultant (until 1024 hrs)

Ms L Wiggan, Chief Officer, Acute Services (from 1105 hrs to 1215 hrs)

##### **Apologies**

Mr G Doherty, Director of Workforce

Mrs N Richardson, Director of Allied Health Professionals.

**Mrs Trudy McLeay in the Chair.**

**1. WELCOME AND APOLOGIES**

Mrs McLeay welcomed everyone to the meeting and apologies were noted as above. She requested that those presenting papers should only relay the key highlights as it was expected that members will already have read the content of the reports prior to the meeting

Mrs McLeay advised that this was Diane Campbell's last meeting as she was due to retire on Tuesday 14 December 2021 with 37 years' service. She advised that the Committee had been hugely supported and guided by Diane and thanked her for the work she had undertaken to improve governance around risk which has been reflected in the quality of papers now presented at meetings. Mrs McLeay also thanked Diane for the support she had provided to colleagues in the Health and Social Care Partnerships and wished her well in her retirement.

**2. DECLARATION OF INTERESTS**

Mrs McLeay reminded members of their responsibility to declare interests. No declarations of interest were noted

**3. MINUTE AND CHAIR'S ASSURANCE REPORT**

**3.1 Minute of Care Governance Committee held on 7 October 2021**

Mrs McLeay noted a typo on page 86 of 1<sup>st</sup> paragraph 3<sup>rd</sup> line the word "approve" should be changed to "approved". The Minute of the Care Governance Committee on 7 October was approved on the motion of Pat Kilpatrick and seconded by Graeme Martin. Mrs McLeay expressed her thanks to the Committee Support Officers for production of the minutes.

**The Committee approved the Minute of the meeting held on 7 October, 2021.**

**3.2 Chair's Assurance Report to the Board following the Care Governance Committee 7 October 2021**

Mrs McLeay advised that the Chair's Assurance Report had been submitted to the Board on 28 October, 2021. Mrs McLeay expressed her thanks to Mrs Donna Tosh for producing the report on her behalf.

**The Committee noted the Chair's Assurance Report of 7 October 2021.**

## **4. ACTION POINTS UPDATE AND MATTERS ARISING**

### **4.1 Action Points Update**

The Action Points Update was noted and discussed.

#### **Action 1 Assurance Report: Strategic Risk 16 Clinical Governance**

Tracey Passway reported that CG Risk 16 provides information on the system and process to manage Significant Adverse Event Reviews. This is in the early stages of development and early indications are that it is working; however, a more formal evaluation will be undertaken in 3 months' time and reported through to the newly established Safety Oversight Group which is also described in the risk 16 paper.

#### **Action 2 Assurance Report Dundee HSCP**

Claire Pearce noted that Dundee HSCP had been asked to provide the number of GP sessions per 100,000 population within their assurance report. She noted this information is not included in the report being presented today and will liaise with officers outwith the meeting to request that it is included in the Assurance Report for the February 2022 meeting.

#### **Action 3 Assurance Report Perth & Kinross HSCP**

Claire Pearce noted that Perth & Kinross HSCP had been asked to provide an implementation date for sharing of Assurance Reports across the IJBs in Tayside, however, this appears to have been omitted from the report presented today. Officers will be asked outwith the meeting to ensure this is included in the Assurance Report coming to the Committee in February 2022.

Discussion took place regarding the sharing of reports within the IJBs and Diane Campbell advised it was her understanding that Hamish Dougall was to have a conversation with his colleagues within the other 2 partnerships to agree a process for sharing reports. Pat Kilpatrick suggested that it was felt this could not be done until it had been signed off by this committee. Tracey Passway agreed to work with Chief Officers to progress this and the wording within the action point will be changed to ensure there is complete clarity around the action to be taken.

#### **Action 4 Acute Services Division Quality and Performance Review Report**

Claire Pearce reported that the information requested on the number of cardiac arrests had been captured within the report being presented today.

### **Action 5 Mental Health and Learning Disability Services Quality and Performance Review Report**

Claire Pearce noted that the brief update requested on improving observational practice implementation had not been included in the report being presented today. She will liaise with managers to ensure this is included in their next report.

### **Action 6 Scottish Public Services Ombudsman Reports**

Tracey Passway reported that this will come back to the next meeting to allow the discussions at Medical Director level to be concluded.

**The Committee noted the updates provided.**

#### **4.2 Matters Arising**

There were no other matters arising.

## **5. COMMITTEE ASSURANCE AND WORKPLAN**

### **5.1 Committee Assurance Plan and Workplan 2021/2022**

**The Committee noted the Assurance and Workplan 2021/22.**

### **5.2 Record of Attendance**

Diane Campbell noted the lack of representation from Human Resources at previous meetings and queried whether a deputy should be requested. Daniel Courtney advised that he had been asked by Christopher Smith, Deputy Director of Workforce, to attend meetings on behalf of HR going forward

**The Committee noted the Record of Attendance.**

## **6. PATIENT EXPERIENCE**

### **6.1 Patient Story**

Trudy McLeay introduced Dr Shobhan Thakore and Iona Duckett. Iona Duckett outlined Emily's story which had been written up following receipt of her letter to the Complaints and Feedback Team in July 2021. The letter detailed her concerns in relation to the antenatal care pathway, lack of midwifery continuity, her intrapartum care, professionalism of staff and decisions made during her labour, poor communication and lack of after care support.

From this story improvements were made to ensure continuity of midwifery care and a designated primary midwife for each patient was reinstated. Other simple improvements made included ensuring that when patients are discharged they are told when someone will be calling in to see them and who to contact should they not appear. The Maternity Service also ensures that there is a

discussion with all women before their onward care is passed over to health visitors so any aspect of their care is acknowledged and correctly triaged. Actions from the complaint included examining the complaints process itself, arranging a meeting with the patient and her partner with the Consultant Obstetrician and Senior Midwife to afford them opportunity to discuss their experience and agreeing how the patient journey could have been different. The Consultant Obstetrician and Senior Midwife ensured that they were fully prepared for the meeting by reviewing case records and the patient journey and agreeing who would answer what aspect and what responses would be to support the patient, her partner as well as the partner professions and shared services. Iona stressed the importance of listening without interruption to understand the patient's journey, experience and distress which ensured that the meeting remained positive and they felt able to contribute to the discussion on suggested improvements. Actions from the meeting were agreed and the patient and partner appeared satisfied with the approach that had been taken. Subsequent to the meeting, feedback had been received from their Health Visitor that it had been a positive meeting which had contributed to Emily's healing.

Mrs McLeay thanked Shobhan and Iona for bringing the story, which was very moving, to the Committee. She was pleased to note the improvements that had been made in recognising the absolute need for continuity of midwifery care. In response to Claire Pearce's observation regarding a change of pathway due to the COVID-19 pandemic, Iona advised that the story was multifactorial but changes had required to be made to antenatal appointments at that time to ensure safe midwifery care was delivered.

Iona advised that following the meeting with the Consultant Obstetrician, although there had been a number of distressing elements, it had been a very positive meeting where the patient seemed visibly relaxed and took away some actions in relation to her concerns regarding her baby's excessive weight loss and long term health which she found very supportive and reassuring. Anne Buchanan found the approach taken by the multidisciplinary team hugely powerful and the family being involved in education was really positive.

**The Committee noted the patient story.**

## **7. REPORTS FOR ASSURANCE**

### **Integration Joint Board**

## **7.1 Assurance Report: Dundee Health and Social Care Partnership (CGC73/2021)**

Matthew Kendall highlighted the following key areas:

Dundee Drug and Alcohol Recovery Service (DDARS) continue to hold four of the top five risks across the HSCP with scores remaining high. There had been improvements made to the recruitment and retention of staff, however, not sufficient to impact on the risk scoring.

The clinical treatment of patients within Mental Health risk is showing improvement although significant gaps remain in medical recruitment. They are looking at alternative models of care for this team and developing support around staff members to deliver the services.

Recruitment challenges remain across the partnership in a range of staff groups (medical, nursing, AHPs and social care). Matthew reported that this increases the challenges for service delivery, covid 19 response and winter pressures and although there is new funding available, they are often recruiting from within their own staff to do specialist pieces of work which is impacting on waiting times and other aspects of care delivery.

Although some progress had been made in regard to overdue adverse events, they have seen a recent increase in this due to unplanned leave. The teams were not able to put focus into reviewing overdue adverse events as time required to be diverted to clinical services. They are expecting to see a downward trajectory by the next report.

There has been some concerns expressed about the ability to get complaints (some of which are over 40 days) through the system in a timely manner. The NHST Complaints Team have been providing support to HSCP colleagues to improve performance with complaints management and try to close complaints at an earlier stage. Matthew paused at this stage and invited questions.

Trudy McLeay noted that in Appendix 1 Dundee HSCP Governance Structure on pages 2 and 3 there were paragraphs where the text included "XXX" and queried the services that should have been added. Matthew reported that the document was produced for services to adapt and add in their own services. In response to Trudy's query regarding the development of an EPR (electronic patient record) and whether systems between health and social care will be compatible, Matthew advised that they will need to link with the digital strategy on how to move forward as currently there are a number of systems across the partnership which do not speak to each other which is a constant source of

frustration. He advised that there is currently a drive from the partnership to engage with all relevant parties to ensure digital connectivity is available to support the transition of clinical care to support clinical practice.

Anne Buchanan noted the delays in Agenda for Change job approval which was holding up 2 key posts and queried what the Committee could do to support progress with this. Matthew Kendall reported that processes have now improved sufficiently that this is no longer an issue. Jenny Alexander, as Co-Lead for Agenda for Change, advised that having undertaking training some managers or staff side colleagues are not being released to participate on panels which has been part of the delay and she agreed to have a discussion with Anne Buchanan outwith the meeting. Jenny expressed concern at the statement at the top of page 5 of the report which stated that “as a result of the demand for medical review outweighing current capacity, people will not receive appropriate treatments....” and suggested that if this is the case then it required to be escalated to Tayside NHS Board immediately. Diane McCulloch reported that she felt it was the way the statement had been phrased and agreed to provide information and data which will help inform the position regarding waiting times and the approach taken. She reported that there are a number of areas where capacity and demand are not matching and it is not unique to mental health but seen in social care where recruitment and retention of staff is causing difficulties. She acknowledged the challenges in medical recruitment within mental health and advised of the work being progressed to try to stabilise the pathways to ensure staff have the right skills to deliver care that meets the needs of the patient. Trudy noted the assurance being provided by Diane McCulloch that patients were being treated in the right place, at the right time with the right person but care may be delivered in a different way.

Claire Pearce acknowledged the work that had been undertaken since the last report to reduce the number of service risks with outstanding actions down to 2. She made reference to the pressures on mental health and learning disability beds locally and nationally and noted the increasing number of delayed discharges within Mental Health (13 in General Adult Psychiatry, 4 in Learning Disabilities and 6 in Secure Care). Claire queried whether delayed discharges are routinely discussed by the CCPG group and what the barriers and challenges were to discharging patients as it was not appropriate to be keeping patients in hospital when they are ready for discharge. Diane provided an overview of the fora where delayed discharge discussions take place and gave an example of delay caused by inability to recruit staff which had delayed a community transfer. She also spoke of an accommodation plan which had been lodged with the City Council for a number of years but had fallen through after problems had been identified with the

site. She reported that the team look for all options on the table for housing and how to create packages around that but most patients delayed in hospital have complex needs which require greater input.

Claire Pearce expressed concern about patients who do not require therapeutic care remaining in hospital and the detrimental effect this may have on their recovery and suggested that further work is required to progress delayed discharges and that there is a mechanism in place to ensure that delays are routinely reported back to IJB Committees.

**The Committee considered and accepted the report from Dundee HSCP and agreed Moderate assurance was received.**

### **7.2 Assurance Report: Perth and Kinross Health and Social Care Partnership (CGC74/2021)**

Angie McManus introduced her colleagues Mark Dickson and Chris Lamont and spoke to the report which she advised was being offered with moderate assurance by the partnership. She highlighted the following key areas:

Systems are in place to address risk and datix risks for health and HSCP delegated services are reviewed and discussed during the weekly Health Senior Management Team Huddle and Locality Governance Groups. At the time of writing this report there were 14 strategic risks which they have aligned to each of the HSCP service risks. There are 27 current service risks recorded on Datix – 3 of which are graded “very high”. Risk 657 North Locality Service relates to registered nurse staffing levels and they are investing in securing nursing staff to deliver the service via block booking agency staff which they have extended to March 2022. Workforce is reviewed on a twice weekly basis. Risk 829 pertains to challenges in relation to accommodation for clinical and non clinical staff in P & K which have been escalated but, to date, no solution has been found. Risk 1071 relates to the development of the Female Community Custody Unit and they are awaiting further feedback from Scottish Government regarding the investment required to support the unit when it opens next year. This risk will remain red until they have clarity on where the investment will come from.

Adult Social Work Social Care Risk Register has 4 risks, 1 “very high” and 3 “high”. The red risk relates to lack of Care at Home capacity and difficulty in ensuring people receive their assessed levels of care. Ms McManus advised that they are introducing a new model of care (Wellbeing Teams) to offer that sector the opportunity of a positive career experience and looking to embed within the care team as part of support services and are looking at an uplift in hourly rate salary to make this a positive proposition.



In regard to clinical and care governance arrangements Ms McManus was pleased to report that since October some of the issues have moved on positively, but North Locality Workforce issues, as previously mentioned, is still causing some concern. A deep dive annual report from podiatry colleagues was presented at the September meeting and key points were noted.

There have been concerns expressed regarding the increased number of violent and aggressive episodes within Psychiatry of Old Age and she explained that this is a complex client care group and some presentations have been from a younger demographic in these facilities. Staff are receiving support from the appropriate sectors with regards to management of violence and aggression.

In regard to Pressure Ulcers, they have a clear process and any learning is brought back to the locality groups for discussion. They are working with the Falls Lead to ensure that all reasonable efforts are made to minimise risk around this agenda. Appropriate action will be taken in line with the Adverse Event Management Policy in regard to the fatality reported on. Learning from events is discussed and shared at the regular CPGF meetings.

Ms McManus advised that at this time last year there were 24 outstanding red and amber events and at the time of writing the report this had reduced to 11, which is a great achievement. The reason for the remaining outstanding events relate to complexity of events; delays due in part to COVID pandemic response; multiple agency/ services involvement. Reviews of these events will continue to support sustained improvement.

A high number of complaints from Prisoner Healthcare are received, with main themes being around disagreement with treatment plans, waiting times or prescription errors. Feedback and positive reports from patients and carers are being promoted for reporting at Locality Governance Meetings.

Section 2.3.6 noted that Mental Health have set up a Clinical Care and Professional Governance Group which meets on a monthly basis. The focus of the group is to review performance against Mental Health KPIs, progressing mitigating actions in respect of Mental Health service risks and monitoring progress against HIS and Listen, Learn Change Improvements plans.

In regard to Quality/Patient Care, Ms McManus advised that Prisoner Health Care have set up a Person of Concern Review Group which meets daily. She noted that over 500 cases had been discussed since April, 2021. P & K HSCP are working with senior clinicians and operational managers and have developed a resilience plan to provide resilience to support an unscheduled

care approach as we move through winter. As part of this they are looking to increase workforce capacity to provide alternatives to hospital admission or earlier discharge from hospital.

In response to a query from Mrs McLeay on what the acronym HART was, Ms McManus reported that it referred to the Home Assessment Reablement Team. Mrs McLeay noted the challenges being faced by the Public Dental Service in terms of accommodation and queried whether this required to be highlighted in the Chairs Assurance Report to ensure that the Board are aware. She suggested that unless the flow of communication goes to the IJB with filters through the Audit Committees then we may be missing some focus on current challenges to clinical care. Mark Dickson provided assurance that more recently the ventilation modifications had been added to the minor works list, funding had been identified and this will be reviewed at next week's Health & Safety Committee. Mrs McLeay also referred to recruitment challenges and Angie reported that they are employing new roles, such as assistant practitioners across nursing and AHP services. The picture in regard to OTs is improving via positive recruitment and they hope to continue to provide support in a generic way, where appropriate, with the ambition of new models of care. In regard to a query raised regarding support for carers, Ms McManus advised that the ambition is that people who are supporting care delivery to people within any care environment will have their training needs met, especially in regard to pressure care and ulcer prevention.

Annie Buchanan expressed interest in the person centred work and activities being taken forward for those with cognitive impairment and also in relation to the persons of concern in Prisoner Healthcare. Annie expressed an interest in participating in a visit to the service when time allows to understand a bit more about work in that field and the outcomes achieved which Ms McManus advised would be welcomed.

Pat Kilpatrick made reference to performance and audit and how this is reported to the IJBs as she was not aware of any report or information being presented to date. She advised that the Mental Health Strategy produced by Chris Lamont had been signed off by the IJB and is an excellent piece of work which has attracted a lot of enthusiasm and plaudits from IJB Board Members. She thanked Chris and his team for their work in producing this and suggested it was important for this Committee to note this achievement.

Claire Pearce queried the risks associated with the delivery of substance use services as there had been no mention of this in the report. Angie advised that there is one risk on the register for the iDART (Integrated Drug and Alcohol Recovery Team) services in relation to recruitment and case load pressures. Chris Lamont

reported that there is also a risk embedded in the accommodation paper as there are significant issues with availability of clinic space and ability to see clients at Drumhar Health Centre, which regularly has issues with infrastructure. In response to Mrs Pearce's query regarding the outstanding red and amber events, some of which went back to 2018/19, Chris reported that he had been in discussion with Dr. Tim Elworthy regarding the LAER process and if the situation does not improve and outstanding cases are not concluded then this will be escalated as a risk.

Ms McManus advised that it had not been included within this report, but there had been 11 drug related deaths between April and November of this year whereas this figure had been reported as 34 last year. Whilst every death is unacceptable, the service continues to make progress and hope that this downward trend will continue.

Mrs McLeay thanked Ms McManus, Mr Lamont and Mr Dickson for their report.

**The Committee considered and accepted the report provided by Perth & Kinross HSCP which they agreed provided moderate assurance.**

### **7.3 Assurance Report: Angus Health and Social Care Partnership (CGC75/2021)**

Dr Clement advised that it had been difficult to know what level of information the Committee wished to see included in their report and it had been difficult to give instruction to the team on how reports should be prepared in future. This report contains a description of the main risks, sustainability of primary care services, workforce optimisation, implementation of strategic priorities and also mental health services.

The NHS Tayside Trial without Catheter Procedure and supporting guidance has been approved for use. Care of Bariatric Patients has also been discussed and those requiring inpatient care will be cared for within the Isla and Clova Unit in Whitehills Community Care Centre. This will ensure that there is safe means of escape (e.g. in event of fire) for this client group. She advised that within care homes risk assessments are already in place which include provisions for bariatric residents. Further work is planned across Tayside regarding the provision for bariatric patients across the whole system.

Dr Clement reported that a lot of work is ongoing in regard to the sustainability of Primary Care Services and they have revised the risk to better describe the range of mitigation measures being taken. Further discussion is due to take place at this afternoon's

Primary Care Board meeting on how to take this forward on a system wide basis.

In regard to the commissioned service provider failure, Dr. Clement noted that the risk score had increased from 16 to 20 and related to recruitment and retention issues within the Care at Home Service. The risk relating to implementation of strategic planning priorities had also been revised to a score of 20 and continues to be reviewed and revised through links to plans for remobilisation of services via the Angus Strategic Planning Group. A combined bid with Angus Alive had been accepted and they are looking to develop evidence based interventions to improve physical health and reduce inequalities within the leisure centre which will support patients and help remove some of the service pressures being experienced within the nursing and AHP families.

Angus HSCP continues to participate in the mental health system wide review to support improved performance and shared learning. The Adult CMHT and Psychiatry of Old Age Teams are looking to review patients following discharge within 7 days and are also progressing work to help improve readmission rates and delayed discharges.

In regard to drug related deaths, Dr Clement reported lengthy timescales for receipt of post mortem and toxicology reports being shared with health services but they continue to monitor drug deaths closely and ensure any learning from these is shared. Receipt of funding via the Drug Death Task Force has also supported a real time review of drug death data. Dr Clement reported that there had been a reduction in new referrals for the first quarter although these are now beginning to pick up. The ratio of referral to treatment start remains positive and are interested to see how the local development of Medication-Assisted Treatment (MAT) standards impacts on this. They are also looking at how working can be improved between Alcohol Drugs and Alcohol Rehabilitation Service (AIDARS) and Primary Care and hope to submit a bid for a support project worker who will support a community facing whole system approach with the wider community services and community pharmacy colleagues.

Mrs McLeay was pleased to note the improvements in discharge planning. In response to Mrs McLeay's query in regard to 2C practices, Dr Clement reported that there are 5 x 2C practices in Tayside, 2 of which are in Angus and 3 in Dundee. Difficulties have been experienced in regard to the recruitment of workforce, time spent in the practices by Dr. Clement has identified there are some management issues and a refreshed approach to how professional leadership can be delivered is being considered. They are looking at different models of care to enable safe and sustainable services to be delivered. In Abbey Practice there are 2 salaried GPs

recruited and they are now up to complement with high functioning Advanced Nurse Practitioners. In Brechin they have struggled to recruit to the medical workforce and are relying on locum cover. One of the longer term locum doctors has been making improvements and QI projects are ongoing in areas such as prescribing etc. Mrs McLeay queried whether there was any support provided to carers in regard to the trial without catheter. Dr Clement reported that the Community nursing service are able to support patients and carers who are given clear advice but was not aware of any bespoke training in regard to advice re catheter care. Dr Clement agreed to speak with nursing colleagues who had already been doing some work in this area.

In response to a query from Anne Buchanan regarding review of infection rates to monitor success of the non catheter project, Dr Clement reported that they regularly provide Infection and Prevention reports which consider e.coli bacteraemia where urinary catheters are a recognised source of infection. She was not aware of specific reporting in regard to monitoring of UTI infections in housebound or catheterised patients. She advised that call-outs for catheter problems were common within the Primary Care OOH Service and that she would liaise with colleagues on how improvements may be captured within this service.

Dr Clement advised that work with Angus Alive is at a very early stage and a meeting involving Gail Smith and the Chief Officer of Angus Alive is due to take place on 13 December to look at wider access to more generic forms of exercise available to access through social prescribing as well as more bespoke exercise which have evidence for long-term conditions. She advised of some of the aspirations in regard to bespoke exercise plans for people suffering from prolonged pain or long term mental health issues and advised of opportunities for improved access to cardiac rehab classes within leisure facilities.

Pat Kilpatrick expressed an interest in substance misuse and use of naloxone and advised of some of the discussions that had taken place within the IJBs. She queried whether there was any wide agreement within Angus to hold supplies of or to be able to administer Naloxone either iv or via spray. Dr. Clement was unsure about this but agreed to make enquiries and provide an update at the next meeting.

Jenny Alexander queried if Dr. Clement could expand on the reference to issues with implementation of the GMS contract, shortage of premises within Angus and issues with the IT infrastructure and queried why we are selling off or closing down buildings if this is the case. Dr. Clement reported that the new GP contract is designed to allow GPs to focus on an expert generalist role and build up a multidisciplinary team which would support

people with additional roles. Funding had been ring fenced by the Scottish Government, however, there are major issues nationally with the recruitment and retention of staff especially in pharmaceutical services.

In regard to premises, they have relatively good practice premises in areas of Angus, however, some are coming to the end of their lease agreements and GPs require to make decisions on whether to renew or not. Some are not fit for purpose and they are in the process of developing a sustainability survey and have a more formal approach to identifying where possible gaps are. She made reference to work in progress within the Forfar area and advised that community hospitals are currently being used to provide community care and treatment services such as phlebotomy services where possible. They continue to work hard to try to provide services for patients in the community that are aligned with GP practices where possible.

In response to Claire Pearce's query on whether having 16 drug deaths over the past 10 months is better or worse than in previous years, Dr. Clement reported that it was her understanding that this was an improving stable picture. Mrs Pearce suggested that it would be helpful if the next report could include further detail so we can consider any themes or learning. Dr Clement was aware that an annual assurance report is currently being prepared and she will ensure that more detailed information is provided in the next report to this Committee.

Diane Campbell queried what the risk appetite was in relation to drug deaths within the three IJB areas and how this is being managed and spoke of areas which could be considered via the work of the GIRFE Group. Diane McCulloch advised new posts have been put in place to support the MAT standards (2wte across Tayside) which will work as 1 full time post for Dundee and x half time in Perth & Kinross and Angus. A meeting of ADP leads will look at how this resource can be used collectively across Tayside. She reported that whilst some of the specifics may be local, a number of systems and approaches will be Tayside-wide. Diane reported that she would be happy to look at how they could report risks collectively.

**Mrs McLeay thanked Dr Clement for her report.**

**The Committee considered and accepted the report from Angus HSCP which they agreed provided moderate assurance.**

**A comfort break took place until 1150 hrs.**

#### **7.4 Acute Services Division Quality and Performance Review Report (CGG75/2021)**

Lorna Wiggin advised that Kathryn Brechin was in attendance to assist with any queries from the report. Lorna advised that the report covers the period from 1 September until 31 October, 2021 and moderate assurance is provided by the report which is underpinned by the Acute Services Performance Reviews, Infection Prevention and Control and newly formed newly formed Operational Unit Clinical Governance Meetings.

Lorna Wiggin referred to page 3 of the report in regard to Adverse Events Management and advised that learning is crucial to continually improve person-centred safe and effective delivery of care. The ratio of adverse events with harm to adverse events without harm during August and September had remained stable. Three SAERs had been commissioned but she had noted an error on the table on page 4 which noted the target completion date as 18.3.21 which should read 18.3.22.

Of the 7 main categories reported slips, trips and falls was the highest volume reported followed by clinically challenging behaviour which related to patients within the Child and Adolescent Mental Health Unit who had required enteral feeding as part of the therapeutic care pathway. Medication adverse events (the next highest category) relates to issues with ordering of supplies, near miss etc. Blood Sciences reporting remains high as they have a mandatory process to ensure that all near misses are recorded and evaluated as part of their quality review update. Pressure ulcer reporting has increased with the 2 main causes being in relation to the increased reporting of pressure ulcers observed on admission and secondly linked to increased activity in critical care where positioning of patients being treated with Covid-19 has increased the risk of pressure damage. Staffing in Tayside and across all mainland Boards in NHS Scotland has been challenging but Ms Wiggin advised that the Safe Care system utilised within NHS Tayside and reviewed 5 times daily has enabled a site wide review of risks, in-charge cover and staffing levels.

Ms Wiggin reported that mortality has remained stable with no adverse issues to report. In regard to cardiac arrests, reporting and review this is captured within the Datix system and reviewed by the Resuscitation Team to ensure that any learning or issues in relation to practice are picked up and addressed.

NHST are participating in the SPSP Acute Adult Collaborative launched in September 2021 until March 2023. It is hoped this will provide rich information in regard to the improvement journey and how we can manage and prevent patients from deteriorating in hospital.

Page 8 of the reports outlines the progress made with pressure ulcer prevention and Ms Wiggin was pleased to report that there had been no Grade 4 ulcers reported for the last 230 days, which is a major achievement. There has been some random variation demonstrated in regard to falls, however, Acute Services have re-established a Falls Network to support work in reducing risk of falls and falls with harm. NHST will also be participating in national work which commenced in September 2021 and will take learning from this.

Department specific challenges are set out on page 11 and these are regularly reviewed and have appropriate mitigation in place. In future reports mitigation information will be included so the Committee can see how ongoing risks are managed within services.

Complaints and feedback remain a critical part of the improvement journey and Ms Wiggin noted that there has been a steady increase in the number of complaints received on a monthly basis. Response times are discussed at the Operational Governance Forum and at Performance and Review Committees. Work is ongoing to address overdue complaints and clinical services are now being asked to provide a timeline for addressing those. Clinical Care Groups are also currently looking to resolve historical complaints.

Principal themes of the complaints received are outlined on page 15 and Ms Wiggin is happy to answer any questions members may have. A Public Interest Disclosure Action (PIDA) 51 has been received following an anonymous letter regarding orthopaedic services at Ninewells being received by Healthcare Improvement Scotland. NHS Tayside has engaged positively with the process and feedback received provided assurance that Tayside has systems and processes in place to effectively monitor and respond to quality of care concerns and the episode has been closed with no follow up action required.

Ms Wiggin provided an update regarding the Covid-19 response and recognised the impact this has had on delivery of services across all clinical care groups. New pathways and footprints for Covid-19 inpatient and critical care have required to be developed and as a result planned care patients have had to wait longer for treatment. Priority has been given to Emergency, Urgent and cancer patient and Ms Wiggin reported that delivery of planned



care within NHS Tayside has remained at higher levels than other mainland boards in Scotland, which demonstrates the progress made in terms of remobilisation of services. Key areas of work are across adult pathway with the escalation and de-escalation required to take account of new guidance as released. Workforce remains challenging and these have been highlighted within the report to help members understand the current position. Mrs McLeay thanked Ms Wiggin and Mrs Brechin for the detailed report and opened the floor to questions.

Mrs Pearce reported that during a recent CNO visit colleagues had been impressed by NHS Tayside's use of the Safe Care system, and a number of meetings are taking place with Scottish Government, HIS and NHST as Scottish Government are keen to understand if this would be helpful nationally.

In response to a query in relation to the breaching of adverse events timescales, Kathryn Brechin reported that a number of outstanding legacy reviews that are breaching had been discussed during the recent Operational Governance Committee Meeting. Support is being given by Sharon Hilton Christie (AMD) and they are confident these will be concluded and signed off. A process has been put in place to regularly monitor the adverse events to ensure that no future backlogs occur. A lot of work is being undertaken to improve monitoring around this but Mrs Brechin was confident that progress was being made and advised it remains a key focus of discussion through the QPR and Governance Committees. She advised it was important to get legacy events concluded as it detracts from focus on current issues from which learning could be taken. In response to a query from Anne Buchanan, Kathryn Brechin agreed to have an off line discussion with her regarding the appointment of a Tissue Viability Nurse. Kathryn advised there was good engagement around care bundles and policy work but we are seeing a population who have greater acuity and dependency and are working through the new driver diagrams as we move through improvement programmes.

Pat Kilpatrick queried whether there had been any opportunity to benchmark our cardiac arrest rates against other board areas. Kathryn Brechin advised that HIS do produce national data, however, this had been paused during the pandemic. Diane Campbell suggested that some of the information being sought may be available via the Resuscitation Officers database and she agreed to check to see what data is available.

Mrs McLeay was very impressed by NHST use of Safe Care and suggested that a presentation on this could be included at the next Board Development Day.

Diane Campbell made reference to the background section of the paper and asked whether in the next report Ms Wiggin could describe the connection between the two new groups and how assurance flows between them. Ms Wiggin agreed to include this.

**The Committee noted the report on the Acute Services Division Clinical and Care Governance Report and agreed that moderate assurance was received.**

### **7.5 Mental Health and Learning Disabilities In Patient Services (CGC77/2021)**

Keith Russell advised that the report had been compiled following the Quality Performance Review meeting on 15 November 2021 and offers moderate assurance to the Committee. Key issues highlighted included:

Capacity and flow issues within General Adult Psychiatry (GAP) and Learning Disabilities Service (LD) with continuing high level of occupancy within the GAP admission wards and the need to utilise non funded beds at times. The bed situation is being exacerbated by the number of delayed discharges in the system which is 18.5% of available beds in GAP and 28% of available beds in LD Services. There are also 7 delayed discharges within the low secure service which account for 29% of available beds. There are daily pressures on beds within mental health due to the combination of demand and flow and use of non funded beds is required to meet patient demand.

There are workforce challenges within all services and the vacancy position for nursing across services is set out in the table on page 4 of the report. Sickness absence levels across the services has been of concern in recent months and there is continued focus on staff wellbeing. A number of developments are being taken forward to support staff including providing restorative space for CPD and staff development as part of their work-based learning. In regard to medical workforce as of November 2021 all consultant posts across GAP and LD Inpatient Services have been filled by either a substantive doctor working to an NHS contract or via Agency Locum contract.

In secure care delayed discharge and nursing workforce availability are the main challenges. In regard to women's' services, the low secure pathway (North of Scotland) had an issue in relation to seclusion facilities which are required to support people when there may be increased levels of risk behaviours or violence and aggression.

The top 5 event themes for adverse events are violence and aggression, self harm, clinical challenging, staff and security. A key focus is around the therapeutic management of self-harm and supporting people. 60 staff are undertaking Decider Skills training which is a CBT (cognitive behavioural therapy) approach to teaching people new skills to support self-management strategies. There were less than 5 extreme events reported between August and September 2021 which were as a result of fatalities recorded by the Crisis Resolution and Home Treatment Team. Plans are in place to progress these in line with the Adverse Events Management Policy. There are 12 historical events incomplete and plans are in place to meet with families to share outcomes of reviews undertaken.

Key themes from complaints received within General Adult Psychiatry include communication, medication, access to services and diagnosis and significant work and improvements have taken place on the management of complaints with a weekly huddle with the CAFT Team being embedded into practice. The report provides feedback from 125 patients gained over a 6 month period in Carseview Centre and Moredun Ward which represents 25% of admissions during that time. Complaints within Rohallion Secure Care Services have been low.

There have been no inspections/visits since the last report but the Mental Welfare Commission had visited Ward 1 on the 23<sup>rd</sup> November and Ward 2 Carseview Centre on the 29<sup>th</sup> November. Initial verbal feedback received was that commissioners were very impressed by the staff team, quality of feedback from patients regarding quality of care received and quality of care planning, had evidenced therapeutic engagement with patients and patients had a good understanding of their care plans and what is contained therein. Areas for improvement included elements of the ward environments and patient receiving paper copies of their care plans.

In response to a query from Trudy McLeay on how many times the non-bedroom areas had been used, Mr Russell reported that in August in September these areas had been used 40 times. He advised that due to the design of the current system all referrals go via the CRHTT and he gave an overview of work being led by himself and Linda Graham to allow people to access services in their own areas and not necessarily within secondary Mental Health Services who are not always best placed to respond to factors that may be contributing to an individual's emotional distress such as housing pressures, family social pressure and suggested that the community hub being planned in Dundee will be an important step in this. Professor Stonebridge queried what steps had been taken to minimise the impact or excessive demands on beds. Mr Russell described this in the context of

demand and capacity which is a daily challenge to mental health services given the impact delayed discharges are having on patient flow. He advised that there are 2 huddles held on a daily basis to review patient flow and identify people who are ready for discharge. They are also looking to use winter planning monies to appoint 2 x Band 6 discharge planning coordinators. Claire Pearce noted that they now have a command centre in Mental Health and Learning Disabilities Service which is modelled on that used within the Acute Services so they are able to predict admissions and required discharges but the level of delays in the system is putting the services under pressure.

Jenny Alexander wished to hear more about the non-bedroom areas and what these are like for patients. She advised of the reference within the report to pass beds being used for admissions and queried if this was the case. Mr Russell confirmed that pass beds were used by other patients requiring admission which has been routine practice in mental health for many years. He advised that the non-bedroom areas identified were previously interview rooms in the main corridor which have a bed in them. The preferred position is to utilise bedrooms that have ensuite facilities in the first instance and the non-bedroom areas are only used in extremis.

The Chief Executive acknowledged the richness in the debate regarding delayed discharges from all services providing assurance reports. He suggested that a short life working group should be set up to include senior officers from Health, Chief Officers from the three HSCPs, representative from mental health and acute services to review current delayed discharges, any barriers to discharge and next steps to improve patient flow across services. The Chief Executive reminded the Committee that NHS Tayside have more beds per capita than other mainland Boards in Scotland and we need to consider other options available within community settings. Mrs Claire Pearce agreed to take this as an action.

Mrs McLeay suggested that the community wellbeing hub may help relieve some of the pressure and she concurred with the Chief Executive's view that more partnership working is required between health and the 3 HSCPs to manage patient discharge. Mrs McLeay thanked Mr Russell for his report and responses to the queries raised.

**The Committee considered and accepted the report relating to Mental Health and Learning Disabilities Quality and Performance Review. The Committee agreed a moderate level of assurance was provided.**

## **STRATEGIC RISKS**

### **7.6 Strategic Risk 16: Clinical Governance**

Tracey Passway reported that at the Care Governance Committee meeting held on 5<sup>th</sup> August it was agreed that this risk could be archived. The report presented is a closure report detailing how risks will continue to be monitored at a service level of risk management. As well as being a strategic risk, risk 16 has fulfilled a function in driving change and providing assurance with regards to reporting to the Care Governance Committee, it has influenced the Committee workplan and provided assurance regards the Clinical Governance Strategy.

To provide continued assurance the proposal is that a suite of service level risks are developed and monitored and exception reported to Care Governance Committee if necessary i.e. if controls deteriorate.

In addition, it was suggested that the Committee might want additional assurance in the form of an annual report produced by the Patient Safety, Clinical Governance and Risk Management Team. This report would outline progress with the service level risks and provide assurance on matters such as Duty of Candour, Significant Adverse Event Reviews and the Clinical Governance Strategy. Tracey advised that members were being asked to agree with the plan to produce service level risks and archive the strategic clinical governance risk.

### **7.7 Strategic Risk 14: Infection Prevention and Control (CGC79/2021)**

Pam Davidson spoke to the report which she advised provided limited assurance. Pam reported that the risk score remains at 20 following review in October 2021 but it is hoped to see an improvement in the risk register for the next meeting. Pam made reference to page 3 of the report which outlined the significant issues since the last report which included a number of vacancies in microbiology which had impacted on the role of the IPC Doctor. They have been unable to recruit to two posts which remain vacant which creates challenges for the labs and impacts on the IPC Service.

New Winter Respiratory Guidance with an implementation date of 13 December has been circulated and they are working with clinical teams to support them with this.

IPC Teams are providing support to acute inpatient areas in completion of hand hygiene and teach tools (an IPC tool which focusses on standard infection prevention and control practices) and will continue to do so until March 2022. A dashboard has been created and provides assurance or advises of areas to focus on for

improvement work which is available on staffnet but they are hoping to be able to roll out further within the partnerships in future.

Pam talked through the local data shown in the Assurance Section (section 5 onwards) and advised that each board has its own HAI standard/targets to meet so there may be variation with standards and percentages of reduction for each board. She hoped to be able to incorporate some comparison data in future reports. Pam spoke of the various initiatives ongoing to aid improvement and advised that in regard to all data for quarter 3 (July to September) to note this is local data which is not validated at present and may be subject to change. Validated data will be published in January 2022 Escherichia coli Bacteraemia Infection (ECB) data for Quarter 3 projected increase for healthcare associated and decrease for community associated infections. In regard to Staphylococcus aureus Bacteraemia (SAB) data for Quarter 3 (July to Sept) projected rates to remain similar to Quarter 2 for healthcare associated and projected decrease within community associated infections.

In regard to C-Difficile, an increase has been seen in both healthcare and community associated infections. They have been reviewing antibiotic prescribing and undertaken a deep dive into all patient cases. To date no themes of concern have been highlighted.

Hand hygiene compliance has been above 95% target in Quarter 3 2021. KPI data (relating to documentation on admission of patients) is noted as below 90% for Quarter 3. To give some assurance to the Committee Pam reported that the screening process is being completed by staff but is more about documentation than process. The appendices to the report outlined some of the good work ongoing within clinical teams in regard to audit programmes and SAB improvement work

Mrs Buchanan noted the comprehensive report provided but queried whether the increase seen in C Difficile in the community and in hospital was a trend or a one off. She acknowledged the work being undertaken to reduce SAB rates and queried how we will know what element had produced best impact. Pam Davidson did not feel there was one element that aided improvement which she felt was due to a number of measures. She advised that there is a lot more ownership within the clinical teams in directing the clinical work and she thanked Kathryn Brechin for the support she had provided in leading this work within the acute setting. Pam suggested that now we have local IPC Committees in place we are seeing improvement across a number of areas.

Professor Stonebridge suggested it might be helpful for the Committee to have an annual report on antimicrobial prescribing related to C-Diff rates and he agreed to ask Dr Busi Mooka, Antimicrobial Stewardship Team Lead, to provide this.

Whilst noting the limited assurance offered by the report Mrs McLeay advised that this was not a reflection of the work undertaken by the IPC Team but due to some deficits that remain in the system. Mrs McLeay thanked Pam Davidson for presenting the report.

**The Care Governance Committee agreed the level of assurance as limited for Strategic Risk 14 Infection Prevention and Control.**

### **7.8 Assurance Report: Strategic Risk 736 Public Protection (CGC80/2021)**

Claire Pearce asked the Committee to note the progress made with the Public Protection Framework. Recent successful recruitment has been undertaken and the team are now at full establishment. The Support and Protection Team had also recently submitted a bid to the Care Home Oversight monies and secured funding for an additional Care Home Oversight Adult Protection Adviser. The Public Protection Executive Group has grown in strength supported by the HSCPs and NHS Tayside which has resulted in the strategic risk rating across NHS Tayside significantly reducing. Claire reported that if the child protection function was viewed in isolation it would have provided higher assurance and the risk exposure would have been less. The current controls have developed in the last cycle and are functioning as expected. The Public Protection Executive Group continues to strengthen with agreed Terms of Reference and Membership. A number of operational improvement groups have been established which report and provide assurance to the Public Protection Executive Group. The Child Protection Assurance Framework has been used as a template to create a framework for Adult Support and Protection. It is hoped the first review will be completed by the next cycle and identify priorities and inform the workplan going forward.

Mrs Pearce provided details of the current and proposed/planned controls and discussions that are taking place with the Medical Director to strengthen leadership arrangements. As a result of the progress made, the risk rating has been reduced to 12 and it is hoped will reduce further to enable the risk to be archived at the next meeting in February 2022.

Mrs McLeay thanked Mrs Pearce for the update and acknowledged the immense work that had been undertaken to reach the current position.

**The Care Governance Committee noted the level of assurance as moderate for Strategic Risk 736 Public Protection.**

### **7.9 Assurance Report : Strategic Risk 798 Corporate Parenting**

Mrs McLeay introduced Dr Simon Hilton to the Committee and apologised to him for the committee running late. Dr. Hilton reported that NHS Tayside had now convened a Corporate Parenting Group and are keen that the governance for this risk transfers from this Committee and sits with the Public Health Committee given the wide ranging implications of this subject which does not sit with one service.

Members were happy to endorse the transfer of the risk. Mrs McLeay thanked Dr. Hilton for taking the time to attend and explain the rationale behind the transfer of this risk.

**The Care Governance Committee endorsed the transfer of the risk from the Care Governance Committee to the Public Health Committee.**

## **8. ITEMS FOR DECISION**

### **Policies and Guidance**

#### **8.1a Homologation – Clinical Policy Governance Group Report – 7 October 2021 (CGC81/2021)**

**The Care Governance Committee agreed to homologate the Report.**

#### **8.1 b Homologation – T06/22 Annual Internal Audit Report 2020/21 (CGC 82/2021)**

**The Care Governance Committee agreed to homologate the Report.**

#### **8.2 Clinical Policy Governance Group Report (CGC83/2021)**

Sharon Hilton-Christie reported that the Clinical Policies Governance Group had met on 3 November 2021 and approved the following policies which this Committee were being asked to adopt:

- Food Fluid and Nutrition Police Section 1.2.3. Sip until send.
- Adult Missing Patient Policy
- Child Protection Case Supervision Policy
- Child Protection Policy.



**The Care Governance Committee agreed to adopt the policies.**

### **8.3 Review of Clinical and Care Governance Strategy**

Tracey Passway reported that the work on revision of the Clinical & Care Governance Strategy, due by the end of 2021, has been delayed due to the competing priorities of COVID-19. The intention had been to align the revised strategy with the 'Getting it Right For Everyone' (GIRFE) Framework. However there is currently a programme of work to revise the integration schemes which may impact on the GIRFE framework. In addition an evaluation/development event for the Care Governance Committee is to be agreed with the Board Secretary that is to be co-ordinated with the publication of the next Blueprint for Good Governance; the 'Active Governance' session has now been held (26 October 2021) and also might influence the strategy. Work on the Tayside strategy for clinical and care governance will be managed by the Patient Safety, Clinical Governance and Risk Management Team and be completed by 01 September 2022 and will take cognisance of the factors mentioned above.

**The Committee noted the update provided by Ms Passway.**

## **9. ITEMS FOR AWARENESS**

### **Items for Noting**

#### **9.1 Area Drugs and Therapeutics Committee Minute 19 August 2021**

**The Committee noted the Minute of the Area Drugs and Therapeutics Committee of 19 August 2021.**

#### **9.2 Spiritual Care Committee Minute 2 November 2021**

**The Committee noted the Minute of the Spiritual Care Committee dated 2 November 2021.**

#### **9.3 Public Protection Executive Group Minute 29 September 2021**

**The Committee noted the Minute of the Public Protection Executive Group dated 29 September 2021.**

Mrs McLeay referred to a previous discussion on whether or not minutes should be coming to the Committee and advised that she will review the Terms of Reference and consult with the Board Secretary on how this should be managed in future.

## **10. DATE OF NEXT MEETING**

The next meeting will take place at 1000 hours on Thursday 3 February 2022.

Mrs McLeay made reference to the email with the proposed dates for 2022-23 which had been circulated prior to the meeting for consideration. This item will be included on the agenda for the next meeting.

Mrs Buchanan observed that since joining NHS Tayside she was not aware of having seen anything around Maternity Services coming to the Committee which would provide assurance on how good or safe our maternity services are. Claire Pearce reminded Mrs Buchanan of a conversation they had a few months ago and now that an Associate Midwifery Director has recently been appointed (Lesley Sharkie) it is intended that a report will be provided to the next meeting in February 2022.

## **11. MEETING REFLECTIONS AND CONSIDERATION OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO THE BOARD ON 16 DECEMBER 2021**

The Committee agreed to highlight:

- Patient Story which was very powerful and highlighted areas for improvement to care delivery in future. It was suggested that a patient story from Mental Health should be presented at the next meeting.
- Discussion of key risks highlighted by HSCPs, Acute Service Division and Mental Health and Learning Disabilities which gave moderate assurance.
- The need for the three IJBs to collectively provide a single governance report covering Tayside in regard to drug deaths, use of Naloxone etc.
- Recruitment and retention and workforce challenges continue to be experienced across services.
- The importance of getting clinical performance assurance through the IJBs for wider discussion to increase their awareness of challenges and issues for services.
- High degree of concern expressed regarding increasing number of delayed discharges. Nurse Director took an action to set up a short life working group comprising of Chief Officers from NHS Tayside and three HSCPs to review delayed discharges, barriers to progress and next steps.
- Acute Services Report highlighted improvements to planned care and remobilisation. It was felt wider recognition should be given to the Safe Care work being progressed and led by NHS Tayside which had greatly impressed Scottish Government colleagues during a recent visit.

**Meeting closed at 13:19 hrs.**