Please note any items relating to Committee business are embargoed and should not be made public until after the meeting.

NHS Tayside

Tayside NHS Board

A meeting of Tayside NHS Board Clinical and Care Governance Committee will be held on **Thursday 11 May 2017 in the Board Room, Kings Cross, Dundee at 1:30pm.** Apologies/enquiries to: Alison Hodge, Committee Support Officer, 01382 740761 (ext 40761) or email alisonhodge@nhs.net

AGENDA

		LEAD OFFICER	ACTION	REPORT NUMBER	
1	**Apologies**				
2	**Chairman's Welcome and Introduction**				
3	**Minute of the Previous Meeting**				
	Open Business				
3.1	Minute of the Clinical and Care Governance Committee 9 February 2017 Open Business	Chair	for approval		attached
3.2	Minute of the Clinical and Care Governance Committee 9 March 2017 Open Business	Chair	for approval		attached
3.2	Action Points Update Clinical and Care Governance Committee 11 May 2017 Open Business	A Russell	to note		attached
3.3	Matters Arising				
4	**Declaration of Interests – Intimation of any updates**				
5	**Governance**				
5.1	Draft Clinical and Care Governance Committee Annual Report 2016-17	A Russell	for approval	CCGC/2017/38	attached
5.2	Draft Clinical and Care Governance Committee Workplan 2017-18 Open and Reserved Business	A Russell	for approval	CCGC/2017/40	attached
5.3	Draft Clinical and Care Governance Committee Terms of Reference 2017-18	A Russell			verbal report
6	**Developmental**				
	No items				
7	**Assurance**				
7.1	Update on Strategic Clinical Risks following discussion at the: • Strategic Risk Management Group 27.4.17	A Napier			verbal report

- Tayside NHS Board 4.5.17

15	Delivering Care for Older People			
16	Clinical Governance			
22	Children, Young People and Families			
121	Person Centredness			
144	Maternity Services			
302	PRI/ Patient Flow			
395	Mental Health Services: Sustainability of Safe and Effective Services			
414	Managed/ 2C Practices			

7.2	Clinical Governance and Risk Management Update	A Napier	for discussion	CCGC/2017/39	attached
7.3	Scottish Public Services Ombudsman (SPSO) Reports	S Lowry	for discussion	CCGC/2017/36	attached
7.4	Radiation Safety Annual Report	A Russell	for approval	CCGC/2017/37	attached

8   Local and National Reports

No items.

9   Policies and Guidance

No items.

10   Items for information and action as required

10.1	Spiritual Healthcare Committee Annual Report 2015-16	A Russell	for approval	CCGC/2017/42	attached
10.2	Spiritual Healthcare Committee Minute 13 September 2016	A Russell	for information		attached
10.3	Equality and Diversity Steering Group Minute 14 September 2016	M Dunning	for information		attached
10.4	Equality and Diversity Steering Group Minute 6 December 2016	M Dunning	for information		attached
10.5	Hospital Standardised Mortality Ratio (HSMR)	A Russell	for information	CCGC/2017/41	attached

| 10.6 | Record of Attendance Clinical and Care Governance Committee | Chair | for information | | attached |

11 Items for internal and external communication

12 AOCB

| | Location of future meetings of the Clinical and Care Governance Committee. | Chair | | | |

For Governance reasons, it is proposed that the following items be taken in reserved business.

**In accordance with the Freedom of Information (Scotland) Act 2002
Section 30**

13 Minute of the Previous meeting

13.1	Minute of the Clinical and Care Governance Committee 9 February 2017 Reserved Business	Chair	for approval		attached
13.2	Minute of the Clinical and Care Governance Committee 9 March 2017 Reserved Business	Chair	for approval		attached
13.3	Action Points Update Clinical and Care Governance Committee 11 May 2017 Reserved Business	A Russell	to note		attached
13.4	Matters arising				

14 Items for discussion

14.1	Chair's Assurance Report for the Clinical Quality Forum (CQF)	A Napier	for discussion	CCGC/2017/43	attached
	• Action Note Clinical Quality Forum 16 January 2017				attached
	• Action Note Clinical Quality Forum 6 February 2017				attached
14.2	Perth Royal Infirmary Briefing	A Cook	for discussion	CCGC/2017/44	attached
14.3	Perth Royal Infirmary Patient Flow (302) and capacity and Flow (313)	A Cook	for discussion	CCGC/2017/45	attached

| 14.4 | Update – Environment Programme for Mental Health Sites | M Anderson | for discussion | CCGC/2017/46 | attached |

In accordance with Freedom of Information (Scotland) Act 2002 Section 36(2), Section 38

15   Items for discussion

No items

16   Items for information and action as required

No items

17   AOCB

18   Date of Next Meeting

The next meeting of the Clinical and Care Governance Committee will take place on Thursday 17 August 2017 at 1:30pm in the Board Room at Kings Cross.

**Mrs Alison Rogers
Chair
Clinical and Care Governance Committee
May 2017**

Distribution

Members
Mrs Gillian Costello	Nurse Director, Tayside NHS Board **(Lead Officer)**
Dr Andrew Cowie	Non-Executive Member, Tayside NHS Board
Mrs Linda Dunion	Non-Executive Member, Tayside NHS Board
Mrs Judith Golden	Non-Executive Member, Tayside NHS Board
Mr Stephen Hay	Non-Executive Member, Tayside NHS Board
Ms Lesley McLay	Chief Executive, NHS Tayside
Dr Robert Peat	Non-Executive Member, Tayside NHS Board
Mrs Alison Rogers	Non-Executive Member, Tayside NHS Board **(Chair)**
Prof Andrew Russell	Medical Director, NHS Tayside **(Lead Officer)**
Prof Margaret Smith	Non-Executive Member, Tayside NHS Board

In Attendance
Dr Alan Cook	Medical Director, Operational Unit, NHS Tayside
Ms Margaret Dunning	Board Secretary, NHS Tayside
Prof Clare McKenzie	Postgraduate Dean, NHS Education for Scotland (NES), East Region
Ms Arlene Napier	Associate Director, Clinical Governance and Risk, NHS Tayside

Ex – Officio Attendance
| Prof John Connell | Chair, Tayside NHS Board |

Minute   NHS Tayside

Tayside NHS Board

CLINICAL AND CARE GOVERNANCE COMMITTEE – OPEN BUSINESS

Minute of the above meeting held at 1:30pm on **Thursday 9 February 2017** in the Board Room, King's Cross, Dundee.

Present

Professor John Connell	Chair, Tayside NHS Board (to 3:00pm)
Mrs Gillian Costello	Nurse Director, Tayside NHS Board
Mrs Linda Dunion	Non-Executive Member, Tayside NHS Board
Mr Stephen Hay	Non-Executive Member, Tayside NHS Board (to 4:00pm)
Mrs Alison Rogers	Non-Executive Member, Tayside NHS Board **(Chair)**
Professor Margaret Smith	Non-Executive Member, Tayside NHS Board

Apologies

Mr Alan Cook	Medical Director - Operational Unit and Consultant, NHS Tayside
Dr Andrew Cowie	Non-Executive Member, Tayside NHS Board
Ms Margaret Dunning	Board Secretary, NHS Tayside
Mrs Judith Golden	Non-Executive Member, Tayside NHS Board
Professor Clare McKenzie	Postgraduate Dean, NHS Education for Scotland
Ms Lesley McLay	Chief Executive, NHS Tayside
Cllr Glennis Middleton	Non-Executive Member, Tayside NHS Board
Professor Andrew Russell	Medical Director, Tayside NHS Board

In Attendance

Mrs Alison Hodge	Committee Support Officer, NHS Tayside
Ms Arlene Napier	Associate Director, Clinical Governance and Risk, NHS Tayside
Ms Tracey Passway	Clinical Governance and Risk Management Team Leader
Dr Robert Peat	Non-Executive Member, Tayside NHS Board

Mrs Alison Rogers in the Chair

		ACTION
1	**APOLOGIES**	
	The apologies were noted as above.	
2	**WELCOME AND INTRODUCTION**	
	Mrs Rogers welcomed everyone to the meeting including Dr Robert Peat who was a newly appointed non-executive member of the Tayside NHS Board and member of the Clinical and Care Governance Committee.	
	She introduced Ms Jane Byrne, Senior Programme Manager from Health Improvement Scotland (HIS) who would be giving a presentation on the work of the Quality of Care Review Team.	
6	**QUALITY OF CARE REVIEW TEAM HEALTH IMPROVEMENT SCOTLAND (HIS)**	
	Ms Jane Byrne, Senior Programme Manager, Health Improvement Scotland (HIS) Quality of Care Reviews Jane Byrne gave a presentation.	
	Ms Byrne explained that the purpose of the Quality of Care Review Team was to	
	• Drive improvements in the care that people receive	

- Assess the quality of services to inform improvement actions
- Provide an independent assessment to deliver better outcomes and value for money

She discussed the national direction which was to provide sustainable and high quality services for Scotland.

There have been recent publications regarding the changing health and social care landscape:
- The Healthcare Quality Strategy for Scotland
- Health and Social care Delivery Plan
- A National Clinical Strategy for Scotland

Ms Byrne expanded on the Quality Framework which is divided into seven areas (domains) of focus;
- Person centred
- Safety
- Effectiveness
- Leadership
- Governance
- Workforce
- Quality improvement

Quality of Care reviews: Opportunities noted as:
- Streamlining and consistency – one overarching shared quality framework
- Better use of intelligence to inform quality assurance activity
- Focussing on the use of existing data where possible – collect once and use many times
- Enhanced focus on internal self assessment with external independent validation – early warning signs
- Independent assessment of sustainability

Ms Byrne discussed the work programme for a new approach which included both design and implementation phases, explaining that the team were currently in the implementation phase which would focus on:
- Quality framework
- Operational methodology – testing
- Support and engagement
- Prioritisation and implementation
- Sustainability

Following the presentation there was a short question and answer session.

The Committee thanked Ms Byrne for the presentation and agreed that the presentation was comprehensive and informative and that it was encouraging to see the approach that was being adopted for the streamlining of data.

The shared learning approach was welcomed and the more collegiate approach has been noted by staff members in NHS Tayside. The Nurse Director reflected on some of the inspection areas and noted that it had been mostly nursing staff that had been interviewed and enquired if there would be a multidisciplinary approach going forward?

Ms Byrne advised that recent inspections had featured sessions with Allied Health

Professionals (AHPs). She acknowledged the positive shift in culture and added that a more blended approach was being considered to include social work representatives and peers in the review teams.

In response to a question regarding the involvement of the Care Inspectorate Ms Byrne advised that the organisation had representatives who sat on the design panel and continue to be involved. They continue to work closely and although they are not signed up to the same framework yet, there is a degree of crossover.

Mrs Rogers, on behalf of the Committee, thanked Ms Byrne for her presentation noting it was beneficial to have an update around the concept of the Quality of Care Reviews and the way forward.

The Committee:
- Noted the presentation

Mrs Rogers stated that the meeting would not be quorate later as she had been advised that members had to leave before the end of the meeting.
With this in mind the following changes were proposed:
- Move items 15.1 and item 14.3b to the beginning of item 14

The Committee agreed to this.

3   MINUTE OF PREVIOUS MEETING

Open Business
3.1   Minute of the Clinical and Care Governance Committee 10 November 2016 Open Business

There were no comments in relation to this minute. The minute of the Open Business of the Clinical and Care Governance Committee held on Thursday 10 November 2016 was approved as an accurate record on the motion of Ms Linda Dunion and Mr Stephen Hay.

The Committee:
- Approved the minute of the Open Business of the Clinical and Care Governance Committee held on Thursday 10 November 2016

3.2   Action Points Update Clinical and Care Governance Committee 9 February 2017 Open Business

The Committee noted:

1.   Update on the implementation of the Safety and Flow Huddle

Noted that this update was an agenda item.

2.   Out of Hours Service – a further report to include information about the National Plan

Noted that a report would come to the meeting on 15 May 2017

3.   Summary – Strategic Clinical Risks
A further update to the template to include a section on emerging issues

A written update had been provided from Ms Dunning:
This will be taken into consideration in the forthcoming update to the template.

4. Summary – Strategic Clinical Risks
Request for a Board Development Session on strategic risk and risk appetite

A written update had been provided from Ms Dunning:

It has not been possible to hold a Development session.

A working group consisting of Mr Doug Cross, Ms Margaret Dunning, Ms Hilary Walker, Miss Donna Howey and Internal Audit has considered Risk Appetite and a Risk Appetite Statement is to be presented to the Audit Committee in March 2017.

5. Report on how patient feedback is collected across NHS Tayside

The Committee noted that this report would go to the Clinical Quality Forum (CQF) on 13 March 2017.

The Committee:
- Noted the Action Points Update

3.3 Matters Arising

There were no matters arising.

4 Declaration of Interests

There were no declarations of interests.

5 Governance

5.1 Clinical and Care Governance Committee Workplan 2016-17 Open and Reserved Business

The Committee had no questions in relation to the Workplan 2016-17.

The Committee:
- Noted the Clinical and Care Governance Committee Workplan 2016-17 Open and Reserved Business

5.2 Draft Clinical and Care Governance Committee meeting dates for 2017/18

The Committee had no comments in relation to the draft Clinical and Care Governance Committee meeting dates for 2017/18

The Committee:
- Approved the Clinical and Care Governance Committee meeting dates for 2017/18

5.3 Key themes from learning

There were no items to highlight to the Committee.

6.   Developmental

No items were raised for discussion.

7   Assurance

7.1   Summary – Strategic Clinical Risks

Ms Napier advised that due to time constraints at the last meeting of the Clinical Quality Forum (CQF) on 16 January 2017 a further meeting had been held on 6 February 2017 to discuss the risk section of the CQF agenda. There was a significant focused discussion at this meeting and following detailed discussion the CQF recommended changes to the following clinical risks:

- Risk 16 – Clinical Governance
- Risk 22 – Health Protection of Children and Young People
- Risk 121 – Person Centredness

Ms Napier reminded the Committee that the individual risk assurance reports provided for the Committee today showed the risk detail and ratings as that at 7 December 2016.

The Committee noted that all strategic clinical risks were discussed at the Clinical Quality Forum between meetings of 14 November 2016 and 6 February 2017.

15   Delivering Care for Older People (CCGC/2017/13)

22   Health Protection of Children and Young People (CCGC/2017/15)

121   Person Centredness (CCGC/2017/25)

302   PRI Patient Flow (CCGC/2017/16)

414   Managed/ 2C Practices (CCGC/2017/17)

The Committee:
- Noted the Clinical Risk Assurance reports

16   Clinical Governance (CCGC/2017/14)

Ms Napier advised that following discussion the CQF recommended that this risk score be increased from 12 to 16.

Ms Dunion sought clarification why this risk score had been changed. Ms Napier advised that although the 'Getting the Right' framework has been agreed it was not embedded yet within the Integrated Joint Boards (IJBs). Ms Napier added that currently there was no external review of data. She advised that although systems were in place further work was required to strengthen and provide assurance. It was acknowledged that Datix systems remained in place. It was agreed that a mutual understanding of governance was vital.

It was highlighted that the risk rating for Risk 144 Managed 2c Practices had decreased over time and this had initially been a concern. Ms Napier advised that this risk had been discussed at the Strategic Risk Management Group (SRMG) on 2 February 2017 and a decision would be taken at the next meeting of the SRMG on 27 April 2017 whether this

risk would be removed from the risk register.

The Committee:
- Noted the Clinical Governance Assurance reports and verbal report

7.2   Clinical Governance and Risk Management Update (CCGC/2017/03)

Mrs Arlene Napier and Ms Tracey Passway were in attendance for this report.

Ms Napier introduced the report which provided the Committee with an overview of Clinical Governance and Risk Management activity undertaken during the period 1 October - 30 November 2016.

Ms Passway highlighted the positive Inpatient Patient Experience questionnaire.

There was a short discussion on whether there was a shared understanding and awareness of the definitions of adverse events and near misses. Mrs Napier advised that significant work around falls and near misses had taken place and there were shared learning opportunities planned. Real events have been used during training and learning sessions and the team continued to work with staff from clinical areas to raise awareness.

There was a short discussion on Section 7 Person Centredness, Page 8. The Nurse Director queried the figure of 150 newly qualified nurses quoted in the paragraph as she was aware that there were 211 newly qualified nurses. Noted that this was a gap of 61 individuals who had perhaps not been included in training. Ms Passway agreed to follow this up and include an update in the next report to the Committee.

Ms Napier advised that the introduction date for the Duty of Candour would be April 2018. Further information received from Scottish Government in relation to the Duty of Candour would be taken forward at the CQF.

The Committee:
- Noted and approved the report
- Acknowledged the positive Inpatient Patient Experience questionnaire
- Noted the improvement work being progressed in relation the understanding of the definitions of falls and near misses
- Noted the action point required

7.3   Scottish Patient Safety Programme: Mental Health (CCGC/2017/04)

Ms Diane Campbell and Ms Morag Macrae were in attendance for items 7.3 and 7.4 Ms Macrae advised that the report outlined the current state position for NHS Tayside with the Scottish Patient Safety Programme and also the challenges faced.

The Committee noted that the four year programme had an overall aim of reducing harm experienced by individuals in receipt of care aligned with mental health services with the initial focus being adult inpatients services, including forensic services.

Noted 5 workstreams with key safety principles:
- Leadership and culture
- Risk assessment and safety planning
- Violence, restraint, and seclusion reduction
- Safer medicines management

- Communication at transitions
- Overarching themes

The report provided information and details on the workstream activity and challenges for the following clinical areas:
- Mulberry Unit
- Carseview Unit
- Rohallion Unit
- Moredun Unit

Ms Macrae highlighted that a significant challenge with the programme was the collection of data.

Ms Macrae added that a scoping future activity event was held in Dundee on 10 March 2016 and looked at where the safety principles cross over into the next proposed areas for development which are:
- Community Mental Health
- Children and Adolescent Mental Health
- Older Peoples Psychiatry
- Perinatal Psychiatry

Mrs Rogers highlighted the challenges of a shared understanding of the methodology across the three General Adult Psychiatry (GAP) sites noting the different approaches and views. Ms Macrae stated that she was confident that there would be changes and that she was working closely with colleagues and learning was being shared.

The Committee were encouraged that while the Mulberry Unit had moved and was currently in Carseview Centre the identity of the unit through the use of the same name had been retained.

The Committee:
- Acknowledged the progress, achievement and challenges by each of the acute adult psychiatry and secure care in-patient units
- Noted the areas for future development
- Acknowledged the challenges associated with data collection.

7.4 Medicines and Safety and Quality Group Update (CCGC/2017/05)

Ms Diane Campbell and Ms Morag Macrae were in attendance for this report.
Ms Macrae advised that one of the aims of the Scottish Patient Safety Programme – Medicines was to reduce avoidable harm to patients by improving medicines safety at all points of care delivery.

Within NHS Tayside there has been work aligned to medicines safety between the Area Drug and Therapeutics Committee (ATDC) and Patient Safety.

Ms Macrae advised that following consultation it was agreed that a Medicines Safety and Quality Subgroup be established to take forward improvement work for medicines safety across the organisation including:
- Medicine reconciliation on admission and discharge
- High risk medications
- Medicines administration

From the report the Committee noted that the Medicines Safety and Quality Subgroup

will:
- Engage and collaborate with the Area Drug and Therapeutics Committee (ADTC)
- Consider and support changes and improvements across the whole system including acute care, community hospital, community nursing, mental health and primary care
- Take an active role in scoping and identifying priorities for improvement
- Take collective ownership for driving forward delivery of improvements and achieving effective outcomes

The Committee noted that there were also links with the Transformation Programme Board.

The Committee noted that NHS Tayside was progressing the formation of a small collaborative with Health Improvement Scotland (HIS) and NHS Forth Valley to take forward a whole systems approach to medicines reconciliation.

Mrs Costello commended the work in relation to medicines safety and quality and the tenacity of the Patient Safety team.   She added that the area of medicines management was complex and the next stage would be to consolidate the work. The framework was positively received.

The Committee were in agreement that the Patient Stories described in Appendix 4 were very helpful.

There was short discussion on the figures in relation to the adverse events concerning Insulin. Ms Macrae advised of work in relation to the creation of the Insulin Prescription and Administration (IPAR) Chart which would support the reduction of adverse events concerning insulin when implemented. Ms Napier added that data relating to diabetes adverse events was also discussed at the Performance Review meetings.

There was a further discussion regarding the development of the electronic patient record. Ms Campbell advised that going forward the aim would be for one medicines record document and this would sit in the patient's record. There are a number of IT systems within NHS Tayside that do not communicate with one another and this is a known issue. Correct recording on paper needs to be achieved first and that electronic recording would be further down the line. Ms Campbell highlighted that any issues would be escalated via the Area and Drug Therapeutic Committee (ADTC).

Mrs Rogers stated that she would highlight concerns regarding the development of the electronic patient record to the Board via the Chairs Assurance Report.

There was a short discussion on the groups that report into the ADTC. The Nurse Director confirmed that the Non Medical Prescribing (NMP) Group was a sub group of the ADTC, this is a group she chairs, it has a workplan and the membership of this group had been expanded over the last 12 months to include representation from Pharmacy. She confirmed the Health and Social Care partnerships (HSCPs) still required to consolidate membership and the University of Dundee had supported this group through their membership for a number of years. Over the last three years the governance of this group has been strengthened and an annual report is submitted to the ADTC. Noted that the NMP was a sub group of the ADTC

The Committee:
- Noted the report
- Noted the development and the aims of the Medicines Safety and Quality

subgroup
- Noted the collaborative work with HIS and NHS Forth Valley
- Noted that further development of the electronic patient record would be required

7.6 Volunteering (CCGC/2017/07)

Ms Tracey Passway was in attendance for this report which provided the Committee with an annual review of volunteering arrangements and an overview of activates in NHS Tayside.

The report was positively received and the Committee were encouraged to hear that the volunteering agenda across Tayside was moving forward with considerable interest.

The Committee agreed that volunteers were involved in wide range of activities across Tayside illustrating diversity and were not just focussed within acute hospitals.

Among the wide range of activities listed in the report the Committee highlighted the following:
- The listening service within GP surgeries
- Increased links with the third sector
- Investing in volunteering awards
- very clear governance arrangements
- Opportunity for knowledge and skills for volunteers

Both Mrs Rogers and the Nurse Director acknowledged the considerable contribution made by Kathryn MacKenzie, former Voluntary Services Manager for the acute services.

The Committee:
- Noted the report and the acknowledged the wide range of activities that volunteers were involved with
- Noted the current arrangements for volunteering across Tayside and plans for identified for 2017

7.5 Scottish Public Services Ombudsman (SPSO) Reports (CCGC/2017/06)

Mrs Rogers acknowledged that this report was now being considered on Open Business having previously being considered in reserved business of the meeting.

Ms Alison Moss, Complaints and Feedback Team Leader, was in attendance for this report which provided details of SPSO cases that have been referred to the Ombudsman relating to NHS Tayside, with decisions published October to November 2016.

Ms Moss advised that since September 2016 six cases had been investigated by the Ombudsman. Of these:
- One case was upheld (with recommendations)
- One case was upheld (no recommendations)
- Two cases were partly upheld (with recommendations)
- One case was not upheld (with recommendations)
- One case was not upheld (without recommendations)

Ms Moss clarified that the statement 'No recommendations' meant that the organisation has demonstrated improvement.

There was a question in relation to the number cases in Tayside that are received by the

Ombudsman.

Ms Moss advised that it was difficult to provide a figure due to the timescales involved. For the year 2015/2016 100 complaints were referred to the Ombudsman which was a slight reduction. More than half of these were not applicable as they had been referred prior to consideration by the NHS Tayside complaints procedure.

Last year 32 cases were investigated by the Ombudsman and approximately half were upheld.

Ms Moss advised that currently there is no way of making a comparison with other Health Boards but the Ombudsman does provide an annual report and this allows NHS Tayside to see their own figures

Following discussion the Committee agreed that the Ombudsman Annual Report should come to the Committee and that this will be added to the Committee Workplan for 2017/18.

The Committee:
- Noted the report and appendix
- Noted that all recommendations had been progressed

7.7 Update on the NHS Tayside Scheme for Medical Appraisal and Revalidation (Primary and Secondary Care)

The Committee had no comments on this report.

The Committee:
- Noted this report

3pm Professor John Connell left the meeting

7.8 Nursing Revalidation

The Nurse Director spoke to this report. She explained to the Committee that nursing revalidation was well established and was now part of core business within NHS Tayside. NHS Tayside had been one of the pilot sites for Nursing and Midwifery Council (NMC) revalidation in 2015/16.

The Nurse Director advised that both the Tayside Revalidation Forum and the national Revalidation Programme Board had now been stepped down.

The Committee welcomed the report and that revalidation was considered as core business within NHS Tayside. They commended the approach and the implementation of revalidation within NHS Tayside.

There was a short discussion regarding the cost of NMC revalidation to the organisation and the availability of protected time to engage with the revalidation process.

The Committee:
- Noted the report and commended the approach taken under the leadership of the Nurse Director
- Noted that NMC revalidation is transitioned into business as usual given the governance arrangements currently in place both within an external to NHS

Tayside
- Noted that the profile of NMC revalidation and support for staff preparedness continues
- Noted that NHS Tayside systems and processes will be amended, if necessary, to align to the revised NHS Professional Registration Policy once released

7.9   Tayside Joint Public Health Protection Plan 2017-2019

Dr Lucy Denvir and Dr Drew Walker were in attendance for this report.

Dr Walker advised that there was a requirement to publish the Tayside Joint Public Health Protection Plan on a regular basis and the plan presented today had been updated from the previous 2-3 year period.

The Plan provides up to date detail of demographic and other specific features of Tayside relevant to health protection and in the context of national and other local priorities.

The plan also details current operational arrangements, services, capacity and resources in place for delivery of the health protection function in Tayside. This updated plan has taken into account changes in regulations.

The Committee noted the recommended priority areas identified for 2017-2019
- Progress recommendations from the Health Protection Team away day in January 2016 to improve and develop longer term strategic team vision, cohesion and priorities
- Share learning from leisure pool incidents to reduce swimming pool related infection
- Implementation of Cleaner Air for Scotland Strategy in Tayside
- BBV focus on prevention
- Migrant health
- Scottish Health Protection Network GIZ priorities
- On-going resilience for the Health Protection Team
- Reviewing and revising existing protocols and emergency plans in accordance with the schedule

Dr Denvir commented that approval was sought from the Committee today prior to being presented to the three local authorities.

Dr Walker and Dr Denvir provided a brief update on keys areas:

Regarding air quality he advised that NHS Tayside has always had a responsibility in part with the local authority and environmental health department regarding clean air. Suggestions are provided on how best to mitigate against areas which presented challenges with air quality.

There was a short discussion on the public health requirements in relation to leisure pools. Dr Denvir advised that there were strict guidelines and training for pool operatives. Regular training and awareness sessions are facilitated by Scottish Water. It was noted that the situation was improving. The involvement of Public Health helps to increase awareness.

Dr Denvir provided a short update in relation to migrant health. She advised that this was recognised as a difficult area and there was very good collaboration with the three

local authorities. Health promotion, health protection and TB screening were the key areas concerning migrant health.

Professor Smith commented that this was a very informative plan and that it would be useful for it to be considered by the Academic Health Science Partnership at their meeting. Dr Walker and Professor Smith to discuss this further outwith the meeting.

Although there is no requirement for the Plan to be considered by the IJBs as this is a NHS function, the Committee agreed that it would be beneficial if it was provided to the IJBs for information. Dr Walker was supportive of this suggestion.

The Committee:
- Noted the report
- Endorsed and approved the JPHPP and priority areas for 2017-2019
- Noted that the JPHPP would go to the IJBs and the AHSP for information

7.10 Tayside Medical Science Centre (TASC) Annual Report (CCGC/2017/18)

Dr Jacob George, Research and Development Director and Dr Lorna Talbot, TASC Research and Development Manager, Improvement and Quality were in attendance for this report.

Dr George highlighted that 2016/17 had been a challenging year in terms of finance due to a significant reduction in the allocation for funding for research and development by the Chief Scientist Office (CSO) whilst ensuring growth. The CSO allocation for 2017/18 was awaited.

Dr George discussed the Medicines and Healthcare products Regulatory Agency (MHRA) inspection of the Tayside Clinical Trials Unit (TCTU) which took place in the summer of 2016. The inspection is a statutory requirement of all centres that take part in clinical trials. The visit was a success and good competencies were identified. The average finding is 5 and NHS Tayside achieved 3. All actions have been agreed and were on course to be delivered.

Dr George highlighted the following key areas to the Committee:

- The TASC Clinical Research Centre/Facilities (CRC/Fs) has seen an increase of 45% in the total number of studies from the previous year. The studies are diverse and include cancer, haematology, maternal and child heath

- Early stages of a Phase1 (first in human form) clinical trial in dermatology is being progressed. Currently there is only one phase one facility in Scotland which is in the Clinical Research Facility in Edinburgh

- There are significant advantages and savings to the drug budget for NHS through the amount of pharmacy clinical trials in Tayside. An approximate budget cost saving to NHS Tayside was noted as £1.9 million.

- The addition of a diagnostic Position Emission Tomography – Computed Tomography (PET CT) scanner is at an advanced stage. This will be the first in the UK and the second in Europe. This scanner would be used for both for research and will benefit NHS Tayside patients

- The Health Informatics Centre (HIC) formally acquired ISO 27001:2013

certification as a secure data provider. This is the international required standard for quality.

The Committee queried whether there would be reduced access to Europe and European trials due to the future economic changes. Dr George advised that this was not clear yet.

Dr George discussed the faster approval procedure for clinical trials in Scotland which makes conducting clinical trials in Scotland more attractive. The One Scotland approach results in faster generic approval.

The Committee acknowledged the excellent report describing the wide range of research activity undertaken by the TASC team.

The Committee:
- Noted the report
- Approved the Research Governance Annual Report and were assured by the arrangements for research governance
- Commended the report and the range of activity

7.11   Whole System Safety and Flow Framework (CCGC/2017/19)

Ms Tracey Williams was in attendance for her report which provided an update on the development of the whole system patient safety and flow framework. The national Whole System Patient Flow improvement programme recommends that each NHS Board adopts an approach to patient flow which is designed to ensure patients receive the right care at the right time in the right place.

The report provided the Committee with an update on how NHS Tayside will spread the safety and flow framework and huddles as part of our whole system patient safety and flow management.

Mrs Rogers had attended a safety and flow huddle which she found informative. She remarked that the interaction with Perth Royal Infirmary (PRI) was very good. The meetings take place at 8:00am and 1:30pm at Ninewells Hospital and PRI and testing with the Heath and Social Care Partnerships would also be commencing. Noted that work had commenced in Murray Royal Hospital.

Ms Williams extended an invite to members of the Committee to attend a patient safety and flow huddle.

Ms Williams advised that the early discussion of issues and the organisation wide focus had proved to be beneficial.

Mrs Rogers commented that this was a good piece of work to make the hospitals safer and see daily where the pressure points are within the different sites.

There was a short discussion on the sustainability of resources to support the safety and flow huddles. Ms Williams advised that that funding was currently from unscheduled care: a temporary resource from both Ninewells Hospital and PRI - this was a risk.

Discussion on the measurement and evaluation of the framework and where this would be reported. Is there an ongoing role for the Committee?

The Nurse Director advised that there was opportunity for updating and sharing learning via the CQF Participatory Learning Sessions.

Ms Williams advised that clinical staff were very positive about the patient safety and flow huddles. Staff were aware that issues discussed at the huddle would be taken seriously and progressed. There was wider dialogue and cross site/ risk mitigation with the opportunity to build and to continue to learn.

Professor Smith commented that the report was an excellent summary describing the process and extended an offer from the University of Dundee to work with the team.

Ms Williams advised that she had attended huddles within other locations/ Health Boards and advised that some of the huddles have incorporated students from a different backgrounds and disciplines which have included including design and engineering. Ms Williams stated that she would welcome the opportunity to do this.

The Committee noted that NHS Tayside was the last NHS Board in Scotland to develop a patient safety and flow huddle.

The Committee agreed that the huddles should be built into the workforce plan. Regarding measurement and evaluation, Mrs Rogers commented that it would be of interest to get a sense of the impact in terms of patient experience and the patient journey and this would support the case for ongoing investment.

The Committee:
- Endorsed the ongoing commitment to whole system management and leadership of patient safety and flow
- Endorsed and supported the huddle framework implementation
- Noted that a change to business arrangements is recommended in relation to senior managerial and leadership meetings
- Noted that the initial resource plan will be supported through the unscheduled care monies
- Noted that a measurement and evaluation framework is being developed to monitor the impact and outcomes of the huddles, facilitating continual improvement and development of the model
- Noted and encouraged the offer of collaborative working with the University of Dundee
- Agreed that the continuance and the sustainability of this work was important to the organisation
- Raised concern regarding the future sustainability of the resource to support (Ninewells Hospital and PRI) for the daily safety and flow huddle

7.12 Postgraduate Medical Education Actions (CCGC/2017/22)

Dr John Davidson and Mr Craig Butler, Postgraduate Quality Assurance Manager were in attendance for this report.

Dr Davidson outlined the visit process undertaken by the General Medical Council (GMC) for the Committee. The Committee noted that following review there was now a single Deanery for Scotland with three regional Deaneries.

It was noted that the remit of the GMC was for the quality assurance for undergraduate and postgraduate teaching within NHS Tayside and during the inspection the GMC will inspect NES and test NES processes.

NHS Education for Scotland (NES) in its role as the Postgraduate Deanery undertakes quality improvement visits to individual sites and specialities every five years. Triggered visits also take place where data suggests that the standards of medical education are not being met.

Dr Davidson advised that the General Medical Council (GMC) last visited NHS Tayside in 2012. The Committee noted that the GMC would visit Scotland during 2017 which would include site visits to all five medical schools.

There was a short discussion on previous visits by the GMC to local education providers in England. A number of these visits resulted in trainees being removed or redeployed. If the GMC find that the training is not of the required standard then sanctions can be applied and trainees can be removed or redeployed. This would have an effect on the organisation and the reputation of NHS Tayside.

Dr Davidson highlighted the Keogh Report and the Mid Staffordshire review where it was highlighted that junior doctor feedback could be seen as a barometer of the organisation.

Dr Davidson discussed the National Training Survey (NTS) which is a survey of all trainee doctors. This survey takes place in the Spring and is open for a six week period. The results are usually available by the end of July/ beginning of September.

Dr Davidson advised that there were a number of training schemes in NHS Tayside that were ranked high in the UK. Smaller specialities with little or no rotation presented no problems. Larger specialities with a high volume of patient, patient movement and rotation of trainees were more likely to have red flags.

There was a discussion on 'Promoting Excellence' and the Committee noted the five themes and ten standards. Dr Davidson stated that the GMC will measure how NHS Tayside maps against these standards.

The Committee queried if there was a clear action plan to address these actions. Dr Davidson described that there were five associate directors of medical education and a supporting infrastructure

The Committee noted that the GMC visit requirements and the recommendations are not negotiable. The responsibility lies with NHS Tayside to show that issues have been addressed and that there is evidence to support this.

The Committee noted that the GMC website contains training data on training schemes and is therefore available publicly. This will include poorly performing Boards.

Dr Davidson advised that work had commenced gathering information and evidence for the forthcoming GMC visit and that the GMC also publish inspection reports from visits to other Health Boards which are useful to identify themes and recurring issues.

Following discussion it was agreed that regular reporting to the Committee would be beneficial. Medical Education would be added to the workplan for the CCGC for 2017/18. The reporting would be a midyear report in February and an annual report in November. Regular reporting would provide a current state position

Committee
Support
Officer

Mrs Rogers added that in addition to the schedule of reporting the Chairs assurance report would highlight any concerns regarding Medical Education to the Board.

The Committee:
- Noted the report
- Agreed a schedule of reporting to the Committee

Mrs Rogers advised that the meeting not quorate.

8 Local and National Reports

8.1 Annual Report feedback, Comments, Concerns and Complaints 2015-16 – Feedback received from the Scottish Health Council (CCGC/2017/22)

There were no comments in relation to this report.

The Committee:
- Recommend to note this report

9 Policies and Guidance

9.1 Massive Haemorrhage Policy (CCGC/2017/01)

There were no comments in relation to this report.

The Committee:
- Recommended adoption of the Massive Haemorrhage Policy

9.2 Verification of Expected Death in Adults (CCGC/2017/02)

There were no comments in relation to this report.

The Committee:
- Recommended adoption of the Verification of Expected Death in Adults Policy

10 Items for information and action as required

10.1 Record of attendance Clinical and Care Governance Committee

The Committee:
- Noted the record of attendance

11 Items for internal and external communication

- Volunteering report
- Whole System Safety and Flow Framework

12 AOCB

For Governance Reasons, it is proposed that the following items be taken in Reserved Business

In accordance with the Freedom of Information (Scotland) Act 2002 Section 30

13 Minute of the previous meeting

13.1 Minute of the Clinical and Care Governance Committee 10 November 2016

Reserved Business

The Committee:
- Recommended approval of the Minute of the Clinical and Care Governance Committee 10 November 2016 Reserved Business

13.2 Action Points Update Clinical and Care Governance Committee 9 February 2017 Reserved Business

The Committee:
- Noted that the Maternity Services Improvement Plan would come to the next meeting in May 2017

13.3 Matters arising

14. Items for Discussion

14.3 b Update from Perth and Kinross Health and Social Care Partnership (CCGC/2017/26)

The Committee:
- Noted the report

14.3 a Murray Royal Hospital Adult Mental Health Inpatient Care. Update on the Health and Safety Executive Investigation (HSE) and Improvement Notice (CCGC/2017/24)

The Committee:
- Noted the report
- Requested an update at each meeting
- Noted that a standardised approach for risk assessments was required for all Mental Health facilities and made available for staff to use
- Noted that a roll out of lessons learned from the work carried out within the mental health inpatient facilities
- Noted that an executive lead appointment is required to provide a chair for the Health and Safety Steering Group

15.1 Claims Report (CCGC/2017/09)

The Committee:
- Noted the report
- Requested the continuance of yearly reporting to the Committee

14.2 Perth Royal Infirmary - key measures (CCGC/2017/10)

The Committee:
- Noted the report

14.4 Risk 144 Maternity Services (CCGC/2017/21)

The Committee:
- Noted the report

In accordance with the Freedom of Information (Scotland) Act 2002 Section 30

13.1 **Chair's Assurance Report for the Clinical Quality Forum (CQF) Action Note 12 September 2016 and 14 November 2016 (CCGC/2017/23)**

The Committee:
- Noted the report

15 **Items for information and action as required**
- No items

16 **AOCB**
- There were no items.

17 **DATE OF NEXT MEETING**

The next meeting of the Clinical and Care Governance Committee will take place on Thursday 11 May 2017 at 1:30pm within the Board Room, Kings Cross.

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 Clinical and Care Governance Committee held on 9 February 2017 and was approved by the Clinical and Care Governance Committee at its meeting held on 11 May 2017.

CHAIR **DATE**

Minute   NHS Tayside

Tayside NHS Board

CLINICAL AND CARE GOVERNANCE COMMITTEE – OPEN BUSINESS

Minute of the above meeting held at 1:30pm on **Thursday 9 March 2017** in the Board Room, King's Cross, Dundee.

Present

Professor John Connell	Chair, Tayside NHS Board
Mrs Gillian Costello	Nurse Director, Tayside NHS Board (joined the meeting at 1:35pm)
Mrs Judith Golden	Non-Executive Member, Tayside NHS Board
Mr Stephen Hay	Non-Executive Member, Tayside NHS Board
Ms Lesley McLay	Chief Executive, NHS Tayside (joined the meeting at 1:35pm)
Cllr Glennis Middleton	Non-Executive Member, Tayside NHS Board
Dr Robert Peat	Non-Executive Member, Tayside NHS Board
Mrs Alison Rogers	Non-Executive Member, Tayside NHS Board **(Chair)**
Professor Andrew Russell	Medical Director, Tayside NHS Board

Apologies

Mr Alan Cook	Medical Director - Operational Unit and Consultant, NHS Tayside
Dr Andrew Cowie	Non-Executive Member, Tayside NHS Board
Mrs Linda Dunion	Non-Executive Member, Tayside NHS Board
Ms Arlene Napier	Associate Director, Clinical Governance and Risk, NHS Tayside
Professor Margaret Smith	Non-Executive Member, Tayside NHS Board

In Attendance

Ms Margaret Dunning	Board Secretary, NHS Tayside
Mrs Alison Hodge	Committee Support Officer, NHS Tayside
Professor Clare McKenzie	Postgraduate Dean, East Region, NHS Education for Scotland

Mrs Alison Rogers in the Chair

		ACTION
1	**APOLOGIES**	
	The apologies were noted as above.	
2	**WELCOME AND INTRODUCTION**	
	Mrs Rogers welcomed everyone to the meeting. She extended a welcome to Dr Clare McKenzie who was now an attendee at the Committee and to Dr Robert Peat, newly appointed Non Executive member of the Tayside NHS Board.	
	Mrs Rogers explained the meeting held on 9 February had become inquorate and it had been necessary to hold an additional meeting to discuss the items listed on the agenda today.	
3	**DECLARATION OF INTERESTS**	
	There were no declarations of interests.	
4	**LOCAL AND NATIONAL REPORTS**	
4.1	**Annual report feedback, Comments, Concerns and Complaints 2015/16 - Feedback from the Scottish Health Council (CCGC/2017/27)**	

Mrs Rogers advised that this report was presented to the Committee on 9 February 2017.

Mrs Rogers highlighted:
Section 2, bullet point 4 that the measuring of compliments was 'not a useful marker of quality of care experience'.

Section 2, bullet point 6 training sessions on early resolution skills and the value of apology.

There were no comments in relation to this report.

The Committee:
- Noted the report
- Noted the feedback provided by the Scottish Health Council

5 POLICIES AND GUIDANCE

5.1 Massive Haemorrhage Policy (CCGC/2017/28)

The Medical Director commended the team who had been involved in the development of the policy.

The Committee had no questions in relation to this policy.

The Committee:
- Adopted the Massive Haemorrhage Policy

5.2 Verification of Expected Death in Adults Policy (CCGC/2017/29)

The Committee had no questions in relation to this policy.

The Committee:
- Adopted the Verification of Expected Death in Adults Policy

6 ITEMS FOR INFORMATION AND ACTION AS REQUIRED

6.1 Record of attendance Clinical and Care Governance Committee

The Committee:
- Noted the Record of attendance Clinical and Care Governance Committee

7 ITEMS FOR INTERNAL AND EXTERNAL COMMUNICATION

8 AOCB

There were no further items for discussion.

For Governance Reasons, it is proposed that the following items be taken in Reserved Business

In accordance with the Freedom of Information (Scotland) Act 2002 Section 30

9   MINUTE OF THE PREVIOUS MEETING

9.1   Minute of the Clinical and Care Governance Committee 10 November 2016 reserved business

The Committee:
- Approved Minute of the Clinical and Care Governance Committee 10 November 2016 reserved business

9.2   Action Points Update Clinical and Care Governance Committee 10 February 2017 Reserved Business

The Committee:
- Noted the Action Points Update

9.3   Matters Arising

There were no matters arising.

10   Items for Discussion

10.1   Chair's Assurance Report for the Clinical Quality Forum (CQF) meeting held on 12 September 2016 and 14 November 2016 (CCGC/2017/30)

The Committee:
- Noted the Chairs Assurance Report for the Clinical Quality Forum (CQF) Action Note held on 12 September 2016 and 14 November 2016

10.2   Perth Royal Infirmary update on key measures (CCGC/2017/31)

The Committee:
- Noted the report
- Noted the current challenges in relation to recruitment to nursing staff and those who provide homecare support
- Noted the reduction in beds as a result of the elective surgery capacity

10.3a   Murray Royal Hospital Adult Mental Health Inpatient Care: Update on Health and Safety Executive Investigation and Improvement Notice (CCGC/2017/32)

The Committee:
- Noted the update
- Noted that the Committee would receive a monthly update on progress in relation to the environmental actions arising from the Health and Safety (HSE) investigation and Improvement Notice

10.3b   Update from Perth and Kinross health and Social Car Partnership (CCGC/2017/33)

The Committee:
- Noted the report
- Noted the progress in relation to the development of governance arrangements and reporting to the CQF

10.4   Risk 144 Maternity Services

The Committee:
- Noted the report
- Noted the current issues that were a challenge
- Agreed that the Maternity Strategy report should go to the next Tayside NHS Board meeting.

In accordance with the Freedom of Information (Scotland) Act 2002 Section 36(2), Section 38

11   ITEMS FOR DISCUSSION

11.1   Claims report (CCGC/2017/35)

The Committee:
- Noted the report

12   ITEMS FOR INFORMATION AND ACTION AS REQUIRED
- No items

13   AOCB

The Committee discussed attendance at meetings and the format of the agenda.

14   DATE OF NEXT MEETING

The next meeting of the Clinical and Care Governance Committee will take place on Thursday 11 May 2017 at 1:30pm within the Board Room, Kings Cross.

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 Clinical and Care Governance Committee held on 9 March 2017 and was approved by the Clinical and Care Governance Committee at its meeting held on 11 May 2017.

CHAIR   **DATE**

Action Points Update

NHS Tayside

CLINICAL AND CARE GOVERNANCE COMMITTEE

Open Business (following the meetings on 9 February 2017 and 9 March 2017)

	DATE	REF	HEADING	ACTION POINT	COMMENTS	LEAD	STATUS
1.	11.8.16	7.9	Out of Hours Service Update	Provide a further report to include information about the National Plan	The National Plan is not available.	J Bruce J Galloway	May 2017 verbal update
2.	10.9.16	7.2	Clinical Governance and Risk Management Update	Report on how patient feedback is collected across NHS Tayside.	Report provided to the CQF 17 April 2017	A Napier	
3.	9.2.17	7.2	Clinical Governance and Risk Management Report	Clarification of the number of newly qualified practitioners/ attendance at training sessions to be included in the report to the next meeting.		T Passway	May 2017 Update provided in Item 7.2
4.	9.2.17	7.5	SPSO	The Committee requested the Ombudsman Annual Report when available		Committee Support Officer	Added to workplan 2017/18
5.	9.2.17	7.12	Postgraduate Medical Education Actions	Add Annual and Mid year report to workplan		Committee Support Officer	Added to workplan 2017/18

Please note any items relating to Committee business are embargoed and should not be made public until after the meeting

NHS Tayside

CLINICAL AND CARE GOVERNANCE COMMITTEE ANNUAL REPORT 2016-17

Mrs Gillian Costello
Nurse Director

Professor Andrew Russell
Medical Director

NHS Tayside
May 2017

TAYSIDE NHS BOARD

ANNUAL REPORT OF THE CLINICAL AND CARE GOVERNANCE COMMITTEE 2016-17

1. **PURPOSE**

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

2. **CLINICAL AND CARE GOVERNANCE COMMITTEE**

    2.1 **Composition**

    During the financial year ended 31 March 2017 membership of the Clinical and Care Governance Committee comprised:

Chairperson	Mrs Alison Rogers
Vice Chair	Mrs Linda Dunion

    Members

Mrs Gillian Costello	Nurse Director, NHS Tayside
Dr Andrew Cowie	Non-Executive Member, Tayside NHS Board
Mrs Linda Dunion	Non-Executive Member, Tayside NHS Board
Mrs Judith Golden	Non-Executive Member, Tayside NHS Board
Mr Stephen Hay	Non-Executive Member, Tayside NHS Board
Ms Lesley McLay	Chief Executive, NHS Tayside
Cllr Glennis Middleton	Non-Executive Member, Tayside NHS Board
Dr Robert Peat	Non-Executive Member, Tayside NHS Board (from March 2017)
Prof Andrew Russell	Medical Director, NHS Tayside
Prof Margaret Smith	Non-Executive Member, Tayside NHS Board

    In attendance

Dr Alan Cook	Medical Director, Operational Unit
Ms Margaret Dunning	Board Secretary, NHS Tayside
Prof Clare McKenzie	Postgraduate Dean, East Deanery, NHS Education for Scotland (NES), (from November 2016)
Ms Arlene Napier	Associate Director, Clinical Governance and Risk, NHS Tayside

    Ex officio attendance

Prof John Connell	Chairman, Tayside NHS Board

2.2   Meetings

The Committee has met on five occasions during the period from 1 April 2016 to 31 March 2017 on the undernoted dates:

12 May 2016

11 August 2016

10 November 2016

9 February 2017

9 March 2017

The attendance schedule is attached as Appendix 1.

2.3   Business

Details of the business items considered are attached at Appendix 2.
Minutes of the meetings of the Committee have been timeously submitted to the Tayside NHS Board for its information.

3.   OUTCOMES

Business was conducted in both open session and reserved session.

There were 102 reports in total, 72 in open business and 30 in reserved business.

42% of business was in reserved business

Previous years:

Year	Total reports	Open	Reserved	% Reserved
2015-16	79	44	35	44
2014-15	101	64	37	37

4. BEST VALUE

The Board is required to provide overt assurance on Best Value. An updated Best Value Framework was approved by the Board on the 27 October 2016. The Committee has considered the elements relevant to it and this evidence is provided at Appendix 3.

5. RISK REPORTING

The following risks aligned to the Clinical Governance Committee were considered at each meeting:

15	Delivering Care for Older People
16	Clinical Governance
22	Health Protection of Children and Young People
23	Mental Health Services (downgraded to an Operational Risk June 2016)
121	Person Centredness
144	Maternity Services
302	PRI/ Patient Flow
395	Mental Health Services: Sustainability of Safe and Effective Services (from June 2016)
414	Managed/ 2c Practices

6. CONCLUSION

As Chair of the Clinical and Care Governance Committee during financial year 2016/17, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken during the year I can confirm that adequate and effective Clinical Governance arrangements were in place throughout NHS Tayside during the year.

I would again pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee, and to express my thanks to Alison Hodge for her support of the Committee.

(signed)……………………………………..

Mrs Alison Rogers
CHAIRPERSON 2016-17
On behalf of Clinical and Care Governance Committee

Record of Attendance   NHS Tayside

CLINICAL AND CARE GOVERNANCE COMMITTEE FOR YEAR 1 APRIL 2016 TO 31 MARCH 2017
ATTENDANCE RECORD

			12 May 2016	11 August 2016	10 Nov 2016	9 Feb 2017	9 March 2017
Members							
Prof John Connell	Chairman	Tayside NHS Board	present	present	present	present	present
Mrs Gillian Costello	Nurse Director	NHS Tayside	present	apologies	present	present	present
Dr Andrew Cowie	Non-Executive Member	Tayside NHS Board	apologies	present	apologies	apologies	apologies
Mrs Linda Dunion	Non-Executive Member	Tayside NHS Board	present	present	present	present	apologies
Mrs Judith Golden	Non-Executive Member	Tayside NHS Board	present	apologies	apologies	apologies	present
Mr Stephen Hay	Non-Executive Member	Tayside NHS Board	present	apologies	present	present	present
Ms Lesley McLay	Chief Executive	NHS Tayside	present	apologies	apologies	apologies	present
Cllr Glennis Middleton	Non-Executive Member	Tayside NHS Board	apologies	present	present	apologies	present
Dr Robert Peat	Non-Executive Member	Tayside NHS Board	-	-	-	-	present
Mrs Alison Rogers	Non-Executive Member	Tayside NHS Board	present	present	present	present	present
Prof Andrew Russell	Medical Director	NHS Tayside	present	present	present	apologies	present
Prof Margaret Smith	Non-Executive Member	Tayside NHS Board	apologies	present	present	present	apologies
In Attendance							
Dr Alan Cook	Medical Director, Operational Unit	NHS Tayside	present	present	present	apologies	apologies
Ms Margaret Dunning	Board Secretary	NHS Tayside	present	present	apologies	apologies	present
Prof Clare McKenzie	Postgraduate Dean	NHS Education for Scotland	-	-	apologies	apologies	present
Ms Arlene Napier	Head of Clinical Governance and Risk	NHS Tayside	present	apologies	present	present	apologies

CLINICAL AND CARE GOVERNANCE COMMITTEE

SCHEDULE OF BUSINESS CONSIDERED DURING YEAR 1 APRIL 2016 TO 31 MARCH 2017

12 May 2016

Open Business

Scottish Patient Safety Programme Reporting Arrangements	CCGC/2016/13
Draft Clinical and Care Governance Committee Workplan 2016-17 Open and Reserved Business	CCGC/2016/21
Draft Clinical and Care Governance Committee Terms of Reference 2016-17	CCGC/2016/22
Draft Clinical and Care Governance Committee Annual Report 2015-16	CCGC/2016/23
Assurance Report - Strategic Risks aligned to the Clinical and Care Governance Committee	CCGC/2016/24
Clinical Governance and Risk Management Update	CCGC/2016/18
Additional Cost of Teaching (ACT) Update Report 2014/15	CCGC/2016/14
Public Health – Performance Management Framework	CCGC/2016/16
Duty of Candour	CCGC/2016/12
Care Inspectorate: Services for Children and Young People in Tayside 8 March 2016	verbal report

Reserved Business

Chair's Assurance Report for the Clinical Quality Forum (CQF) Action Note 11 January 2016	CCGC/2016/19
Chair's Assurance Report for the Clinical Quality Forum (CQF) Action Note 14 March 2016 (unapproved)	CCGC/2016/20
Clinical Quality Forum Annual Report 2015-16	CCGC/2016/17
Perth Royal Infirmary Update	verbal report
Radiation Safety Committee Annual Report 2015/16	CCGC/2016/15
Mental Health Directorate: Murray Royal Hospital Adult Mental Health Inpatient Care: Update on Health and Safety Executive Investigation and Improvement Notice	CCGC/2016/25
Scottish Public Services Ombudsman Reports	CCGC/2016/21

11 August 2016

Open Business

Strategic Risks aligned to the Clinical and Care Governance Committee	CCGC/2016/26
Annual Report of the NHS Tayside Donation Committee 2015-2016	CCGC/2016/27
NHS Tayside's Annual Feedback Report 2015/16	CCGC/2016/35
Safer Management of Controlled Drugs (CDs) 2015/16	CCGC/2016/36
Clinical Governance and Risk Management Update (1.2.16 – 31.3.16)	CCGC/2016/28
Clinical Governance and Risk Management Update (1.4.16 – 31.5.16)	CCGC/2016/29
Scottish Patient Safety Programme in Primary Care Report	CCGC/2016/30
Scottish Patient Safety Programme Acute Adult Report	CCGC/2016/37
Out of Hours Service Update	CCGC/2016/44
Mental Welfare Commission Report of the Announced Visit to Rohallion Secure Care Clinic	CCGC/2016/41
Duty of Candour Update	CCGC/2016/38
Extravasation Policy	CCGC/2016/31
Covert Medication Policy	CCGC/2016/32
Prescribing of Non Formulatory Medicines (including Individual Patient Treatment Requests)	CCGC/2016/33
Review of the Policy for Records and Record Keeping for Nursing and Midwifery Staff	CCGC/2016/34

Reserved Business

Chair's Assurance Report for the Clinical Quality Forum (CQF) meeting held on 23 May 2016	CCGC/2016/45
Perth Royal Infirmary, Strategic Risk ID 302 – Key measures	CCGC/2016/42
Murray Royal Hospital Adult Mental Health Inpatient Care. Update on Health and Safety Executive Investigation and Improvement Notice	CCGC/2016/39
Care Inspectorate: Services for Children and Young People in Tayside 8 March 2016	verbal report
Scottish Public Services Ombudsman (SPSO) Reports	CCGC/2016/43
Public Health Directorate Performance Review Framework, Period 1 April – 31 July 2016	CCGC/2016/40
NHS Education for Scotland (NES) triggered visit to Stracathro Hospital	verbal report

10 November 2016

Open Business

Summary – Strategic Clinical Risks	CCGC/2016/65
Delivering Care for Older People	CCGC/2016/63
Clinical Governance	CCGC/2016/48
Health Protection of Children and Young People	CCGC/2016/50
Person Centredness	CCGC/2016/49
Maternity Services	CCGC/2016/52
PRI/ Patient Flow	CCGC/2016/70
Managed/ 2C practices	CCGC/2016/66
Clinical Governance and Risk Management Update	CCGC/2016/62
Maternity and Child Quality Improvement Collaborative (MCQIC)	CCGC/2016/51
Better Blood Transfusion NHS Tayside Update Report: April 2015 - March 2016	CCGC/2016/53
Quality Assurance and Improvement (QAI) Arrangements for Child Protection in Tayside	CCGC/2016/67
Section 23 Legal Agreement between Tayside Health Board and the Equality and Human Rights Commission	CCGC/2016/59
Revised Clinical Quality Forum Terms of Reference and Workplan 2016/17	CCGC/2016/68
Health Improvement Scotland (HIS) Care of Older People in Acute Care Unannounced Inspection: Improvement Action Plan Update	CCGC/2016/72
NHS Tayside Child Protection Clinical/ Case Supervision Policy	CCGC/2016/54
Review of the Infant Feeding Policy	CCGC/2016/55
Revision of the Non Medical Prescribing Policy	CCGC/2016/69
Health Improvement Scotland - National Care Standards Flash Report July 2016	CCGC/2016/46
Spiritual Healthcare Committee Annual Report 2015/16	CCGC/2016/56
Spiritual Healthcare Department Annual Report 2015/16	CCGC/2016/57
Specific Duties Action Plan 2013-2017	CCGC/2016/60
Equality and Diversity Workplan March 2016 - March 2017	CCGC/2016/61

Reserved Business

Chair's Assurance Report for the Clinical Quality Forum (CQF) Action Note 18   CCGC/2016/64
July 2016

Murray Royal Hospital Adult Mental Health Inpatient Care: Update on Health and   CCGC/2016/71
Safety Executive Investigation and Improvement Notice

Scottish Public Services Ombudsman (SPSO) Reports   CCGC/2016/58

Public Health - Performance Management Framework   CCGC/2016/47

9 February 2017

Open Business

Summary – Strategic Clinical Risks	
Delivering Care for Older People	CCGC/2017/13
Clinical Governance	CCGC/2017/14
Health Protection of Children and Young People	CCGC/2017/15
Person Centredness	CCGC/2017/25
PRI/ Patient Flow	CCGC/2017/16
Managed/ 2C practices	CCGC/2017/17
Clinical Governance and Risk Management Update	CCGC/2017/03
Scottish Patient Safety Programme: Mental Health	CCGC/2017/04
Scottish Patient Safety Programme: Medicines Safety and Quality Group Update	CCGC/2017/05
Scottish Public Services Ombudsman (SPSO) Reports	CCGC/2017/06
Volunteering Annual Report	CCGC/2017/07
Update on the Tayside Scheme for Medical Appraisal and Revalidation (Primary and Secondary Care)	CCGC/2017/11
Nursing Revalidation	CCGC/2017/12
Tayside Joint Public Health Protection Plan 2017-2019	CCGC/2017/08
Tayside Medical Science Centre (TASC) Annual Report	CCGC/2017/18
Whole System Safety and Flow Framework	CCGC/2017/19
Postgraduate Medical Education Actions	CCGC/2017/20
Annual Report Feedback, Comments, Concerns and Complaints 2015/16 – Feedback received from the Scottish Health Council	CCGC/2017/22
Massive Haemorrhage Policy	CCGC/2017/01
Verification of Expected Death in Adults Policy	CCGC/2017/02

Reserved Business

Chair's Assurance Report for the Clinical Quality Forum (CQF) Action Note 12 September 2016 and 14 November 2016	CCGC/2017/23
Perth Royal Infirmary - key measures	CCGC/2017/10
Murray Royal Hospital Adult Mental Health Inpatient Care: Update on Health and Safety Executive Investigation and Improvement Notice	CCGC/2017/24
Update from Perth and Kinross Health and Social Care Partnership	CCGC/2017/26
Risk 144 Maternity Services	CCGC/2017/21
Claims Report	CCGC/2017/09

9 March 2017

Open Business

Annual Report Feedback, Comments, Concerns and Complaints 2015/16 – Feedback received from the Scottish Health Council	CCGC/2017/27
Massive Haemorrhage Policy	CCGC/2017/28
Verification of Expected Death in Adults Policy	CCGC/2017/29

Reserved Business

Chair's Assurance Report for the Clinical Quality Forum (CQF) Action Note 12 September 2016 and 14 November 2016	CCGC/2017/30
Perth Royal Infirmary - key measures	CCGC/2017/31
Murray Royal Hospital Adult Mental Health Inpatient Care: Update on Health and Safety Executive Investigation and Improvement Notice	CCGC/2017/32
Update from Perth and Kinross Health and Social Care Partnership	CCGC/2017/33
Risk 144 Maternity Services	CCGC/2017/34
Claims Report	CCGC/2017/35

Tayside NHS Board

Best Value Framework 2016/17

Vision and Leadership
A Best Value organisation will have in place a clear vision and strategic direction for what it will do to contribute to the delivery of improved outcomes for Scotland's people, making Scotland a better place to live and a more prosperous and successful country. The strategy will display a clear sense of purpose and place and be effectively communicated to all staff and stakeholders. The strategy will show a clear direction of travel and will be led by Senior Staff in an open and inclusive leadership approach, underpinned by clear plans and strategies (aligned to resources) which reflect a commitment to continuous improvement.

REQUIREMENT	MEASURE/EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME/EVIDENCE **Fully in place/ Partially in place/ Not demonstrated in year**	Comment (Future work planned)
NHS Tayside has defined quality standards for its outcomes.	NHS Tayside's Clinical Governance Measurement & Monitoring Framework	**CLINICAL AND CARE GOVERNANCE COMMITTEE**	Regular reporting	**12 May 2016** Clinical Governance and Risk Management Report **(CCGC/2016/18)**	
				12 May 2016 Public Health – Performance Management Framework **(CCGC/2016/16)**	
				11 August 2016 Clinical Governance and Risk Management Update (1.2.16 – 31.3.16) **(CCGC/2016/28)**	
				11 August 2016 Clinical Governance and Risk Management Update (1.4.16 – 31.5.16) **(CCGC/2016/29)**	
				10 November 2016 Clinical Governance and Risk Management Report **(CCGC/2016/62)**	
				10 November 2016 Public Health - Performance Management Framework **(CCGC/2016/47)**	

REQUIREMENT	MEASURE/EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME/EVIDENCE Fully in place/ Partially in place/ Not demonstrated in year	Comment (Future work planned)
				Directorate Performance Reviews are reported to the CQF. Minutes from the CQF are discussed at the CCGC.	

GOVERNANCE AND ACCOUNTABILITY

The "Governance and Accountability" theme focuses on how a Best Value organisation achieves effective governance arrangements, which help support Executive and Non-Executive leadership decision-making, provide suitable assurances to stakeholders on how all available resources are being used in delivering outcomes and give accessible explanation of the activities of the organisation and the outcomes delivered.

OVERVIEW

A Best Value organisation will be able to demonstrate structures, policies and leadership behaviours which support the application of good standards of governance and accountability in how the organisation is improving efficiency, focusing on priorities and achieving value for money in delivering its outcomes. These good standards will be reflected in clear roles, responsibilities and relationships within the organisation. Good governance arrangements will provide the supporting framework for the overall delivery of Best Value and will ensure open-ness and transparency. Public reporting should show the impact of the organisations activities, with clear links between the activities and what outcomes are being delivered to customers and stakeholders. Good governance provides an assurance that the organisation has a suitable focus on continuous improvement and quality. Outwith the organisation, good governance will show itself through an organisational commitment to public performance reporting about the quality of activities being delivered and commitments for future delivery.

REQUIREMENT	MEASURE/EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME/EVIDENCE Fully in place/ Partially in place/ Not demonstrated in year	Comment (Future work planned?)
Board and Committee decision-making processes are open and transparent.	Board and Committee meetings are held in open session and minutes are publically available.	**BOARD/ COMMITTEES**	On going	Meetings are held in Open session. The Clinical and Care Governance Committee Agenda and Minutes are available on the NHS Tayside website.	

REQUIREMENT	MEASURE/EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME/EVIDENCE **Fully in place/ Partially in place/ Not demonstrated in year**	Comment (Future work planned?)
Board and Committee decision-making processes are based on evidence that can show clear links between activities and outcomes	Reports for decision to be considered by Board and Committees should clearly describe the evidence underpinning the proposed decision.	**BOARD/ COMMITTEES**	As required	Mental Health Services Risk Following discussions further information was requested by the Committee.	
NHS Tayside has developed and implemented an effective and accessible complaints system in line with Scottish Public Services Ombudsman guidance.	Complaints system in place and regular complaints monitoring.	**CLINICAL AND CARE GOVERNANCE COMMTTEE**	Ongoing	**12 May 2016** Scottish Public Services Ombudsman Reports **(CCGC/2016/21)**	
				11 August 2016 NHS Tayside's Annual Feedback Report 2015/16 **(CCGC/2016/35)**	
				11 August 2016 Scottish Public Services Ombudsman (SPSO) Reports **(CCGC/2016/43)**	
				10 November 2016 Scottish Public Services Ombudsman (SPSO) Reports **(CCGC/2016/58)**	
				9 February 2017 Annual Report Feedback, Comments, Concerns and Complaints 2015/16 – Feedback received from the Scottish Health Council **(CCGC/2017/22)**	
				9 February 2017 Scottish Public Services Ombudsman (SPSO) Reports **(CCGC/2017/06)**	

REQUIREMENT	MEASURE/EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME/EVIDENCE **Fully in place/ Partially in place/ Not demonstrated in year**	Comment (Future work planned?)
				Complaints are discussed at the directorate performance review meetings and these are reported at the CQF. The Chairs Assurance Report and the Minutes from the CQF provide the Committee with this information.	
NHS Tayside can demonstrate that it has clear mechanisms for receiving feedback from service users and responds positively to issues raised.	An annual feedback report is published.	**CLINICAL AND CARE GOVERNANCE COMMITTEE**	Annual	**11 August 2016** NHS Tayside's Annual Feedback Report 2015/16 **(CCGC/2016/35)**	
				9 February 2017 Annual Report Feedback, Comments, Concerns and Complaints 2015/16 – Feedback received from the Scottish Health Council **(CCGC/2017/22)**	

USE OF RESOURCES

The "Use of Resources" theme focuses on how a Best Value organisation ensures that it makes effective, risk-aware and evidence-based decisions on the use of all of its resources.

OVERVIEW

A Best Value organisation will show that it is conscious of being publicly funded in everything it does. The organisation will be able to show how its effective management of all resources (including staff, assets, information and communications technology (ICT), procurement and knowledge) is contributing to delivery of specific outcomes.

REQUIREMENT	MEASURE/EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME/EVIDENCE Fully in place/ Partially in place/ Not demonstrated in year	Comment (Future work planned?)
NHS Tayside understands and exploits the value of the data and information it holds.	Business Unit data informs transformation programme. Performance information reported to Board/ Committees is validated.	**BOARD RELEVANT STANDING COMMITTEES**	Annual	**12 May 2016** Clinical Governance and Risk Management Update **(CCGC/2016/18)**	
				12 May 2016 Public Health – Performance Management Framework **(CCGC/2016/16)**	
				11 August 2016 NHS Tayside's Annual Feedback Report 2015/16 **(CCGC/2016/35)**	
				11 August 2016 Clinical Governance and Risk Management Update (1.2.16 – 31.3.16) **(CCGC/2016/28)**	
				11 August 2016 Clinical Governance and Risk Management Update (1.4.16 – 31.5.16) **(CCGC/2016/29)**	
				11 August 2016 Scottish Patient Safety Programme in Primary Care Report **(CCGC/2016/30)**	
				11 August 2016 Scottish Patient Safety Programme Acute Adult Report **(CCGC/2016/37)**	

REQUIREMENT	MEASURE/EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME/EVIDENCE Fully in place/ Partially in place/ Not demonstrated in year	Comment (Future work planned?)
				11 August 2016 Perth Royal Infirmary, Strategic Risk ID 302 – Key measures **(CCGC/2016/42)**	
				11 August 2016 Public Health Directorate Performance Review Framework, Period 1 April – 31 July 2016 **(CCGC/2016/40)**	
				10 November 2016 Clinical Governance and Risk Management Update **(CCGC/2016/62)**	
				10 November 2016 Better Blood Transfusion NHS Tayside Update Report: April 2015 - March 2016 **(CCGC/2016/53)**	
				10 November 2016 Quality Assurance and Improvement (QAI) Arrangements for Child Protection in Tayside **(CCGC/2016/67)**	
				9 February 2017 Clinical Governance and Risk Management Update **(CCGC/2017/03)**	
				The Committee discusses action notes from the CQF at each meeting. Directorate Performance Reports include performance data.	

PERFORMANCE MANAGEMENT

The "Performance Management" theme focuses on how a Best Value organisation embeds a culture and supporting processes which ensures that it has a clear and accurate understanding of how all parts of the organisation are performing and that, based on this knowledge, it takes action that leads to demonstrable continuous improvement in performance and outcomes.

OVERVIEW

A Best Value organisation will ensure that robust arrangements are in place to monitor the achievement of outcomes (possibly delivered across multiple partnerships) as well as reporting on specific activities and projects. It will use intelligence to make open and transparent decisions within a culture which is action and improvement oriented and manages risk. The organisation will provide a clear line of sight from individual actions through to the National Outcomes and the National Performance Framework. The measures used to manage and report on performance will also enable the organisation to provide assurances on quality and link this to continuous improvement and the delivery of efficient and effective outcomes.

REQUIREMENT	MEASURE/EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME/EVIDENCE Fully in place/ Partially in place/ Not demonstrated in year	Comment (Future work planned?)
Performance is systematically measured across all key areas of activity.	The Board delegates to Committees the performance reporting for key areas of activity. Board receives regular performance reports.	**COMMITTEES/ BOARD**	As required Every meeting	Minutes and the Chair's Assurance report from the CQF provide the Committee with assurance on the Performance Review Process. Strategic Clinical Risks aligned to the CCGC are discussed at each meeting of the CCGC and the CQF	
				12 May 2016 Assurance Report – Strategic Risks aligned to the Clinical and Care Governance Committee **(CCGC/2017/24)**	
				10 November 2016 **9 February 2016** All strategic clinical risks discussed	
				12 May 2016 Scottish Patient Safety Programme reporting Arrangements **(CCGC/2016/13)**	
				12 May 2016 Public Health Performance Management Framework **(CCGC/2016/16)**	

REQUIREMENT	MEASURE/EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME/EVIDENCE Fully in place/ Partially in place/ Not demonstrated in year	Comment (Future work planned?)
				11 August 2016 Scottish Patient Safety Programme Acute Adult Report **(CCGC/2016/37)**	
				11 August 2016 Scottish Patient Safety Programme in Primary Care Report **(CCGC/2016/30)**	
				11 August 2016 Perth Royal Infirmary, Strategic Risk ID 302 – Key measures **(CCGC/2016/42)**	
				9 February 2017 Perth Royal Infirmary – key measures **(CCGC/2017/10)**	
				Directorate performance review reports are reported at the CQF. The Chairs Assurance Report and the Minutes from the CQF provide the Committee with this information.	
The Board and its Committees approve the format and content of the performance reports they receive which should include – Assess its performing against the following criteria: Performance reporting provides an understanding of whether the organisation is on track to achieve its short and long-term strategic, operational and quality objectives	The Board/Committees reviews the performance reporting under its remit and agrees the measures.	**COMMITTEES/ BOARD**		**12 May 2016** Scottish Patient Safety Programme reporting Arrangements **(CCGC/2016/13)** **12 May 2016** Public Health Performance Management Framework **(CCGC/2016/16)** **11 August 2016** Scottish Patient Safety Programme in Primary Care Report **(CCGC/2016/30)** **11 August 2016** Scottish Patient Safety Programme Acute Adult Report **(CCGC/2016/37)**	

REQUIREMENT	MEASURE/EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME/EVIDENCE Fully in place/ Partially in place/ Not demonstrated in year	Comment (Future work planned?)
				11 August 2016 Perth Royal Infirmary, Strategic Risk ID 302 – Key measures **(CCGC/2016/42)**	
				11 August 2016 Public Health Directorate Performance Review Framework, Period 1 April – 31 July 2016 **(CCGC/2016/40)**	
				10 November 2016 Maternity and Child Quality Improvement Collaborative (MCQIC**) (CCGC/2016/51)**	
				9 February 2017 Perth Royal Infirmary – key measures **(CCGC/2017/10)**	
				9 February 2017 Scottish Patient Safety Programme: Mental Health **(CCGC/2017/04)**	
				9 February 2017 Scottish Patient Safety Programme: Medicines Safety and Quality Group Update **(CCGC/2017/05)**	
				9 February 2017 Tayside Joint Public Health Protection Plan 2017 – 2019 **(CCGC/2017/08)**	
				9 February 2017 Perth Royal Infirmary – key measures **(CCGC/2017/10)**	
NHS Tayside prioritises performance improvements likely to have the greatest impact	Transformation Programme	**BOARD RELEVANT STANDING COMMITTEES**	As required	**11 August 2016** Perth Royal Infirmary, Strategic Risk ID 302 – Key measures **(CCGC/2016/42)**	
				9 February 2017 Perth Royal Infirmary – key measures **(CCGC/2017/10)**	

REQUIREMENT	MEASURE/EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME/EVIDENCE Fully in place/ Partially in place/ Not demonstrated in year	Comment (Future work planned?)
				9 February 2017 Whole System Safety and Flow Framework **(CCGC/2017/19)**	
				11 August 2016 Scottish Patient Safety Programme in Primary Care Report **(CCGC/2016/30)**	
				11 August 2016 Scottish Patient Safety Programme Acute Adult Report **(CCGC/2016/37)**	
				11 August 2016 Out of Hours Service Update **(CCGC/2016/44)**	
				10 November 2016 Section 23 Legal Agreement between Tayside Health Board and the Equality and Human Rights Commission **(CCGC/2016/59)**	
				Directorate performance review reports are reported at the CQF. The Chairs Assurance Report and the Minutes from the CQF provide the Committee with this information.	
Clients, citizens and other stakeholders are involved in developing indicators and targets and monitoring and managing performance so that information provided is relevant to its audience	Participation standards Business cases developed in partnership for new or changed services.	**CLINICAL AND CARE GOVERNANCE COMMITTEE** **BOARD**		Currently there is no national requirement to submit a self assessment to the Scottish Health Council (Participation Standards).	

CROSS-CUTTING THEME – EQUALITY

This section should be read in conjunction with guidance on the UK Equality Act 2010 which will become available in 2011.

The "Equality" theme is one of the two cross-cutting themes and focuses on how a Best Value organisation has embedded an equalities focus which will secure continuous improvement in delivering equality.

OVERVIEW

Equality is integral to all our work as demonstrated by its positioning as a cross-cutting theme. Public Bodies have a range of legal duties and responsibilities with regard to equality. A Best Value organisation will demonstrate that consideration of equality issues is embedded in its vision and strategic direction and throughout all of its work.

The equality impact of policies and practices delivered through partnerships should always be considered. A focus on setting equality outcomes at the individual Public Body level will also encourage equality to be considered at the partnership level.

REQUIREMENT	MEASURE/EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME/EVIDENCE: Fully in place/ Partially in place/ Not demonstrated in year	Comment (Future work planned?)
NHS Tayside meets the requirements of equality legislation.	Regular reporting against NHS Tayside Mainstreaming Report and Equality Outcomes 2013-2017.	**CLINICAL AND CARE GOVERNANCE COMMITTEE**	Twice per year	**10 November 2017** Specific Duties Action Plan 2013-2017 **(CCGC/2017/60)** **10 November 2017** Equality and Diversity Workplan March 2016-March **(CCGC/2017/61)**	
The Board and senior managers understand the diversity of their customers and stakeholders.	Equality Impact Assessments are reported to the Board and Committees as required and identify the diverse range of stakeholders.	**BOARD/ COMMITTEES**	As required	Policies for adoption include evidence of Equality Impact Assessments.	
NHS Tayside's Performance Management system regularly measures and reports its performance in contributing to the achievement of equality outcomes.	Regular reporting against NHS Tayside Mainstreaming Report and Equality Outcomes 2013-2017.	**CLINICAL AND CARE GOVERNANCE COMMITTEE**	Twice per year	**10 November 2017** Specific Duties Action Plan 2013-2017 **(CCGC/2017/60)**	

REQUIREMENT	MEASURE/EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME/EVIDENCE: Fully in place/ Partially in place/ Not demonstrated in year	Comment (Future work planned?)
NHS Tayside's policies, functions and service planning overtly consider the different current and future needs and access requirements of groups within the community.	In accordance with the Equality and Impact Assessment Policy, Impact Assessments consider the current and future needs and access requirements of the groups within the community.	**BOARD/ COMMITTEES**	As required	Policies for adoption include evidence of Equality Impact Assessments e.g. **11 August 2016** Prescribing of Non Formulatory Medicines (including Individual Patient Treatment Requests) **(CCGC/2016/33)**	
				10 November 2016 Review of the Infant Feeding Policy **(CCGC/2016/55)**	
Wherever relevant, NHS Tayside collects information and data on the impact of policies, services and functions on different equality groups to help inform future decisions.	In accordance with the Equality and Impact Assessment Policy, Impact Assessments will collect this information to inform future decisions.	**BOARD/ COMMITTEES**	As required	Policies for adoption include evidence of Equality Impact Assessments e.g. **11 August 2016** Prescribing of Non Formulatory Medicines (including Individual Patient Treatment Requests) **(CCGC/2016/33)**	

CLINICAL AND CARE GOVERNANCE COMMITTEE WORKPLAN 2017-18 OPEN AND RESERVED BUSINESS

CCGC/2017/40
Clinical and Care Governance Committee
11 May 2017

SCOPE OF CLINICAL GOVERNANCE

	11 MAY 2017		17 AUGUST 2017		9 NOVEMBER 2017		8 FEBRUARY 2018	
	planned	actual	planned	actual	planned	actual	planned	actual
GOVERNANCE								
CLINICAL AND CARE GOVERNANCE COMMITTEE: • **Annual Report** • **Terms of Reference** • **Workplan**	✓ ✓ ✓							
CLINICAL GOVERNANCE STRATEGY			✓					

CLINICAL AND CARE GOVERNANCE COMMITTEE WORKPLAN 2017-18 OPEN AND RESERVED BUSINESS

CLINICAL EFFECTIVENESS

	11 MAY 2017		17 AUGUST 2017		9 NOVEMBER 2017		8 FEBRUARY 2018	
	planned	actual	planned	actual	planned	actual	planned	actual
Clinical Governance and Risk Management Update	✓		✓		✓		✓	
Tayside Academic Science Centre (TASC) Annual Report							✓	
Local and National Reports	✓		✓		✓		✓	

CLINICAL AND CARE GOVERNANCE COMMITTEE WORKPLAN 2017-18 OPEN AND RESERVED BUSINESS

CLINICAL RISK MANAGEMENT

	11 MAY 2017		17 AUGUST 2017		9 NOVEMBER 2017		8 FEBRUARY 2018	
	planned	actual	planned	actual	planned	actual	planned	actual
STRATEGIC CLINICAL RISKS								
Delivering Care for Older People	✓		✓		✓		✓	
Clinical Governance	✓		✓		✓		✓	
Children, Young People and Families	✓		✓		✓		✓	
Mental Health Services	✓		✓		✓		✓	
Person Centredness	✓		✓		✓		✓	
Maternity Services	✓		✓		✓		✓	
Managed/ 2C Practices	✓		✓		✓		✓	
PRI/ Patient Flow	✓		✓		✓		✓	
Update: PRI key Measures	✓		✓		✓		✓	
Update: HSE Investigation and Improvement Notice	✓		✓		✓		✓	

CLINICAL AND CARE GOVERNANCE COMMITTEE WORKPLAN 2017-18 OPEN AND RESERVED BUSINESS

CONTINUOUS IMPROVEMENT AND PROFESSIONAL STANDARDS

	11 MAY 2017		17 AUGUST 2017		9 NOVEMBER 2017		8 FEBRUARY 2018	
	planned	actual	planned	actual	planned	actual	planned	actual
Clinical Policies	For adoption following scrutiny and approval by the Clinical Quality Forum throughout the year.							
New Interventional Procedures	For endorsement following scrutiny and approval by the Clinical Quality Forum throughout the year.							
Revalidation - Medical					✓			
Revalidation - Nursing					✓			
Additional Cost of Teaching (ACT) Annual Report			✓					
Medical Education Update					Mid year Report		Annual Report	
Patient Safety Network Progress Report			Primary Care and Acute Adult		Maternity and Children		Mental Health and Medicine	
Quality Assurance and Improvement (QAI) arrangements for Child Protection in Tayside			✓					
Safer Management of Controlled Drugs			✓					

CLINICAL AND CARE GOVERNANCE COMMITTEE WORKPLAN 2017-18 OPEN AND RESERVED BUSINESS

PERSON CENTREDNESS

	11 MAY 2017		17 AUGUST 2017		9 NOVEMBER 2017		8 FEBRUARY 2018	
	planned	actual	planned	actual	planned	actual	planned	actual
Scottish Public Services Ombudsman (SPSO) Reports	✓		✓		✓		✓	
Scottish Public Services Ombudsman (SPSO) Annual Report							✓	
Legal Claims							✓	
Feedback Annual Report				✓				
Volunteering Annual Report							✓	

CLINICAL AND CARE GOVERNANCE COMMITTEE WORKPLAN 2017-18 OPEN AND RESERVED BUSINESS

	11 MAY 2017		17 AUGUST 2017		9 NOVEMBER 2017		8 FEBRUARY 2018	
ASSURANCE FROM OTHER GROUPS	planned	actual	planned	actual	planned	actual	planned	actual
CLINICAL QUALITY FORUM								
Action note	✓		✓		✓		✓	
Annual Report			✓					
Terms of Reference			✓					
DONATION COMMITTEE								
Annual Report			✓					
EQUALITY AND DIVERSITY STEERING GROUP								
Minute	✓							
SPIRITUAL HEALTHCARE COMMITTEE								
Minute	✓							
Annual Report	✓							
RADIATION SAFETY COMMITTEE								
Annual Report	✓							

NHS Tayside

CCGC/2017/39
Clinical and Care Governance Committee
11 May 2017

CLINICAL GOVERNANCE AND RISK MANAGEMENT UPDATE

1. **PURPOSE OF THE REPORT**

   The purpose of this report is to provide an update in relation to Clinical Governance and Risk Management activities undertaken during the period 1 December 2016 – 31 January 2017.

   The data is accurate at the time of collation (1 February 2017) using the DATIX system.

2. **RECOMMENDATIONS**

   The Clinical and Care Governance Committee is asked to:

   - Review and approve the report which was approved at the Clinical Quality Forum on 13, March 2017.
   - Recognise the scope of adverse event management and its relationship with clinical governance and risk management.
   - Be aware that support for services is provided by the Clinical Governance and Risk Management Team and that resource to provide responses to increasing numbers of Freedom of Information requests is a risk to the Team
   - Recommend any further action/reports it considers necessary

3. **EXECUTIVE SUMMARY**

   Clinical Governance was introduced to the health service in Scotland by the circular Clinical Governance NHS MEL (1998) 75 and is an integral part of the NHS governance framework. It is a system to facilitate the co-ordination of multiple activities and key elements to inform and progress the improvement in NHS Tayside's services ensuring they are person centred, safe and effective while also based on best available evidence and practice.

   Key elements in our system are Risk Management, Clinical Effectiveness, Person Centredness, Continuous Improvement and Staff Focus. Clinical Governance relies on all of these elements being brought together through robust reporting and escalation processes using a risk management approach to ensure person centred, safe and effective patient care.

4 **GOVERNANCE AND ENGAGEMENT**

   NHS Tayside Performance Reviews
   Within this reporting period the following areas have undertaken Performance Review:

Directorate	Date
Access Directorate	02.12.16 & 03.02.17
Surgery	23.12.16
Medicine	20.01.17

The Performance Review meetings focused on the following themes:

Access Directorate:
- Dundee Dental Hospital Waterlines (waterlines feeding dental chairs requiring modernisation or adaption in supply method)
- Room 1, Radiology Department (electrician disconnected air filter accidentally),
- Risk concerning reduced on call doctor cover for Stracathro Regional Treatment Centre,
- Risk - Power failure in laboratories (Estates were able to respond to this but normally there are no Estates staff working after 4.00 pm and 1.00 pm on a Friday)

Surgical Directorate:
- Sharing the learning from adverse events and complaints, with the development of a Directorate newsletter. The newsletter will be updated and circulated across the directorate on a quarterly basis.
- There have been a number of adverse events involving patients boarded within the Surgical Directorate from Medicine Directorate, i.e. falls, delays in reviewing x-rays. Data to be analysed from the Datix system to get a better understanding of the issues.
- Support for Clinical Governance Chairs and what is available across the organisation to support this important role.

Medicine Directorate:
- Areas of good practice the directorate wish to share i.e. introduction of "ticket home" initiative within Short Stay Medicine discharge lounge, this document advises patients on discharge regarding medications and what to remember.
- Adverse event themes: Slips, trips and falls, reported medication adverse events, c-section surgical site infections and mortality and morbidly reviews.
- The performance review panel hold pre-meetings with clinical governance and risk management staff to triangulate data to establish any emerging concerns or themes; this is then discussed at the Performance Review meeting with the Directorate.

5. **CLINICAL RISK MANAGEMENT**

   Risk Assessment
   The clinical governance strategic risk has been updated in Datix. The risk encompasses all of the activities and processes described within the paper and these form part of the controls described and contribute to the continued mitigation of the risk.

   Risk Management
   Within the Datix system there are a total of 410 recorded risks as at 31 January 2017. There are 229 risks that are current/live since 1 August 2012:

- 21 (9%) Strategic
- 83 (36%) Operational
- 125 (55%) Service level

During the two months (December 2016/ January 2017) since the last report, a total of 13 risks have been added to the system:

- 0 Strategic
- 3 Operational
- 10 Service level

Datix Risk Group
The Datix Risk Group recently approved a survey which was sent out to all service level risk owners and managers on 6 February 2017. The aim of the survey is to obtain feedback from users of the system with a view to identifying improvements which will drive future work.

Internal Audit Report – T12/16 – Assurance Framework
No update is available at the present time as Audit Committee was cancelled therefore the report not yet been considered.

Cardiac Arrest & Medical Emergency Recording in Datix
The additional dataset for 2222 call recording in Datix went live on 9th January 2017 following a Vital Signs communication to all staff informing of the proposed change. Since this date a total of 19 records have been submitted in the system, 13 cardiac arrest reports and 6 medical emergencies. Five of the records are currently unverified reports, ten records remain verified and four are complete.

Requests for Information - Freedom of Information (Scotland) Act 2002
The previous paper highlighted an increase in requests for information under the Freedom of Information (Scotland) Act 2002. Staff from the NHS Tayside Clinical Governance and Risk Management Team met on 25 January 2017 to review and improve their process for responding to requests and the NHS Tayside Information Governance Team have since created a protocol which is currently out for comment.
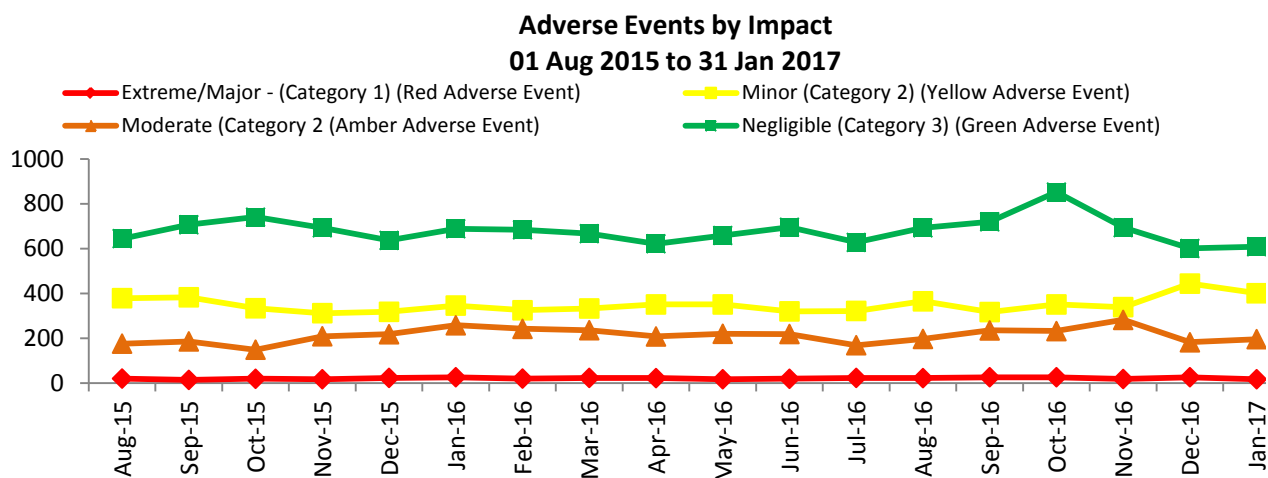
Adverse Event Management
Graph 1 (below) shows the total number of adverse events reported (22,724) within the time period, and those reported with harm (5,464). The harm/non-harm ratio remains at 1:3 which is consistent with the ratio of harm identified in the previous reports.

**Total Number of Adverse Events and
Total Number of Adverse Events showing harm
01 Aug 2015 - 31 Jan 2017**

Graph 1

3
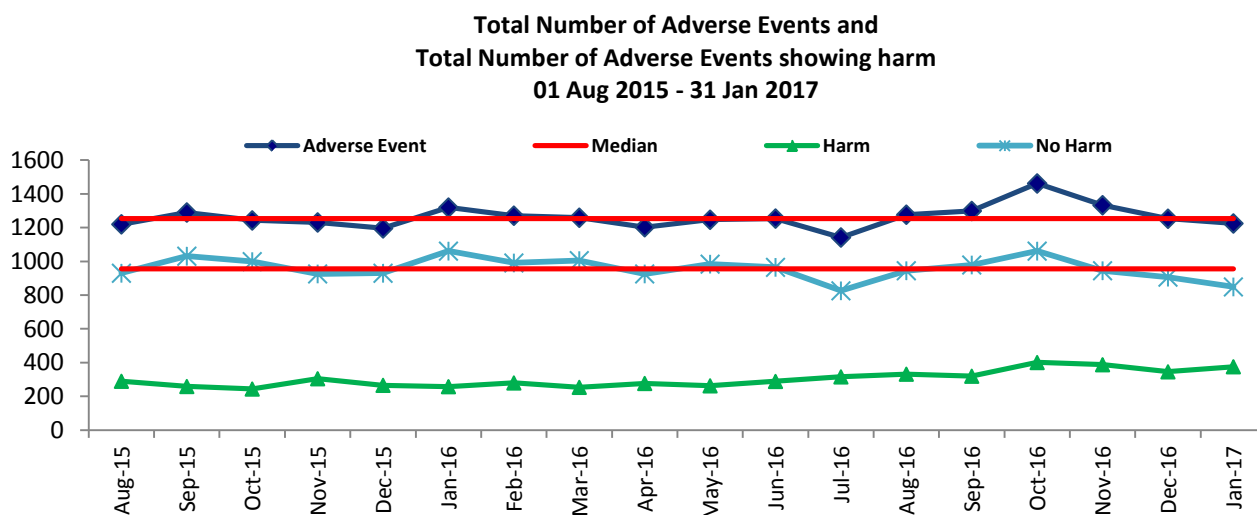
Graph 2 (below) illustrates the total number of adverse events reported by impact which includes rejected reports. As with Graph 1, the number of adverse events reported and the impact remain stable.

Adverse Events by Impact
01 Aug 2015 to 31 Jan 2017

Graph 2

Adverse Event Management Policy
A participatory Learning Session, which focused on the Adverse Event Management Policy, took place as part of the Clinical Quality Forum held on 16 January 2017. Following this session members of the Clinical Governance and Risk Management Team will further meet on 16 February 2017 to consider the work that requires to be taken forward and progress an action plan for this work to be carried out and concluded. As a policy extension has been granted until September 2017, the revised plan is for it to be presented to directors for approval and Audit Committee for adoption nearer August/September 2017.

Datix Scottish User Forum
Member voting for the chair and deputy chair roles of the Datix Scottish User Forum commenced and concluded through January 2017. Sharon Parrott, NHS Greater Glasgow and Clyde Risk Manager was voted in by members as Chairperson and Ian Davidson, NHS Tayside Clinical Governance and Risk Management Coordinator and Michael Coulthard, Quality Informatics Manager, NHS Grampian will share the Deputy Chair role.

Clinical Quality Forum Participatory Session 16 January 2017
Twenty one people attended the session on the 16th January 2017 which focussed on the review of the Adverse Event Management Policy. A presentation was made and then the session was opened up for discussion.

The method of engagement used generated a deep discussion and valuable feedback. A key element of the discussions was the importance of culture regards honesty, openness and learning. It was agreed that the policy needs to resonate with many other colleagues, including independent contractors and Health and Social Care Partnership colleagues, and be relevant to their situations and connect with functions they already undertake e.g. adverse event management in primary care. The policy will be reviewed so that it connects more with the patient.

The quality of local adverse event reviews and processes contained within the policy were also discussed and will be fully reviewed. Training that is provided to staff requires to meet staff needs and have a patient focus. Overall the session was very helpful and outcomes were discussed at the Clinical Risk Management Meeting, the Clinical Governance and Risk Management Team will oversee a work plan to lead the review.

A second participatory session is scheduled for the 13th March 2017 with Clinical Governance Chairs and Leads from across the whole system being invited to attend.

Review of LAER Timescales
This work is concluded and information will be incorporated into the updated Adverse Event Management Policy.

Sharing Local Adverse Event Review (LAER) reports
There is no separate update on this topic, as this has been incorporated into the updated Adverse Event Management Policy which will be ratified as outlined above.

Redaction Workshop
The final workshop was shared with colleagues in the Clinical Governance and Risk Management Team with a view to a test being arranged with a front line service. However, the Clinical Governance and Risk Management Training Group are considering incorporating this into the Local Adverse Event Review Training being reviewed and arranged.

Never Events
During the data period December 2016/January 2017, there were no never events reported in NHS Tayside.

Significant Clinical Adverse Event (SCEA)
During the time period 1st December 2016 to 31st January 2017, two requests were presented to the NHS Tayside Clinical Risk Management meeting for consideration regarding progression to SCEA. It was agreed that both requests would be progressed to SCEA.

6.   **CLINICAL EFFECTIVENESS**

Scottish Intercollegiate Guidelines Network (**SIGN**)

On 12 December 2016 Autism: a booklet for adults, partners, friends, family members and carers was published.

On 31 January 2017 Autism Patient Booklet for Young People was published.

The booklet is for young people of high school age who may have autism, or have already been diagnosed with autism, and explains the advice for healthcare professionals on how to help people with autism. It looks at:

- assessment and diagnosis of autism, and
- what can help people with autism

On 31 January 2017 SIGN146: Cutaneous melanoma was published. Cutaneous melanoma, previously referred to as cutaneous malignant melanoma, is a malignant tumour of cutaneous melanocytes.

These resources have been disseminated and highlighted in the Getting It Right newsletter.

The National Confidential Enquiry Into Patient Outcome and Death (NCEPOD)

NCEPOD's purpose is to assist in maintaining and improving standards of care for adults and children for the benefit of the public by reviewing the management of patients, by undertaking confidential surveys and research, by maintaining and improving the quality of patient care and by publishing and generally making available the results of such activities.

On 26 January 2017 NCEPOD published its latest report – 'Treat as One' A review of the care received by patients in general hospitals who also had a mental health condition. This is the first of the NCEPOD publications that encompasses data from Scottish Boards and the report highlights the quality of mental health and physical health care for patients aged 18 years or older with a significant mental disorder who are admitted to a general hospital. The report takes a critical look at areas where the care of patients might have been improved. Remediable factors have also been identified in the clinical and the organisational care of these patients.

To view the report in full, please follow the link: http://www.ncepod.org.uk/2017mhgh.html or visit the NCEPOD website at www.ncepod.org.uk.

The report has been circulated through clinical governance structures for review and consideration of any actions required for improvement locally.

7.   **PERSON CENTREDNESS**

Clinical Governance and Risk Management systems and processes are embedded across NHS Tayside and ultimately contribute to patient experience by reviewing adverse events.

Revised Complaints Handling Procedure
The Scottish Government haven been working with NHS Boards to develop a revised NHS model complaints handing procedure. The NHS model Complaints Handling Procedure (CHP) has been developed through a partnership approach, led by a Steering Group involving the Scottish Public Services Ombudsman (SPSO) and representatives from across NHS Scotland including territorial boards, the Scottish Health Council, NHS Education for Scotland, NHS National Services Scotland, the National Prisoner Healthcare Network, primary care and the NHS Complaints Personnel Association Scotland (NCPAS).

The revised procedure is intended to support a more consistently person-centred approach to complaints handling across NHS Scotland, and bring the NHS into line with other public service sectors by introducing a distinct, five working day stage for early, local resolution, ahead of the 20 working day stage for complaint investigations.

To support the new procedure, amendments to the Datix Rich Client, the system used to process and manage complaints handling, will be required and this work will be supported by the Clinical Governance and Risk Management Team. The Scottish Government expects all amendments to local systems to be made ahead of the proposed implementation date for the new procedure of 1 April 2017.

Newly Qualified Practitioners
In the last report we shared that 150 Newly Qualified Practitioners received training on person centered effective communication. 50 Mental Health Nurses located across Tayside NHS

Board were not in attendance at the NQP sessions and therefore a copy of the presentation was sent to each nurse with the Interpretation and Translation Frequently Asked Quastions sheet and the opportunity for further training individually or in a group on request.
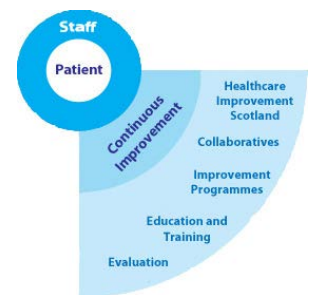
8. **CONTINUOUS IMPROVEMENT**

The following projects (not requiring ethical approval) were registered with the Clinical Governance and Risk Management Team during December 2016/January 2017:

- Service Evaluation looking at acceptability of using ethyl chloride spray versus subcutaneous lidocaine anaesthetic prior to contraceptive implant insertion, using comparative pain scores (1 December 2016 – Dundee HSCP Group).
- Motivating engagement in activities to reduce health risk: Exploring the feasibility of a brief health promotion intervention delivered in dental primary care (ENGAGE) (1 December 2016 – Dental local group).
- Hepatitis Project Lochee Health Centre (8 December 2016 – Dundee HSCP Group).
- 5 years of Independent Prescribing (IP) in Optometry within a Community General Ophthalmic Practice (2 January 2017 – R2 Clinical Care and Professional Governance Forum).
- The impact of pharmacist intervention on compliance with the Scottish Government's goals for medicines reconciliation on admission in a surgical ward in Perth Royal Infirmary (8 January 2017 – Surgery local forum).
- What are the barriers to communication from secondary care ophthalmology to primary care optometry, particularly in reference to referral feedback (8 January 2017 – Ophthalmology local group) Evaluation of the implementation and impact of cognitive and behavioural assessment in Motor Neurone Disease Care (10 January 2017 – Neurology local group).
- Building on the Best in Scottish Acute Hospitals (11 January 2017 – Dundee HSCP Group).

Measures For Improvement
A series of Measures for Improvement including Performance Reviews for all Directorates/Health & Social Care Partnerships, are included in the Clinical Governance and Risk Management Reports.

The Clinical Governance and Risk Management Team continuously review/monitor all aspects of Adverse Event/Risk Management to ensure Safe and Effective working practice.

9. **CONTRIBUTION TO NHS TAYSIDE'S STRAGEGIC AIMS**

The functions of Tayside NHS Board include strategic leadership and direction and to ensure efficient, effective and accountable governance of NHS Tayside. A robust set of clinical governance and risk management arrangements allow these to be achieved.

10. **IMPACT ASSESSMENT & INFORMING, ENGAGING & CONSULTING**

All Clinical Governance and Risk Management activities influenced by any Equality and Diversity issues will have an impact assessment undertaken.

A number of individuals from within the Clinical Governance and Risk Management Team and partners were consulted on and contributed to the content of this report.

11. **RESOURCE IMPLICATIONS**

    Financial and Workforce
    The system arrangements for Clinical Governance and Risk Management are contained within current resource.

12. **LEGAL IMPLICATION**

    The Chief Executive, as Accountable Officer, has responsibility for maintaining a sound system of Internal Control and reviewing the effectiveness of the system within their organisation culminating in the preparation of the Governance Statement.

13. **INFORMATION TECHNOLOGY IMPLICATIONS**

    There are no Information Technology implications associated with this paper.

14. **HEALTH & SAFETY IMPLICATIONS**

    There are no Health and Safety implications associated with this paper.

15. **HEALTHCARE ASSOCIATED INFECTION**

    There are no Healthcare Associate Infection issues associated with this paper.

16. **DELEGATION LEVEL**

    Ms Lesley McLay, is Chief Executive and Accountable Officer.

    Professor Andrew Russell, Medical Director and Mrs Gillian Costello, Nurse Director are the Executive Leads for Clinical Governance.

    Ms Margaret Dunning, Board Secretary, is the Executive Lead for Strategic Risk Management Systems.

    Mrs Arlene Napier, Associate Director of Clinical Governance and Risk Management is responsible for the implementation of Clinical Governance and Risk Management plans and the follow up process.

17. **TIMETABLE FOR IMPLEMENTATION**

    Monitoring of the data contained within this paper is an ongoing process and improvements will continue to be made following recommendations received from members of the various committees at which this report is presented.

Mrs Gillian Costello   **Professor Andrew Russell**
Nurse Director   **Medical Director**

NHS Tayside
May 2017

NHS
Tayside

CCGC/2017/36
Clinical and Care Governance Committee
11 May 2017

SCOTTISH PUBLIC SERVICES OMBUDSMAN REPORTS

1.   SITUATION AND BACKGROUND

The Scottish Public Services Ombudsman (SPSO) handles complaints about public services in Scotland including the National Health Service. The SPSO investigates complaints where a member of the public claims to have suffered injustice or hardship as a result of maladministration or service failure. This report provides details of SPSO cases that have been referred to the Ombudsman relating to NHS Tayside, with decisions published December 2016 to March 2017.

2.   ASSESSMENT

Since November 2016, nine cases have been investigated by the Ombudsman and reports on their findings published. Of these, two cases were partly upheld (with recommendations), two not upheld (with recommendations) and five not upheld (no recommendations). The details of these cases, including any action or learning taken within NHS Tayside are provided at Appendix 1. It should be noted that all recommendations have been progressed.

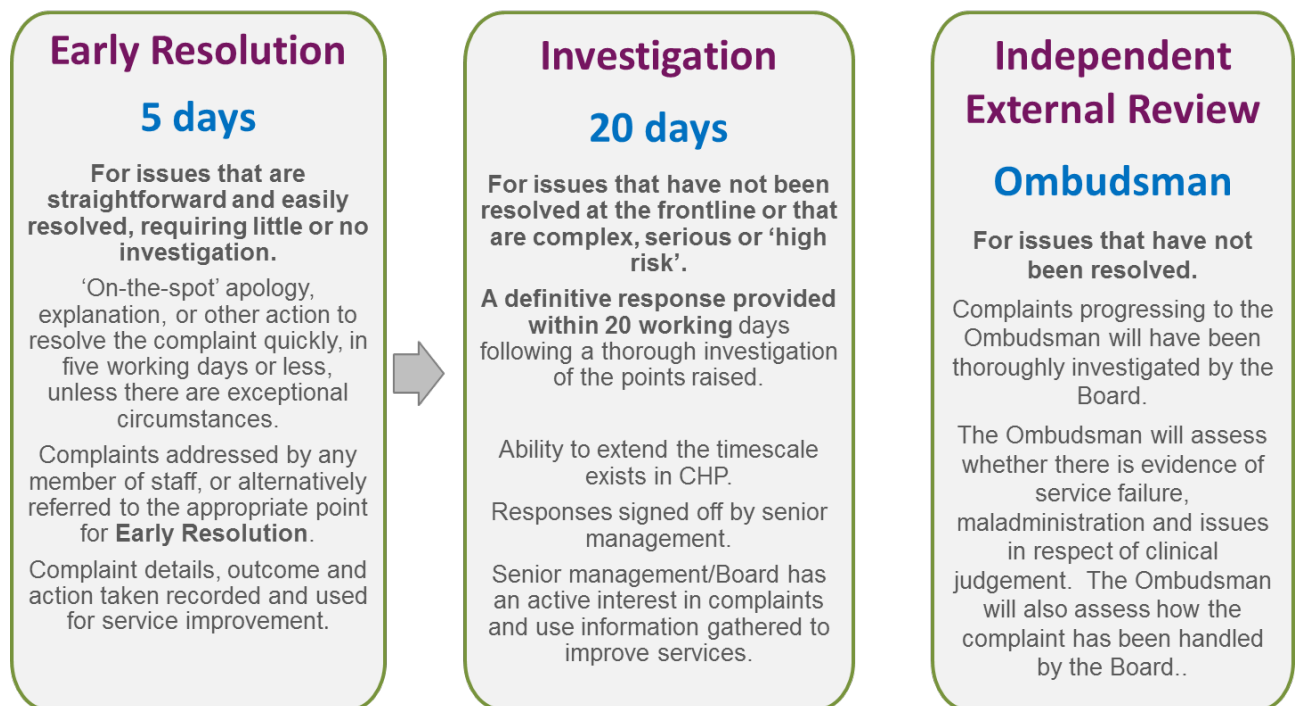## 3.   NEW COMPLAINTS PROCEDURES

NHS Complaints Procedure
A new NHS Scotland Complaints Handling Procedure was developed by the SPSO Complaints Standards Authority (CSA) in collaboration with the public, NHS Boards and the Scottish Health Council and was implemented on 1 April 2017.

The revised procedure builds on the requirements of the Patients Rights Act (Scotland) 2011, which introduced the right for people to give feedback and comments, and raise concerns and complaints about NHS services and CEL8 (2012) *Guidance on handling comments, concerns, feedback and complaints* which provided guidance for handling and learning from feedback, comments, concerns or complaints. It gives all staff the opportunity to listen, learn and use feedback to support improvement and enhance people's care experience in Tayside.

The revised procedure brings the NHS into line with other public service sectors by introducing a distinct 2-stage process, with a five working day stage for early, local resolution, ahead of the 20 working day stage for complaint investigation, and is intended to support a more consistently person-centred approach to complaint handling.

We want people who use our services to be heard and to have concerns and complaints made right at the earliest opportunity. We can now do this via the new 2 stage process.

Early Resolution
5 days

For issues that are straightforward and easily resolved, requiring little or no investigation.

'On-the-spot' apology, explanation, or other action to resolve the complaint quickly, in five working days or less, unless there are exceptional circumstances.

Complaints addressed by any member of staff, or alternatively referred to the appropriate point for **Early Resolution**.

Complaint details, outcome and action taken recorded and used for service improvement.

Investigation
20 days

For issues that have not been resolved at the frontline or that are complex, serious or 'high risk'.

A definitive response provided within 20 working days following a thorough investigation of the points raised.

Ability to extend the timescale exists in CHP.

Responses signed off by senior management.

Senior management/Board has an active interest in complaints and use information gathered to improve services.

Independent External Review
Ombudsman

For issues that have not been resolved.

Complaints progressing to the Ombudsman will have been thoroughly investigated by the Board.

The Ombudsman will assess whether there is evidence of service failure, maladministration and issues in respect of clinical judgement. The Ombudsman will also assess how the complaint has been handled by the Board..

Key messages
- We value feedback in all formats
- Listening and learning from feedback is everyone's business
- We will focus on putting things right by early contact face to face, telephone or facilitated meetings
- More serious complaints will be investigated and used for service improvement
- Our written responses will be person centred and demonstrate that we listen and learn from complaints

We recognise that, to make this possible, we need to support our staff in developing confidence and the right skills. A number of full day and half day workshops have already taken place, with more dates being arranged.

In addition, the Ombudsman is continuing to work closely with NHS Education for Scotland to update the existing NHS feedback and complaints e-learning modules to reflect the changes in the new procedure. A programme of education and awareness sessions were also held across Scotland during March 2017.

Social Work Complaints Procedure
A new Social Work model complaints handling procedure (CHP) was published in December 2016, for implementation in April 2017. The Ombudsman is preparing for its extended role to consider professional judgements in relation to social work complaints and will be delivering a series of awareness raising sessions for staff in relation to social work itself and also wider issues that social work services may face.

3. RECOMMENDATIONS

The Clinical and Care Governance Committee is asked to:

- consider this report and the learning outcomes for NHS Tayside;
- note the update provided regarding implementation of the new Complaint Handling Procedures; and
- advise on any changes to the format of the report for future presentation at each meeting.

4. REPORT SIGN OFF

Mrs Gillian Costello   **Professor Andrew Russell**
Nurse Director   **Medical Director**

NHS Tayside

May 2017

Appendix 1 - SPSO Reports Published – December 2016 - March 2017

SPSO Reference Number	Investigation - Full Report/ Decision Letter	Summary of Complaint	Outcome	Recommendations / Learning for NHS Tayside	Current Status / Action Taken
201508897	Decision Letter	Ms C, who works for an advocacy and support agency, complained on behalf of Mrs A about care provided by a dentist. Mrs A attended with a painful front tooth and it was decided that root canal treatment was needed to save it. Mrs A had this treatment over two appointments. However, the tooth later broke while she was eating. Mrs A saw the dentist and emergency treatment was provided. Mrs A experienced pain and swelling following this and saw the dentist about this a few days later. At this meeting, there was a breakdown in the dentist/patient relationship. The dentist completed the treatment and Mrs A later registered with a new dentist. Ms C complained that Mrs A had not been offered options for treatment and that the risks had not been properly explained. She also raised concerns about the dentist's attitude towards Mrs A, and that the dentist had not followed the proper process as they had threatened to deregister Mrs A. Ms C's final	Some upheld, recommendations	The Dentist should: • apologise for the failings identified in this investigation • take steps to ensure that patients are appropriately informed of the risks and benefits of procedures • ensure that patient dental records are kept in line with the General Dental Council standard • review the complaints handling procedures for staff and patients for consistency.	Clinical Director for General Dental Services has met with the practitioner and confirmed all recommendations completed **Completion date – October 2016**

SPSO Reference Number	Investigation - Full Report/ Decision Letter	Summary of Complaint	Outcome	Recommendations / Learning for NHS Tayside	Current Status / Action Taken
		complaint was that the handling of Mrs A's concerns had not been reasonable.			
201508622	Decision letter	Mr C complained that his prison healthcare centre stopped prescribing medication he had been taking for physical and mental problems. Mr C also complained that the Board ignored his complaint, which resulted in his health worsening.	Not upheld, no recommenda tions	-	-
201507446	Decision Letter	Mr C complained on behalf of his wife (Mrs A) about aspects of the care and treatment she received at Ninewells Hospital and Perth Royal Infirmary following an injury to her shoulder. He complained that surgery was not carried out when the injury was first diagnosed and that when surgery was carried out, Mrs A was given inaccurate information about the reduction in her pain. Mr C also complained that Mrs A was not warned that general anaesthetic could cause memory loss.	Not upheld, no recommenda tions	-	-
201602512	Decision report	Mrs C, who had a history of osteoporosis, fell whilst in Ninewells Hospital. She complained that despite being in	Not upheld, no recommenda tions	-	-

SPSO Reference Number	Investigation - Full Report/ Decision Letter	Summary of Complaint	Outcome	Recommendations / Learning for NHS Tayside	Current Status / Action Taken
		a great deal of pain, her back was not x-rayed. On her discharge, Mrs C complained to the Board but they advised that as she had been checked after her fall by increasingly senior doctors who found no bony tenderness, an x-ray had not been required and she had been discharged with appropriate advice. Mrs C learned from a subsequent x-ray that she had suffered a fracture to her spine.			
201507949	Decision report	Mrs C suffered hearing loss following minor oral surgery at Perth Royal Infirmary. She complained that the Board failed to provide appropriate treatment and failed to adequately explain the risks of the procedure she received. The Board said Mrs C received appropriate treatment. They said the procedure was performed correctly and they considered hearing loss was not a recognised complication, and was unpredictable. They said Mrs C was seen by various specialists, who investigated the complication. The Board also	Not upheld, no recommendations	-	-

SPSO Reference Number	Investigation - Full Report/ Decision Letter	Summary of Complaint	Outcome	Recommendations / Learning for NHS Tayside	Current Status / Action Taken
		considered the risks of the procedure were adequately explained, as the risks Mrs C complained about were unknown and diminishingly rare.			
201602615	Decision letter	Mrs C complained about the care and treatment provided to her father (Mr A) during his admission to Ninewells Hospital. In particular, Mrs C had concerns that the effects of the medication Mr A was prescribed for delirium were not monitored, and that after a fall whilst in hospital he was given a further dose of this medication. She also complained that he had not been reasonably checked and monitored throughout the night. By the time nursing staff came to check his observations the next morning, Mr A had died.	Not upheld, recommendations	The Board should • draw the adviser's comments regarding the consideration of trialling alternative medications for confusion if families voice concern, and of documenting these considerations, to the attention of the relevant staff • draw the comments of the adviser regarding the monitoring of blood pressure to the attention of the relevant staff.	Adviser's comments shared with relevant staff **Completion date – February 2017**
201508479	Decision letter	Mr C was diagnosed with kidney cancer and underwent an operation at Ninewells Hospital to remove one of his kidneys. Mr C felt that, had staff acted appropriately in response to his emails, his cancer may have been diagnosed sooner and he may not have had to undergo the procedure.	Not upheld, recommendations	The Board should • feed back the comments of the adviser to staff in the neurology department to ensure that staff appropriately respond to patient correspondence • consider whether it would be appropriate to introduce	Adviser's comments shared with clinical and administration staff within the Neurology Service. Standard Operating Procedure being developed, at service level, for the management of email correspondence from patients.

SPSO Reference Number	Investigation - Full Report/ Decision Letter	Summary of Complaint	Outcome	Recommendations / Learning for NHS Tayside	Current Status / Action Taken
		Mr C said that he had reported a decline in his health in an email to the neurology department. He said that had staff reviewed him in the neurology clinic following this, his kidney cancer may have been diagnosed sooner. Mr C also raised concerns about the Board's actions following a further email, in which he reported further symptoms. Mr C expressed concern at the delay between the diagnosis of the cancer and the date he received treatment. Mr C also complained that the Board had not investigated his complaint impartially, as the clinician who investigated Mr C's complaint was the educational supervisor of the clinician he had complained about.		guidelines regarding email communication in light of the adviser's comments • feed back to staff the importance of ensuring that complaint responses address the concerns raised	Senior Managers and Complaints and Feedback Team reminded of the importance of ensuring complaint responses address concerns raised in accordance with the 'Can I Help You?' guidance. **Completion date - February 2017**
201507779	Decision letter	Miss C's father (Mr A) attended his medical practice with urinary problems. Tests and investigations indicated prostate cancer had spread to his bones and Mr A was admitted to Ninewells Hospital. His condition deteriorated significantly due to sepsis (a life-threatening	Some upheld, recommendations	The Board should • take action to ensure the failings in aftercare and support are addressed to ensure no recurrence • provide us with an action plan to address the failings	Action Plan developed and provided to SPSO. Letter of apology sent to Miss C on 3 February 2017 **Completion date - February 2017**

SPSO Reference Number	Investigation - Full Report/ Decision Letter	Summary of Complaint	Outcome	Recommendations / Learning for NHS Tayside	Current Status / Action Taken
		bacterial infection of the blood) and he died two days later. Miss C complained about clinical failings in relation to investigations and treatment decisions by nursing and medical staff, including that Mr A's deteriorating condition was not recognised within a reasonable timeframe. Miss C also complained that the Board failed to respond to her complaint within a reasonable timeframe. The Board acknowledged this and apologised to Miss C.		highlighted in this investigation and ensure no recurrence • apologise for the failings identified during this investigation.	
201507658	Decision letter	Miss C complained about the care and treatment provided to her father (Mr A) when he attended his medical practice with urinary problems. Tests and investigations indicated prostate cancer that had spread to Mr A's bones and he was admitted to hospital shortly after. Mr A's condition deteriorated significantly due to sepsis (a bacterial infection of the blood) and he died a few days later. Miss C complained that the practice failed to properly investigate Mr A's symptoms, that the treatment decisions	Not upheld, no recommendations	-	-

SPSO Reference Number	Investigation - Full Report/ Decision Letter	Summary of Complaint	Outcome	Recommendations / Learning for NHS Tayside	Current Status / Action Taken
		were unreasonable and that the family's concerns were not taken seriously.			

NHS Tayside

CCGC/2017/37
Clinical and Care Governance Committee
11 May 2017

ANNUAL REPORT OF THE NHS TAYSIDE RADIATION SAFETY COMMITTEE

1. **PURPOSE**

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

2. **NHS Tayside Radiation Safety Committee Composition**

   During the year ended 31 December 2016 membership of NHS Tayside Radiation Safety Committee comprised:

   Chairpersons – Dr G Main / Dr D Sutton

   Members
   Dr R Casasola
   Dr E Connor
   Dr M Curnow
   Mrs K Lindsay
   Mrs U Milne
   Ms C Monaghan
   Prof H Moseley
   Mrs C O'Neill
   Ms J O'Neill
   Dr S Souliman
   Ms M Tosh
   Mrs J Williams-Butt
   Mr M Worrall

   Ms S McVey attended the committee to provide specialist reports and to take minutes

   Meetings

   The Committee met on 27 July 2016. The December 2016 meeting took place on 2 February 2017.

Business

Major items of business covered by the committee in 2016 are outlined below :

1) Radiation Incidents: 3 incidents relating to the Ionising Radiation (Medical Exposure) Regulations 2000 have been identified as reportable to the SGHD in the period covered by this report. No reports to other agencies have been required.

2) Other incidents reported to Regulators: None

3) Governance Issues:
   a) Matters relating to the Ionising Radiations Regulations 1999, the Ionising Radiation (Medical Exposure) Regulations 2000 and the Radioactive Substances Act 1993 are Key Quality Indicators (KQIs) for the Access Safety, Clinical Governance and Risk Committee.

   b) Members of the Committee are actively engaged in document revision to take into account changes in service profile, for example revision of all relevant NHS Tayside policies.

   c) Reports show that the majority of duty holders under The Ionising Radiation (Medical Exposure) Regulations 2000 are being appropriately entitled by Clinical Leads and Senior Managers.

   d) The majority of clinical audits of relevance to The Ionising Radiation (Medical Exposure) Regulations 2000 are being performed across NHS Tayside as required by our procedures.

   e) As reported in the 2015 submission, NHS Tayside is now in breach of Regulation 32 of the Ionising Radiations Regulations 1999 and also with the requirements of IRMER 2000 in this respect. However, a solution involving the deployment of a Multi-disciplinary team has been agreed on and it is envisaged that KPIs will begin to improve.

4) Operational Issues: The committee continues to consider a large number of operational issues, the most long running being oversight of the programme to provide adequate radiation protection in Ninewells Theatres to enable an increased number of patient procedures involving x-rays to be carried out.

Minutes of the meetings of the Committee have been timeously distributed to senior Board members.

3.   **OUTCOMES**

Over the reporting period, the committee has

i)   Identified, promoted and audited governance issues surrounding the uses of ionising and non-ionising radiation across the area covered by NHS Tayside.
ii) Recognised appointments made under relevant legislation on behalf of NHS Tayside.
iii) Considered risks posed to staff, patients, visitors, the general public and the environment by natural and artificial sources of ionising and non-ionising radiation and the safety measures adopted to control these risks to an acceptable level.
iv) Formulated, developed and revised radiation safety policy arrangements

v) Monitored the implementation of safety measures to control ionising and non-ionising radiation risks

vi) Considered the training requirements to control ionising and non-ionising radiation.

vii) Reviewed accident/incident reports involving ionising and non-ionising radiation and recommended amendments to safety measures if required

viii) Given authorisation for work involving ionising and non-ionising radiation to proceed after consideration of:

    (a) Risk Assessment

    (b) Facilities

    (c) Staff and Student Training and Supervision

    (d) Local Rules

    (e) Statutory Notification and Consent Requirements

ix) Assessed and monitored the provision of occupational health for NHS Tayside employees exposed to ionising and non-ionising radiation.

x) Promoted learning particularly in response to the results of investigation of externally reportable and non reportable adverse radiation incidents

4. CONCLUSION

As Chairs of the NHS Tayside Radiation Safety Committee during the reporting period we are satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed us to fulfil our remit. As a result of the work undertaken during the year we can confirm that generally adequate and effective Radiation Safety arrangements were in place throughout NHS Tayside during the year. NHS Tayside has identified the requirement for remedial work in relation to its compliance with IRR99 and IRMER 2000 and this is being progressed.

We would like to acknowledge the commitment of fellow members of the Committee and all attendees. We would thank all those members of staff who have prepared reports and attended meetings of the Committee.

(signed)

Dr G Main,
Dr D Sutton

CHAIRPERSONS   .

NHS Tayside

CCGC/2017/42
Clinical and Care Governance Committee
11 May 2017

SPIRITUAL HEALTHCARE ANNUAL REPORT 2015-16

Mrs Gillian Costello   **Professor Andrew Russell**
Nurse Director   **Medical Director**

NHS Tayside

May 2017

NHS
Tayside

Spiritual Healthcare Committee Annual Report 2015/16

1. **SITUATION AND BACKGROUND**

   NHS Tayside Spiritual Health Care Committee (SHCC) is required under NHS Tayside governance arrangements to submit a report of its work throughout the proceeding year to NHS Tayside Improvement and Quality Committee.

2. **ASSESSMENT**

   The three documents are attached.

   - SHCC Annual Report.
   - SHCC Terms of Reference.
   - SHCC Work Plan

3. **RECOMMENDATIONS**

   The Committee is asked to:

   - Approve the SHCC Annual Report.
   - Approve the SHCC Terms of Reference.
   - Approve the SHCC Work Plan

4. **REPORT SIGN OFF**

   Gillian Munro
   Head of Department of Spiritual Care
   23rd August 2016

TAYSIDE NHS BOARD

ANNUAL REPORT OF SPIRITUAL HEALTHCARE COMMITTEE

1.   PURPOSE

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

2.   SPIRITUAL HEALTHCARE COMMITTEE

2.1   Composition

During the financial year ended 31 March 2016 membership of the Spiritual Healthcare Committee comprised:

- Chairperson – Mr. Munwar Hussain
- Designated Senior Manager – Mrs Gillian Costello
- Head of Dept Spiritual Care - Gillian Munro
- AHP Representative - Ms Morag Dorward
- Senior Chaplain, Person Centred Care – Rev Alan Gibbon
- Senior Chaplain, Staff Support - Mr David Gordon
- Nursing Directorate – Mrs Debbie Baldie
- Medical Directorate – Dr Alan Cook
- Human Resources - Mr Iain McEachan
- Partnership Forum - Ms Judith Golden
- School of Nursing and Midwifery - Ms Lynn Griffin
- Volunteer Representative – Mr Sandy Edwards
- Health & Social Care – Ms Angela Murphy
- Knowledge & Skills – Mrs Pat Millar

Members will have a nominated deputy who will attend in their absence.

Support to the Committee is provided by Mrs Lynne Downie, Administrator, Department of Spiritual Care

2.2   Meetings

The Committee has met on 2 occasions during the period from 1 April 2015 to 31 March 2016 on the undernoted dates:

15th September 2015
15th March 2016

The attendance schedule is attached at Appendix 1

2.3   Business

All items of business all were taken in open session.

The regular updates on different aspects of the work of the department have kept the committee informed of the services offered as well as raising helpful discussion to support developments taking place.

Reorganisation of the department to support a modern health and social care agenda was informed by discussion relating to capacity, skill mix, involvement in social care and support for members of the department. Having a clearly designated senior team with the two senior chaplains carrying responsibility

for organisational work has freed the Head of Department to focus on strategic development of the service within the wider NHS Tayside context. The senior chaplains also have a role of working with the whole department as professional leads, one for Person Centred Care and the other for Staff Support. This ensures not only development of the service but that members practice in an evidence based way which supports good governance and practice.

One of the main challenges for the department is in the use of the term chaplain and in supporting understanding of the service offered. While we recognise that for some people chaplain implies a religious or faith based service the work of the department is generic, available to all people of any life stance. The further challenge is in finding an alternative name, not so much for the department but for individual members. This challenge is influenced by national thinking where many hold firmly to the term chaplain and chaplaincy. Discussion with multi professional colleagues was most helpful but with no outcome at present other than stressing the importance of individuals being clearly visible around their areas of responsibility so that staff get to know the person rather than the role.

Details of the business items considered are attached at Appendix 2.

Minutes of the meetings of the Committee have been timeously submitted to the NHS Tayside Improvement and Quality Committee for its information.

3. OUTCOMES
All business was conducted in open session.

4. CONCLUSION
As Chair of the Spiritual Health Care Committee during financial year 2015 - 2016 I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken during the year I can confirm that adequate and effective Clinical Governance arrangements were in place throughout NHS Tayside Department of Spiritual Care during the year.

BEST VALUE
The Board is required to provide overt assurance on Best Value. An updated Best Value Framework was approved by the Board on 29 September 2011. The Committee has considered the elements relevant to it. This evidence is provided at Appendix 3.

I would pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee, and last, but certainly not least, express my sincere thanks to Lynne Downie for her excellent support of the Committee.

(signed)…………………..……………………………….

MR MUNWAR HUSSAIN
CHAIRPERSON (2015/16)
On behalf of NHS TAYSIDE SPIRITUAL HEALTHCARE COMMITTEE

NHS TAYSIDE SPIRITUAL HEALTHCARE COMMITTEE

Attendance Record

	15th September 2015	15th March 2016
Chair	Munwar Hussain	Alan Cook
Designated Senior Manager	Apologies	Apologies
AHP Representative	Apologies	Morag Dorward
Head of Department of Spiritual Care	Gillian Munro	Gillian Munro
Senior Chaplain, Person Centred Care	_	Alan Gibbon
Senior Chaplain Staff Support	David Gordon	David Gordon
Nursing Directorate	Debbie Baldie	Debbie Baldie
Medical Directorate	Alan Cook	Alan Cook
Human Resources	Iain McEachan	Apologies
Partnership Forum	Judith Golden	Apologies
School of Nursing & Midwifery	Apologies	Apologies
Health & Social Care	Angela Murphy	Apologies
Volunteer Representative	Sandy Edwards	Apologies
Knowledge & Skills	Pat Millar	Pat Millar
In Attendance		
	Lynne Downie Jane Beresford-Smith Anne Findlay	Lynne Downie

SPIRITUAL HEALTHCARE COMMITTEE
SCHEDULE OF BUSINESS CONSIDERED 2015/2016

Meeting held on 15th September 2015
- Action Points Update
- Membership of Spiritual Healthcare Committee
- Reorganisation of Department
- SHCC Annual Report 2014/15
- Department Report
- Acute Report
- Bereavement Report
- Community Report
- Staff Support Report

Meeting held on 15th March 2016

- Action Points Update
- What's in a Name
- Department Report
- Person Centred Care Report
- Staff Support Report

NHS TAYSIDE SPIRITUAL HEALTHCARE COMMITTEE

CHARACTERISTIC 1 - VISION AND LEADERSHIP

A Best Value organisation will have in place a clear vision and strategic direction for what it will do to contribute to the delivery of improved outcomes for Scotland's people, making Scotland a better place to live and a more prosperous and successful country. The strategy will display a clear sense of purpose and place and be effectively communicated to all staff and stakeholders. The strategy will show a clear direction of travel and will be led by Senior Staff in an open and inclusive leadership approach, underpinned by clear plans and strategies (aligned to resources) which reflect a commitment to continuous improvement.

REQUIREMENT	POTENTIAL EVIDENCE SOURCES	RESPONSIBILITY	TIMESCALE	EVIDENCE RECEIVED
Strategic				
NHS Tayside Spiritual Care Strategic Framework is reviewed every five years with support of stakeholders and is available on the department web site.	Reports of consultation events and web site.	Spiritual Health Care Committee	Five year review – next due March 2018	With the Integration Agenda a new Strategy has been developed in 2016. The Draft wil be consulted on at a Stakeholders' Event on 29th September 2016.
NHS Tayside Spiritual Health Care Committee Receive regular updates of the different work streams of the department to allow discussion around strategic planning and development.	These updates detail work of the streams and include audit information.

A new National Delivery Plan is being developed and NHS Tayside Department of Spiritual Care will develop a local delivery plan from this which the work of the department can be measured against. | Spiritual Health Care Committee

Spiritual Health Care Committee | Meetings twice per year

Report to be presented to SHCC on March 2016. | All updates can be found on Staffnet as part of the papers for each meeting.

The Draft Local Delivery Plan will be part of the Stakeholders' Event on 29th September 2016.

National and Local Delivery Plan will be available on Staffnet. |

REQUIREMENT	POTENTIAL EVIDENCE SOURCES	RESPONSIBILITY	TIMESCALE	EVIDENCE RECEIVED
All members of the department participate in regular discussions about the strategic development of their work taking into account national and local priorities.	Record of meetings held and input to Strategic Framework.	Spiritual Health Care Committee	Meetings twice per year	All members of the department contribute to discussion of Strategic Framework, local Delivery Plan. As well as monthly department meetings all members of the department meet together four times per year for training days when they have the opportunity to discuss developments. Outcomes agreed at these meetings with the Professional Leads are the presented to the Head of Department at the quarterly Governance Meetings.

CHARACTERISTIC 2 – EFFECTIVE PARTNERSHIPS

REQUIREMENT	POTENTIAL EVIDENCE SOURCES	RESPONSIBILITY	TIMESCALE	EVIDENCE RECEIVED
Strategic				
The membership of NHS Tayside Spiritual Health Care Committee reflects multi disciplinary working and is reviewed every two years.	As per remit	Spiritual Health Care Committee	Every two years	As per remit.

REQUIREMENT	POTENTIAL EVIDENCE SOURCES	RESPONSIBILITY	TIMESCALE	EVIDENCE RECEIVED
NHS Tayside Working in Partnership Forum invites people of different belief and faith communities to meet together regularly in each of three localities to discuss matters which affect the wellbeing of their members when in the care of NHS Tayside and to develop community care.	Comments received inform Strategic Framework, Policy and Standing Operational Procedures.	Spiritual Health Care Committee	Twice per year	Reviewed as part of Policy Review
All strategic consultation events include delegates from a wide range of stakeholders.	Comments received inform Strategic Framework, Policy and Standing Operational Procedures.	Spiritual Health Care Committee	Five yearly	Wide range of representation at Conferences which include discussions of the way forward.

CHARACTERISTIC 3 – GOVERNANCE AND ACCOUNTABILITY

REQUIREMENT	POTENTIAL EVIDENCE SOURCES	RESPONSIBILITY	TIMESCALE	EVIDENCE RECEIVED
Strategic				
All minutes of the committee are submitted to NHS Tayside Improvement and Quality Committee	All items are taken in open business	Spiritual Health Care Committee	Twice per year	As per remit.

REQUIREMENT	POTENTIAL EVIDENCE SOURCES	RESPONSIBILITY	TIMESCALE	EVIDENCE RECEIVED
The department and committee are accountable to all stakeholders through discussion at consultation events, Working in Partnership Forum and local delivery Plan.	Stakeholders' Events	Spiritual Health Care Committee	Every five years	Stakeholders' Event to be held on 29th September 2016.
	Local Delivery Plan	Spiritual Health Care Committee	Every two years	February 2016

CHARACTERISTIC 4 – USE OF RESOURCES

REQUIREMENT	POTENTIAL EVIDENCE SOURCES	RESPONSIBILITY	TIMESCALE	EVIDENCE RECEIVED
Strategic				
NHS Tayside Spiritual Health Care Committee Receive regular updates of the different work streams of the department to allow discussion around strategic planning and development.	These updates detail work of the streams and include audit information.	Spiritual Health Care Committee	Three times per year	All updates can be found on Staffnet as part of the papers for each meeting.
	Peer review against national standards is to be replaced by national and local Delivery Plan by the end of 2015.	Spiritual Health Care Committee	Every two years	

CROSS-CUTTING THEME – EQUALITY

REQUIREMENT	POTENTIAL EVIDENCE SOURCES	RESPONSIBILITY	TIMESCALE	EVIDENCE RECEIVED
Strategic				
All work within the department and committee is carried out in accordance with Equality & Diversity legislation.	Policy	Spiritual Health Care Committee	Twice per year	Policy and Strategic Framework approved according to Assessment Toolkit
NHS Tayside Working in Partnership Forum invites people of different belief and faith communities to meet together regularly in the three geographical areas to discuss matters which affect the wellbeing of their members when in the care of NHS Tayside and development of community care.	Comments received inform Strategic Framework, Policy and Standing Operational Procedures.	Spiritual Health Care Committee	Twice per year	Reviewed as part of Policy Review

Terms of Reference

Author: Gillian Munro	Review Group: Spiritual Healthcare Committee
Review Date: August 2017	Last Update: August 2016

UNCONTROLLED WHEN PRINTED

Signed

NHS TAYSIDE
SPIRITUAL HEALTHCARE COMMITTEE

TERMS OF REFERENCE (FEBRUARY 2014)

1. **Chairperson and Executive Lead**
   The Chairperson of the Spiritual Healthcare Committee is Mr. Munwar Hussain and the Executive Lead Officer is Mrs Gillian Costello, Nurse Director, who is also Designated Senior Manager for Spiritual Care

2. **Support Officer**
   Support Officer is Mrs Lynne Downie, Administrator, Department of Spiritual Care. Mrs Downie can be contacted at the Wellbeing Centre, East Lodge, Royal Victoria Hospital, Dundee DD2 1SP. Telephone 01382 423110 or Ext 40806.

3. **Purpose of Group**
   To provide advice on, and a forum for, developing NHS Tayside Spiritual Care policy and oversee its local implementation.

4. **Membership**
   Members will be nominated from professions involved in the delivery of healthcare and in the education of healthcare employees.

   - Chairperson – Mr Munwar Hussain
   - Designated Senior Manager – Mrs Gillian Costello
   - Head of Department of Spiritual Care - Gillian Munro
   - AHP Representative - Ms Morag Dorward
   - Senior Chaplain, Staff Support - Mr David Gordon
   - Senior Chaplain, Person centred Care - Mr Alan Gibbon
   - Nursing Directorate – Dr Debbie Baldie
   - Medical Directorate – Dr Alan Cook
   - Human Resources - Mr Iain McEachan
   - Partnership Forum - Ms Judith Golden
   - School of Nursing and Midwifery - Ms Lynne Griffin
   - Volunteer Representative - Mr Sandy Edwards
   - Health and Social Care Representative – Ms Angela Murphy
   - Head of Knowledge and Skills – Mrs Pat Millar

   While there are no PPG members on the committee, it is understood that any issues, as appropriate, will be taken to this group for consultation.

   Nominated Deputies
   Members will have a nominated deputy who will attend in their absence.

5. **Quorum**
   No business shall be transacted at a meeting of the group unless there are present and entitled to vote, at least 4 members.

13

6. Frequency of meetings

The dates schedule is as follows:

2017

14th March , 12-2pm	Wellbeing Centre	Royal Victoria Hospital, Dundee
12th September, 12-2pm	Wellbeing Centre	Royal Victoria Hospital, Dundee

2018

13th March, 12-2pm	Wellbeing Centre	Royal Victoria Hospital, Dundee
11th September, 12-2pm	Wellbeing Centre	Royal Victoria Hospital, Dundee

7. Remit

- To provide an advisory function on all aspects of healthcare in relation to spiritual care for the Department of Spiritual Care.
- To monitor and review the Spiritual Care Policy.
- To agree, monitor and review an annual work plan for NHS Tayside Spiritual Healthcare Committee for submission to NHS Tayside Clinical and Care Governance Committee.
- To agree an Annual Report for NHS Tayside Spiritual Healthcare Committee for submission to NHS Tayside Improvement and Quality Committee.

8. Authority

The Governance arrangements for the Department of Spiritual Care are situated within NHS Tayside Spiritual Healthcare Committee which reports to the NHS Tayside Clinical and Care Governance Committee

9. Reporting Arrangements

The Spiritual Healthcare Committee will report to the NHS Tayside Clinical and Care Governance Committee.

10. Reporting Schedule

Minutes of the meetings of the Committee have been timeously submitted to the NHS Tayside Clinical and Care Governance Committee for its information.

NHS Tayside

SPIRITUAL WELLBEING STRATEGIC FRAMEWORK WORKPLAN
August 2016

Status	Lead Officers
✓ - Action completed	GC – Gillian Costello
☺ - Action on course for completion	MH - Munwar Hussain
⧖ - Progress made but slippage on planned timescale	GM – Gillian Munro
✗- Little or no progress achieved	DG – David Gordon
ⓘ- Not known, further information required	AG – Alan Gibbon
✍- Change to Action Originally Planned	

No.	Theme	Action Point	Lead	Status
1.	Well informed - What is the place of Spiritual Care in Health and Social Care?	Where is Spiritual Care now? • Discussions to be held with health and social care integration boards on the place of spiritual wellbeing in supporting staff, patients and carers in the promotion of wellbeing and resilience. • Consultation events will be held at regular intervals to listen to the views of stakeholders on how we may develop best practice in spiritual wellbeing.	GM	
		The future for Spiritual Care • Community services will be developed within and beyond existing areas of support.	AG	
		Making Space – Taking Time to Listen • Workshops will be developed for health and social care staff and the third sector to support them in recognising their skills in supporting and promoting wellbeing and resilience.	AG	

No.	Theme	Action Point	Lead	Status
2.	Wellbeing for all - Person Centred Care	Person Centred Care • Regular review of the organisation of the department to ensure the most appropriate use of all resources across NHS Tayside. • Regular audit of various aspects of the service to ensure the most appropriate use of all resources across NHS Tayside.	**GM** **AG/DG**	
		Improving Patient Experience • Consultation events will be held at regular intervals to listen to the views of stakeholders on how we may develop best practice in spiritual wellbeing. • Regular audit of service to solicit opinions of staff, patients and carers on how the wellbeing service may develop.	**GM** **AG/DG**	

		Valuing Our Staff
		
		• The Staff Support Service based in the Wellbeing Centre will continue to develop in the following ways
		   o Review of staffing to provide a service with appropriate response times.
		   o Development of workshops to promote Values Based Reflective Practice tools; Values in Healthcare (Janki Foundation); topics as required.
			DG	

3.	Well resourced - using all our assets	Good Practice in Bereavement Care • Development of the work of the Bereavement Office as a single point of contact across NHS Tayside for information on bereavement issues. • Development of provision of bereavement support following bereavement by the bereavement support officer. • Development of volunteers to support listening service for the bereaved.	**AG**	
		Education • All members of the department will be trained to an appropriate level to develop their skills in their specialist area of work and in spiritual wellbeing in general. • Links with the University of Dundee and Abertay University will be strengthened to support the understanding of wellbeing through spiritual care in all health care	**AG/DG** **GM**	

No.	Theme	Action Point	Lead	Status
		students. • Workshops will be developed to support the understanding of and develop skills in spiritual wellbeing for all health and social care staff and the third sector supporting patients and carers in the area covered by NHS Tayside.	**AG/DG**	
		Research • All members of the department will be required to be informed of current research in spiritual wellbeing and in their specialist area of responsibility to provide evidence based practice. • Where appropriate, member of the department will be required to develop skill in research methodology. • Members of the department will be expected to undertake research as appropriate, working with multi professional colleagues.	**AG/DG**	
		Volunteers • There will be a protocol for the recruiting, training, deploying and supporting volunteers at an appropriate level. • There will be regular audit of all volunteering in spiritual wellbeing to identify gaps and support the development of the service.	**AG**	
		Working in Partnership • Meetings with local belief and faith community members will be held in each of the three geographical regions of NHS Tayside o to support them in their care of people who are members of their community whether at home or in hospital o to support NHS Tayside in providing appropriate care for members of these communities while in hospital.	**AG**	

Minute

NHS Tayside

NHS TAYSIDE SPIRITUAL HEALTHCARE COMMITTEE
Minute of the above meeting held at 1200 hours on Tuesday 13th September 2016 in the Wellbeing Centre, Royal Victoria Hospital, Dundee.

Present
Dr Debbie Baldie, Senior Nurse, Practice Development
Dr Alan Cook, Medical Director, Operational Unit
Mr Sandy Edwards, Chaplaincy Volunteer Visitor
Rev Alan Gibbon, Senior Chaplain, Professional Lead: Person Centred Care
Ms Judith Golden, Employee Director
Mr Munwar Hussain, Chair and Non Executive Board Member
Mrs Pat Millar, Head of Knowledge and Skills
Rev Gillian Munro, Head of Department of Spiritual Care

Apologies
Mrs Morag Dorward, AHP Child Health Lead
Mr David Gordon, Senior Chaplain, Professional Lead: Staff Support
Ms Lynn Griffin, Lecturer, School of Nursing & Midwifery
Dr Jennifer Kennedy, Lecturer, Dundee University
Ms Angela Murphy, Health & Social Care Representative

In Attendance
Mrs Lynne Downie, Administrator, Department of Spiritual Care
Miss Rebecca Grant, University of Dundee Medical Student
Mr Alan Pattinson, Transformation Programme Lead
Mrs Alison Rogers, Board Member, NHS Tayside

Mr Munwar Hussain in the chair
Mr Hussain welcomed everyone to the meeting.

ACTION

08/16	**APOLOGIES**

Apologies were noted as above**.**

09/16	**MINUTE OF LAST MEETING HELD ON 15th March 2016**

The Committee: -
- Agreed the above minute to be an accurate account of the meeting

10/16	**ACTION POINTS UPDATE**
	10/12a GLIDER

It was reported that there is currently a paper sitting with George Docherty on the future of Learnpro and an update is awaited on the way forward. Gillian and Pat to meet to discuss.

GM/PM

10/12b Referrals
Members of the department are currently developing material and a new logo for the department to ensure consistency of style across NHS Tayside.

Debbie reported on the patient experience feedback and how the data could

be used to support the team about the areas we need to target. A meeting to discuss this issue has been arranged between Gillian and Debbie. It was agreed the outcome be noted on future Action Points Update.   **GM/DB**

04/15 Supporting Medics
With regard to Integration Gillian reported that she was working with Gail Smith in Angus and that a meeting scheduled with Rob Packham had been cancelled. It was agreed that Gillian would email David Lynch, copying in Munwar, regarding presenting to a future meeting of the Dundee Joint Integration Board.   **GM**

12/15 Working in Partnership
It was noted that belief and faith groups had been invited to attend workshops being held in Angus, Dundee and Perth & Kinross, these will be held twice a year in each area. An invitation had also been sent inviting belief and faith groups to attend the Stakeholders Event on 29th September.

The Committee

- Noted the update

11/16   TRANSFORMING CARE
A very informative presentation was given by Alan Cook and Alan Pattinson on the 5 year Transformation Programme which was established in December 2015 to ensure that NHS Tayside provides the best possible care and experience for our patients.

The following six work streams were noted as the principles of the Service Redesign:-
1. Realistic Medicine
2. Workforce & Care Assurance
3. Repatriation
4. Better Buying and Procurement
5. Facilities and Estates
6. Property

It was noted that the workforce are aware of the challenges that lie ahead and that staff may go through grief experience where there is significant change to a service or buildings where they worked for some years being closed. It is recommended therefore that the Department should be involved in supporting staff at an early stage.
David is leading VBRP sessions with the Transformation Team so that they better understand this tool and how it may help with teams they are working with.

It was agreed that an update on the Transformation programme should be on all future agendas.   **LD**

The Committee: -
- Thanked Alan Cook and Alan Pattinson for their presentation.
- Agreed that Transformation Programme Update will become a standing item on the Agenda

12/16   STAFF APPRECIATION AND RECOGNITION AWARDS (STAR)
Alison Rogers, non executive Board member and member of the recognition awards steering group, attended the meeting to inform the committee on the

proposed NHS Tayside recognition scheme awards. It was noted that the awards will provide staff and members of the public the opportunity to nominate staff in 5 different award categories.

The awards are still in the development stage and members of the steering group are presenting at different committees to promote the proposal. Staff will also be made aware through Staffnet and Vital Signs. It is also hoped once award scheme is finalised the Courier would become involved in making the public aware of its existence and how they can nominate staff.

It is proposed that a short listing and judging panel will be established and an annual awards ceremony be held.

The Committee: -
- Noted the Proposal
- Thanked Alison for coming along to promote the Award Scheme

Alison left the meeting at this point.

13/16   SPIRITUAL HEALTH CARE COMMITTEE ANNUAL REPORT 2015/16
Gillian reported on the Annual Report for 2015/16.

The committee approved the undernoted documents; all will now be submitted to the Improvement and Quality Committee for information.   **LD**
- Annual Report
- Work Plan
- Terms of Reference

14/16   DEPARTMENT OF SPIRITUAL CARE ANNUAL REPORT 2015/16
It was noted that this report had been re-established to give members of the department an opportunity to showcase the work they had been involved in throughout the year. The report gives examples of good practice, identifies gaps in some areas of work and how things can be moved forward.

It was agreed the report detailed evidence of good pieces of work and should be made available to staff through Spectra, Communications to be consulted.   **GM**

Debbie also asked for the report to be sent to her for forwarding to Senior Charge Nurses.   **LD**

It was suggested that Gillian take the report to the Improvement and Quality Committee and talk to it.   **GM**

The Committee: -
- Noted the report

15/16   DRAFT DEPARTMENT OF SPIRITUAL WELLBEING QUALITY CARE AND PROFESSIONAL GOVERNANCE STRATEGY 2016-2021
Gillian highlighted that the actions within the Strategy were blank and advised that those attending the Stakeholders Event on 29th September would have an opportunity to have a table top discussion on what the actions were.
The Committee: -
- Agreed the draft Strategy and for it to go forward to the event on 29th September
- Agreed the final document be sent by email to the Committee for

approval.

16/16   DRAFT LOCAL DELIVERY PLAN

It was reported that the National Delivery Plan may not now be published as a CEL, but in the form of guidance however it is not anticipated that this will change the substance of the document. Those attending the Stakeholders event will be given the opportunity to discuss this document.

The Committee: -

- Agreed the draft Local Delivery Plan and for it to go forward to the event on 29th September.
- Agreed the final document be sent by email to the Committee for approval.

17/16   STANDING ITEMS

a) Department Report

Gillian tabled the Information Pack, Supporting NHS Tayside Staff Who Care for Someone Outside Work. Various groups had been consulted on the pack, with positive feedback. The pack has been endorsed with *Carer Positive Employer in Scotland: Engaged* award.

The Committee: -

- Noted the report.

b) Person Centred Report

Alan highlighted that evidence of what was being undertaken within Hospitals and in the Community is currently being recorded. With regard to 'Do You Need to Talk?', a test of change is being undertaken in Royal Victoria Hospital and within Perth Royal Infirmary and Ninewells outpatient departments.

Rebecca Grant, 4th Year Medical student, was invited to speak to the committee on her research project 'An evaluation of the benefit of the Community Chaplaincy Listening service 'Do you Need to Talk?' to General Practitioners'.

The project focused on comments from doctors in relation to the relevance of the service and how it supported them through patient referrals to the 'Do You Need to Talk?' service. This was audited in 6 GP Practices, all of whom were happy to respond.

Debbie stated it was a useful piece of research and along with Alan would help Rebecca to have her paper published. Debbie also suggested that a paper should be written and submitted to Endowments for further research in to this service.

Discussion followed and some of the benefits of DYNTT to GP's were noted as:-

- Shorter referral time
- Continuity of care, builds a support system in the practice
- Freeing up appointments for patients who need clinical treatments
- Helping quality of patient care

DYNTT is more widely used in Tayside than any other Health Board in Scotland. Volunteers are used in GP surgeries in Tayside to compliment provision of this service.

The Committee
- Noted the report
- Thanked Rebecca for all her work and presentation

c) Staff Support Report

In David's absence a summary of audit for the period April to August, was tabled. It was noted the number of staff using the service was very positive with more than one new person per working day accessing the 1-1 confidential conversation service. A significant number of people are also supported through Values Based Reflective Practice group work and education workshops .

The Committee
- Noted the report and the Audit summary

18/16   ANY OTHER COMPETENT BUSINESS
Influence in Schools

Sandy referred to First Aid education being carried out in schools and the promotion of self management, looking after your own health. This could be carried out as part of the Transformation Programme, teaching the next generation to be more aware of their own health.

19/16   ATTENDANCE RECORD
The Committee
- Noted the attendance record

20/16   DATE OF NEXT MEETING

The next meeting of the Committee will be held on Tuesday14th March at 12noon in the Wellbeing Centre, Royal Victoria Hospital, Dundee.

Minute

NHS Tayside

EQUALITY & DIVERSITY STEERING GROUP

Minute of the above meeting held on **Wednesday 14 September 2016** at **10 am in the Board Room, Kings Cross**

Present
Allyson Angus, Public Involvement Manager
Joyce Barclay, Senior Officer, Dundee Health and Social Care Partnership
Hilde Barrie, Corporate Services Manager
Santosh Chima, Diversity and Inclusion Manager
Pammy Chima, Interpretation and Translation Service Project Manager
Margaret Dunning, Board Secretary
Phyllis Easton, Health Intelligence Manager
Sheila Hands, Inclusion Facilitator
Pat Millar, Head of Lifelong Learning
Christopher Smith, Head of Human Resources

Apologies
Ken Armstrong, Director of Operations
Alison Fannin, Planning & Development Manager, Dundee Health and Social Care Partnership
Judith Golden, Employee Director
Gillian Munro, Head of Spiritual Care
Tracey Passway, Clinical Governance and Risk Management Team Leader
Alison Wood, Head of Corporate Services and Business Support

In Attendance
Ann Eriksen, Executive Lead & Commissioner - Sexual Health & Blood Borne Virus
Lynda Petrie, Corporate Records and Web Manager
Shona Ritchie, Administrative Assistant

In the Chair Ms Margaret Dunning

	ACTION
1. WELCOME and APOLOGIES	**MD**

As Margaret Dunning was delayed Santosh Chima welcomed everyone to the meeting and introduced Shona Ritchie to the Group.

Everyone present introduced themselves and gave a short explanation about their roles within NHS Tayside.

Apologies received and noted as above.

Alison Wood, Head of Corporate Services and Business Support in Perth, was currently on secondment until March 2016 so there would be a requirement for an interim representative from Perth & Kinross Health and Social Care Partnership.

Joyce Barclay, Dundee Health & Social Care Partnership attending on behalf of Alison Fannin.

2. MINUTE OF LAST MEETING	**ALL**

The Minute was approved as an accurate record.

3. ACTION POINTS

Any outstanding actions from the Action Points update to be discussed at the end of the meeting. Outstanding Actions/matters arising from previous Minute (April 2016)	**MD**

Equality and Diversity Governance	**MD**

Margaret Dunning advised that she had met with Gillian Costello yesterday and a meeting would be held to discuss equality and diversity governance to undertake a mapping of arrangements.

Equality and Diversity Training Plan
Pat Millar commented that Equality and Diversity Champions continue to be a very active group, being part of ongoing development and an important model to continue to pursue. Further Champions to be trained in October 2016. Continuing to ensure uptake on Interpretation and Translation and Equality and Diversity Learn pro modules. Santosh Chima advised that Champions were also getting awareness raising sessions on Welfare Reform and Prevent as part of their role in signposting colleagues to more information. Pat Millar provided an update on Certificate to Recruit for line managers and staff involved with recruitment.   Certificate to Recruit Workshops are being held monthly, Human Resources taking ownership of these. Equality Impact Assessment Policy reviewed and updated, now on Staffnet.

Action Santosh Chima to have conversation with Pat Millar regarding Equality Impact Assessment Training.	**SC**

Interpretation and Translation Improvement Plan
The Improvement Plan is being updated under the auspices of the Section 23 Agreement Governance and Leadership Team (GLT). The last GLT Meeting was held on Tuesday 13 September.

Equality and Human Rights Commission (the Commission)
Santosh Chima informed the group that GLT had final meeting to finalise the last Section 23 Agreement Quarterly Report to comply with the requirements of The Agreement. We will continue to liaise with the Commission in respect of future actions which have been identified. A mapping exercise to be carried out to look at Equality and Diversity Governance. Ann Eriksen asked of the scope of the Improvement Plan? Santosh Chima advised this was specific to Section 23 Legal Agreement on improving Interpretation and Translation Services and wider equalities improvement work. The outcome of this work and the S23 Agreement coming to an end will be reported to the Clinical and Care Governance Committee and Tayside NHS Board.

Key area for NHS Tayside Improvement Plan is Interpretation and Translation. In particular looking at BSL Interpretation and specific actions around this. Ann Eriksen requested a copy of the Improvement Plan. Santosh Chima to e-mail to

Ann Eriksen.

Action
Santosh Chima to e-mail copy of Improvement Plan to Ann Eriksen.   **SC**

4.   EQUALITY AND DIVERSITY WORKPLAN 2016-2017   MD/SC

The Workplan was discussed at the end of the meeting.   Santosh Chima
advised the identified work in the workplan was to meet the legislative
requirements and to ensure that the reports go to the various Governance
Committees in a timely manner to provide assurance regarding the processes in
place for Equality and Diversity. The workplan summarises what work needs to
be progressed and is produced annually.

5.   HEALTH LITERACY (PRESENTATION)   PE

Phyllis Easton presented on Health Literacy. Phyllis Easton advised of
continuing work being undertaken with Scottish Government on the knowledge
and understanding of health literacy to promote person centred care. Research
had been carried out locally with adult learners which has confirmed that people
do have difficulty around literacy; the research also confirmed that there is a
hidden population who are illiterate. Good examples of where improvement can
be made are written communication and over the counter medicines. Over 300
front line staff have been trained on Health Literacy Awareness Raising and
Tools & Techniques. Training is ongoing.

Margaret Dunning commented that this was a helpful presentation and would
form part of the Interpretation and Translation Improvement Plan. Margaret
Dunning asked the group if there were any questions?

Discussion took place around Primary Care. Phyllis Easton advised that there
had been lots of work within Primary Care and that a GP in Montrose lead on a
lot of this work.

Ann Eriksen asked about the production of film/DVD's to give out information?
Phyllis Easton advised that this was an area in which they were looking into.

Margaret Dunning asked if the Patient Information Group was still in existence?
As far as Phyllis Easton was aware this was not. Margaret Dunning then asked
if there was anything the Group could do corporately to ensure messages were
getting to the correct Managers?

The Health Literacy Presentation had been circulated to the Group.

**6.   LGBT CHARTER   Ann
                                                                               Eriksen**

Ann Eriksen spoke to the SBAR on LGBT Charter which had been circulated to
the group. The LGBT Charter Group had highlighted gaps in knowledge and
local service provision. The service has been working over the last 18 months to
attain formal accreditation, geared up to the needs of the patients.

Ann Eriksen mentioned that there is no accessible/visible information available
for LGBT employees for support. There is a need to be aware of what NHS
Tayside is doing and we could benefit from guidance and ongoing training.
There followed a discussion on recommendations to take forward.

Ann Eriksen commented that ultimately as an organisation we should be seeking some form of accreditation to say we are LGBT friendly. Ann Eriksen asked if NHS Tayside would support learning from Golden Jubilee? Christopher Smith acknowledged this SBAR and asked if the first steps would be to explore through Golden Jubilee on how to engage with staff. Santosh Chima advised that Golden Jubilee have an identified lead person for LGBT who does training and this may be difficult to sustain within Tayside.

Santosh Chima added that Stonewall, in partnership with Scottish Government Workforce Directorate and NHS Health Scotland are working with 3 Boards at the moment. NHS Tayside should give consideration to participating in Stonewalls Workplace Equality Index within the next two years in the Health and Social Care Category.

Action
Ann Eriksen to meet up with Cristopher Smith to take this forward.   **AE/CS**

Phyllis Easton asked if this could be an opportunity to network using the Champions?

Margaret Dunning recommended a visit to Golden Jubilee.

Actions
Santosh Chima and a representative from HR to visit Golden Jubilee with Ann   **SC/CS/AE**
Eriksen.
Margaret Dunning also advised to bring this Agenda item back to next meeting in   **SR**
December.

7.	**ACCESSIBILITY SBAR**	**Lynda Petrie**

Lynda Petrie, Corporate Records Management and Web Manager updated on the SBAR on Accessibility Electronic Information within NHS Tayside confirming she had been asked to review NHS Tayside's compliance on accessibility of electronic documents. Work will be undertaken to develop/produce an Accessible Electronic Information Policy Framework.

Lynda Petrie advised that a review/revision of house style guide is to be undertaken with a move to electronic hosting on Staffnet. Lynda Petrie asked for the group's thoughts on what font size should be utilised. At the moment it is Arial 11 but was recommending Arial font size 12. Discussion took place. Sheila Hands advised that font size of 14 would be too small for the visually impaired and asked if consideration could be given to having a word version as well as PDF format which is easier to translate with a screen reader.

We need to look at our procurement processes to ensure they are compliant with Equality and Diversity legislation when we are buying equipment or procuring services from Contractors who may not be complying with the Equality Act 2010.

Santosh Chima advised of ongoing discussions with procurement looking at ensuring that they are meeting requirements of Public Sector Equality Duty. This is also something that can be touched on when looking at the mapping exercise for Equality and Diversity.

The Group were asked to note the content of the SBAR and approve the way

forward.

Margaret Dunning advised that she was aware of this work and meetings with herself, Lynda Petrie, Santosh Chima and Senior E-Health Leads are ongoing to highlight NHS Tayside's legal requirements in complying with accessible information and systems.

Joyce Barclay commented that she is willing to share this information with Dundee Integrated Social Care Partnership.

Action
Margaret Dunning advised that Phyllis Easton, Lynda Petrie and Sheila Hands look at the recommendations within this SBAR.   **PE/SH/LP**

**8.   SBAR NHS TAYSIDE STATUTORY SPECIFIC DUTIES ACTION PLAN (2103   SC
       – 2017)**

Santosh Chima advised of progress on this Action Plan. This is updated on an annual basis and will be going to the Clinical & Care Governance Committee Meeting in November 2016. New cycle of reporting will start in April 2017 – 2021 building on work already completed.

Action
SBAR Report and Action Plan to go to Clinical & Care Governance Committee meeting on 10 November 2016.   **SC**

9.   PUBLIC SECTOR EMPLOYMENT DUTY GROUP

Christopher Smith gave an update on this paper which seeks to update on the Public Sector Equalities Employment Group progress against its work plan for 2016/17.   The group were asked to note the content of this paper.

Action
Measures for improvement report to be taken to Staff Governance in October to seek their views.   **SC/CS**

**10.   NHST MAINSTREAMING REPORT AND EQUALITY OUTCOMES 2017 –   SC
       2021)**

The Scottish Government making Progress: Scottish Ministers' Equality Duty Report had been circulated to the group. This report looks at what has been achieved with the Scottish Ministers' Equality Duty. Santosh Chima asked group to look at ensuring the identified actions in the progress report have been addressed in NHS Tayside and to look at next steps. Santosh Chima to share with group the Scottish Governments Making Progress: Scottish Ministers Equality Duty paper.   **SC**

11.   MAKING PROGRESS: SCOTTISH MINISTER'S EQUALITY DUTY   SC/MD

Action
Santosh Chima to share this Report with the group.   **SC**

12.   AOCB

Engaging Public & Patients with Respect to Inclusiveness

Ann Eriksen advised that specific issues were identified through the work they did with the Black Asian Minority Ethnic Communities (BAME) in 2012 on BBV and on how to access general health services. There was specific feedback from the BAME Community on engagement and access to Interpretation and Translation services.   Ann Eriksen asked if there was a group set up discussing this?   Discussion took place. Allyson Angus asked Ann Eriksen to prepare and send her more information for consideration. Ann Eriksen to be invited to next meeting to have a further discussion on this matter.

AE/AA

Action
Invite Ann Eriksen to next meeting.

SRitchie

Hilde Barrie Retiral
Margaret Dunning asked Hilde Barrie if there has been a person identified to take over from her on the group as she was due to be retiring in December. Hilde Barrie advised that the matter was in hand.

13   DATE OF NEXT MEETING

The next meeting will be held on **Tuesday 06 December 2016** at **10.45am** in the **Board Room, Level 10, Ninewells**

Distribution:
Allyson Angus, Public Involvement Manager
Ken Armstrong, Director of Operations
Hilde Barrie, Corporate Services Manager, Angus Health and Social Care Partnership
Pammy Chima, Interpretation & Translation Service Project Manager
Santosh Chima, Diversity & Inclusion Manager
Margaret E Dunning, Board Secretary
Phyllis Easton, Health Intelligence Manager, Public Health
Alison Fannin, Planning & Development Manager, Dundee Health and Social Care Partnership
Judith Golden, Co-Chair APF/Employee Director
Christine Lowden, Deputy Chief Executive, Dundee Voluntary Action
Pat Millar, Head of Lifelong Learning
Gillian Munro, Head of Spiritual Care
Tracey Passway, Team Leader, Clinical Governance and Risk Management
Christopher Smith, Head of Human Resources

Sheila Hands, Inclusion Facilitator, Training & Development
Joyce Barclay, Senior Officer, Dundee Health and Social Care Partnership
Ann Erikson, Executive Lead & Commissioner - Sexual Health & Blood Borne Virus
Lynda Petrie, Corporate Records and Web Manager

Minute

NHS Tayside

EQUALITY & DIVERSITY STEERING GROUP

Minute of the above meeting held on **Tuesday 06 December 2016** at **10.45 am in the Board Room, Level 10, Ninewells**

Present

Joyce Barclay, Senior Officer, Dundee Health and Social Care Partnership
Santosh Chima, Diversity and Inclusion Manager
Pammy Chima, Interpretation and Translation Service Project Manager
Margaret Dunning, Board Secretary
Judith Golden, Employee Director
Sheila Hands, Inclusion Facilitator
Pat Millar, Head of Lifelong Learning
Christopher Smith, Head of Human Resources

Apologies

Allyson Angus, Public Involvement Manager
Hilde Barrie, Corporate Services Manager
Phyllis Easton, Health Intelligence Manager
Ann Eriksen, Executive Lead & Commissioner - Sexual Health & Blood Borne Virus
Alison Fannin, Planning & Development Manager, Dundee Health and Social Care Partnership
Gillian Munro, Head of Spiritual Care
Tracey Passway, Clinical Governance and Risk Management Team Leader

In Attendance

Ruth Anderson, Head of Health Records
Eileen McKenna, Associate Nurse Director
Lynda Petrie, Corporate Records and Web Manager
Shona Ritchie, Administrative Assistant

In the Chair Mrs Santosh Chima

ACTION

1.   WELCOME and APOLOGIES

MD

As Margaret Dunning was called away on business Santosh Chima welcomed everyone to the meeting.

Everyone present introduced themselves.

Apologies received and noted as above.

Joyce Barclay, Dundee Health & Social Care Partnership attending on behalf of Alison Fannin.

Santosh Chima advised the group that today's meeting would run slightly different in that the Agenda would be sharp and brief. Priority would be given to Item 4 -

NHS Tayside Mainstreaming Report and Equality Outcomes (2017 – 2021). Looking at where we are and opening this up for discussion.

2. MINUTE OF LAST MEETING   **ALL**

Amendment to Page 4 Item 7 Accessibility SBAR it was noted by Sheila Hands that the last line of second paragraph "easier to translate" should read "easier to read....."

The Minute was approved as an accurate record.

3. ACTION POINTS

Ethnicity Monitoring Data Collection   **SC/RA**
Ruth Anderson provided update on data collected, the average for Inpatients sitting at 82%, Outpatients sitting at 72%. NHS Tayside second highest performing Board. Santosh Chima commented that this was an excellent result from where we were.

Equality and Diversity Training Plan   **PM/SC**
Pat Millar advised that the Training Plan for 2017 requires to be updated. Pat Millar to share Training Plan with Health and Social Care Partnerships. Joyce Barclay asked if there was any way of knowing how many Champions there were from the Health and Social Care Partnership. Santosh Chima replied that there are roughly 270 Champions within NHS Tayside, covering Dundee, Angus and Perth and it is not known how many would be from Health and Social Care Partnerships.   Pat Millar also advised of Learn pro modules and Certificate to Recruit which has an ongoing Agenda.

Action
Equality and Diversity Training Plan to be shared with Health and Social Care **PM**
Partnerships.

To see if we could tease out the number of Champions for Dundee Health and
Social Care, Shona Ritchie to send Joyce Barclay a list.   **SR**

Equality and Human Rights Commission (the Commission)
Santosh Chima advised that the mapping exercise which was planned to be held on 11 November 2016 had been cancelled and has been re-arranged for 17 January 2017.   Santosh Chima advised this was specific to Section 23 Legal Agreement on the improvements that had been made to Interpretation and Translation Services and wider equalities improvement work. Update from this mapping exercise will be shared with Directors.

Action
Santosh Chima to bring back the outcomes/recommendations from mapping **SC**
exercise to the Group.

LGBT Charter
Santosh Chima advised that this links into a national piece of work that Scottish Government Workforce Directorate is doing with Stonewall. Santosh Chima and Christopher Smith are to meet up to discuss the Stonewall Workforce Equality Index (WEI). A visit to Golden Jubilee is to be planned to look at good practice

around LGBT. This will be shared at the next meeting in April.

Action
Santosh to bring back update on LGBT and Stonewall to next meeting.   **SC**

Accessibility SBAR
Lynda Petrie updated on SAIF training which had taken place two weeks ago and work was now required to take this forward and embed this into corporate practice and templates. Lynda Petrie and Santosh Chima to discuss practical things around training then will update group. Lynda Petrie advised that a Short Life Working Group will be established to take this work forward. The governance for this group will be through the Equality and Diversity Steering Group and any discussions will be fed back into Equality and Diversity Steering Group. Lynda Petrie also advised that other Boards are interested in the progress of SAIF within NHS Tayside.

Action
Lynda Petrie to set up Short Life Working Group with key stakeholders/leads.

    LP

SBAR – Specific Duties Action Plan
SBAR Report and Action Plan went to Clinical & Care Governance Committee
meeting on 10 November 2016. Santosh Chima advised that SBAR was well   **LP**
received.

4.   **NHST MAINSTREAMING REPORT AND EQUALITY OUTCOMES (2017 – 2021)**   **SC**

Santosh Chima gave a presentation on NHS Tayside Mainstreaming Report and Equality Outcomes (2017-2021) and gave a brief summary of where we are. This enables us to streamline equality within every policy, practice and function we have in NHS Tayside. Current legislation and NHS Tayside current status was discussed.

At present there are four Equality Outcomes, Santosh Chima asked group to decide whether to continue with existing Outcomes, add to existing Outcomes, revise and develop new Outcomes or continue with existing Outcomes adding in any new ones. Margaret Dunning commented that all Outcomes are strategic high level Outcomes and that four Outcomes would be a good number to adhere to as the more there are the harder it is to remember them. Margaret also reminded everyone that they are Outcomes and not actions.

Christopher Smith commented that four Outcomes would be sensible as they are flexible enough for new things coming along to be added to. Christopher also asked how we begin to engage with LGBT with Ann Eriksen. Santosh Chima and Christopher Smith to have a more detailed discussion around this.

Judith Golden asked if we have engaged with Stonewall as she is often asked this at the Employee Directors National meeting she attends. Santosh Chima stated that this has been picked up through the National Equality and Diversity Lead Network meetings in Edinburgh by each of the Equality & Diversity Leads. Judith also added that it was important when describing these Outcomes that they should capture both staff and patients.

Sheila Hands asked if more focus can be made on disability and also suggested a matrix system be used to show linkages. Margaret Dunning agreed with this.

Santosh suggested that other key areas of work should be included as actions or additional outcomes for HIMAP, GBV and Harmful Practices

Santosh Chima added that Midwifery staff within Maternity Services had done quite a bit of work on violence against women and domestic abuse, maternity service had their own systems and processes for monitoring GBV.

Santosh Chima summarised some of the challenges, advising that there are so many strands to this piece of work which could be as big or small as we want. Margaret Dunning advised that a good starting point would be some sort of Matrix template for improvement plan. Pat Millar suggested the use of the work that has been done around Section 23 Agreement Improvement plan could come under each Outcome.

It was decided that an extra meeting of Equality and Diversity Steering Group should be held in January / February 2017 to discuss the way forward and also to look at the next four year draft Outcomes and Mainstreaming Report

Action

Santosh Chima and Christopher Smith to meet to discuss Stonewall and LGBT actions.	**SC/CS**
Shona Ritchie to e-mail group date for extra Equality and Diversity Steering Group meeting in 2017.	**SR**
Santosh Chima to write to Chief Officers of Perth and Angus Health and Social Care Partnership for a representative on this group.	**SC**

5. CHAMPIONS CELEBRATION EVENT/SHOWCASE   **SC**

This was not discussed. Will carry over to next meeting in April 2017

Action

Shona Ritchie to add to Agenda for April 2017 meeting	**SR**

6. AOCB

GLT

Santosh Chima tabled the draft minute of the last GLT meeting which was held on Tuesday 13 September 2016. As the Strategic GLT meetings have been disbanded because the Section 23 Agreement has come to an end it was proposed that the Equality and Diversity Steering Group approve the last set of minutes. As there were members of the GLT Group present at Equality and Diversity meeting Santosh asked for this draft minute to be approved. There was one amendment by Eileen McKenna Page 5, Improvement Areas 8, 9. 10 and 11 last sentence should read "Health and Deaf Action Group propose to work in partnership to provide feedback and progress." The draft minute was then approved by Judith Golden, Ruth Anderson, Pat Millar and Eileen McKenna.

7. DATE OF NEXT MEETING   **All**

The next meeting will be held on **Wednesday 19 April 2017** at **10am** in the **Board Room, Kings Cross Hospital**

An interim meeting date has been organised for **Wednesday 01 February 2017** at **10am** to be held in **Kinnoul Room, Kings Cross**

Distribution:
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Christopher Smith, Head of Human Resources

Sheila Hands, Inclusion Facilitator, Training & Development
Joyce Barclay, Senior Officer, Dundee Health and Social Care Partnership
Lynda Petrie, Corporate Records and Web Manager
Ruth Anderson, Head of Health Records

Please note any items relating to Committee business are embargoed and should not be made public until after the meeting

NHS Tayside

CCGC/2017/41
Clinical and Care Governance Committee
11 May 2017

HOSPITAL STANDARDISED MORTALITY RATIO

1. SITUATION AND BACKGROUND

The purpose of this report is to provide the Clinical Quality Forum with an overview of the most recent figures relating to the Hospital Standardised Mortality Ratio (HSMR) for both Ninewells Hospital and Perth Royal Infirmary and to give an overview of the recent revisions to the HSMR model methodology following the Information Services Division (ISD) review which are reflected in HSMR data from August 2016.

HSMR is a measure of mortality, adjusted to take account of some of the factors known to affect the underlying cause of death. The HSMR is calculated by identifying the risk of dying for particular patient subgroups (e.g. age, sex, primary diagnosis, admission type, severity of illness etc.). This risk is then applied to corresponding subgroups to calculate how many deaths would be predicted to occur if the standard level of risk was applied. This predicted figure is then compared with the actual observed number of deaths that did occur within the hospital to give the standardised ratio.

The HSMR is based on all acute inpatient and daycase patients admitted to all specialties in Scottish hospitals. The calculation takes account of patients who died within 30 days from admission, and includes deaths that occurred in the community as well as those occurring in hospital.

2. ASSESSMENT

Since December 2009, Information Services Division (ISD) has published quarterly Hospital Standardised Mortality Ratios (HSMR) for all Scottish hospitals participating in the Scottish Patient Safety Programme. The purpose of the Scottish HSMR was originally to measure change in mortality over time, and to enable acute hospitals to monitor their progress towards the Scottish Patient Safety Programme aim of reducing hospital mortality by 20% by December 2015. On 14 June 2016, the Cabinet for Health, Wellbeing and Sport announced a new aim for HSMR, namely a 10% reduction by December 2018.

The HSMR continues to be calculated by identifying the risk of dying for particular patient subgroups (e.g. age, sex, admission type, severity of illness etc.). This risk is then applied to corresponding subgroups to calculate how many deaths would be predicted to occur if the standard level of risk was applied. This predicted figure is then compared with the actual observed deaths that did occur to give the standardised ratio – HSMR = observed deaths/predicted deaths. If an HSMR value is less than 1, this means the number of deaths within 30 days of admissions for a hospital is fewer than predicted. If an HSRM value is greater than 1, this means the number of deaths within 30 days for a hospital is more than predicted.

Care should be taken when interpreting HSMR. An HSMR of more than 1.0 does not necessarily conclude that these deaths were unavoidable/unexpected or attributed to failings in the quality of care. This can only be determined by a local case-note review. Similarly, an HSMR of less than 1.0 should not immediately be interpreted as depicting good performance. This must be taken into account with information from other key indicator sources.

The new methodology for the HSMR includes a number of changes which should be taken in account when reviewing the most recent publication. Key points which should be considered when reviewing progress towards the new HSRM aim include:

- Published values from August 2016 using the new methodology cannot be compared to the previous values ending in December 2015. This is due to different base periods and subgroups used to calculate the risk of dying.

- The baseline period for calculation of changes has been updated to January 2011 – December 2013.
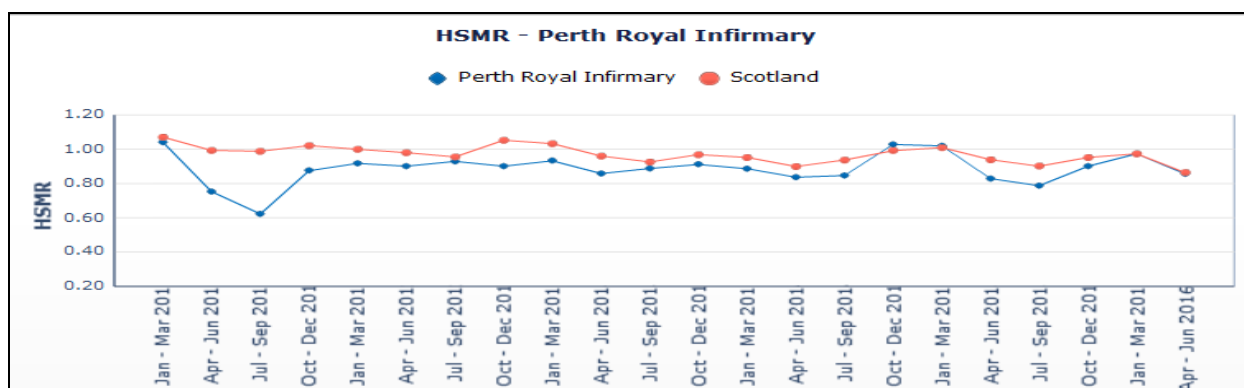
Ninewells Hospital

The data below have been updated to include case-mix adjusted 30-day mortality on admissions for the period April to June 2016 for Ninewells Hospital. This demonstrates an HSMR of 0.79 for this latest period, a further reduction from the previous quarter (January – March 2016) with an HSMR of 0.87. This indicates a 7.8% reduction in HSMR since January – March 2014 (first quarter from the new baseline period).
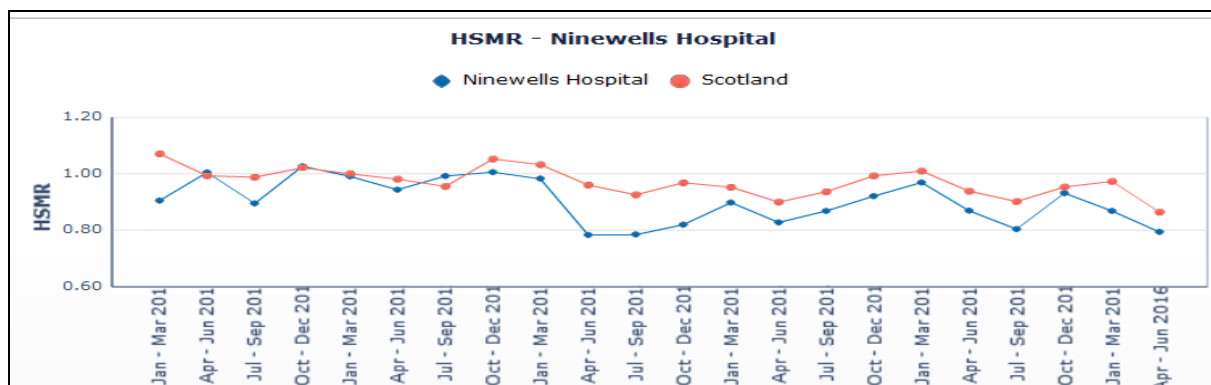

Perth Royal Infirmary

The data below have been updated to include case-mix adjusted 30-day mortality on admissions for the period April to June 2016 for Perth Royal Infirmary. This demonstrates an HSMR of 0.86 for this latest period, a further reduction from the previous quarter (January – March 2016) with an HSMR of 0.93. This indicates a 2.4% increase in HSMR since January – March 2014 (first quarter from the new baseline period).

Stracathro Hospital

The data below have been updated to include case-mix adjusted 30-day mortality on admissions for the period April to June 2016 for Stracathro Hospital. This demonstrates an HSMR of 0 for this latest period, a reduction from the previous quarter (January to March 2016) which reported an HSRM of 1.05. Overall, this is indicates a 0.5 increase in HSMR since January – March 2014 (first quarter from the new baseline period).

It is of note that the HSMR of 1.05 for Stracathro for the period January – March 2016. For that quarter there were two predicted deaths and two observed deaths.
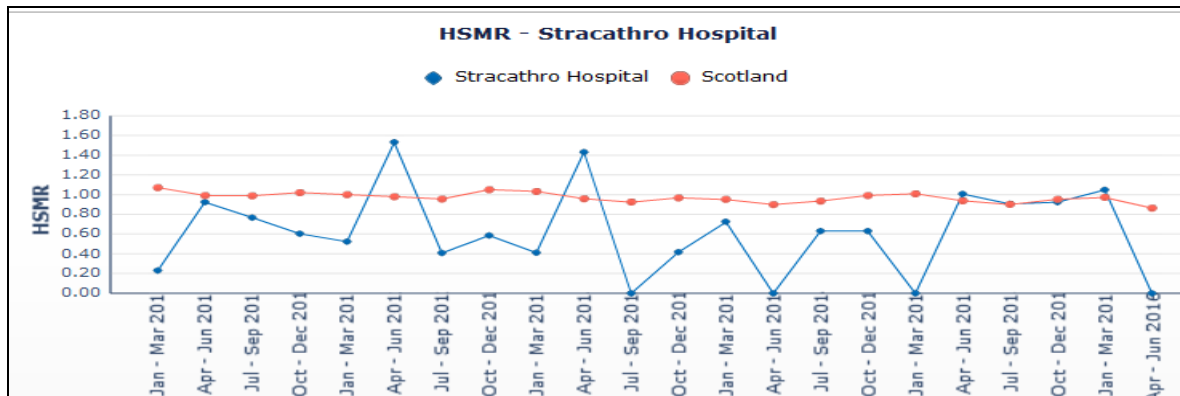
3. **RECOMMENDATIONS**

The Clinical and Care Governance Committee are asked to:

- Note the changes to the HSMR model methodology
- Recognise that HSMR data published from August 2016 is **not** comparable with previous values ending in December 2015.
- Note the HSMR for Ninewells Hospital, Perth Royal Infirmary and Stracathro Hospital are below the HSMR baseline of 1.0 for the latest reporting period.

4. **REPORT SIGN OFF**

Mrs Gillian Costello   **Professor Andrew Russell**
Nurse Director   **Medical Director**

NHS Tayside

May 2017

NHS Tayside
Record of Attendance Clinical and Care Governance Committee 1 April 2016 – 31 March 2017

		12 May 2016	11 Aug 2016	10 Nov 2016	9 Feb 2017	9 March 2017
Members						
Professor John Connell	Chairman, Tayside NHS Board	present	present	present	present	present
Mrs Gillian Costello **(Lead Officer)**	Nurse Director, NHS Tayside	present	apologies	present	present	present
Dr Andrew Cowie	Non-Executive Member, Tayside NHS Board	apologies	present	apologies	apologies	apologies
Mrs Linda Dunion **(Vice Chair)**	Non-Executive Member, Tayside NHS Board	present	present	present	present	present
Mrs Judith Golden	Non-Executive Member, Tayside NHS Board	present	apologies	apologies	apologies	present
Mr Stephen Hay	Non-Executive Member, Tayside NHS Board	present	apologies	present	present	present
Ms Lesley McLay	Chief Executive, NHS Tayside	present	apologies	apologies	apologies	present
Cllr Glennis Middleton	Non-Executive Member, Tayside NHS Board	apologies	present	present	apologies	present
Dr Robert Peat	Non-Executive Member, Tayside NHS Board	-	-	-	-	present
Mrs Alison Rogers **(Chair)**	Non-Executive Member, Tayside NHS Board	present	present	present	present	present
Professor Andrew Russell **(Lead Officer)**	Medical Director, NHS Tayside	present	present	present	apologies	present
Professor Margaret Smith	Non-Executive Member, Tayside NHS Board	apologies	present	present	present	apologies
In attendance						
Dr Alan Cook	Medical Director, Operational Unit, NHS Tayside	present	present	present	apologies	apologies
Ms Margaret Dunning	Board Secretary, NHS Tayside	present	present	apologies	apologies	present
Professor Clare McKenzie	Postgraduate Dean, NHS Education for Scotland (NES)	_	_	apologies	apologies	present
Ms Arlene Napier	Head of Clinical Governance and Risk, NHS Tayside	present	apologies	present	present	apologies