

Integration Joint Board Audit, Risk and Governance Committee

8 June 2023

This Report relates to Item 9 on the Agenda

Healthcare Governance Committee Report

Paper presented by Mark Kelly

For Noting

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	Galloway				
Approved for Submission	Jeff Ace, Chief Executive Officer, NHS Dumfries and				
by:	Galloway				
Appendices:	Appendix 1 – Healthcare Governance Committee Annual				
	Report 2022/2023				

The attached assurance statement relates to the following NHS Dumfries and Galloway Healthcare Governance Committee objectives that the:

- 1.1 Quality of clinical care drives decision-making about the provision, organisation and management of services within NHS Dumfries and Galloway;
- 1.2 The planning and delivery of services takes full account of the perspective of patients, carers and families;
- 1.3 Care delivered within NHS Dumfries and Galloway meets relevant standards the quality and safety of care provided to patients is monitored effectively;
- The NHS locally learns, and applies the lessons learned, from patient feedback (including complaints) and adverse incidents.

2. Recommendations

2.1 The IJB Audit, Risk and Governance Committee is asked to note that NHS Dumfries and Galloway Healthcare Governance Committee has reviewed and approved the submission of the Committee Assurance for 2022/23 as part of the NHS Board's Annual Governance Statement Assurance Work.

3. Background and Main Report

3.1 The NHS Dumfries and Galloway Healthcare Governance Committee Assurance Statement for 2022/2023 is attached as Appendix 1.

The statement provides a summary of assurance on the key delegated activities within the Terms of Reference for the Committee, details on any significant control weakness or issues in year of which none were noted and includes a final statement from the Committee Chair on the activities undertaken by the Committee and the aims for the year ahead, this concludes that the Committee has operated in accordance with its agreed terms of reference and fulfilled its remit.

3.2 Quality/Patient Care

There were no quality or patient care issues highlighted as part of this paper.

3.3 Workforce

There were no workforce issues highlighted as part of this paper.

3.4 Financial

There were no financial issues highlighted as part of this paper.

3.5 Risk Assessment Management

A risk assessment was not required for this paper as it is an assessment Statement.

3.6 Equality and Diversity, including Health inequalities

An impact assessment has not been completed because the paper is an assurance statement.

3.7 <u>Climate Emergence Sustainability</u>

No climate emergency and sustainability issues were identified within this paper.

3.8	Other impacts No other impacts were highlighted during the preparations of this paper.				
3.9	Communication, Involvement, engagement and Consultation This is an internal governance process to give assurance needed to complete the end of year governance reports for the Annual Accounts, therefore, no public consultation was required.				
3.10	Route to the Meeting The assurance statement was presented to the NHS Healthcare Governance Committee in May 2023; this was prepared by the: Healthcare Governance Committee Chair and by the Interim NHS Director of Nursing and will also be presented to the NHS Board as part of the annual governance requirements in June 2023 for the end of year assurances				
4.	Conclusions				
4.1	The Healthcare Governance Committee Annual Report 2022/2023 is presented for noting.				
5.	Resource Implications				
5.1	There were no workforce issues highlighted.				
6.	Impact on Integration Joint Board Outcomes, Priorities and Policy				
6.1	Not applicable.				
7.	Legal and Risk Implications				
7.1	A risk assessment was not required for this paper as it is an assurance statement.				
8.	Consultation				
8.1	The assurance statement has been through the appropriate governance routes as per section 3.10.				
9.	Equality Impact Assessment				
9.1	An impact assessment has not been completed as the paper presented is an assurance statement.				

Healthcare Governance Committee Annual Report 2022/ 2023

SECTION

SECTION 1

SUMMARY OF ASSURANCE

SECTION 2

SUMMARY OF ANY SIGNIFICANT CONTROL WEAKNESSES OR ISSUES AT THE YEAR END WHICH THE COMMITTEE HAS IDENTIFIED AND RECOMMENDS FOR DISCLOSURE IN THE GOVERNANCE STATEMENT

SECTION 3

YEAR-END STATEMENT FROM THE CHAIR OF THE COMMITTEE

SECTION 1 – SUMMARY OF ASSURANCE

As	CTION 1 – SUMMARY OF surance Need (from ToR)	Proposed Level of Assurance	Comments/Further Details
1	Quality of clinical care drives decision making about the provision, organisation and management of services within NHS Dumfries and Galloway.	Moderate	A significant shift in approach was agreed at the most senior level as part of efforts to address unprecedented pressures within health and social care. Controlled drugs update came to Committee with a moderate/ low level of assurance which has demonstrated significant improvement in controlled drug governances, however further work is required.
2	The planning and delivery of services takes full account of the perspective of patients, carers and families.	Moderate	Much of the planning and delivery of services has been post Covid led/driven.
3	Care delivered within NHS Dumfries and Galloway meets relevant standards.	Moderate	The Care Quality Standards continue to be monitored and assessed through our governance structures and the Excellence in Care and Care Assurance Improvement Resource (CAIR).
4	The quality and safety of care provided to patients is monitored effectively.	Moderate	Excellence in Care Update Report came to the February committee with a moderate assurance level. Nutrition and Hydration Annual Report was brought to the February Committee with a moderate level of assurance detailing the work ongoing. Regular infection control papers, giving us a clear indication of where we are with all national targets and a move towards more detail and scrutiny of individual aspects of infection control - such as SABs, e-coli and C-Diff. Patient safety and quality of care assured via regular Patient Safety Feedback reports.
5	The NHS locally learns, and applies lessons learned from, patient feedback (including complaints) and adverse events	Moderate	We have received patient stories at each of the Committee meetings over the last year. Adverse Event Annual Report was submitted to the July meeting, providing a moderate assurance of compliance with legislation, policy and Board objectives.

Assurance Need (from ToR)		Proposed Level of Assurance	Comments/Further Details
			HCGC has praised the openness and the changes in patient experience / feedback papers coming to the Committee. A new-born bloodspot screening incident was discussed and the learning from this. We have also discussed a national blood borne virus incident and the learning from this. Clinical Risk update reports were brought to every Committee.
6	The lessons learned from investigations in other NHS organisations are examined and applied appropriately	Moderate	Few opportunities for this in the past year however there was significant information and learning from national bodies around Covid which dominated the landscape. This includes the care home oversight work and, whilst not a specific remit of HCGC, has shown our learning from other areas and reports. A snapshot report of NHS Dumfries and Galloway maternity and neonatal services in response to Ockenden Report came to the July Committee with a Moderate level of assurance. Adult Support and Protection Annual Report 2021/2022 came to the May Committee with a Moderate level of assurance. HCGC now receives regular update reports from the Patient Safety Group. A Tactical, Quality and Safety Group is being created to bring together shared intelligence, this is likely to be a version of the Patient Safety Group. Would look at outputs from this group and how these could be shared with Directorates and turned into meaningful improvements, these outputs would also be shared with Healthcare Governance Committee to provide assurance around the ongoing work taking place around learning within the organisation.

SECTION 2

SUMMARY OF ANY SIGNIFICANT CONTROL WEAKNESSES OR ISSUES AT THE YEAR END WHICH THE HEALTHCARE GOVERNANCE COMMITTEE HAS IDENTIFIED AND RECOMMENDS FOR DISCLOSURE IN THE GOVERNANCE STATEMENT

The assurance position is moderate, based on what is set out above.

There are no significant control weaknesses that we would need to declare; we have had assurance throughout the year and have really tried to shape the Committee in such a way as to address each of the objectives, checking in with members about their assurance from the papers presented.

SECTION 3

YEAR-END STATEMENT FROM THE CHAIR OF THE HEALTHCARE GOVERNANCE COMMITTEE

- The Healthcare Governance Committee is currently undertaking a review of its own effectiveness.
- The Healthcare Governance Committee has operated in accordance with its agreed terms of reference and fulfilled its remit.
- The Healthcare Governance Committee has received and considered annual reports and is satisfied that it has operated in accordance with their agreed terms of reference.
 - Adult Support and Protection Annual Report 2021-2022 (May 22)
 - Radiation Protection Annual Report 2022-2022 (May 22)
 - Hospital Transfusion Committee Annual Report 2021-2022 (May 22)
 - Adverse Events Annual Report 2021-2022 (July 22)
 - Duty of Candour Annual Report 2021-2022 (October 22)
 - Volunteering Annual Report 2021-2022 (October 22)
 - Area Drugs and Therapeutics Committee Annual Report 2021-2022 (October 22)
 - Patient Feedback Annual Report 2021-2022 (October 22)
 - Interpretation and Translation Annual Report 2021-2022 (November 22)
 - Excellence in Care Update and Care Assurance Annual Report 2022/23 (February 2023)
 - Nutrition and Hydration Annual Report 2022/23 (February 2023)
- The Healthcare Governance Committee are undergoing an exercise to obtain the right level of granular data to provide Committee Members with the correct level of assurance with regards to the information being presented within reports.
- The Healthcare Governance Committee has reviewed the adequacy and effectiveness of the Board's arrangements. The Committee is satisfied that where there are any areas of control weakness, these have been properly acknowledged and have been reflected into the Board's risk management processes.
- The Terms of Reference for the Healthcare Governance Committee requires to be reviewed in order to clarify the role of the Lay Member, this will help identify the recruitment, selection, training and support processes required to be in place as well as the length of term.
- Based on the 2022/23 Self Assessment it has become clear that a Committee
 Development Session should be held with all members to review clarity of roles
 and responsibilities individually and collectively. This will add value to
 Committee performance and provide an opportunity to build relationships.

- Based on recent learning, it has been identified that the introduction of a committee specific Induction Pack for new members would improve the experience and overall effectiveness of the members.
- The Committee has identified that the level of assurance regarding learning from complaints and patient experience cannot be evidenced due to the ongoing difficulties with the implementation of NVIVO. This affects the Committee's ability to be able to offer overall assurance regarding learning in this instance.
- The Board has appointed a Spiritual Care Lead to comply with our legal responsibility regarding Spiritual Care.
- HCG Patient Experience reports have been reviewed extensively and now highlight clearly the level of assurance each item provides, the Committee has agreed that over a period of time every HCG paper will follow the same protocol.
- In the short time the Committee has been operating on a full governance basis it
 has made measurable progress in some areas and continues to do so, which is
 commendable under the circumstances.

Ms Kim Dams

Chair of Healthcare Governance Committee

16 May 2023