



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
27 JUNE 2017

REPORT ON: CLINICAL, CARE AND PROFESSIONAL GOVERNANCE INTERIM REPORT

REPORT BY: HEAD OF SERVICE, HEALTH AND COMMUNITY CARE & CLINICAL
DIRECTOR

REPORT NO: DIJB24-2017

1.0 PURPOSE OF REPORT

This report is to provide update information on aspects of clinical, care and professional governance work currently underway across the Partnership.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

- 2.1 Notes the work undertaken to date across the Dundee Health and Social Care Partnership and the planned future work to improve the governance arrangements.
- 2.2 Notes the extracted content of the first annual Dundee Health and Social Care Partnership Clinical Governance and Risk Management Report as detailed in Sections 4.2 and 4.3.
- 2.3 Notes the information arising from the first service reports.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 A report on Clinical, Care and Professional Governance (DIJB8-2017) was tabled at the Dundee IJB on 28 February 2017. The purpose of that report was to inform the Dundee Health and Social Care Integration Joint Board on the implementation of 'Getting it Right for Everyone – A Clinical, Care and Professional Governance Framework'. One of the recommendations from the report was for the Chief Officer to provide six-monthly reports commencing in November 2017. Following discussion, the Chief Officer was asked to provide an interim report reflecting the work undertaken during 2016/17.

4.2 Dundee Health and Social Care Partnership Clinical Governance and Risk Management Forum

- 4.2.1 In preparing this report, information was drawn from the work of the Dundee Health and Social Care Partnership Clinical, Care and Risk Management Forum (the Forum). The Forum was previously known as the Dundee Community Health Partnership (CHP) Clinical Governance and Risk Management Forum and includes within its membership operational managers from across the partnership. The Forum presented an annual report to the Clinical, Care and Professional Governance Forum (R2 Forum) in May the content of which is detailed in sections 4.2 and 4.3. The annual report predominantly reflects the work of the services previously managed through the CHP with the addition of both Mental Health services and Substance

Misuse services being included in the latter part of the financial year. This work was further developed to support the inclusion of social care services in the use of systems such as DATIX and the weekly safety huddle was extended to include representatives of both health and social care services. It is anticipated that future reports will include a more comprehensive and integrated approach to the production of governance information.

- 4.2.2 During the year 2016/17, the Forum has met on six occasions. The terms of reference for the group are attached in Appendix 1 for information, however it should be noted that we are currently reviewing the terms of reference to more accurately reflect the new integrated clinical governance arrangements. In future operational governance arrangements will include a review of the membership of the Forum, the scope of the business of the Forum and the core reporting template used by services. It is also intended to develop guidance for reporting, including clear definitions of measures to support consistent reporting across services. The partnership is in the process of defining the future role of the lead AHP Professional and it is anticipated that this role will provide a leadership role in further developing integrated governance processes.
- 4.2.3 During the past year, there have been some changes in the membership of the Forum reflecting the organisational changes and hosting arrangements. This has brought some challenges in supporting staff to develop the structures to enable reporting through the Forum. Most recently at the start of 2017, Tayside Substance Misuse Service and Dundee Community Mental Health Services joined the Forum. Work is ongoing with these two services to support the development of reporting structures that support good governance without creating duplication with the requirement for both these services to also report through the Tayside Mental Health Clinical, Care and Professional Governance Specialty Group.
- 4.2.4 To ensure that the Forum continues to provide assurance on clinical governance and is a forum for sharing learning across services, it is recommended that the Forum continues to develop during 2017/18 through:
- Review of the Forum terms of reference to reflect Health and Social Care integration, including the membership to reflect the integrated arrangements.
 - Review the exception reporting system to reflect the 'Getting it Right for Everyone – A Clinical, Care and Professional Governance Framework' and the needs of the different services reporting through the Forum.
 - Continuing to strengthen the opportunities for sharing the learning across the Partnership.

4.3 Annual Report of the Dundee Health and Social Care Partnership Clinical Governance and Risk Management Forum – Key Issues

- 4.3.1 The Forum has provided opportunities for services to share and learn from each other. Examples from 2016/17 include the development of an exemplar kardex within mental health services to reduce prescribing errors, discussion on the changes to the informed consent policy, and the outcome from exit surveys across the Partnership. Changes to the agenda layout has strengthened the focus on learning from adverse events, and services are expected to share and learn from each other's local adverse event reviews. It is planned to build on this to create similar learning opportunities in relation to complaints and ombudsman reports.
- 4.3.2 Services have utilised the Forum as a way of highlighting successes relating to clinical effectiveness, continuous improvement and person centeredness. Examples of successes shared during 2016/17 include:
- Implementing community based leg ulcer and catheter care clinics run by specifically trained District Nurses with the aim of improving leg ulcer healing rates and provide care closer to the patient.
 - Stroke Liaison Service have implemented the House of Care programme approach with all patients, providing more person centred holistic care that empowers the patient to develop their own care plan and priorities.
 - Following learning from a Local Adverse Event Review, all staff from both the Centre for Brain Injury Rehabilitation and Stroke Liaison Service undertook "Using positive behaviour support to understand and manage challenging behaviour" training during

2016 and there is now a consistent team approach to the management of challenging behaviour with an action plan for up-skilling new staff.

- 4.3.3 A number of common challenges across services were highlighted during the year. These include the impact of changes to the Policy for Records and Record Keeping for Nursing and Midwifery staff, particularly on community based staff; identifying appropriate owners and managers for risks within the DATIX; Physiotherapy input into Critical Care settings and achievement of standards; and access to Occupational Health Services. Ongoing challenges continue with mandatory training being completed and all staff having up to date personal development reviews and plans within the eKSF system as well as ongoing recruitment and retention concerns across a range of services and fluctuating sickness absence across the partnership.
- 4.3.4 The information contained within sections 4.2 and 4.3 were presented to the R2 Forum as part of the annual report. Included within the report were the terms of reference (Appendix 1), attendance schedule and details of business items considered at each meeting (summarised at Appendix 2).

4.4 Service Reporting

- 4.4.1 In order to fully understand the specific risks and governance arrangements associated with service/care delivery areas, the R2 group has prepared a reporting programme which will ensure each service area provides a service governance report. To date three areas have reported; Palliative Care Services (hosted service), Mental Health Officer services and Tayside Substance Misuse Services. Consideration was given to the impact of the issues raised by managers; the recording of the risks identified and the actions to be taken to eliminate or mitigate the risks. It was noted by the members of the R2 group that there were differences in both the level and detail of information provided. Guidance is being developed to provide managers with clarity as to the expectations and key areas for reporting. These will include exception reporting of waiting times; staffing/HR matters; adverse events; inter department/service issues; clinical and care practice issues; any governance issues arising from transformational changes; equity/access and any policy or governance risks.

- 4.4.2 The key issues identified through the reporting arrangements were as follows:

Palliative Care Services

- The Managed Clinical Network will support the wider community based aspects of Palliative and End of Life Care (PEOLC) across all of Tayside, with potential for the development of a standardised approach.
- Processes are being developed collaboratively to ensure that staff, within specialist palliative care, not only deliver specific care directly, but support others to deliver palliative care through support, education and resources.
- Clear clinical and management leadership structures in place which will support the development of standards and outcomes and feed into the Corporate, Clinical and Financial Governance across the three partnership areas.
- There will be a challenge in maintaining the benefits of a Tayside model while developing locality based approaches.
- Governance data reporting to be further developed for next reporting period.

Mental Health Officer Service

- High level of engagement in taking forward the development of the service.
- Additional posts established through new monies to support capacity issues but current vacancies within the service impacting on capacity.
- Procedures are being finalised for Adults with Incapacity (Scotland) Act 2000 (AWI) and Mental Health (Care and Treatment) (Scotland) Act 2003 (MHA) to meet national standards.
- Service review in place and initial report produced – recommendations to be agreed and fully implemented.

- Capacity issues continue to arise and further discussion required around approaches and processes.
- Risks identified included difficulties in supporting out of hours responses and any potential impact from the NHS Tayside Mental Health services review.

Tayside Substance Misuse Services

- Noted that this is an early report as service recently moved to partnership and data reporting systems still being explored.
- High level of reported risks and incidents (Local Adverse Event Reviews; Significant Case Adverse Events; DATIX reports).
- Clinical risk improvement actions being worked through.
- Particular issues identified around prescribing which will be further explored through the Medicine Management Group.
- Service is currently meeting the HEAT targets, however there are high levels of demand throughout the service which impacts on the capacity of the service.
- Management team is currently reviewing the key strengths and risks of the service to inform service redesign and are progressing arrangements to strengthened clinical, care and professional governance arrangements at a Dundee level which in turn will also inform the Tayside Mental Health Clinical, Care and Professional Governance Speciality Group.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. There are no major.

6.0 CONSULTATIONS

The Chief Officer, Chief Finance Officer, Professional Advisers to the IJB and the Clerk were consulted in the preparation of this report.

7.0 BACKGROUND PAPERS

None.

Diane McCulloch
Head of Service
Health and Community Care

David Shaw
Clinical Director

DATE: 6 June 2017

David W Lynch
Chief Officer

**Dundee Community Health Partnership CHP
Clinical Governance and Risk Management Forum**

Terms of Reference

1. Purpose and Scope of the Forum

The forum will encourage openness and facilitate accountability, probity of decision making and risk assessment. It will establish, implement and monitor the arrangements of all Dundee Community Health Partnership (CHP) services in respect of clinical governance, the management of risk and link with the Board Assurance Framework. The forum will have the overall responsibility for managing clinical governance and risk within Dundee CHP and will develop strong links with the NHS Tayside Clinical Quality Forum. This will provide assurance to the Dundee CHP Executive Management Team, patients, public and wider organisation as detailed in the attached structure and driver diagram. The forum will establish effective links with the Dundee Health and Safety committee to ensure all aspects of health and safety and risk are assured.

2. Aims and Objectives

An established exception reporting system will provide assurance that Dundee CHP services provide safe and effective care with outcomes that meet published national standards; evidence learning from incidents and complaints and which meets patients' expectations.

The Forum's business will link closely to the following:

Risk

- 2.1 To facilitate and enable the understanding of identified risks through the monitoring of incidents, complaints and quality assurance reports.
- 2.2 To identify themes across Dundee CHP services and identify any areas of potential risk for inclusion on the organisational risk register.
- 2.3 To provide a forum for challenge, verification and validation of detailed action/mitigation plans and an opportunity to shape future actions to mitigate and manage risk.

Assurance

- 2.4 To receive detailed review / investigation reports on key risk areas as appropriate, including reports on patient safety mechanisms from relevant professionals/leads.
- 2.5 To act as an assurance mechanism with respect to organisational assessments to ensure rigour and challenge and to provide assurance.

Clinical quality and patient safety issues

- 2.7 To set and review at agreed intervals the agreed Clinical Quality Indicators and Scottish Patient Safety measures.
- 2.8 To seek and receive assurance through the quality schedules/quality management groups that patient safety mechanisms are in place and that legislative requirements are met.
- 2.9 To oversee the monitoring of incidents / complaints and receive exception reports on activity, and key learning points.

Integrated Governance

- 2.10 To bring together in a single forum the consideration, assessment, and mitigation of safety, clinical governance and risk issues around all clinical and non-clinical areas of operation, including quality performance, health and safety, risk and patient safety.
- 2.11 To proactively anticipate and mitigate future risk through appropriate consideration of strategic plans and the potential impact of external influences.
- 2.12 To focus attention on evidence of emerging cross directorate risks and any concerns regarding progress against existing risks.
- 2.13 Share and disseminate learning.

3. Membership of the Committee

Dundee CHP AHP Lead (Chair)
 Clinical Director - Dundee CHP
 Associate Director of Nursing
 Clinical Governance Lead Clinician – Dundee CHP
 Service Managers
 Clinical Staff

Improvement representative
Staff Side representative
Public Involvement Manager or representative
Clinical Governance and Risk Management Coordinator/Facilitator
Infection Control representative
Other attendees will be invited as appropriate.

4. Meeting arrangements and frequency

Meetings will be held on a bi-monthly basis.
The meetings will be chaired by the AHP Lead and by the Clinical Director of Dundee CHP and the Associate Director of Nursing in the AHP Lead's absence. Formal minutes of proceedings will be taken and an exception report provided to the NHS Tayside Clinical Quality Forum.

5. Reporting and accountability

The Committee will be a sub-committee of the Clinical Quality Forum accountable and will report directly.

6. Review arrangements

The remit and operation of the Committee will be reviewed in one year or sooner if appropriate.

**DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP
CLINICAL GOVERNANCE AND RISK MANAGEMENT FORUM**

SCHEDULE OF BUSINESS CONSIDERED

PERIOD APRIL 2016 – 31 MARCH 2017

1 PATIENT EXPERIENCE

- 1.1 Patient Feedback Learning
- 1.2 Complaints Learning
- 1.3 Ombudsman Report/SPSO Reports
- 1.4 Other items
 - Informed Consent

2 SAFETY

- 2.1 Infection Control – Bi Monthly reports
- 2.2 Infection Control Scorecard (Exception Reporting)
- 2.3 Adverse Events Data
- 2.4 Significant Clinical Event Analysis (SCEA)
 - SCEA Summaries 2014-22
 - SCEA2015-04
 - SCEA2015-05
 - SCEA2015-08
 - SCEA2016-06
 - SCEA2015-10
 - SCEA2016-01
- 2.5 Local Adverse Event Review Feedback
 - 61289
 - 61283
 - 62295
 - 62301
 - 62382
 - 63784
 - 65229
 - 65348
 - 68668

- 2.6 PR Data
- 2.7 Patient Safety/CQI Dashboard – Exception Reporting for Services
- 2.8 Other items
 - Guidance Paper on Redaction

3 OPERATIONAL CLINICAL EFFECTIVENESS

- 3.1 Service Outcome Measures
- 3.2 Protocols/SIGN
 - SIGN 147 SIGN 148 – Acute Coronary Syndrome
 - Prevention and Management of Pressure Ulcers
 - Autism – a booklet for adults, partners, friends, family members and carers (SIGN)
 - NCEPOD – Treat as One – bridging the gap between mental and physical healthcare in general hospitals
 - Duty of Candour Letter

4 LEADERSHIP AND GOVERNANCE

- 4.1 Self-Assessment Update
- 4.2 CQF Feedback
- 4.3 Learning from Events/Spread of Good Practice
- 4.4 Integrated Joint Board Framework

5 WORKFORCE (EXCEPTION REPORTING)

6 SERVICE REPORTING

7 CLINICAL GOVERNANCE PROJECTS

- Hepatitis Project (Lochee Health Centre)

8 ITEMS FOR INFORMATION

- Record of Attendance
- Clinical Governance and Risk Newsletters
- Getting it Right Newsletters