Dundee
Health & Social Care
Partnership

REPORT TO:	**HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 27 JUNE 2018**
REPORT ON:	**ANNUAL REPORT OF THE DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE GROUP**
REPORT BY:	**CHIEF OFFICER**
REPORT NO:	**DIJB38-2018**

1.0 PURPOSE OF REPORT

This annual report is to provide assurance to the Integration Joint Board regarding matters of Clinical, Care and Professional Governance. In addition, the report provides information on the business of the Dundee Health & Social Care Partnership Clinical, Care and Professional Governance Group (The Group), and to outline the ongoing planned developments to enhance the effectiveness of the group.

2.0 RECOMMENDATIONS

It is recommended that the IJB:

2.1 Notes the content of this report.

2.2 Notes the work undertaken by the Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group (R2) from April 2017 – March 2018 to seek assurance regarding matters of Clinical, Care and Professional Governance (Sections 4.3 – 4.5).

2.3 Notes the update in response to the Audit of Clinical, Care and Professional Governance systems as detailed in section 4.6.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 Background

4.1.1 The purpose of this annual report is to inform the Integration Joint Board of the activities of the Clinical, Care and Professional Governance Group. The activities of the Group are governed by 'Getting it Right for Everyone – A Clinical, Care and Professional Governance Framework'. The report covers the period April 2017 to March 2018.

4.2 Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group

4.2.1 The Group meets every two months. The members of the group consider:

- Service Area Reports/Service Area Updates (reported in Sections 4.3.2 – 4.3.8 of this report).
- The Risk Register (reported in Section 4.4 of this report).
- Outcome of Inspection Reports.
- Updates on Clinical Governance and Risk Management Local Adverse Event Reviews/Significant Case Adverse Event Reviews/Significant Case Reviews.
- Exception reports relevant to the Clinical, Care and Professional Governance Domains as reported in Section 4.5 of this report.
- Processes for the introduction of new clinical, care and professional policies and procedures.

4.2.2   Over the past year the Group has sought to support the sharing of information across a range of services and to ensure the work of the Group reflects the broad range of services delegated to the Integration Joint Board. While the breadth of service considerations can be a challenge for Group members, in that there remains a level of variance in the style and detail of governance reporting across the partnership, the Group has retained an objective to develop a fuller understanding of each of the services and the associated risks. Throughout this year, further work was progressed to reach a reporting style which made best use of the available time and targeted the analysis at core and relevant data. More recently, members of the Group, along with the Chief Social Work Officer, have been invited to attend the Clinical Quality Forum (NHS Tayside) to further develop a sharing of information and scrutiny at a Tayside wide level.

4.3   Service Reporting

4.3.1   In order to fully understand the specific risks and governance arrangements associated with service/care delivery areas, the Group has prepared a reporting programme which will ensure each service area provides a service governance report. 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. Each service was asked to provide an update on the performance and follow up service reports were presented. The following extracts report on the issues raised through a range of services.

4.3.2   Palliative Care Services
Historically, a Steps to Better Healthcare Project had recommended a single Specialist Palliative Care Service, complemented by a Tayside Palliative Care Managed Clinical Network. The service reported a number of positive actions and recognised potential risks as follows:

- A single hosted service carries the strong advantage of maintaining specialist support in palliative and end of life care - available, visible and able to provide leadership.
- There are a range of training and education opportunities.
- The integration of Partnership services, such as community nursing and social care services, fully supports the development of defined core competencies in palliative and end of life care expected for all roles within the health and social care system.
- The Managed Clinical Network is a good opportunity for Tayside-wide working and supports 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, without the loss of the unique identity of each locality and their local populations.
- The balance of the benefits of a Tayside model with locality based approach inherent in integration models will be the main challenge and risk. Partners will need to feel the unique partnership and locality representation.
- Prior to current relationships there has not been a purposeful, broad based/specialist service approach structure in Tayside, with a history evolving through time, but now with consensus, this is being progressed. There will be a need to work hard and devote time to building relationships.
- The commitment and ownership of all those engaged, particularly the Health & Social Care Partnerships, who are not directly hosting or managing their services. It will be key to ensure both financial and active accountable buy-in.

- 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, to support the development of standards and outcomes which feed into the corporate, Clinical and Financial Governance across the matrix of bodies, will be developed and embedded across the four main clinical sites, as well as the wider communities. There is real buy in from consultants in Palliative Care; good relationships currently exist with Macmillan and Marie Curie and are being further developed with primary care.

4.3.3   Mental Health Officer Service
The Mental Health Officer service is a dedicated service. The service has experienced significant capacity issues over the last two years. To address this the following were actioned:

- Mental Health Officer (MHO) Practice Group established.
- Adults with Incapacity procedures updated.
- MHO procedures developed.
- Vacant posts recruited to.
- New duty rota will be more flexible and support the progression of MHO activity and in particular guardianship applications.
- Dedicated MHO cover identified for Murray Royal Hospital to improve the response for Dundee patients placed there.
- MHO review reported.
- Further report to be submitted following the completion of the Tayside Mental Health Review detailing the impact of proposed changes on the Mental Health Officer service.

4.3.4   Integrated Substance Misuse Services
Dundee Substance Misuse Services have experienced a very high level of national and local scrutiny arising from the high level of deaths associated directly with substance use. The service has identified a number of risks and capacity issues. To support the development of the service and to understand and mitigate the risks, the following were reported:

- Alcohol and Substance Misuse Strategic Planning Group established which will support and set out the direction for future redesign.
- Integrated Alcohol and Substance Misuse Improvement Planning Group established which will consider identified risks and take forward the actions to address these.
- A Quality Improvement Group looking at scrutiny and governance across the service is established.
- These Groups will also report and work within the Mental Health Clinical, Care and Professional Governance reporting arrangements.
- Multi-agency group which includes key services and agencies established and focussing on four key aspects: Balance Scorecard, Integrated Risk Register, Single Evaluation Report, and a single Budget Statement.
- Staffing capacity identified as a key risk within the service. Additional nursing and clerical staff have been recruited to mitigate this risk and an escalation plan has been developed outlining service expectations within current staffing levels and ratios.

4.3.5   Early Screening Group
The Early Screening Group is a multi agency response for the screening of Adult Support & Protection (ASP) concerns and referrals. This is a partnership of Social Work, Police Scotland, Fire & Rescue Service, Substance Misuse Service and Mental Health Service. The next steps for the Early Screening Group will be to:

- Focus on implementing the new approach and embedding continuous learning and improvement through ongoing self-evaluation, implementing a learning and reflection Group.
- To have oversight and governance from the Dundee Health & Social Care Partnership (DHSCP) Public Protection Quality Assurance Group.

- From this Assurance Group reports will be submitted to the Adult Support & Protection Committee and the Clinical, Care and Professional Governance Group.

4.3.6   Dundee and Angus Equipment and Loan Service
The Dundee and Angus Equipment and Loan Services have now merged and are hosted in the Dundee Health and Social Care Partnership.

- The merger has resulted in financial savings of £50k for the DHSCP.
- Performance has improved within the Angus service and there has been no detriment to the Dundee service arising from the merger.
- A Joint Steering Group was established in 2016 to support the merger and provide oversight, governance and coordination in relation to the provision of equipment to the community.
- The service is now delivering well across key service outcomes :
  o To support people to live independently in their own homes
  o For people to have a positive experience of the service
  o For equipment to be provided efficiently, effectively and safely
  o For the workforce to be confident and competent.

4.3.7   Sexual and Reproductive Health Service
The Sexual and Reproductive Health Service is a walk-in service that provides triage and subsequent care, specialist treatment and specialist clinical provision. The service incorporates The Corner and HIV Nursing Service.

- Very low numbers of complaints are received within this service – only four in the last year.
- Clinical audits are routinely undertaken across the service with current audits focussing on ensuring clinical protocols are being met.
- Service has been awarded a Quality Award and a Lesbian, Gay, Bisexual and Transgender Award.
- Menopause service has not been able to meet targets and the service have commenced improvement work locally to address this.

4.3.8   Older Peoples Services
A report was submitted on behalf of the Older People's Services which set out the future developments and the identified risks. This included:

- Unsuitability of the Royal Victoria Hospital site and considerations around future accommodation.
- Workforce concerns regarding staffing complement on ward – this will be addressed as the number of wards are reduced.
- The risks associated with significant change – staff engagement; timing of environmental changes.
- Impact of financial constraints both short term and long term.
- Noted that patients using the services are increasingly frail. The current and future workforce planning will take into account the required staffing compliments including the development of more skilled roles such as Advanced Nurse Practitioners.
- Noted that both nursing and junior doctor pressures will improve should the service move to a joint site with Psychiatry of Old Age services.
- Performance against the care quality standards to be included in future reports.

4.4   Risk Register

4.4.1   Risks are identified by service managers and recorded on DATIX (patient safety reporting system) and are actively monitored at the Clinical, Care and Professional Governance Group. The Group members ensure that actions are in place to mitigate these risks. The Group members have asked that these risks be reviewed to ensure actions are specific, measurable, achievable, realistic and time-related (SMART) and that actions are completed.

4.4.2   The following risks were added to the service risk register on DATIX during the last year:

- Challenges in recruiting staff.
- Access to services.
- Budget restriction (Drugs).
- Interconnectivity of IT systems.
- Potential impact of GP Contract on service areas.
- Potential new cost pressures and / or loss of services.
- Workforce planning – implications of additional staffing requirements.
- Environmental/ Building Requirements – observation risks.
- Transcribing of medications in the community.
- Shortfall in registered and support working staff.

4.5   Governance Domains

4.5.1   There are six governance domains that form the basis and structure for the Clinical, Care and Governance Framework. Feedback against these domains is provided at each Group meeting and the feedback over this year has included:

4.5.2   Information Governance

- Joint Information Technology (IT) information sharing across the HSCP has been discussed to support integrated and efficient services. Further work is required, at National Level, to support enhanced information sharing within the Partnership.
- Work was presented on a refreshed dataset which is to be reported through the Clinical, Care and Professional Governance Group. This dataset captures key information under each of the six domains in the Governance Framework. It was identified that further work is still required with the dataset to ensure all functions across the HSCP are captured and reflected.
- The introduction of the TRAKcare IT systems within NHS Tayside was identified as a Tayside risk and it was noted that relevant teams are working with the IT TRAK team to resolve this.

4.5.3   Professional Regulation and Workforce Development

- The Group received a presentation from Dr Ann Ramsay on the GP Appraisal system. This highlighted the good work done across GPs in ensuring compliance with the process and the positive outcomes achieved. The appraisal programme has a 100% uptake rate and there have been no issues in terms of GP revalidation, although an escalation process does exist if there is any failure to engage.
- The Group reviewed the registration process for Allied Health Professions (AHP). Assurance was provided around the process and checks undertaken for each AHP and it was reported that Occupational Therapists who had re-registered prior to the discussion has 100% success rate.
- The HSCP Joint Induction Programme has been designed and delivered for new staff to the Partnership. This process is being evaluated after each session and will continue to evolve to ensure effectiveness and suitability.
- The Group heard an update on the Safe Staffing Bill and supported the HSCP to provide a response to the National Consultation.

4.5.4   Patient, Service User, Carer and Staff Safety

- The Group reviewed a report following a clinical incident in a Care Home in Dundee from the Care Inspectorate. While this was not a directly managed Care Home under the HSCP there was a broad discussion around the immediate management of residents following the incident and how best to support residents. Contingency plans contributed to the successful outcome of this situation and the HSCP were able to reflect on this situation and ensure future such incidents could be well managed.

- Volunteering – Lampard Report. This was a report written following the Jimmy Saville investigation and sets out guidance and recommendations in relation to visitors to the workplace, including celebrity visitors. The Group discussed ensuring that staff had undergone appropriate levels of training to comply with recommendations. This work is still ongoing.
- The Group reviewed a paper setting out the impact of Duty of Candour. The relevant procedures have now been developed and an e-module developed for health staff, for Dundee City Council employees, training will be delivered once procedures are developed. An annual report will be submitted by both parent organisations confirming compliance against an agreed data set and whether a duty has been triggered. The separate approaches applied to public bodies could result in different processes for the Partnership. Any duty of candour issues will be reported through the Group. It was agreed that a further report be brought back to the Group to confirm that procedures are in place.

4.5.5   Patient, Service User, Carer and Staff Experience

- A new complaints process was introduced across Scotland with both Health and Local Authority Procedures adhering to the same set of procedures. Work was undertaken cross the Partnership to ensure all staff were aware of and able to support the new guidance.
- Review on the quality of complaint responses was undertaken by the Governance Huddle. This showed a variance in the quality of complaints responses being issued and further work was identified to ensure feedback to authors of complaints and learning shared across the Clinical, Care and Professional Governance Group.
- iMatter has been rolled out to all staff across the Partnership. Uptake has been positive and teams are working locally to develop and implement action plans based on their own local survey results.
- The Health and Social Care Standards have been published and will form a central part in the governance reporting of the HSCP in the coming year. The standards are written from the perspective of service users and will support the ongoing ambition to provide person centred, safe and effective care.

4.5.6   Quality and Effectiveness of Care

- The Care Home Grade report was taken to the Performance & Audit Committee (PAC) and sets out what the grades are for the different care homes which includes both external and internal care homes. There were very few care homes sitting at Grade 3 or below. Most of the Dundee care homes sit much higher with some at Grade 6. There were two care homes which were recognised as being poor performing homes. One of these was Wellburn which has since closed and the other was Brae Cottage which has also closed.
- The Care Home Grade report reflected over the last financial year to Care at Home Services which includes Supported Housing, Home Care and Independent Sector. This included Weaversburn which was rebuilt as tenancies from a residential care facility. A new model was identified which required additional staff and management. There have been 2/3 follow up inspections and a lot of issues have been resolved and Weaversburn is building up its continuity in terms of its approach to care.
- Information was provided on the progress of the ASP Inspection. The Group will support any Clinical Care And Professional Governance outcome areas from this work.

4.6   Clinical Care and Professional Governance Audit Report

4.6.1   A report was presented to the PAC setting out the audit findings of the Clinical, Care and Professional Governance systems within the Partnership (Report carried out by NHS Tayside Internal Audit Service – Clinical, Care and Professional Governance – Report No D07/17). The report findings placed the Dundee Health and Social Care Partnership at Category B – Broadly Satisfactory, in that there is an *'adequate and effective system of risk management, control and governance to address risks to the achievement of objectives, although minor weaknesses are present'*. The Audit Report set out four key findings with associated recommendations which included actions for the Group.

4.6.2 In response to the Audit report, the following actions were implemented:

- Terms of Reference was developed and agreed by the Group.
- Work to develop and agree a core partnership data set to report prevalence and performance with regard to clinical, care and professional governance is progressing.
- Annual work plan developed for the Group.
- The Group holds membership of the Clinical Quality Forum through the Chair.
- Integration Scheme - Delegated Functions mapped to the work plan/service reporting.

4.7 Professional Leadership – Health Professionals

4.7.1 Professional Leadership is provided through integrated posts set within the Dundee Health and Social Care Partnership. The functions of this role include clinical, care and professional leadership, accountability and governance for specific professions; clinical, care and professional strategic leadership within service redesign; support and advice in matters of workforce planning and development; and support to the partnerships governance arrangements. These roles include:

- Lead Nurse (HSCP)
- Lead Allied Health professional (HSCP)
- Clinical Director (HSCP)
- Associate Nurse Director (Dundee)
- Associate Medical Director
  All of the above are members of the Dundee HSCP Clinical, Care and Professional Governance Group.

4.8 Professional Leadership - Social Work/Social Care Professionals

4.8.1 The Social Work (Scotland) Act 1968 (amended by S.45 of the Local Government (Scotland) Act 1994) requires local Authorities to appoint a Chief Social Work Officer for the purposes of listed Social Work functions. The post holder required to be a qualified Social Worker who can demonstrate extensive experience at a senior level and can provide effective professional advice at all levels. The Chief Social Work Officer is employed within Dundee City Council as Head of Integrated Children Services and Criminal Justice but maintains a leadership role for all social work and social care services.

4.8.2 To support the development and governance of social work services, the Joint Social Work Management Team brings together the Chief/Senior Officers (or their representatives) with responsibilities for Social Work functions, alongside supporting officers from the Health and Social Care and Children and Families Service Strategy and Performance Teams. The group maintains oversight and leads on developments relating to:

- Key national and regional legislative, policy and practice developments with implications for social work practice;
- Local developments, both strategic and operational, with specific implications for the social work workforce and services;
- Datasets and performance management relating to statutory social work functions;
- The effectiveness of arrangements to support the Chief Social Work Officer in discharging their statutory role; and
- The production and publication of the Chief Social Work Officer's annual report, which outlines activities over the previous year and opportunities and challenges ahead.

4.8.3 The Chief Social Work Officer Annual Report 2016/2017 was presented to the Integration Joint Board at its meeting held on 19 December 2017 (report number DIJB53-2017 refers). In this report the Chief Social Work Officer set out the governance arrangements for social work services and reported on a range of quality indicators including complaints; service inspection grades and workforce development. The report highlighted both the improvements made over 2016/2017 and the challenges facing social work services.

4.8.4 To support the governance arrangements the Chief Social Work Officer is preparing a Chief Social Work Officer Governance Framework for 2018 – 2026 which will set out the governance arrangements for the redesign and delivery of safe, effective and high quality Social Work and Social Care services, under the leadership and oversight of the Chief Social Work Officer in Dundee City.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	The absence of clear clinical, care and professional governance arrangements and monitoring can impact on the ability to provide safe services for both employees and service users/patients. Without the ability to both monitor compliance and take action to address concerns the Health & Social Care Partnership will be unable to gain assurances around service delivery.
Risk Category	Governance
Inherent Risk Level	Likelihood 4 x Impact 3 = 12 – High risk
Mitigating Actions (including timescales and resources)	- Established clinical, care & professional governance Groups in place. - Reporting arrangements agreed.
Residual Risk Level	Likelihood 3 x Impact 3 = 9 – High Risk
Planned Risk Level	Likelihood 2 x Impact 3 = 6 – Moderate Risk
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

7.0 CONSULTATIONS

The Chief Finance Officer, Head of Service – Health & Community Care, Clinical Director, Lead Allied Health Professional, Lead Nurse, the Professional Advisers to the IJB and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	✓
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0   BACKGROUND PAPERS

None.

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