



**REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD -
31 OCTOBER 2017**

REPORT ON: CLINICAL, CARE & PROFESSIONAL GOVERNANCE REPORT

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB41-2017

1.0 PURPOSE OF REPORT

This report provides clinical, care and professional governance performance information and reports on the work of the Clinical, Care and Professional Governance Forum (R2 Forum).

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report and the performance report attached as Appendix 1;
- 2.2 Notes the ongoing work to progress to a fully integrated Clinical, Care and Professional Governance Performance reporting arrangement as described in Section 4.2.2 and 4.2.3;
- 2.3 Notes the recent considerations of the R2 Forum (section 4.3).

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 A report on Clinical, Care and Professional Governance was tabled at the 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'. It was agreed that six monthly reports would be submitted to the IJB, with exception reports submitted to each Performance and Audit Committee.

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 Governance and Risk Management Forum (the Forum). This 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.

- 4.2.2 To ensure that the Forum continues to provide assurance on clinical governance and is a forum for sharing learning across services, the Forum continues to develop and during 2017/18 will:
- Review 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.
 - Continue to strengthen the opportunities for sharing the learning across the Partnership
- 4.2.3 A development event was held on 17 July 2017. During this event current collated information was aligned to the governance framework. This was further discussed at the operational performance group meeting and agreement reached as to the proposed reporting framework. Work is progressing to test out the collation of this information and this will be presented to the Clinical, Care and Professional Governance Forum (R2 Forum) on 23 November 2017 for consideration.
- 4.2.4 An interim performance report detailing Clinical, Care and Professional Governance is attached at Appendix 1.

4.3 Clinical, Care and Professional Governance Forum (R2 Forum)

- 4.3.1 The R2 Forum met on 13 July 2017. The members of the group considered:
- Service Area reports – reported in section 4.4.3 of this report.
 - Service Area Updates – reported in 4.4.2 of this report.
 - The Risk Register – reported in section 4.5 of this report.
 - Outcome of Inspection Reports. The reports considered were presented to the Performance & Audit Committee on 19 July and are therefore not included in this report.
 - Updates on Clinical Governance and Risk Management – examples of good practice were provided.
 - Local Adverse Event Reviews/Significant Case Adverse Event Reviews/Significant Case Reviews – there were no new cases to report.
 - Feedback against the Clinical, Care and Professional Governance Domains – one significant issue was reported regarding a recent fatal accident within a care home. This case is subject to formal consideration by other regulatory bodies. The case will also be considered through the Adult Support and Protection Significant Case Review procedures. The presenters of this case were asked to seek assurance that all care providers were putting in place appropriate checks and balances to minimise the risk of this type of accident reoccurring.

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 Forum has prepared a reporting programme which will ensure each service area provides a service governance report. Three areas have previously reported to the R2 Forum; 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. Each service was asked to provide an update on the performance and follow up service reports were presented.
- 4.4.2 The key issues identified through the follow up reports were as follows:

Palliative Care Services

- Currently no waiting lists for MacMillan services; waiting lists for the wider service monitored daily.
- Noted difficulties in filling vacancies and impact on the service.

- High level of sickness which is being addressed through the use of NHS Tayside sickness absence procedures.
- Very few adverse effects. One Local Adverse Event Review pending at the time of the report.

Mental Health Officer Service

- MHO practice forum in place.
- Adults with Incapacity procedures updated and awaiting sign off.
- MHO procedures developed and awaiting sign off.
- New staff recruited to commence September 2017, although still to recruit to Team Manager post.
- 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 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.

Tayside Substance Misuse Services

- Alcohol and Substance Misuse Strategic Planning Group to be established which will support and set out the direction for future redesign.
- Integrated Alcohol and Substance Misuse Improvement Planning Group now 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 now established.
- These forums will also report and work within the Mental Health Clinical, Care and Professional Governance reporting arrangements.

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

- Considerations were given to the Royal Victoria Hospital site and 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.

4.5 Risk Register

4.5.1 The risks reported were discussed at the R2 Forum. From the information available to the R2 Forum members, it was noted that actions were in place to address these. The R2 Forum members have asked that these risks be reviewed to ensure actions were specific, measurable, achievable, realistic and time-related (SMART) and that actions were completed. This relates to the current reporting format.

4.5.2 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.

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	12 – High risk
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none">- Established clinical, care & professional governance forums in place.- Reporting arrangements agreed.
Residual Risk Level	9 – High Risk
Planned Risk Level	6 – Moderate Risk
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

7.0 CONSULTATIONS

The Chief Officer, Chief Finance Officer, Clinical Director, Lead Allied Health Professional and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

None.

David W Lynch
Chief Officer

DATE: 6 October 2017

Diane McCulloch
Head of Service

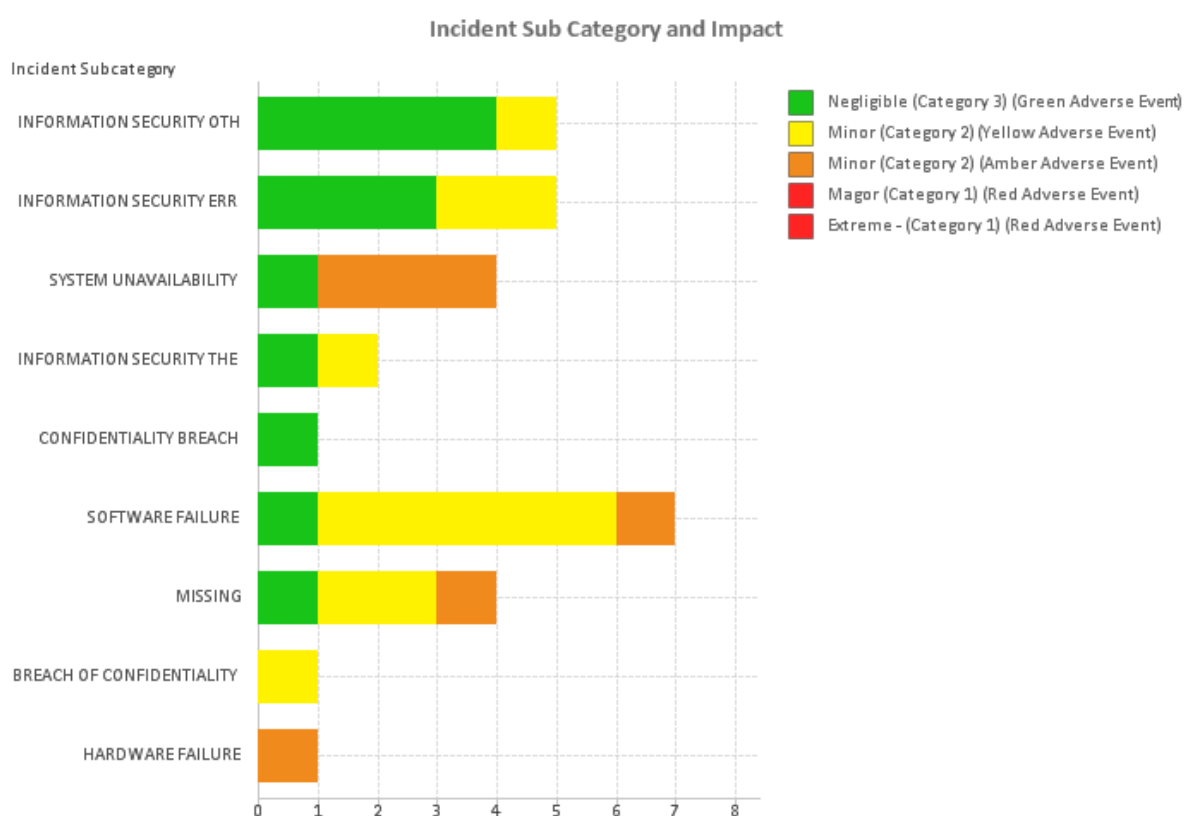
Matthew Kendall
Lead AHP

Clinical, Care and Professional Governance Report

There are 6 domains of assurance in the framework: ‘Getting it Right for Everyone – A Clinical, Care and Professional Governance Framework’. Dundee Health and Social Care Partnership continue to develop local indicators to provide assurance across of the domains.

Domain One – Information Governance

There were 18 breaches to information security in 2015, 8 beaches to information security in 2016 and 4 breaches of information security in 2017, recorded on the DATIX system (up to 5th October 2017). This shows an improving position in relation to information security across the Dundee Partnership. The chart below shows the incidents broken down into sub categories and impact.



Domain Two – Professional Regulation and Workforce Development

There are ongoing challenges for the majority of teams in ensuring compliance with ongoing staff appraisal. The table below shows the range of completed performance development reviews and performance development plans completed across Services.

HSCP - Dundee

Cost Centre 4		PDR				PDP			
HSCP - Dundee	HC	Y	%	N	%	Y	%	N	%
	1353	510	37.69%	843	62.31%	515	38.06%	838	61.94%
<i>A.h.p.s Admin</i>	11			11	100.00%	8	72.73%	3	27.27%
<i>Accohol Problems Services</i>	11	2	18.18%	9	81.82%	1	9.09%	10	90.91%
<i>Anticoagulation</i>	10	6	60.00%	4	40.00%	7	70.00%	3	30.00%
<i>Brain Injury</i>	40	23	57.50%	17	42.50%	22	55.00%	18	45.00%
<i>Continuing Care</i>	58	13	22.41%	45	77.59%	20	34.48%	38	65.52%
<i>Dietetics (tayside)</i>	85	33	38.82%	52	61.18%	33	38.82%	52	61.18%
<i>Drug Problems Services</i>	43	4	9.30%	39	90.70%	6	13.95%	37	86.05%
<i>Eating Disorders</i>	5	2	40.00%	3	60.00%	1	20.00%	4	80.00%
<i>General Adult Psychiatry</i>	83	17	20.48%	66	79.52%	21	25.30%	62	74.70%
<i>Ijb Management</i>	7	1	14.29%	6	85.71%			7	100.00%
<i>Ijb Medicine For Elderly</i>	100	26	26.00%	74	74.00%	8	8.00%	92	92.00%
<i>Intermediate Care</i>	1	1	100.00%			1	100.00%		
<i>Keep Well</i>	14	5	35.71%	9	64.29%	2	14.29%	12	85.71%
<i>Learning Disability (dundee)</i>	35	20	57.14%	15	42.86%	15	42.86%	20	57.14%
<i>Learning Disability (tay Ahp)</i>	18	7	38.89%	11	61.11%	10	55.56%	8	44.44%
<i>Medical Advisory Service</i>	2	1	50.00%	1	50.00%			2	100.00%
<i>Nursing Services (adult)</i>	181	41	22.65%	140	77.35%	46	25.41%	135	74.59%
<i>Occupational Therapy</i>	36	12	33.33%	24	66.67%	6	16.67%	30	83.33%
<i>Older Peoples Serv. - community</i>	17	8	47.06%	9	52.94%	10	58.82%	7	41.18%
<i>Palliative Care - Angus</i>	9	6	66.67%	3	33.33%	4	44.44%	5	55.56%
<i>Palliative Care - Dundee</i>	64	31	48.44%	33	51.56%	34	53.13%	30	46.88%
<i>Palliative Care - Perth</i>	51	28	54.90%	23	45.10%	24	47.06%	27	52.94%
<i>Physiotherapy</i>	103	68	66.02%	35	33.98%	80	77.67%	23	22.33%
<i>Primary Care</i>	13			13	100.00%			13	100.00%
<i>Psy Of Old Age - Community</i>	39	29	74.36%	10	25.64%	33	84.62%	6	15.38%
<i>Psych Of Old Age (in Pat)</i>	121	49	40.50%	72	59.50%	56	46.28%	65	53.72%
<i>Psychology</i>	118	43	36.44%	75	63.56%	27	22.88%	91	77.12%
<i>Psychotherapy (tayside)</i>	12			12	100.00%			12	100.00%
<i>Public Health</i>	8	1	12.50%	7	87.50%	2	25.00%	6	75.00%
<i>Sexual & Reproductive Health</i>	36	22	61.11%	14	38.89%	28	77.78%	8	22.22%
<i>Tayside Health Arts Trust</i>	1			1	100.00%			1	100.00%
<i>The Corner</i>	17	11	64.71%	6	35.29%	9	52.94%	8	47.06%
<i>Working Health Services</i>	4			4	100.00%	1	25.00%	3	75.00%

Domain Three – Patient, Service User and Staff Safety

Adult Protection review demonstrates:

- There has been a reduction in referrals received in this quarter in comparison to 2016, which may be attributed to a reduction in referrals received from Police Scotland during this reporting quarter. Over the next year we will continue to monitor referrals to determine if this is a continuing trend.
- However, the percentage of total referrals for this quarter which proceeded to Initial Referral Discussion has remained at 6% and then which proceeded to Case Conference has also remained at 3% in comparison with same quarter at 2016. This indicates a trend in relation to low numbers of referrals, for this quarter which proceeded to IRD.
- Police Scotland continues to remain principal source of referral for this quarter. However, it is encouraging to see that the number of referrals from other agencies has increased by more than 50% for the same quarter at 2016.
- The majority of referrals which proceeded to an investigation, for this quarter, were people aged over 65 of a white ethnic origin.
- There have been no large scale investigations launched in this quarter, which is same for past 4 years.

CHART 1

Dundee Single Outcome Agreement (Annual Report) - Indicators: Number of Referrals to Social Work, considered under ASP which proceeded to:

- a) Initial Management Discussion (IMD – all concerns reported have an IMD so this is also the total number of referrals received)**

Scottish Government National Data Collection – How many ASP referrals were received?

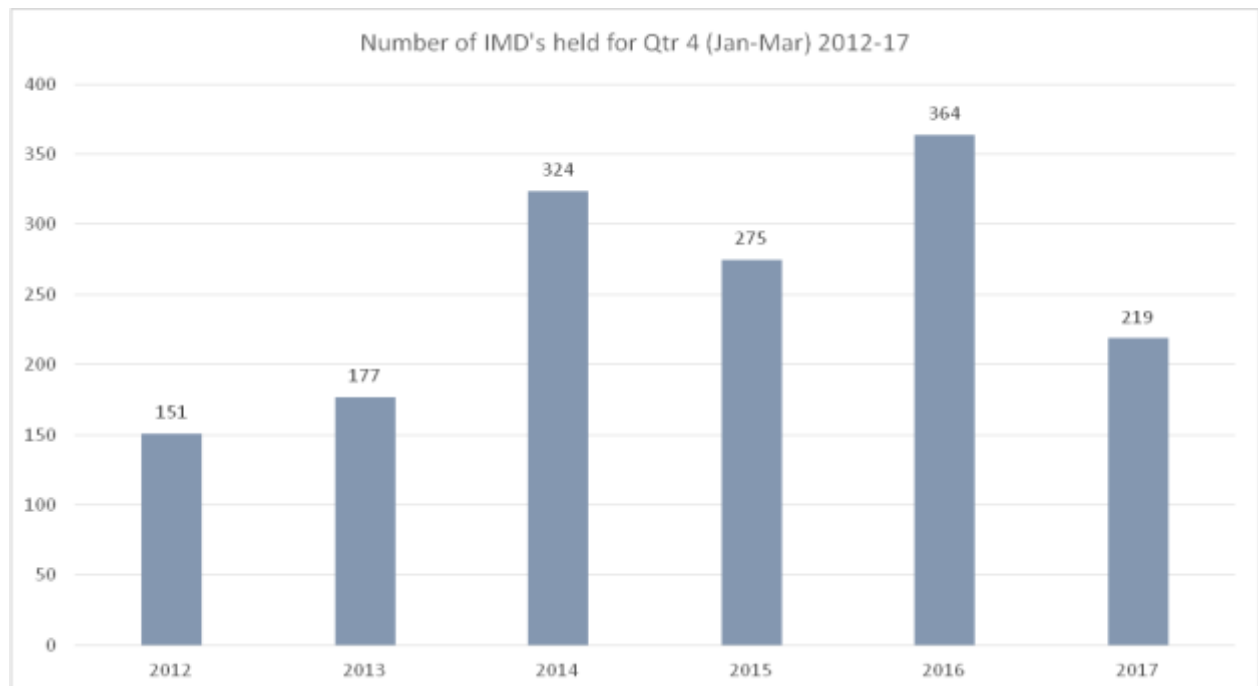


CHART 2

Dundee Single Outcome Agreement (Annual Report) - Indicators: Number of Referrals to Social Work, considered under ASP which proceeded to:

a) Initial Referral Discussion (IRD)

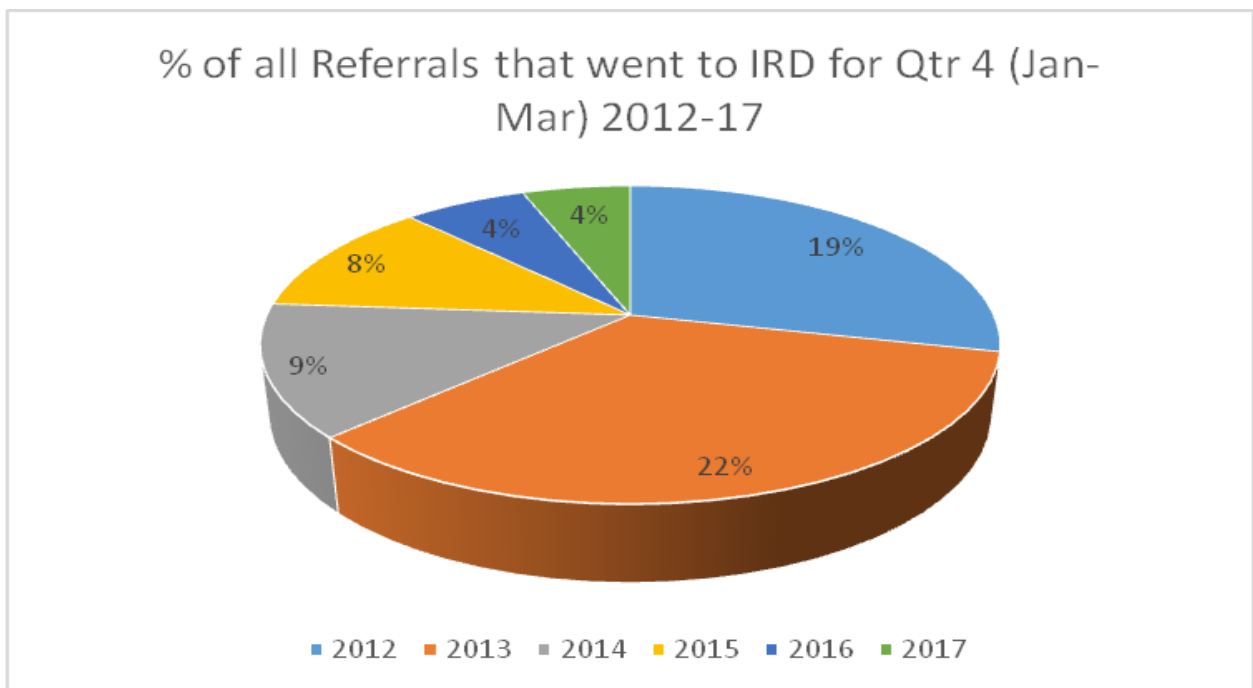
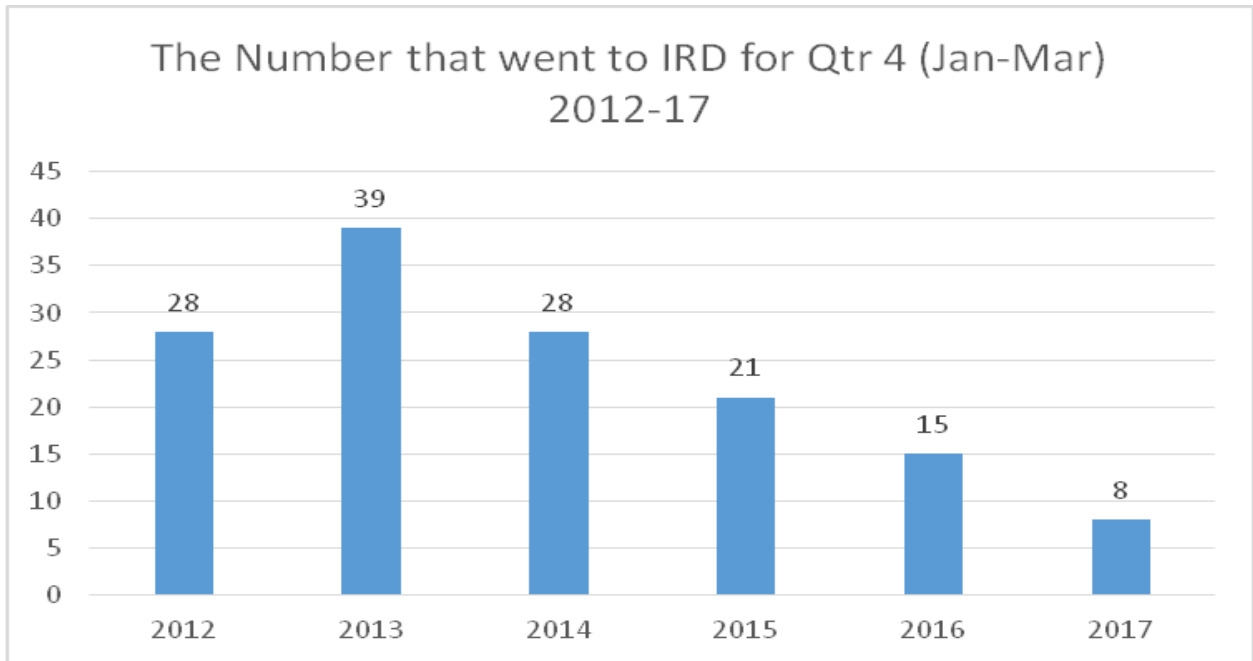


CHART 3

Dundee Single Outcome Agreement (Annual Report) - Indicators: Number of Referrals to Social Work, considered under ASP which proceeded to:

a) Case Conference (CC)

Scottish Government National Data Collection – How many cases were subject to an ASP Case Conference?

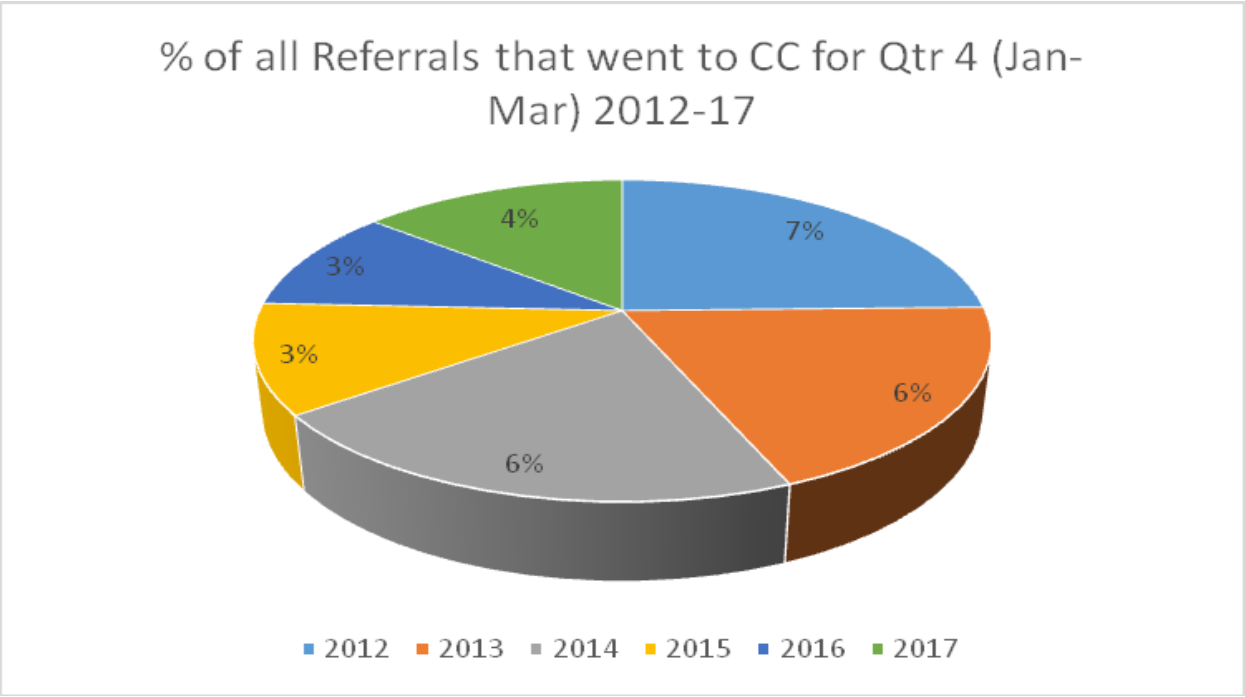
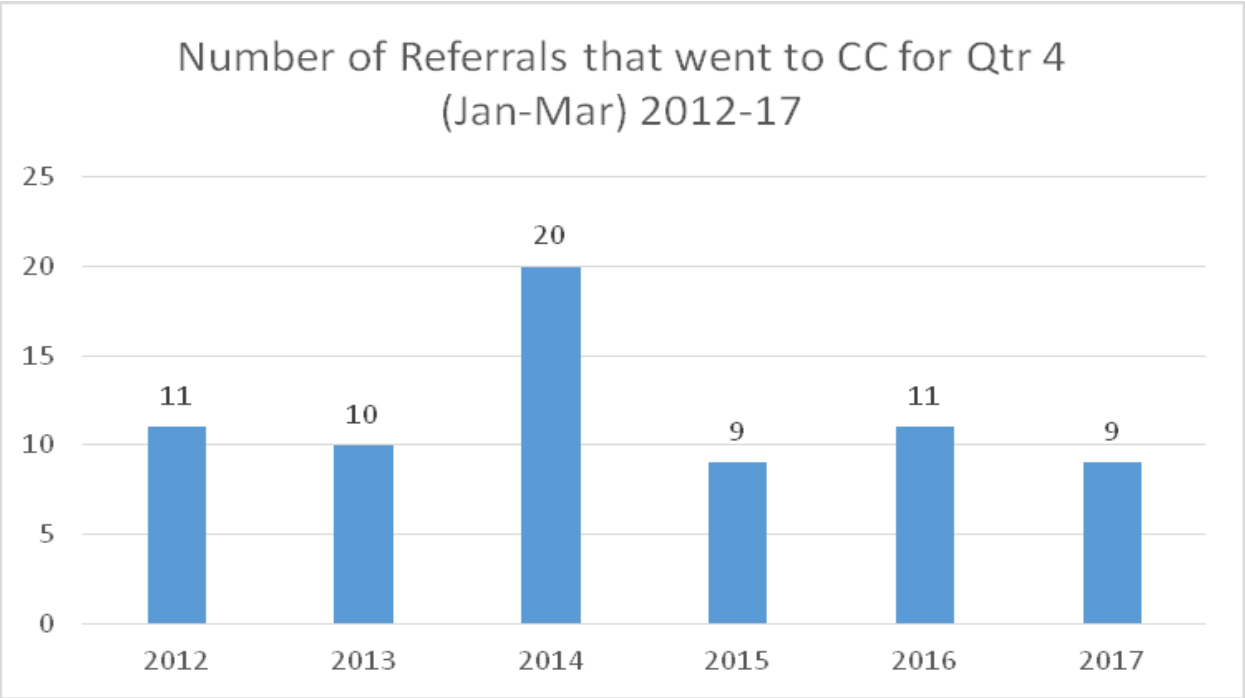


CHART 4

**Scottish Government National Data Collection - Source of Principal Referral
Dundee Adult Protection Committee Balance Scorecard**

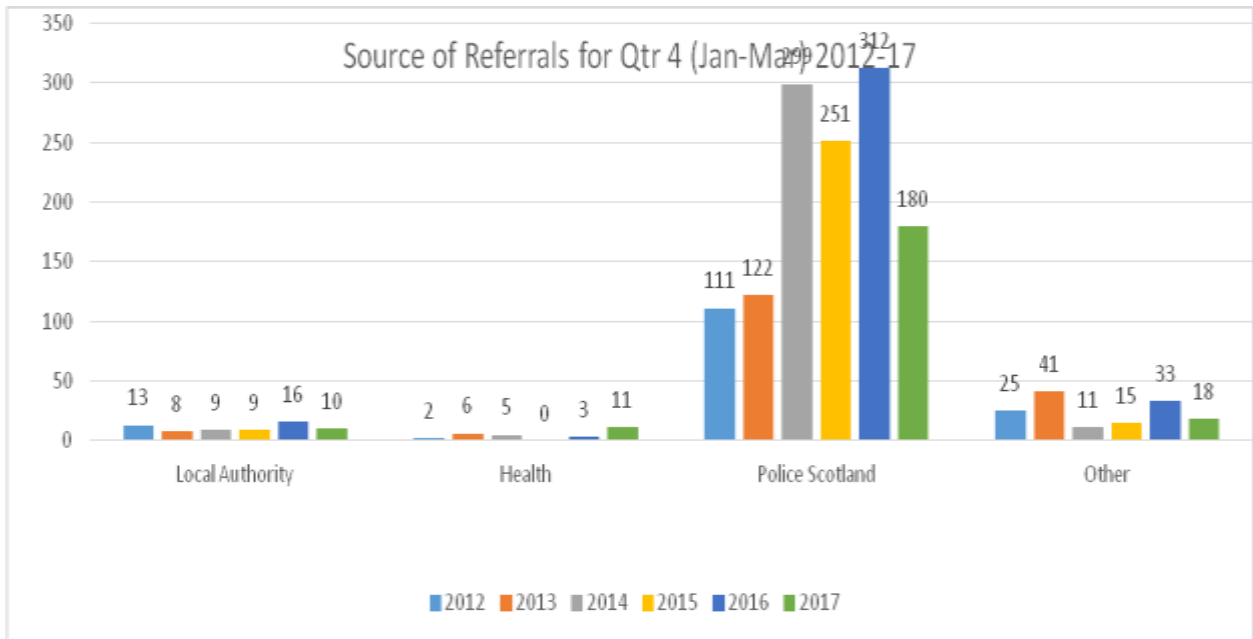
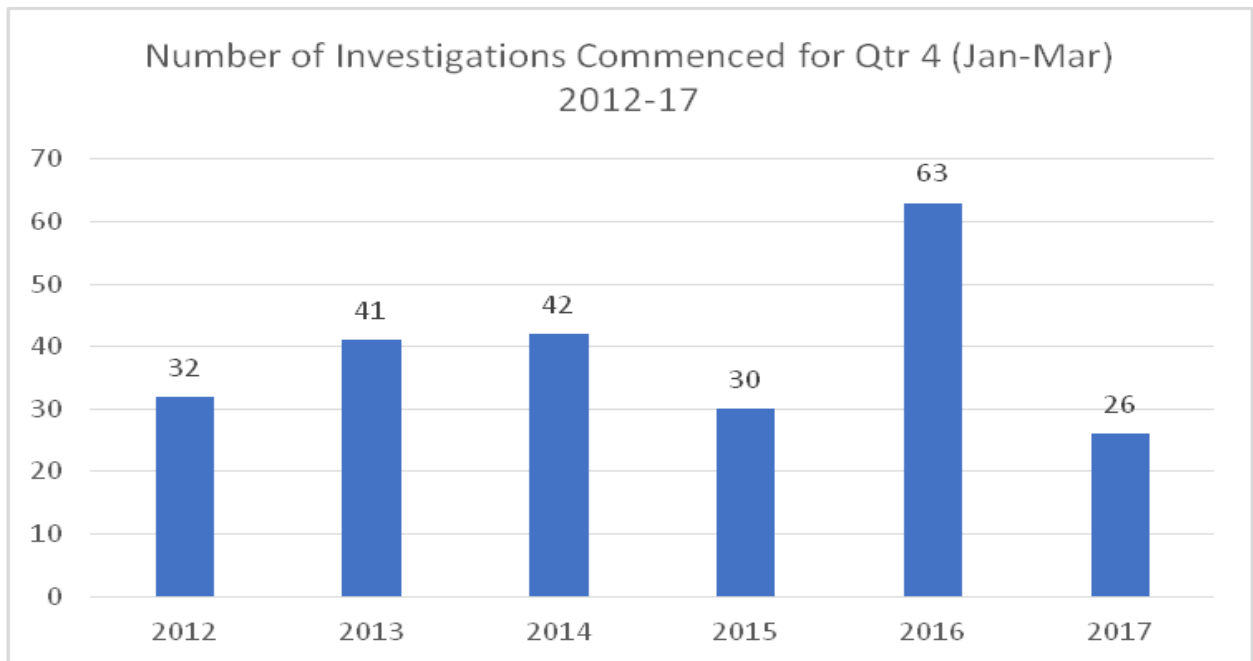


CHART 5

Scottish Government National Data Collection – Number of Investigations commenced under the ASP Act



% of all referrals that went to Investigation for Qtr 4 (Jan-Mar) 2012-17

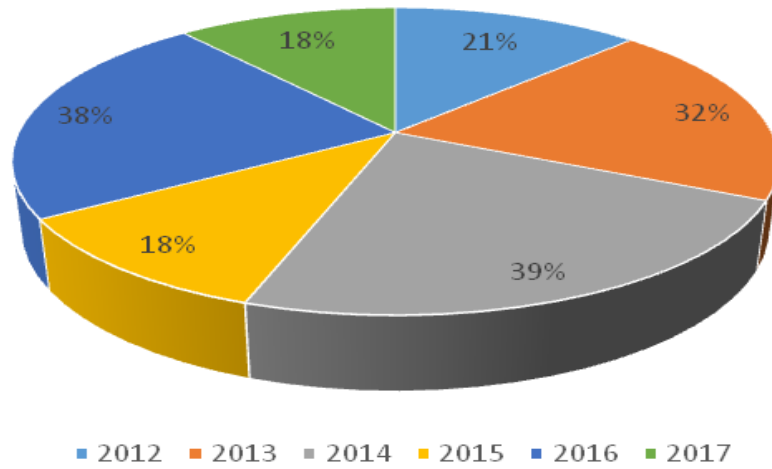


CHART 6a (Males)

Scottish Government National Data Collection – How many investigations commenced for people by gender and age group.

Number of Referrals that had an Investigation by Age Group - Males - Qtr 4 (Jan-Mar) 2012-17

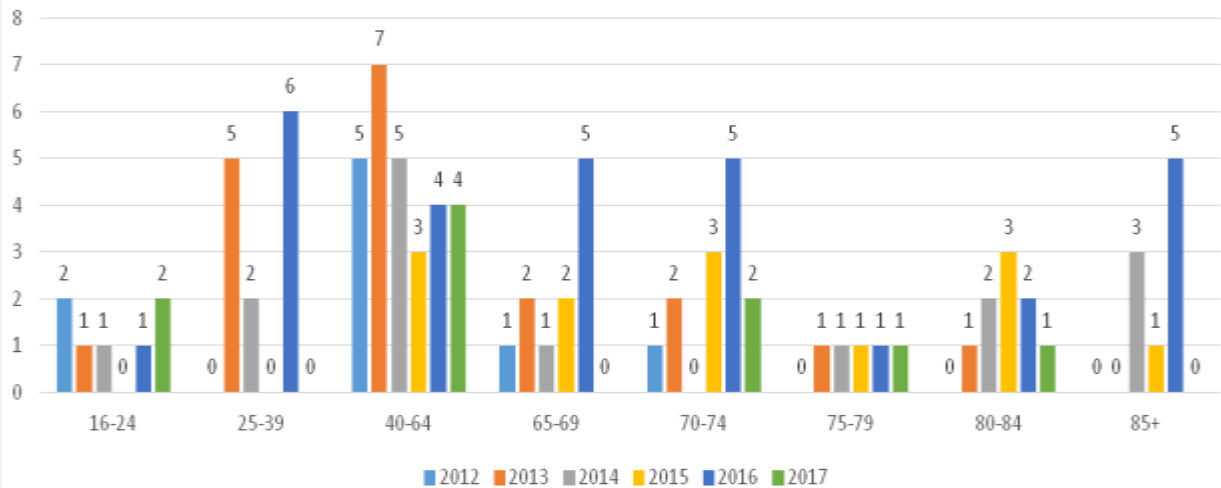
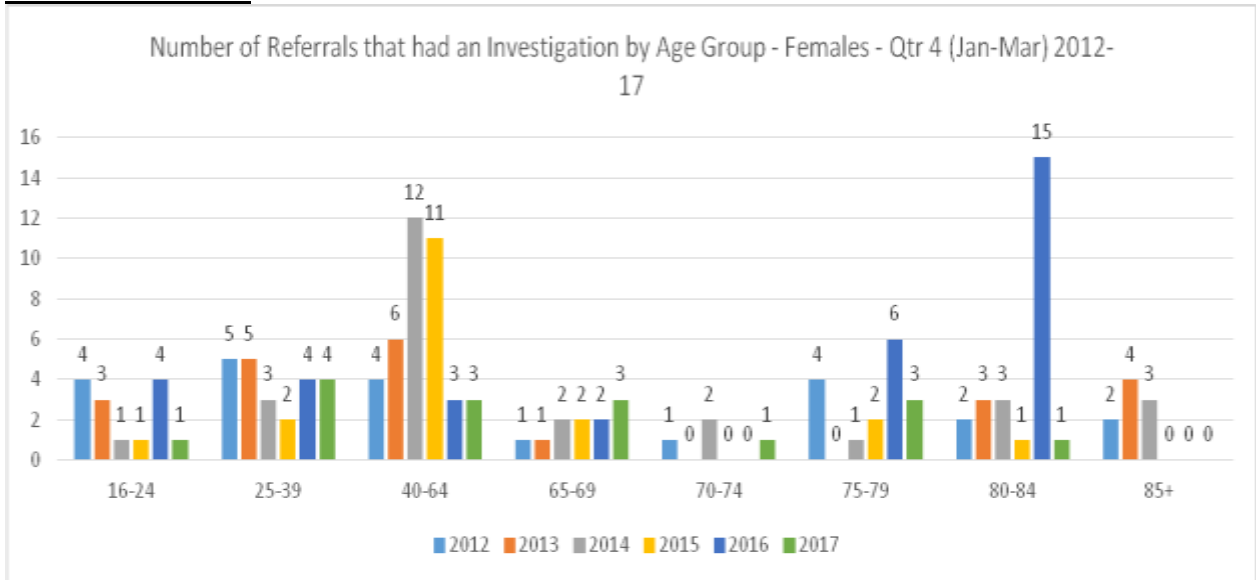


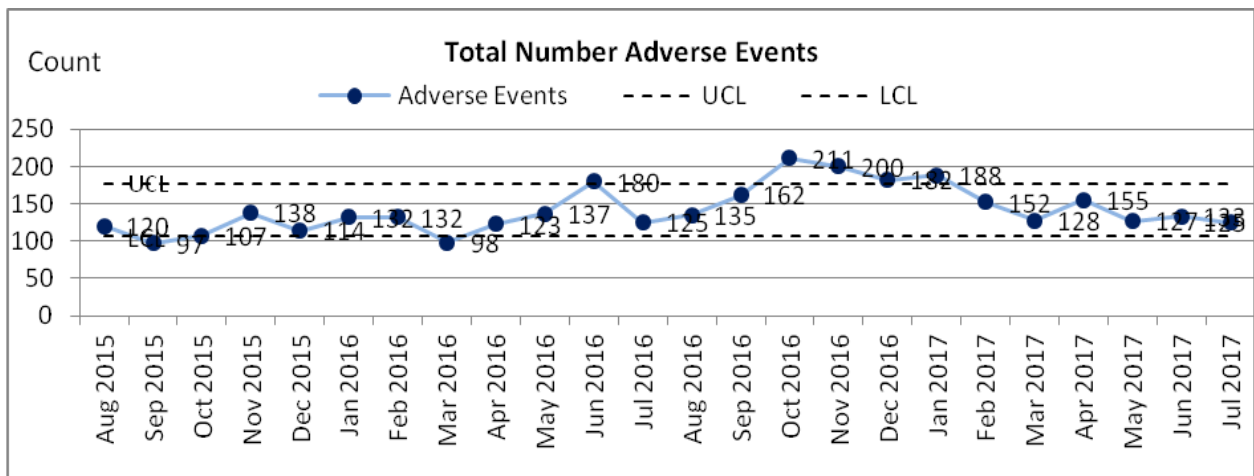
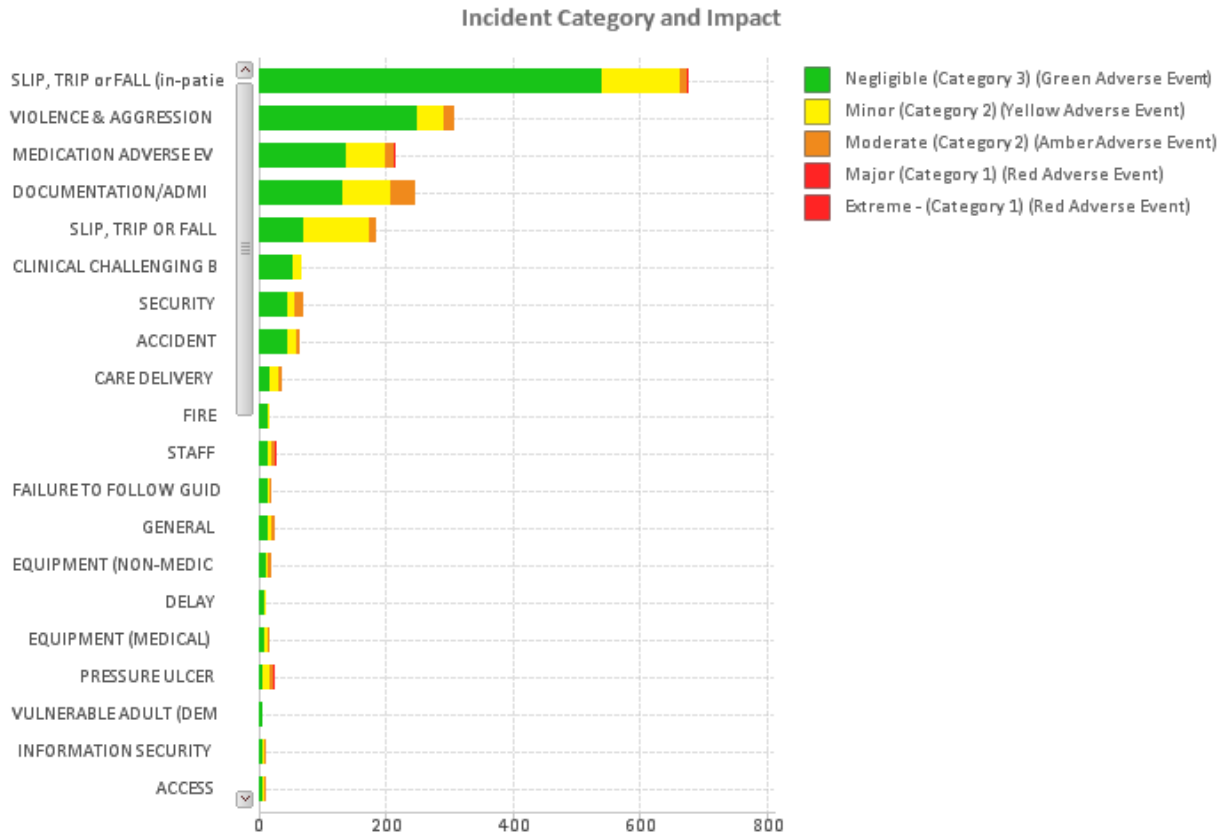
CHART 6b Females



Adverse Events

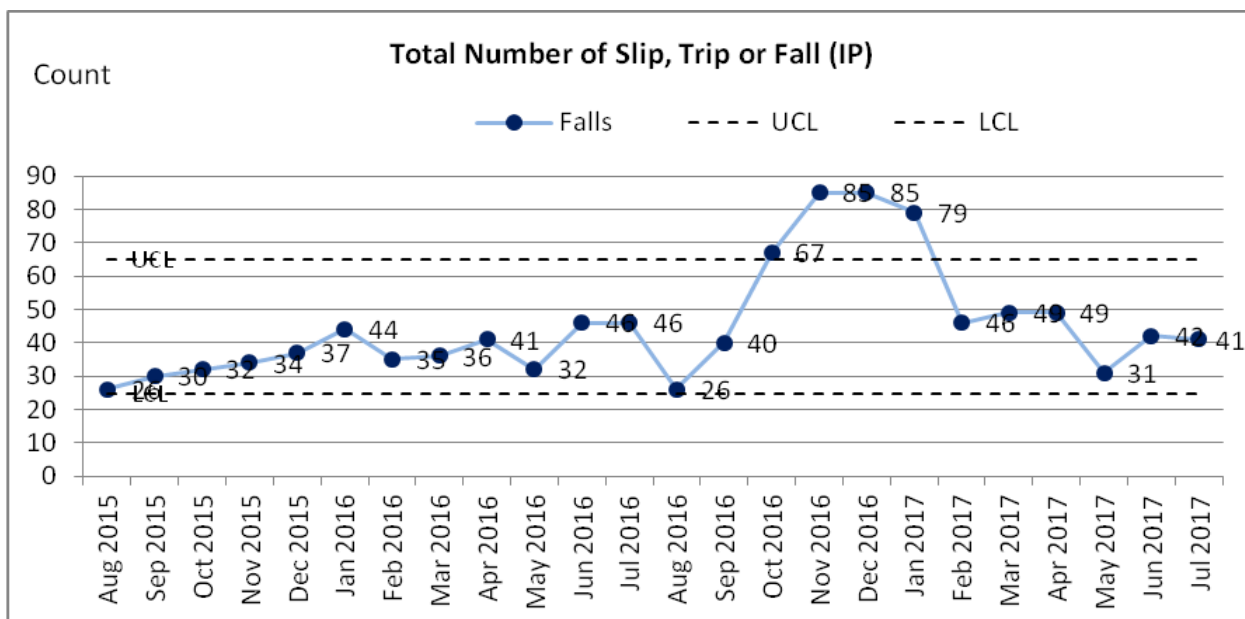
Total incidents

In 2016 there were 1358 incidents recorded through the DATIX system. In 2017 (up to 5th October 2017) there have been 943 recorded incidents. The chart below shows the incident category and impact of reported incidents for 2016 and 2017. (N.B. Figures presented through the DATIX system are representative of health data within Dundee HSCP only and do not include council data. Additionally, DATIX has not been reconfigured fully to reflect HSCP services therefore some data will be incomplete. Systems are in place to manually monitor these anomalies and work is planned to begin to address this.)



Falls

Approaches to care that encourage rehabilitation and enablement carry a greater risk of falls as greater mobilisation is part of the rehabilitation. This likely accounts for the higher levels of falls which are category 3 (green event/ negligible impact) and the majority of falls are in designated rehab facilities. The available information does not include the number of individuals who have fallen. One person may account for multiple recorded falls. Given the number of individuals who pass through premises each year, the falls rate is low. All falls are investigated and any required action is taken. The increase in falls from October 2016 coincides with the RVH wards being aligned to the Dundee HSCP. The table shows the location of falls over the last two months.



	Major (Category 1) (Red Event)	Moderate (Category 2) (Amber Event)	Minor (Category 2) (Yellow Event)	Negligible (Category 3) (Green Event)	Total
RIVERSIDE VIEW CARE HOME (BLUEBELL)	1	0	4	0	5
CENTRE BRAIN INJURY REHAB	0	1	5	3	9
PHYSIOTHERAPIST CLINIC NW	0	0	0	4	4
ROXBURGH HOUSE EAST WING	0	0	2	2	4
ROXBURGH HOUSE WEST WING RVH	0	0	1	4	5
WARD 05 NW	0	0	1	0	1
Ward 1, KINGSWAY CARE CENTRE, DUNDEE	0	0	1	6	7
WARD 17 NW	0	0	0	1	1
Ward 2, KINGSWAY CARE CENTRE, DUNDEE	0	1	0	8	9
WARD 23A NW	0	0	0	1	1
Ward 3, KINGSWAY CARE CENTRE, DUNDEE	0	0	0	9	9
WARD 4 RVH	0	0	1	5	6
Ward 4, KINGSWAY CARE CENTRE, DUNDEE	0	0	0	4	4

WARD 5 RVH	0	0	1	0	1
WARD 6 RVH	0	0	1	2	3
WARD 7 RVH	0	0	1	5	6
WARD 8 RVH	0	1	3	2	6
OTHER NW	0	0	0	2	2
Total	1	3	21	58	83

Violence and Aggression

The majority of violence and aggression incidents are low level and are indicative of the patients' diagnoses (i.e dementia). The majority of the violence and aggression incidents are recorded in the Psychiatry of Old Age and Medicine for the Elderly wards. Any more serious incidents of violence and aggression are investigated and action plans implemented for the safety of staff and service users.

Medication Adverse Events

There is weekly review of all incidents across the HSCP and concerns related to medication adverse events are reported to senior management to implement local review.

Documentation / Administration

Changes in policy for the completion of nursing patient records have led to a number of challenges for community based staff. This has been raised with the nursing directorate and feedback is being sought on a way forward before the next review due in May 2018.

Infection Control

There is a positive picture in relation to infection control management across wards under the management of the Health and Social Care Partnership as outlined by the charts below. The charts show the number of cases on each ward for MRSA, CDI, SAB month by month from Feb 2016.

Royal Victoria Hospital Ward of Association New Isolates - MRSA

Ward	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	12 Month Total
RVH1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RVH2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RVH3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RVH4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
RVH5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RVH6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RVH7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RVH8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Roxburghie	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
RVH Unal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	2

Royal Victoria Hospital Ward of Association New Isolates - CDI

Ward	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	12 Month Total
RVH1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RVH2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RVH3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RVH4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RVH5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RVH6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RVH7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RVH8	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Roxburghie	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
RVH Unal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1

Royal Victoria Hospital Ward of Association New Isolates - SAB

Ward	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	12 Month Total
RVH1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RVH2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RVH3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RVH4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RVH5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RVH6	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RVH7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RVH8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rieburgh	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RVH Unit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

New Hospital Acquired Infection Associated with Wards in Dundee

Organism	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	12 Month Total
MRSA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CDI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
SAB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1

MRSA Ward of Association

New Isolate MRSA	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	12 Month Total
Careview	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kingsway Care Centre	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total MRSA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

CDI Ward of Association

New Isolate CDI	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	12 Month Total
Careview	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kingsway Care Centre	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Total CDI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1

July 2017 - New Isolate CDI Kingsway Care Centre Ward 1

SAB Ward of Association

New Isolate SAB	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	12 Month Total
Careview	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kingsway Care Centre	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total SAB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Domain Four – Patient, Service User and Staff Experience

The National Health and Wellbeing Survey asked a sample of Dundee citizens aged 18 and over:

“In general, how well do you feel that you are able to look after your own health?”

93% of respondents agreed that they were able to look after their own health very well or quite well. This is similar to the Scotland response of 94%.

Dundee City Council’s Citizen Survey, conducted in December 2016, asked a sample of Dundee citizens aged 16 and over: “How good is your health overall?” 84% of respondents rated their health as very or fairly good, compared to 9% who said it was fair and 7% who said it was very or fairly poor. The proportion of respondents who said their health was very or fairly good has remained consistent with the 2015 survey results, however the proportion of participants stating their health was very good has increased significantly since 2015 (from 45% to 60%).

The dementia post diagnostic support service surveyed patients on their service with very positive comments listed below:

“We would like to thank the service for making mum feel safe and comfortable”
 “As a carer it’s good to know there is somebody at the end of a phone “
 “Information and help was very much appreciated”
 “Service provided by my worker was excellent”
 “Extremely professional but also down to earth”

The National Health and Wellbeing Survey asked a sample of Dundee citizens aged 18 and over to respond to the following questions or statements:

“I had a say in how my help, care or support was provided”
 “Overall, how would you rate your help, care or support services?”
 “Overall how would you rate the care provided by your GP practice?”

79% of Dundee respondents who were supported at home agreed that they had a say in how their help, care or support was provided. This is the same level of satisfaction as for Scotland as a whole. 84% of Dundee respondents who received any care or support rated it as good or excellent. This was slightly higher than the 81% of respondents from Scotland as a whole who reported this.

There was variation in responses across GP practices in Dundee ranging from 67% to 100%. 90% of Dundee respondents reported that they had a positive experience of care provided by their GP practice. This is slightly higher than the 87% reported by Scotland as a whole.

Domain Five – Regulation of Quality and Effectiveness of Care

There are 30 care homes in Dundee which provide care and support to:

- older people
- people with learning disabilities
- people with physical disabilities
- people with mental health difficulties

A total of 36 inspections were carried out by the Care Inspectorate during the reporting period 2016-2017. The additional 6 inspections are attributed to follow up inspections. When there are performance concerns at an inspection resulting in a number of requirements being imposed, a follow up visit is arranged. This can result in further action being taken or grades being amended. Inspection visits can also be carried out if complaints are made against a service.

Who provides care home services for adults in Dundee?

Table 1 shows which sectors provide care home services for adults in Dundee:

Table 1

Care Home Service	Data	Local Authority	Private	Voluntary	Total
DUNDEE	No of Services	4	23	3	30
	%	13%	77%	10%	100%

Summary of the Gradings Awarded in Dundee

21 care homes (70%) received grade 4 or above in all themes

7 care homes (23%) received grade 3 in some or all themes

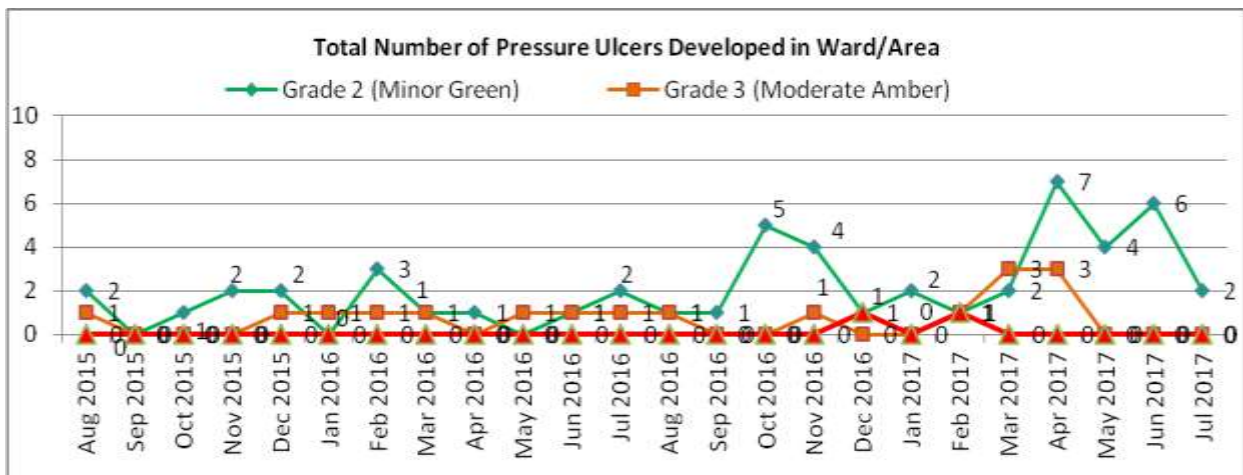
2 care homes (7%) received grade 1 or 2 in some or all themes

The grading scale used is:

6	excellent
5	very good
4	good
3	adequate
2	weak
1	unsatisfactory

Pressure Ulcers

The development of pressure sores gives an indication of poor mobility and poor nutrition. Every incident of an avoidable pressure sore of grade 3 and above is investigated with lessons learned being shared to improve practice. There are 8 minor (Green) pressure ulcers over the past two months. These have all been reviewed and they have been classed as unavoidable with all preventative measures in place and all appropriate advice and support offered to patients and carers.

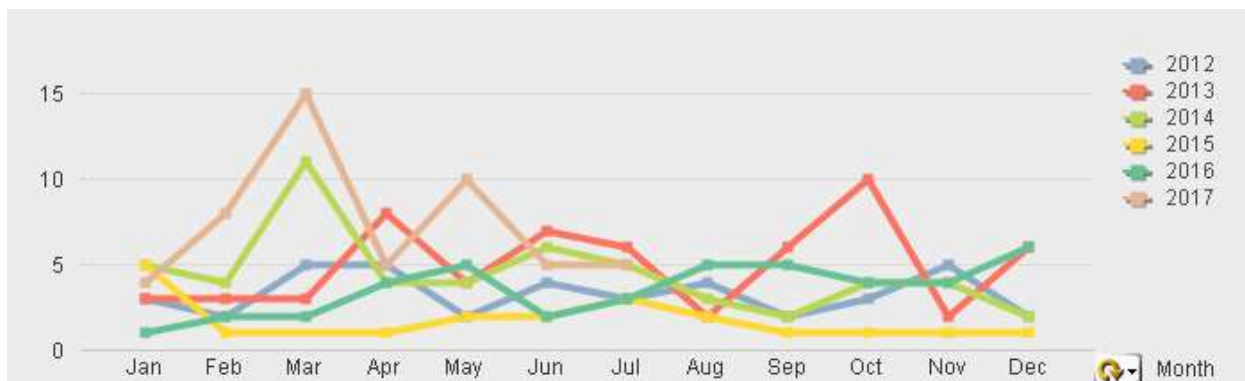


	Ulcer was avoidable	Ulcer was unavoidable	Total
PATIENT'S HOME ADDRESS	0	3	3
ROXBURGH HOUSE EAST WING	0	2	2
ROXBURGH HOUSE WEST WING RVH	0	1	1
Total	0	6	6

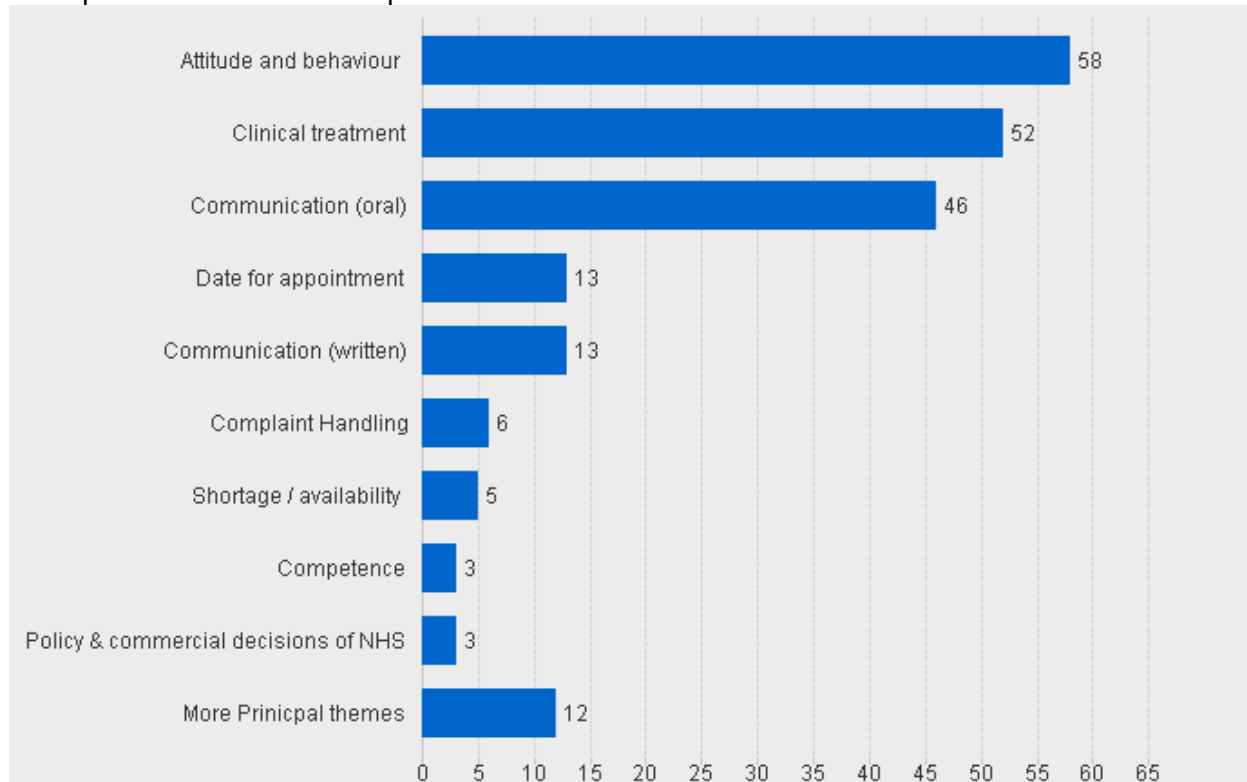
Complaints

Monitoring complaints and the themes of complaints ensures that action can be taken to improve performance. Themes can result in operational procedures being updated to improve practice across services. The aim is to resolve any complaints at the earliest possible opportunity. We aim to resolve stage one complaints within 5 working days, more complex stage two complaints within 20 working days.

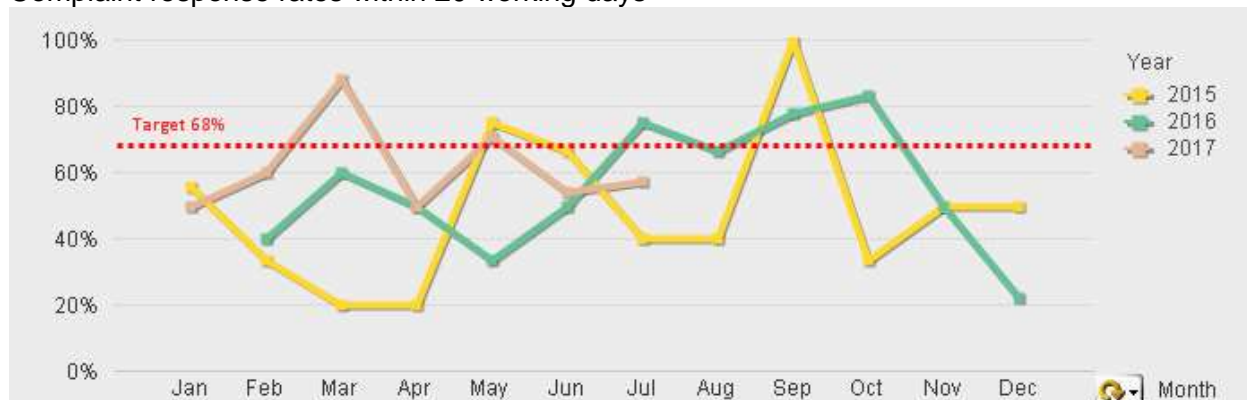
Total number of NHS complaints received.



Principles Themes from Complaints 2016-2017 and 2017-2018



Complaint response rates within 20 working days



In 2016-17 a total of 45 complaints regarding social work and social care services provided by the Partnership were received.

Most complaints (73%) were resolved at the first stage of the complaint process, frontline resolution. For 45% of the total complaints received the Partnership was able to respond within target dates set out in our own procedures or agreed directly with the complainant.

Unintentional Weight Loss

Food, fluid and nutrition standards apply in NHS settings.

One of the key indicators of poor compliance with the standards is where there is unintentional weight loss of more than 10%.

There are no reported cases of unintentional weight loss between 5-10% or over 10% in the past 12 months.

Domain Six – Promotion of Equality and Social Justice

Equality outcomes are to be determined.