ITEM No …8……..

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 26 MAY 2021**

REPORT TO: **DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE ASSURANCE REPORT**

REPORT BY: **CLINICAL DIRECTOR**

REPORT NO: **PAC13-2021**

1.0 PURPOSE OF REPORT

1.1 This is presented to the Committee for:

- **Assurance**

This report relates to:

- Government policy/directive
- Legal requirement

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

This report is being brought to the Committee to provide assurance on the clinical and care governance activities and arrangements across the Partnership as outlined in the Getting It Right For Everyone (GIRFE) Framework in accordance with the Partnership integration scheme. Clinical Governance is a statutory requirement to report on, at Board level, from Scottish Government as per NHS MEL (1998) 75. The Performance and Audit Committee is being asked to provide their view on the level of assurance this report provides and therefore the level of assurance regards clinical and care governance within the Partnership. The timescale for the data within this report is from 1 December 2020 to 31 January 2021.

2.0 RECOMMENDATIONS

2.1 It is recommended that the Performance and Audit Committee (PAC):

- Note the Exception Report for the Dundee Health & Social Care Partnership Clinical, Care & Professional Governance Group as detailed in Section 4.

2.2 This report is being presented for:

- **Assurance**

As lead Officer for Dundee Health & Social Care Partnership (DHSCP) I would suggest that the level of assurance provided is: Moderate.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 Situation

4.1.1 This report is being brought to the Committee to provide assurance on the clinical and care governance activities and arrangements across the Partnership as outlined in the Getting It Right For Everyone Framework in accordance with the Partnership integration scheme. Clinical Governance is a statutory requirement to report on, at Board level, from Scottish Government as per NHS MEL (1998) 75. The Performance and Audit Committee is being asked to provide their view on the level of assurance this report provides and therefore the level of assurance regards clinical and care governance within the Partnership. The timescale for the data within this report is from 1 December 2020 to 31 January 2021.

As lead Officer for Dundee HSCP I would suggest that the level of assurance provided is: Moderate.

4.2 Background

4.2.1 The role of the Dundee Health & Social Care Partnership Governance group is to provide assurance to the Dundee Integration Joint Board, NHS Tayside Board (through the Care Governance Committee) and Dundee Council, that there are effective and embedded systems for Clinical, Care & Professional Governance in all services within Dundee Health and Social Care Partnership.

4.2.2 The Getting It Right For Everyone Framework has been agreed by all three Health & Social Care Partnerships and the recent refresh of the document was endorsed at Care Governance Committee. To ensure consistency of approach between Local Authorities, Tayside NHS Board and the IJBs for the three Health & Social Care Partnerships, quality assurance is assessed against an agreed, prioritised common data set for each of the governance domains as detailed below. A Getting It Right For Everyone Steering Group has been established and continues to meet, with representatives from each of the three Partnerships and part of its remit is to support additional common assurance measures and this template.

4.2.3 The six domains continue to evolve over time and must be adaptable and responsive to the changes in legislation and external support and monitoring. The domains reflect the principles set out in the Health and Social Care Standards, My support, My life; Scottish Government, 2018 and the Quality of Care Approach, Healthcare Improvement Scotland and Care Inspectorate, September 2018. The domains are:

Information Governance
Professional Regulation and Workforce Development
Patient/Service User/Carer and Staff Safety
Patient/Service User/Carer and Staff Experience
Quality and Effectiveness of Care
Promotion of Equality and Social Justice

4.2.4 There is a clinical governance strategic risk for NHS Tayside Clinical Governance Risk 16. The current risk exposure rating of this risk considers the Clinical and Care Governance reporting arrangements within the Partnerships and reflects the complexity in moving towards integrated Clinical and Care Governance arrangements within each of the HSCPs. The Interim Evaluation of Internal Control Framework Report No T09/20 identifies the need for greater consistency in reporting of performance and quality by the HSCPs.

4.3 Assessment

4.3.1 Clinical and Care Risk Management

4.3.1.1 Risk management across Dundee HSCP continues to be recorded across both a Health (service risks) and Local Authority (strategic risks) system. While this in itself does not prevent appropriate risk management processes being undertaken it does increase the required administration to link together risks and ensure visibility and connections between strategic and service risks. There are ongoing discussions to determine the most effective route forwards for risk management systems.

4.3.1.2 Top 5 Risks in Dundee HSCP

Title of Risk	Adequacy	Inherent Risk Score (without controls)	Current Risk Score (with current controls in place)
721 - Current funding insufficient to undertake the service redesign of the integrated substance misuse service	Inadequate - No evidence to support the effectiveness of controls	20	20
612 - Insufficient numbers of staff in integrated substance misuse service with prescribing competencies	Incomplete – Controls are appropriately designed but these are not consistently applied	25	25
233 - Increasing Patient demand in excess of resources	Incomplete - Controls are appropriately designed but these are not consistently applied	15	25
839 - COVID-19 Maintaining Safe Substance Misuse Service	Incomplete - Controls are appropriately designed but these are not consistently applied	12	15
729 -Nursing Workforce	Inadequate – No evidence to support the effectiveness of controls	15	12

4.3.1.3 Risk 721: Risk that current funding would be insufficient to undertake redesign of the integrated substance misuse service.

The current risk rating is 20. Since the launch of the Drug Commission report in August 2019, ISMS has recruited five additional band 5 nurse posts, 3 new posts and 2 posts to replace previous fixed term positions. There is also a long term vacancy for a locality manager to lead strategic financial planning. Controls available to Integrated Substance Misuse Service (ISMS) have been applied and the risk exposure remains 20, which contributes to the risk ratings for Datix risks 612, 233, 839 and 458.

4.3.1.4 Risk 621: Insufficient numbers of ISMS staff with prescribing competencies.

The controls available to ISMS have been applied and the risk exposure remains 25. Proposed controls include the relevant Dundee Partnership Action Plan for Change actions and the implementation of national Medication Assisted Treatment standards, which have been added as Datix risk actions to enable DHSCP and NHST to monitor the consequences of these planned controls. The risk exposure with the planned/proposed controls remains 25 as the controls do not yet address the prescribing capacity issues for those established on opiate substitution treatment with multiple complex needs, the population with the highest fatality risk.

4.3.1.5 Risk 233: Increased patient demand in excess of resources.

Despite applying controls the risk rating has increased from 15 to 25. Proposed controls include the relevant Dundee Partnership Action Plan for Change actions and the implementation of national Medication Assisted Treatment standards, which have been added as Datix risk actions to enable DHSCP and NHST to monitor the consequences of these planned controls. The risk exposure of the planned/proposed controls remains 25 as the controls do not address the nurse key working capacity issues and the service continues to hold 240 cases that do not have a named nurse allocated to their care.

4.3.1.6 Risk 839: COVID-19 Maintaining safe substance use services.

Integrated Substance Misuse Service has rapidly adapted service provision to continue to deliver person-centred care during the COVID pandemic, working in partnership with other agencies. We have maintained provision of opiate substitution treatment and alcohol detox, despite a 50% increase in alcohol referrals compared to a similar period in 2019. The risk rating remains 15 as staffing levels can fluctuate and clinical activity has increased.

4.3.1.7 Risk 729: Nursing Workforce.

The nursing workforce continues to be under significant pressure across a number of teams. Risk 729 relates specifically to the in patient team in the Medicine for the Elderly wards, a number of other nursing teams also have risks recorded.

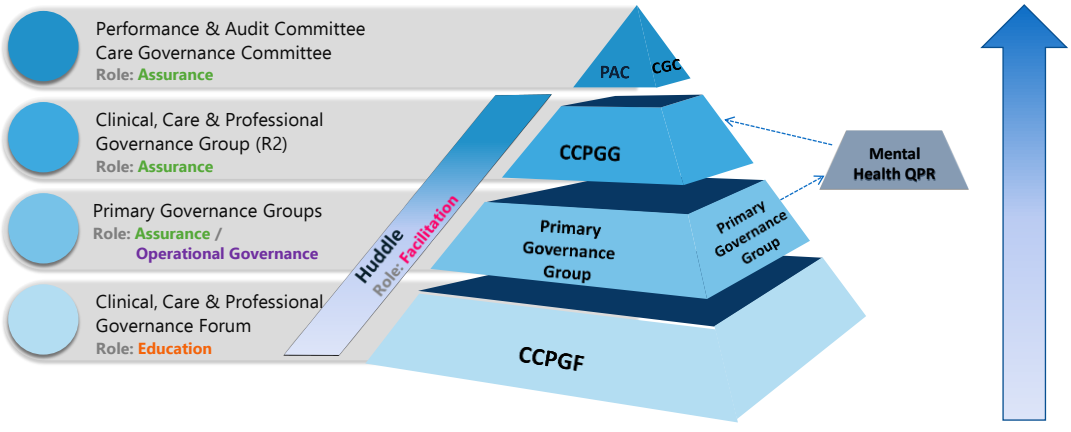
The teams are working flexibly to ensure safe care is delivered using colleagues from across the Partnership to support where able. There is added strain in the system due to the requirement to support the COVID testing centre and the vaccination programme.

As lead Officer for Dundee HSCP I would suggest that the level of assurance provided is: Moderate.

4.3.2 <u>Clinical & Care Governance Arrangements</u>

4.3.2.1 Dundee HSCP has established processes for Clinical, Care and Professional Governance in order to ensure processes and scrutiny are of a level which can provide the required assurance. A number of elements of governance are working well across the Partnership with the development of the Primary Governance Groups becoming established and feeding in an enhanced quality of assurance to the CCPG Group. The diagram below shows the structure for Clinical, Care & Professional Governance within the Dundee Health and Social Care Partnership.

DHSCP Clinical, Care & Professional Governance



4.3.2.2 The CCPG Group meets every two months and receives information as outlined in the table below. Operational managers present an exception report to each CCPG Group highlighting challenges, issues and exceptional pieces of work. An annual performance framework requests that each service present a comprehensive annual report on all aspects of clinical, care and professional governance.

Governance Reporting Table

	Primary Governance Group	**CCPG Group**	**Care Governance Committee**
Scorecard	Full	Exceptions (from scorecard)	Persistent Exception (Three Reports) Exceptions affecting multiple teams Level of Risk (High)
Datix Themes/Action Taken	All Service Reported and themed	Exceptions (Individual/Themes)	Persistent Exception Top 5 Reported Categories
Red Events	All for service	All	Overview – themes/numbers
LAER/SAER/SCR	All reported and learning shared	High Level Summary	Exceptions Organisational Learning Organisational Risk
Complaints (and SPSO)	All – learning shared	Report highlighting numbers/service areas/themes	SPSO Numbers Organisational Learning Achievement of Standards
Risks	All for service	High Level Report with assurance statement Persistent long term risks Transient risks	Top 5 Risks and associated mitigation for these risks
Inspection Reports	Action Plan Produced per team (where applicable)	Action Plan Produced per team (where applicable)	Overview Statement
Standards/Legislation/ Guidelines	New Standards Reported	Agenda items prioritised when required	Organisational Impact

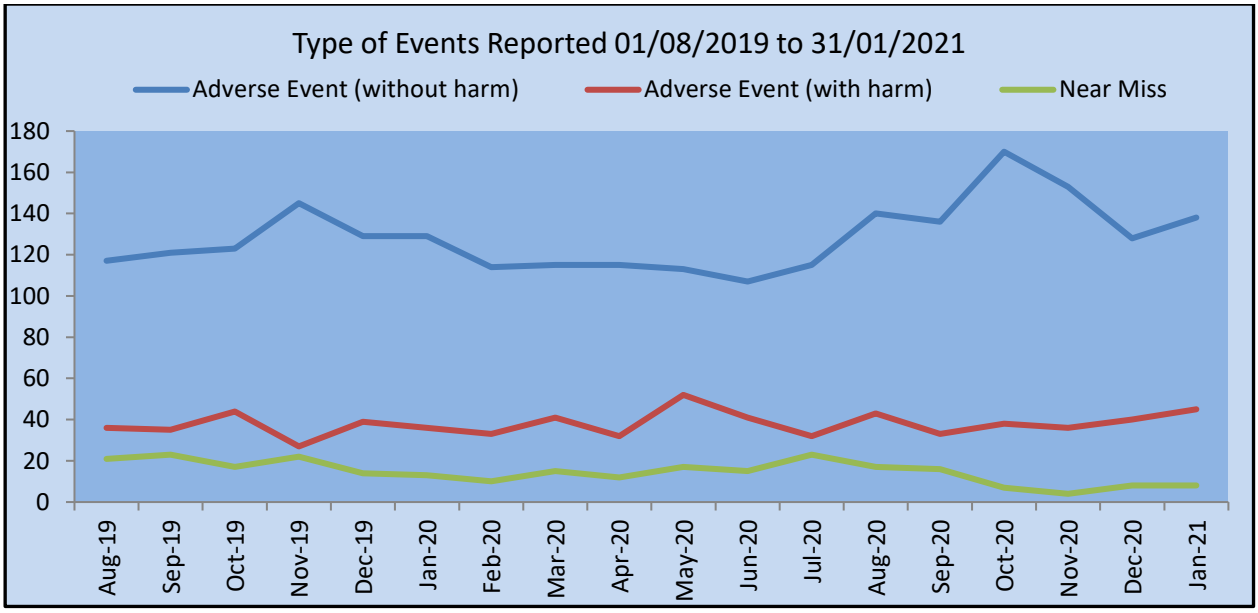
The CCPG Forum has changed its format and is now a forum specifically for sharing of good practice and learning in relation to challenges and provides support and development to managers and lead governance staff across the Partnership. October's forum reviewed exception reports from services and had focussed discussion on a number of operational challenges. The group then had an interaction session on the Datix Risk Management system via MS Teams.

As lead Officer for Dundee HSCP I would suggest that the level of assurance provided is: Moderate.

4.3.3 Adverse Event Management

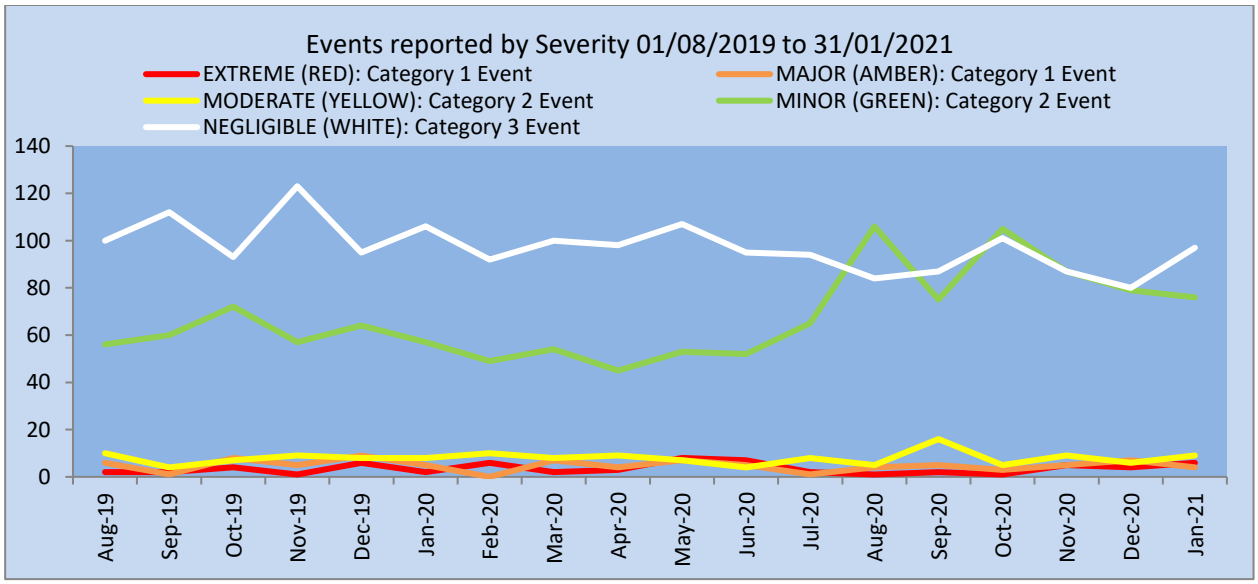
4.3.3.1 The chart below shows the type of events reported through the NHS Tayside Adverse Event Management System (Datix) between 01/08/2019 and 30/01/2021.

There was a total of 368 events reported within the time period, 1 December 2020 to 31 January 2021. The ratio of harm to no harm is 1:3.



This chart shows a reduction in adverse events during this reporting period, although there is a small increase in adverse events with harm.

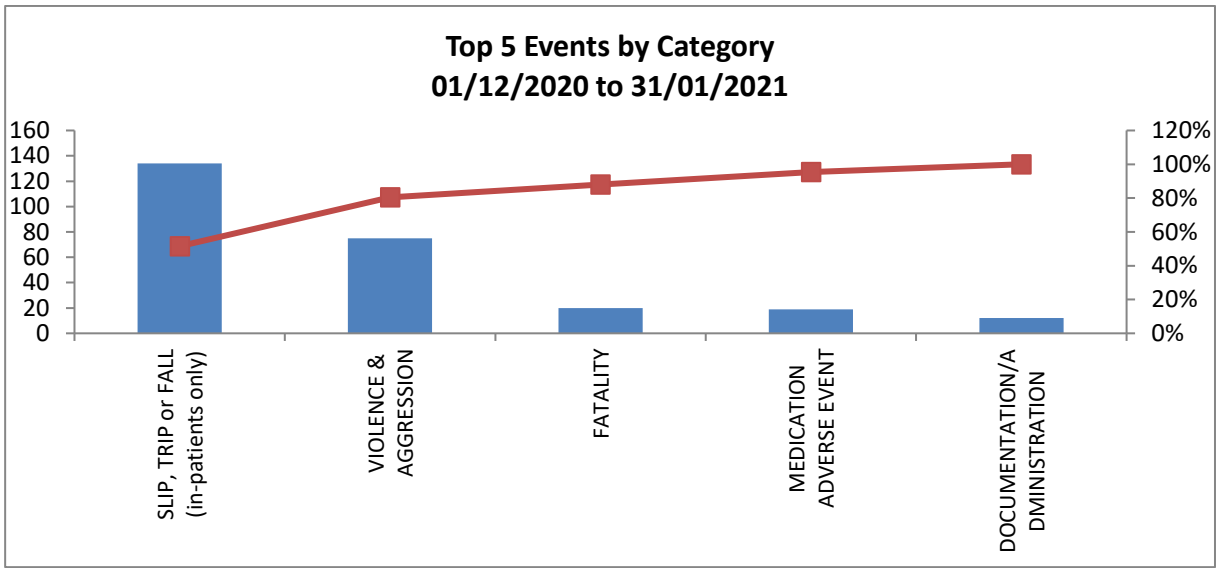
4.3.3.2 The following graph shows the adverse events reported by impact from 01.08.2019 to 31.01.2021.



There continues to be low numbers of extreme and major adverse events reported across the Partnership.

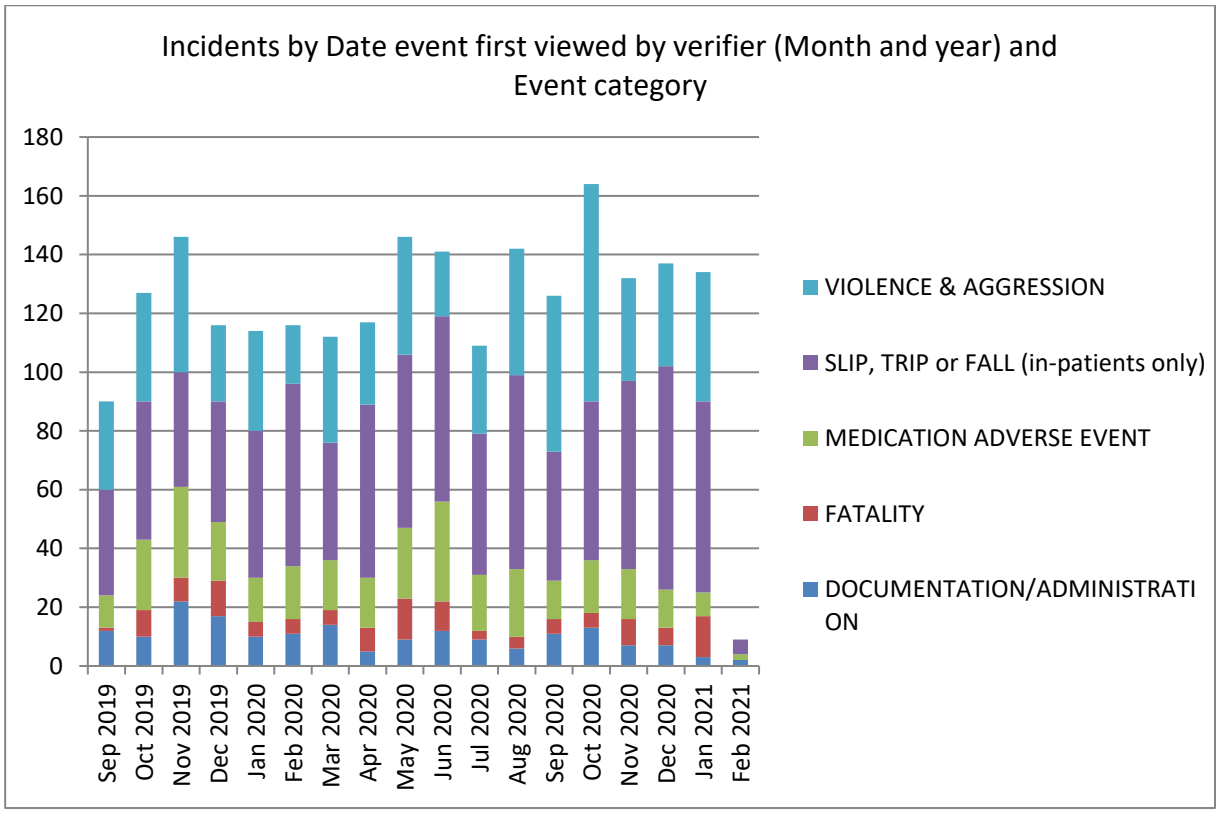
4.3.3.3 Top 5 Categories of Adverse Events

The following graph shows the top five categories reported between 01.12.2020 and 31.01.2021 by service. The top five categories are slip, trip or fall (inpatients only) (134 events); violence & aggression (75 events); fatality (20 events); medication adverse event (19 events); and documentation administration (12 events).



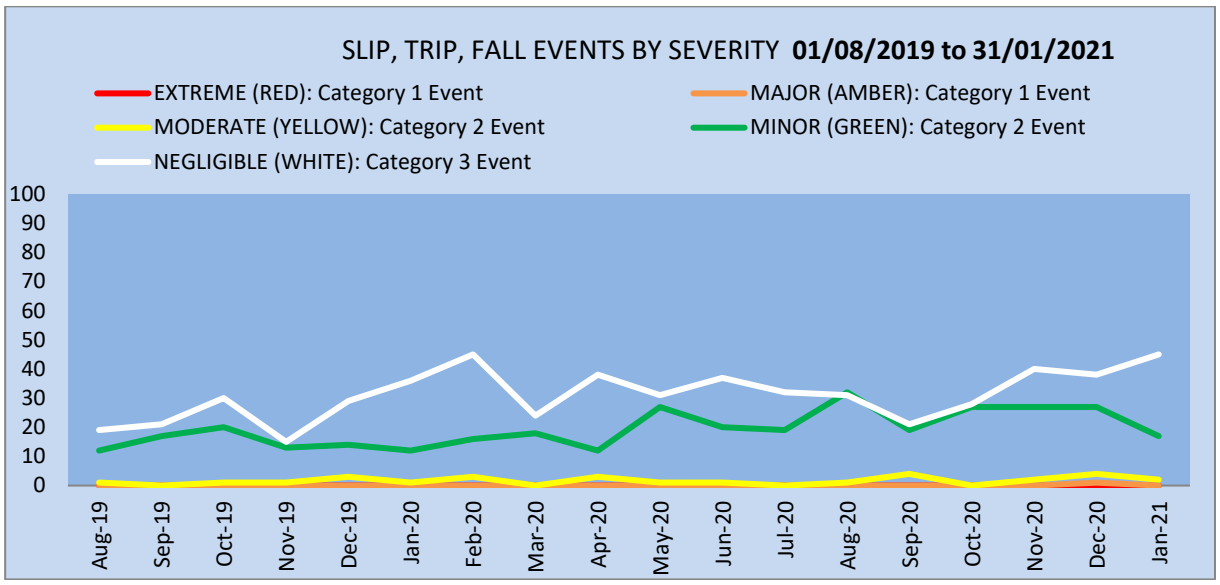
These five categories account for 260 of the 368 events reported (71%) within the time period.

4.3.3.4 The table below outlines the top five events reported over the past 18 months.

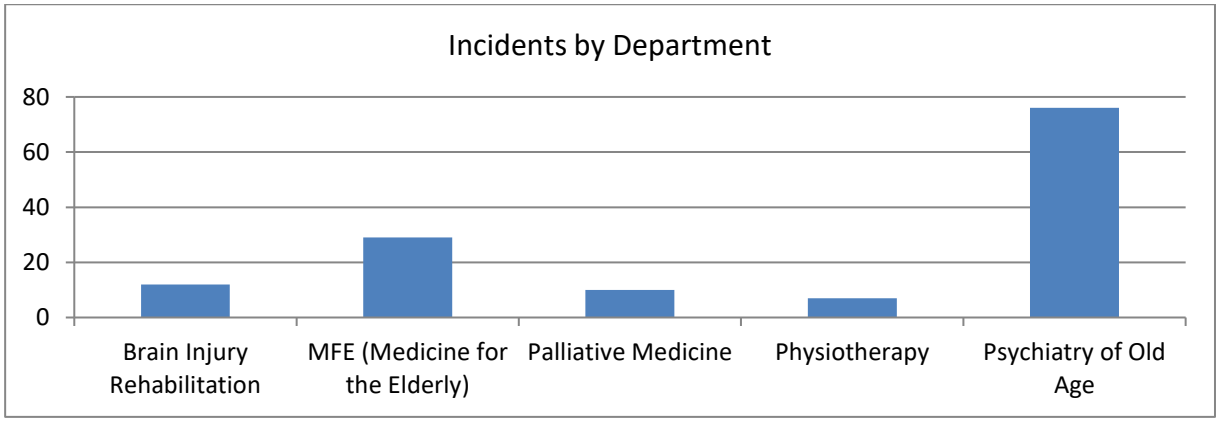


4.3.3.5 Slip, Trip or Fall (Inpatients) Events

There were 134 events reported within the time period.



4.3.3.6 The following graph shows the events by reporting department. Further analysis of the slip, trip or fall (inpatient) events reported by Psychiatry of Old Age shows that 55 events (71%) were reported by Ward 3, 19 events (25%) by Ward 4 and three events (4%) by Ward 1. Review of these events identifies that a number of these events are involving a small number of individuals.

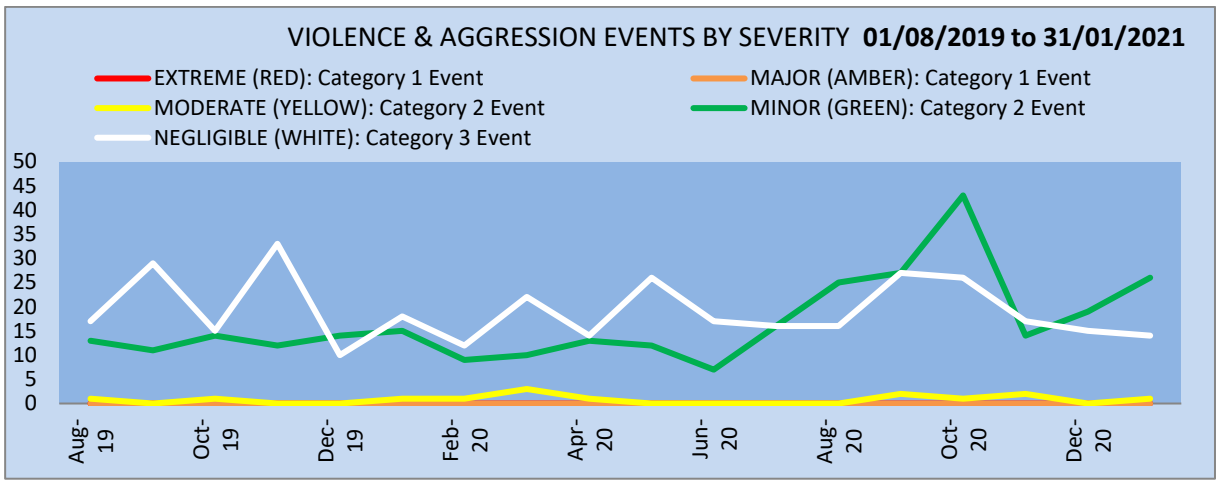


Seven incidents have been reported as 'adverse event with harm'. On review the records do not indicate any harm meeting the national definition of harm for inpatient falls. The records will be reviewed, to either update them with details of the harm sustained or to amend the type of event to 'adverse event without harm'.

Ongoing review, feedback and education regarding accurate reporting of adverse events will continue via the clinical governance team and the Partnership governance huddle.

4.3.3.7 Violence & Aggression Events

There were 75 events reported within the time period.



4.3.3.8 71 of the 75 reported events were reported within Older Peoples Services. These mainly related to physical aggression by a patient (67 events).

	ISMS	Mental Health	Older People Services	Specialist Palliative Care	Total
AGGRESSIVE BEHAVIOUR BY A PATIENT - PHYSICAL	0	0	67	0	67
AGGRESSIVE BEHAVIOUR BY A PATIENT - VERBAL	1	1	3	0	5
AGGRESSIVE BEHAVIOUR BY A VISITOR - VERBAL	0	0	0	1	1
FROM AGITATION/CONFUSION	0	0	1	0	1
RACIST INCIDENT - AGGRESSIVE BEHAVIOUR - VERBAL	1	0	0	0	1
Total	2	1	71	1	75

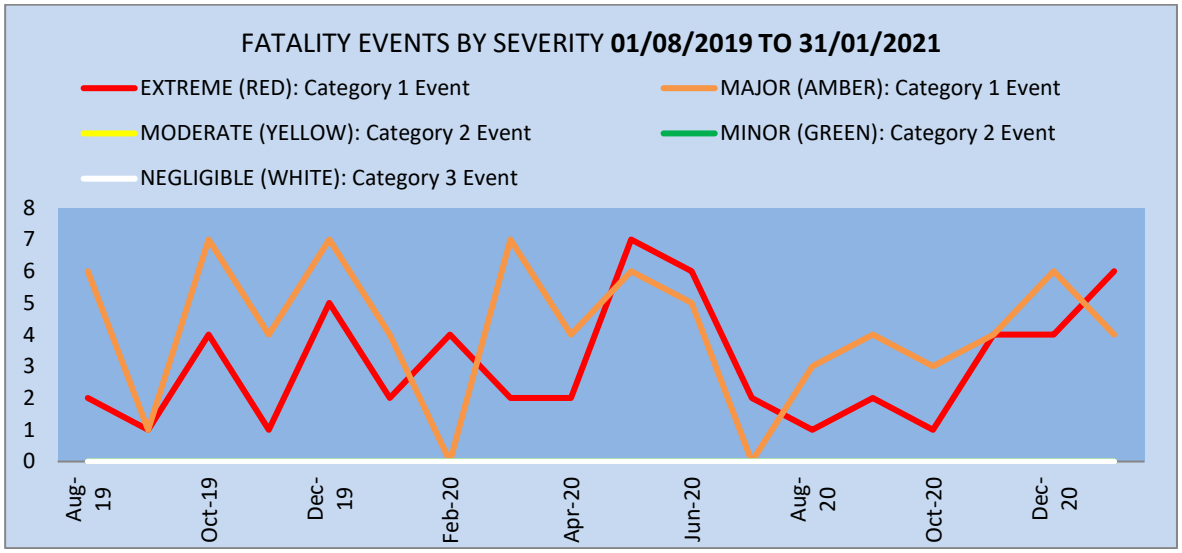
4.3.3.9 The majority of the events reported from Older Peoples Services are reported by Ward 3, Kingsway Care Centre. As has been reported in previous reports many of these events are involving a small number of individuals.

	Ward 1, KINGSWAY CARE CENTRE	Ward 3, KINGSWAY CARE CENTRE	WARD 4 RVH	Ward 4, KINGSWAY CARE CENTRE	OTHER NW	Total
AGGRESSIVE BEHAVIOUR BY A PATIENT - PHYSICAL	3	46	1	16	1	67
AGGRESSIVE BEHAVIOUR BY A PATIENT - VERBAL	0	2	0	1	0	3
FROM AGITATION/ CONFUSION	0	1	0	0	0	1
Total	3	49	1	17	1	71

4.3.3.10 Supportive measures continue across the teams reporting high levels of violence and aggression in terms of reviewing harm to patients and staff, ensuring training is in place and is up to date and making sure the teams have access to health and wellbeing support should this be required.

4.3.3.11 Fatality Events

There were 20 fatality events reported within the time period.



4.3.3.12 The following table shows the subcategory of fatality by the reporting service. It is noted that half of the deaths were suspected drugs-related deaths reported by the Integrated Substance Misuse Service.

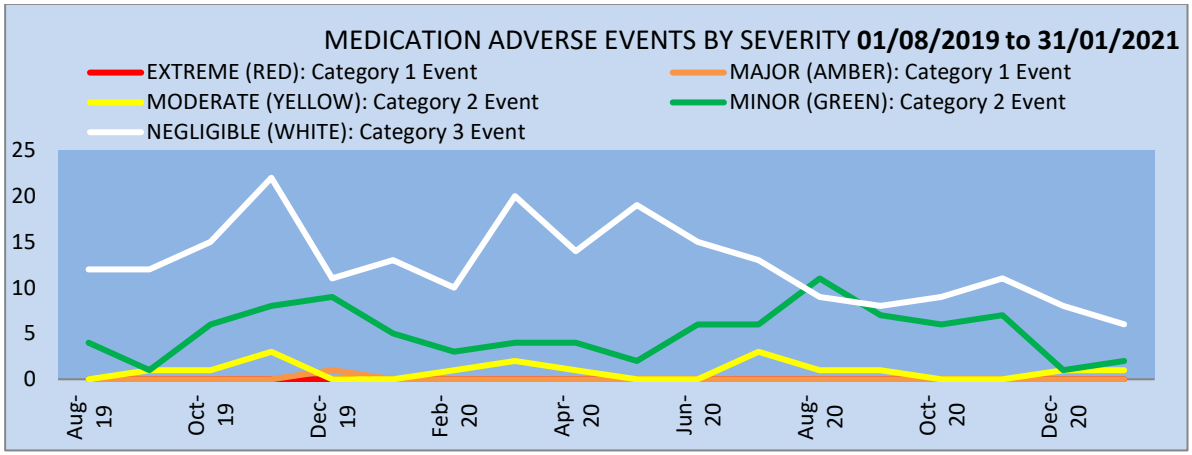
Information from these incidents is reviewed in the drug death review group to establish any key themes. The group will review access to the service, assignment of key workers and engagement with the service.

Early indications from the Tayside Multi Agency Suicide Review Group suggest there is an increase in the overall suicide rate during COVID which may impact on the total number of Mental Health and/or substance misuse rates.

	Community Learning Disabilities Nursing	Integrated Substance Misuse Service	Mental Health	Total
EXPECTED DEATH	1	3	0	4
SUICIDE (SUSPECTED)	0	0	1	1
SUSPECTED DRUG-RELATED DEATH	0	10	0	10
UNEXPECTED/TRAUMA RELATED DEATH	0	2	3	5
Total	1	15	4	20

4.3.3.13 Medication Adverse Events

There were 19 medication events reported within the time period.

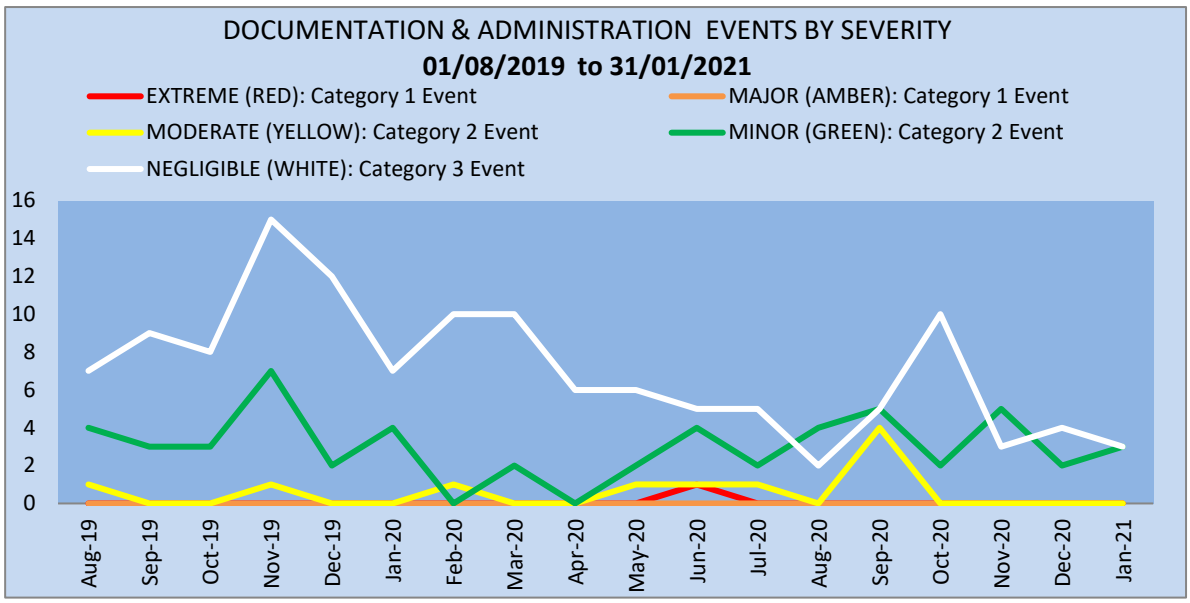


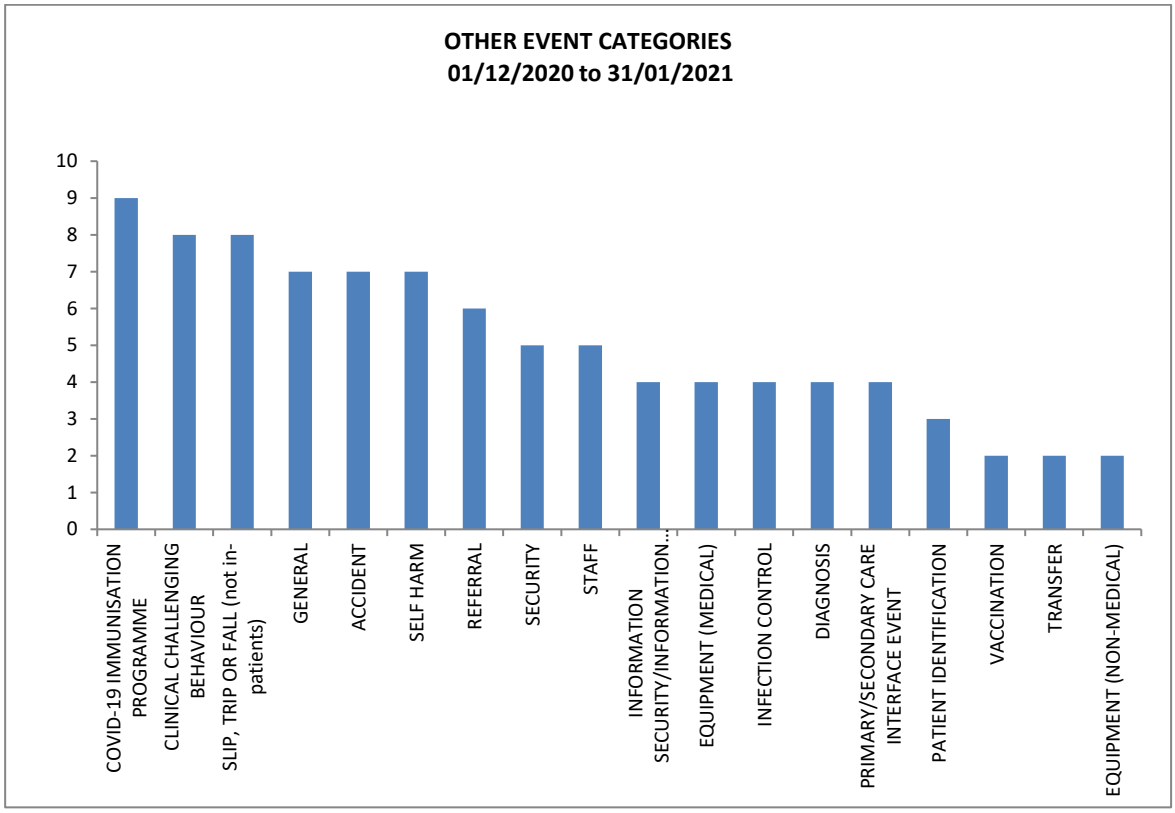
	Adverse Event (without harm)	Near Miss	Total
Community Nursing	5	1	6
Community Mental Health Services	1	0	1
Integrated Substance Misuse Service	3	1	4
MFE (Medicine for the Elderly)	3	0	3
Palliative Medicine	1	0	1
Psychiatry of Old Age	3	0	3
Tayside Sexual and Reproductive Health	1	0	1
Total	17	2	19

Medication adverse events are spread out over a number of different clinical teams, that is to say there is no particular theme or area of concern within one team. This, however, is closely monitored and any emerging areas of concern are discussed at the CCPG Group.

4.3.3.14 Documentation & Administration Events

There were 12 documentation and administration events reported within the time period. These included documentation error, missing medical records, breach of confidentiality and failed communications.





4.3.3.15 <u>COVID-19 Immunisation Programme</u>

This is a new category in Datix set up to specifically capture any issues relating to the immunisation programme. Nine adverse events have been reported under Dundee HSCP. It has been agreed with the programme team that they will verify and manage all the events reported under this category. There are also two events reported under Vaccination that relate to the immunisation programme. These have been re-categorised. All of these events are currently overdue for verification, and support has been offered to the programme team to assist them to manage these events. It is noted that this is also an issue within the other two Tayside HSCPs.

4.3.3.16 Infection Control

Four infection control events were reported within the time period. Three of these were relating to E-coli Bacteraemia onset 48 hours after admission; two were reported by Specialist Palliative Care and one by Medicine for the Elderly.

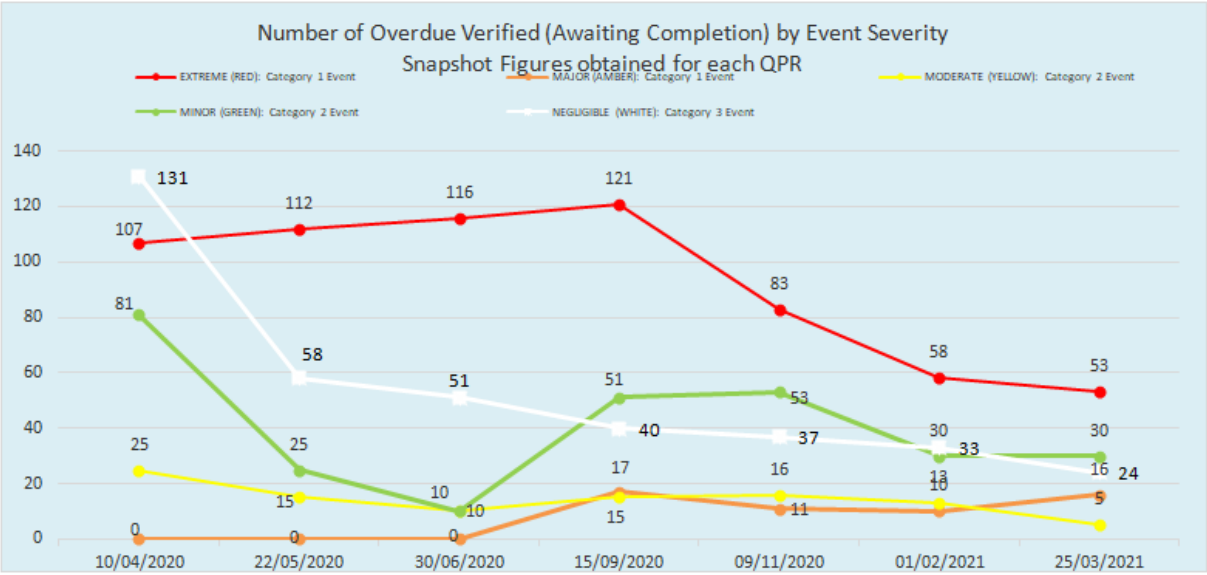
4.3.3.17 Information Security / Information Governance

There were four events reported under this category within the time period. Two of these were reported as breaches of confidentiality (both reported by Nutrition and Dietetics Service), and two as information security loss (one reported by Community Nursing and one reported by Area Psychological Therapy Service).

4.3.3.18 Primary/Secondary Interface Event / Referral / Vulnerable Adult

There were four primary/secondary interface events reported within the time period, all under the subcategory 'poor/inappropriate hospital discharge'. There were three similar events reported under 'referral' and one reported under 'vulnerable adult'. Seven of the eight events were in relation to discharges from different wards in Ninewells Hospital. There was one event relating to a discharge from Carseview.

4.3.3.19 Overdue Adverse Events

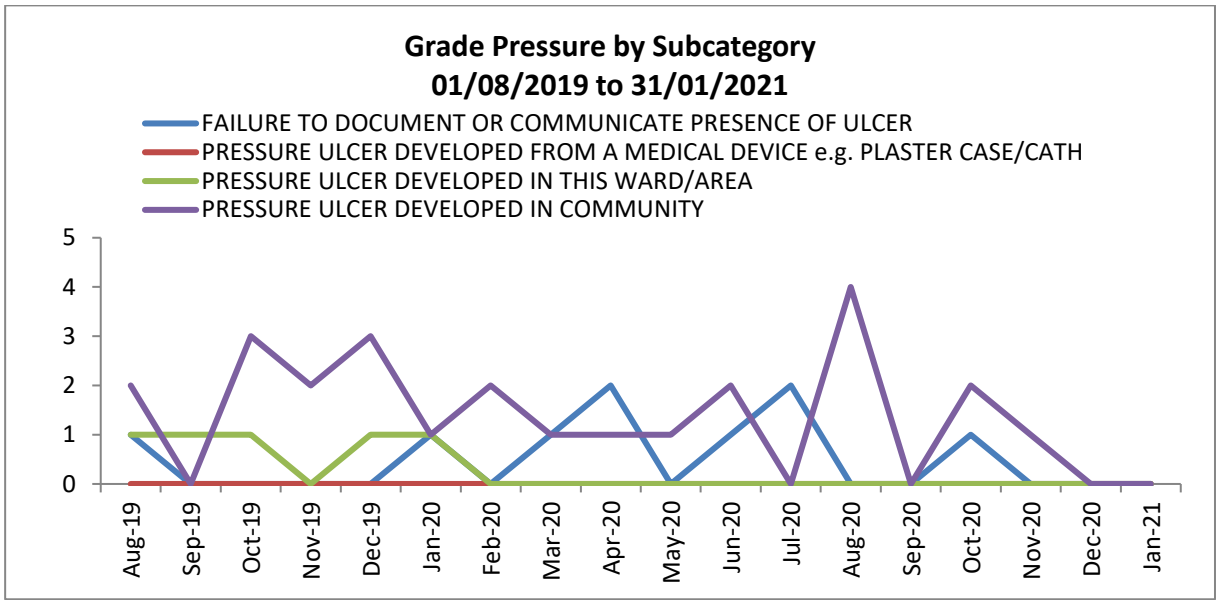


This table shows a significant improvement in the number of overdue verified adverse events. It is recognised that the figures remain high and further work is required to continue with the demonstrated improvement. Additional staff have been recruited to support this work and training continues to ensure growing capacity to further reduce and maintain the positive work seen over the past three months.

As lead Officer for Dundee HSCP I would suggest that the level of assurance provided is: Moderate.

4.3.4 Pressure Ulcers

4.3.4.1 Pressure Ulcer data has been highlighted to include within the HSCP report to the Care Governance Committee. There were no pressure ulcers reported within the time period.



4.3.4.2 Pressure Ulcer numbers remain low (zero this reporting period) across the Partnership. Reviews are completed in relation to all pressure ulcers that are recorded and from these assurance is provided that all preventable steps are taken in relation to pressure ulcer care.

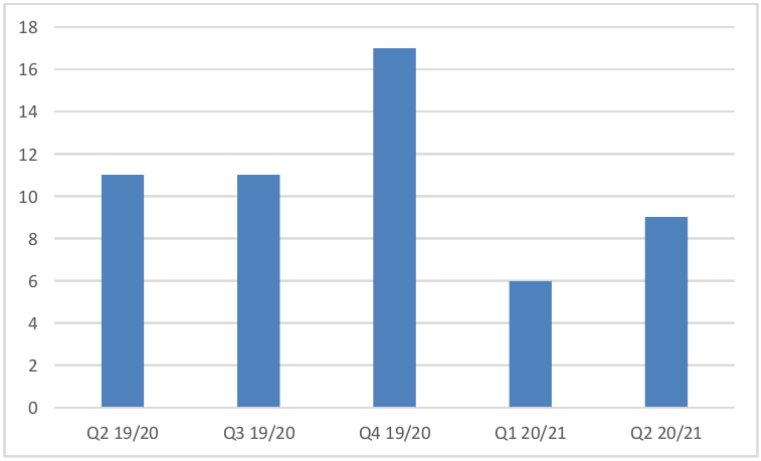
As lead Officer for Dundee HSCP I would suggest that the level of assurance provided is: Moderate

4.3.5 Complaints

The management of complaints within Dundee HSCP continues across two different systems. The HSCP Complaints team continue to review how they report complaints to see how best to report as a combined HSCP report.

4.3.5.1 Social Work Complaints

In the second quarter of 2020/21, a total of nine complaints were received about social work or social care services in the Dundee Health and Social Care Partnership. This is higher than last quarter but still lower than this time last year. This chart shows the number of Social Work complaints received quarterly.



The graph shows that there has been a slight increase in complaints received within Q2 compared to Q1.

4.3.5.2 Social Work complaints by reason for concern

Complaints about a delay in responding to enquiries and requests have dropped from seven to zero this quarter which is excellent considering we were working within a pandemic at home.

The numbers of social work complaints, while having a slight increase this quarter, are still relatively small. The complaints received regard several services and suggest no themes or patterns of dissatisfaction with services at this time.

4.3.5.3 Social Work Complaints Stages and Outcomes

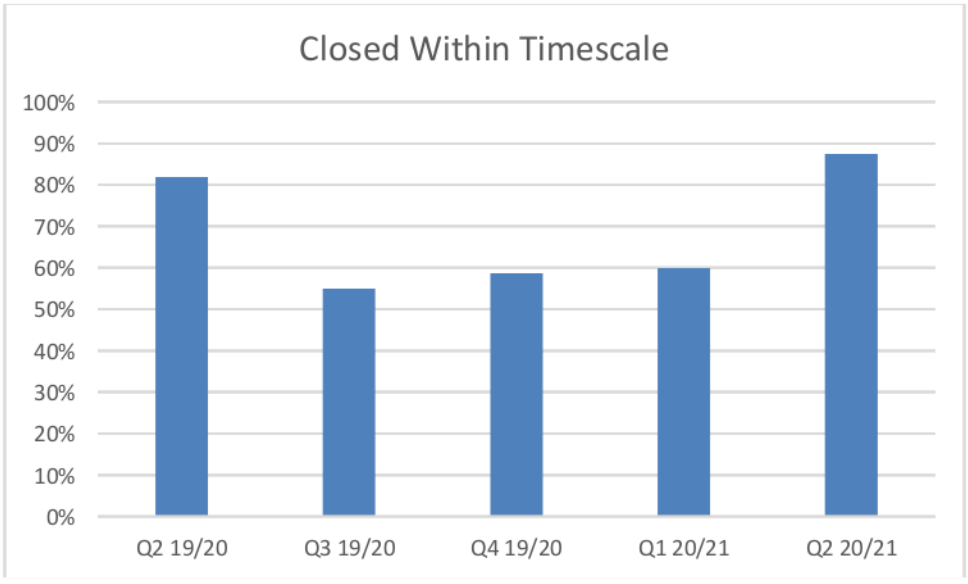
Three complaints received were handled at a frontline resolution stage, compared to five last quarter, and this quarter we received six complaints at stage 2 investigation from the beginning, compared to one last quarter. Of these, one stage 2 complaint is still open and under investigation, none were upheld, three were partially upheld with planned service improvements, a further two were not upheld and three were recorded as duplicate complaints.

Frontline Resolution	3
Investigation (Escalated from Frontline)	0
Investigation	6
Joint with NHS	0

4.3.5.4 Social Work Complaints Resolved Within Timescales

Seven of the Social Work complaints received by the Partnership were able to be resolved within the target dates. One missed the deadline minimally and the final one is currently still under investigation.

Chart: % of Social Work Complaints resolved within timescales



The graph shows that there has been a sharp increase in the number of complaints that are resolved within timescales. The Customer Care and Governance Officer is ensuring that delays are kept to a minimum and processes are correctly followed. Meetings with Investigating Officers have unfortunately been delayed due to the pandemic.

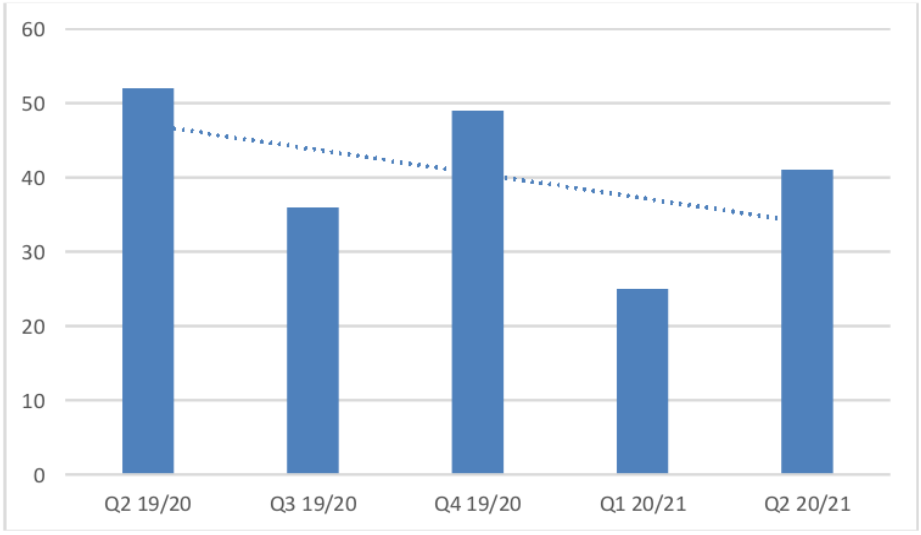
4.3.5.5 Planned Service Improvements

The three partially upheld complaints have all identified a cause and have service improvements planned to address these.

No complaints were referred to the Scottish Public Service Ombudsman.

4.3.5.6 NHS Complaints

In the second quarter of 2020/21 a total of 41 complaints were received about Dundee Health and Social Care Partnership health services compared to only 25 in Q1. These are complaints which have been coded against DHSCP. There may be other complaints where DHSCP have contributed to a joint response. This chart shows the number of NHS complaints received.



The graph shows that during quarter two there has been a sharp increase in complaints received, bringing us back up to a more anticipated level.

4.3.5.7 NHS Complaints by Theme

The top three themes were once again, for the fourth quarter running, Attitude and Behaviour; Clinical Treatment and Communication (Oral).

The top three sub themes for this quarter were Disagreement with treatment/care plan, Staff Attitude and Lack of support.

4.3.5.8 NHS Complaints Stages

Eleven complaints were handled at a frontline resolution stage compared to 20 last quarter. Of these complaints, four were upheld, three were partially upheld and two were not upheld.

This quarter saw six complaints handled as Stage 2 Escalated complaints compared to none last quarter. Of these complaints, one was partially upheld and 2 were not upheld.

24 complaints were handled as a Stage 2 complaints from the start compared to only five in quarter one. This quarter seven were partially upheld and two were not upheld.

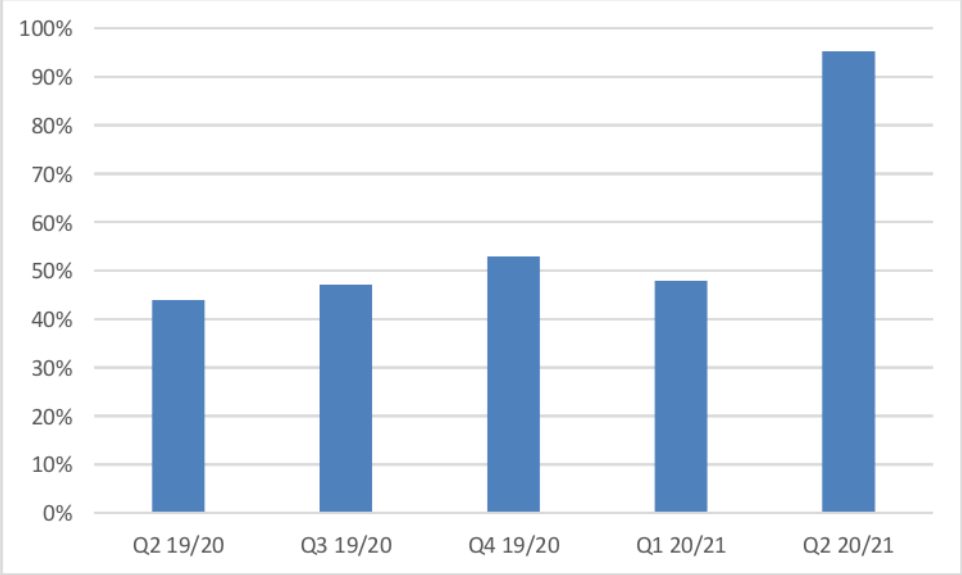
78% of Frontline resolution complaints were either upheld or partially upheld compare to 57% last quarter. 78% of stage 2 non escalated complaints were upheld or partially upheld compared to 71% last quarter. Stage 2 escalated complaints had 33% either upheld or partially upheld.

Frontline Resolution	11
Investigation (Escalated from Frontline)	6
Investigation	24

4.3.5.9 Closed NHS Complaints Resolved within Timescales

21 complaints were closed within the first quarter regardless of when they were received, and 95% (20) of these were closed within timescales. This is an increase from the previous quarter.

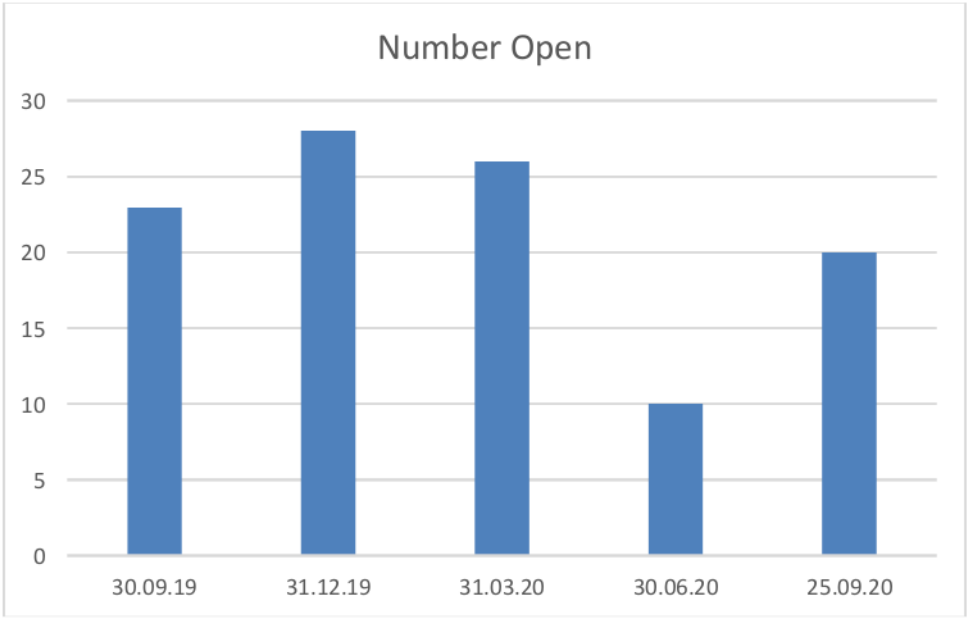
Chart: % of closed NHS complaints closed within timescales



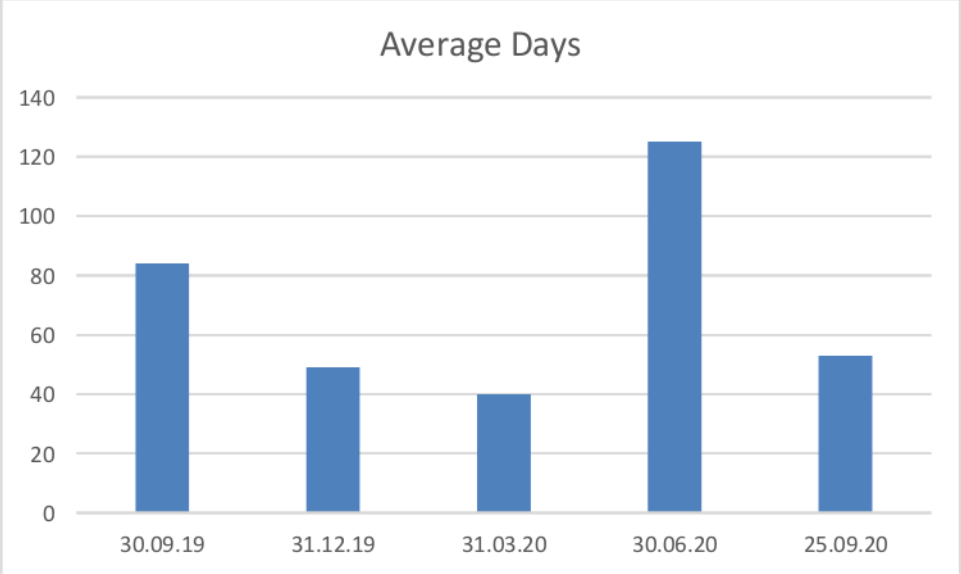
Of the complaints closed this quarter, there has been a substantial increase in those closed within their timeframes.

4.3.5.10 Outstanding NHS Complaints

The graph below shows that there has been a decrease in the amount of NHS complaints that are overdue in the past year and with new staff working on the complaints, this should continue into next quarter. This chart shows a snapshot of the number of open overdue NHS complaints at a given date.



Snapshot of average length in working days of overdue NHS complaints at a given date



The above graph shows that the average length of overdue complaints has decreased to a manageable level. This shows the work ongoing to complete the backlog of overdue complaints.

Discussions are still taking place with NHS Tayside to identify how we can improve our complaint response times. However, our plan to trial a more robust and effective complaints system has been put on hold due to the current pandemic.

Table of NHS Current Open Complaints – February 2021

No. of Open Cases - 19									
Speciality	**Days_Band**	**Total**	0-4 Days	5-9 Days	10-14 Days	15-20 Days	21-25 Days	26 - 30 Days	40+ Days
Total		**19**	**1**	**2**	**1**	**2**	**1**	**1**	**11**
General Practice		**2**	-	-	-	1	-	-	1
MISSING		**1**	-	-	-	-	-	1	-
MFE (Medicine for the Elderly)		**3**	-	-	-	-	-	-	3
Adult Psychotherapy Service		**3**	1	-	-	1	-	-	1
Adults and Older People		**2**	-	2	-	-	-	-	-
Eating Disorder Service		**1**	-	-	-	-	-	-	1
Community Mental Health Services		**7**	-	-	1	-	1	-	5

As lead Officer for Dundee HSCP I would suggest that the level of assurance provided is: Moderate

4.3.6 External Reports & Inspections

4.3.6.1 Healthcare Improvement Scotland Inspection for the Royal Victoria Site in July was in relation to Care of Older People:

The recommendations were in relation to:

- Documentation of reassessment of MUST and oral health on transfer
- MUST screening assessment tool is completed in full
- Ensure oral hygiene assessment is completed
- Develop person-centred care planning

- Review documentation to ensure person centred care plan can be recorded
- Review SKIN bundle to ensure documentation captures key elements of pressure ulcer prevention, monitoring and management
- All staff must ensure appropriate hand hygiene practice
- Ensure environment is effectively monitored and maintained to ensure infection prevention and control practice

4.3.6.2 There have been 17 actions identified and incorporated into the action plan. 10 actions are now complete. Timeframes have been adjusted to allow time for development and subsequent audit of documentation to be undertaken in relation to outstanding actions. COVID-19 has also impacted on achievement of some actions. All actions should be complete by May 2021.

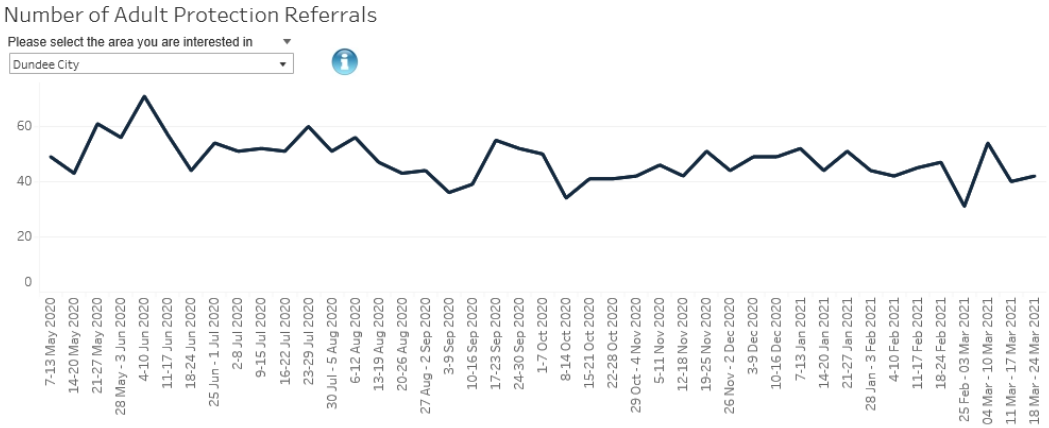
4.3.6.3 The work in relation to MUST is being led by the Nutrition and Dietetic Service, which is hosted in Dundee Health and Social Care Partnership in close collaboration with nursing colleagues. Key pieces of work to improve performance in relation to MUST include:

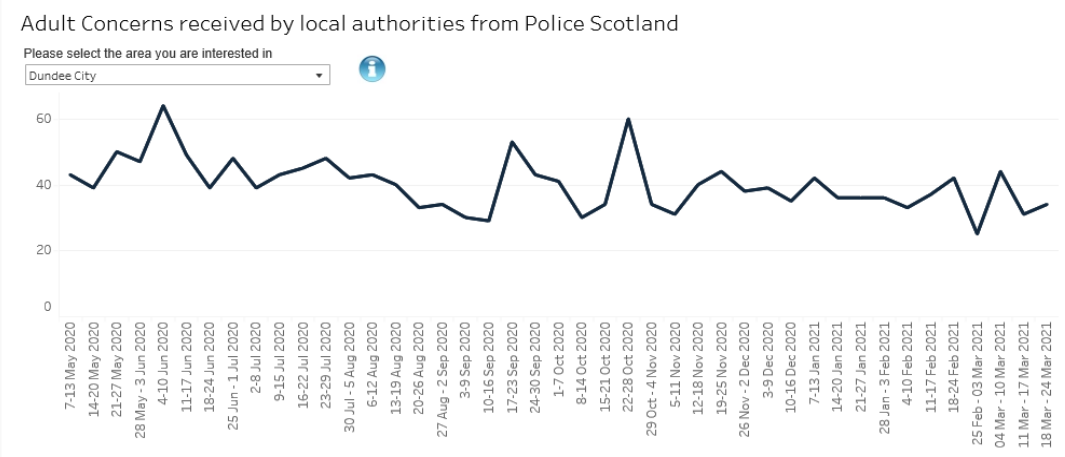
- Review and update of online training for MUST (LearnPro)
- Review the role of nutrition link nurses to better support the nutrition care pathways
- Development of a suite of online digital education tools to support MUST, dietetic pathways, nutritional care for hospitalised patients and food, fluid and nutritional care policy
- Review of snacks available at ward level to support a food first approach to nutrition

As lead Officer for Dundee HSCP I would suggest that the level of assurance provided is: Moderate

4.3.7 <u>Adult Support & Protection</u>

4.3.7.1 The following tables provide information relating to the trend activity carried out under Adult Support and Protection Legislation. There was a significant reduction in the numbers of concerns raised across all protection matters during the first four months of the pandemic. As lockdown eased there was an increase in referrals with numbers rising above that of pre-COVID. It should be noted that despite the increase, the numbers of cases progressing from concern to formal action remained within the normal parameters. These numbers are now returning to pre-COVID rates.





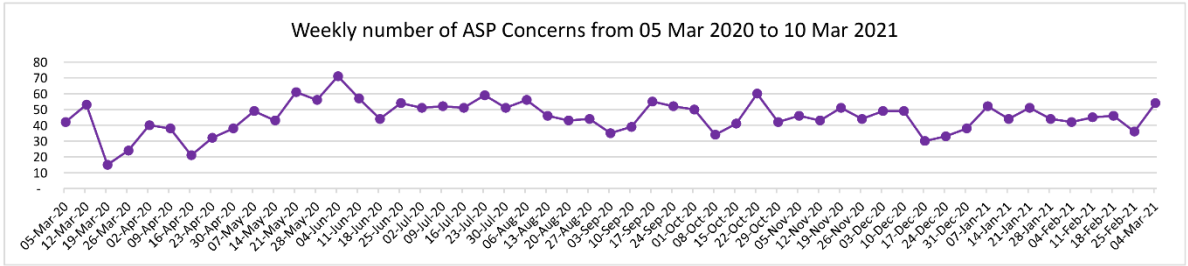
4.3.7.2 Police Scotland remains the highest referring agency. Information shows that referrals are often for welfare concerns and these are screened and, a duty to enquire progressed and actioned in the appropriate way. As a result, a low rate of original concerns progress to an Adult Support and Protection investigation. See table below.

Weekly number of ASP Concerns from 05 Mar 2020 to 10 Mar 2021

Notes:
Week runs from Thursday to following Wednesday
All ASP concerns have a duty to inquire unless the individual is already within the ASP workflow
All ASP worksteps are taken from date started on Mosaic
NFA = No Further ASP Action or step is in progress

Total number of open ASP Core Group/ Protection Plan	16

Thu - Wed commencing	ASP Concern	Onwards	NFA	ASP Duty to Inquire	Onwards	NFA /In Progress	ASP Investigation	ASP Case Conference	ASP Review Case Conference	ASP Core Group/ Protection Plan Meetings
10-Dec-20	49	45	4	48	8	40	1	1	2	-
17-Dec-20	30	23	7	32	2	30	4	3	-	2
24-Dec-20	33	28	5	25	2	23	-	-	-	-
31-Dec-20	38	30	8	27	-	27	-	-	1	-
07-Jan-21	52	41	11	38	3	35	-	-	2	-
14-Jan-21	44	34	9	35	9	26	1	2	3	-
21-Jan-21	51	44	7	37	3	34	1	-	2	-
28-Jan-21	44	39	5	54	8	46	2	1	2	1
04-Feb-21	42	39	3	42	2	40	2	4	2	-
11-Feb-21	45	34	11	32	5	27	-	-	1	1
18-Feb-21	46	40	6	38	2	36	1	-	3	-
25-Feb-21	36	30	6	26	-	26	-	-	-	-
04-Mar-21	54	19	33	17	7	10	-	1	1	2



4.3.7.3 The following table provides an indication of the types of concern raised through referrals for the period (Thursday-Wednesday commencing 4 March 2021). During the pandemic, regular reporting has been submitted nationally showing the impact and actions taken to ensure protection matters continue to be addressed. This report is also considered at the relevant protection committees including the Dundee Adult Support Protection Committee and the Dundee Chief Officers Group.

Breakdown of Principle Type of Concern

Thu - Wed commencing: 04-Mar-21

Welfare Concerns - Older People	9
Welfare Concerns - Adults	17
Suicide Ideation	7
Financial Harm	2
Physical harm	4
Actual self harm	3
Fire safety risk	1
Sexual harm	1
Domestic abuse	-
Self neglect	-
Threat of self harm	3
Suicide Attempt	-
Harassment	1
Discrimination	-
Emotional/Psychological harm	1
Neglect by carer	-
Exploitation	4
Forced marriage issues	-
Other	-
Step in Progess	1
Total	**54**

Breakdown of Reasons for NFA at Duty to Inquire

Existing support services have been informed of the concern and will manage appropriately (Least restrictive approach)	4
Conduct appropriate follow-up for community care needs (Social Work)	2
NFA Required - Inappropriate Referral to ASP	2
Advice and information given and signposted to appropriate services /support	-
The adult is currently admitted to hospital for mental health assessment / treatment	-
The adult has been admitted to hospital for medical treatment. Reported to the appropriate Social Work Team	1
After initial inquiry by a Designated Council Officer the adult declined support	1
Other	-
Concern to be passed onto GP for information and support	-
Risks remain and a Multi Agency Risk Management Meeting will be arranged	1
Council Officer has inquired and appropriate safeguards have been put in place prior to investigation	1
Adult Lives out with Dundee Area - Concern passed to Appropriate Local Authority	-
Support needs have been identified and will be referred to an agreed integrated H&SCP agency	-
Step in Progess	5
Total	**17**

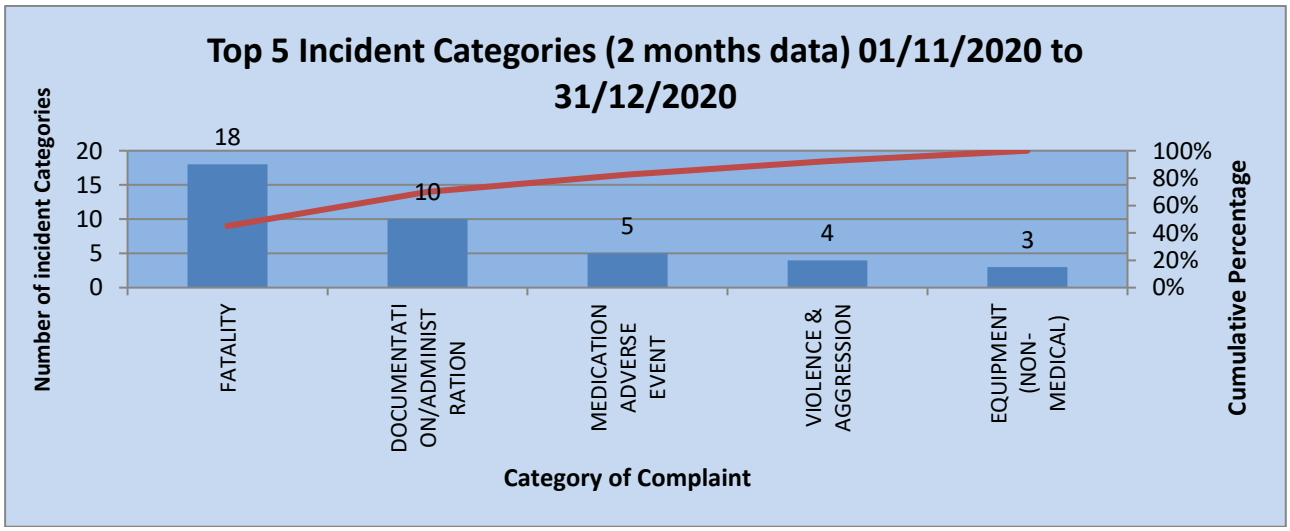
Breakdown of reasons for NFA at Concern

ASP DTI not required	26
ASP Step Already in Place	6
(Pilot) ASP Step Already in Place	1

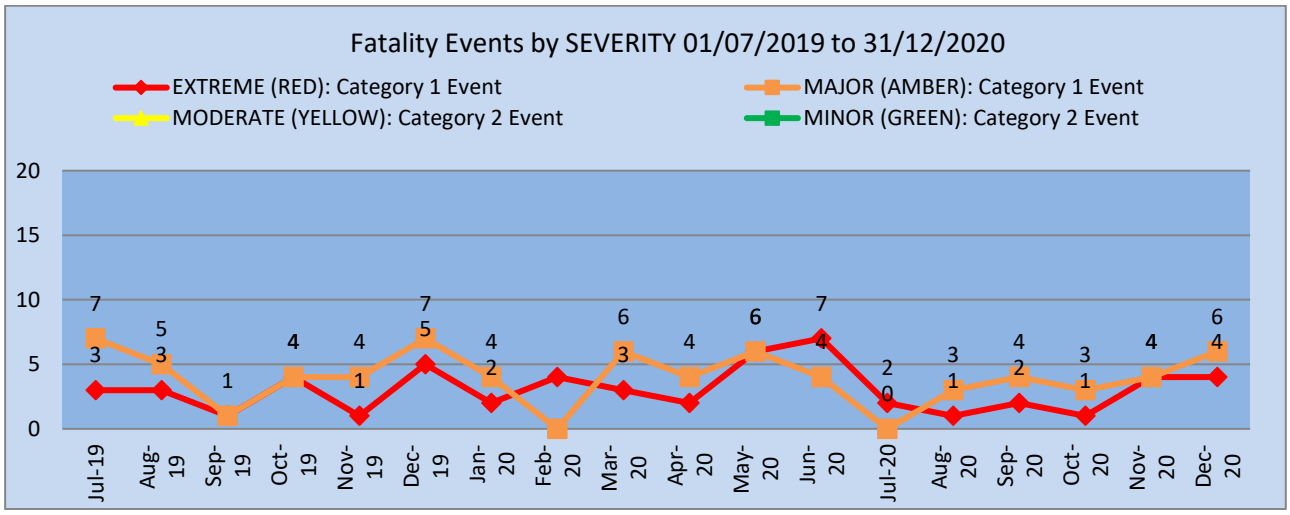
As lead Officer for Dundee HSCP I would suggest that the level of assurance provided is: Moderate.

4.3.8 Mental Health (measures in development)

4.3.8.1 Top 5 Events Reported in Mental Health Services



Events reported in these categories account for **73%** of the total number of adverse events reported.



4.3.8.2 There were 18 fatalities reported within the time period (Nov-Dec 2020).

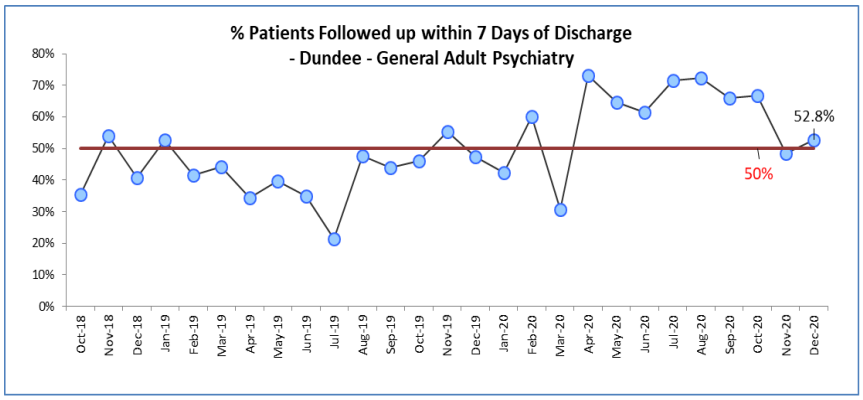
It is noted that some of these have been reported as extreme, and downgraded to major on verification. This is following advice from the CGRM Team. Changes in the national framework outline that all extreme events should have a Significant Adverse Event Review completed. Downgrading to major allows the service to conduct either a Local Adverse Event Review or a Mortality Review if one of these options is more appropriate.

The following table provides a summary of the fatality subcategories reported by service.

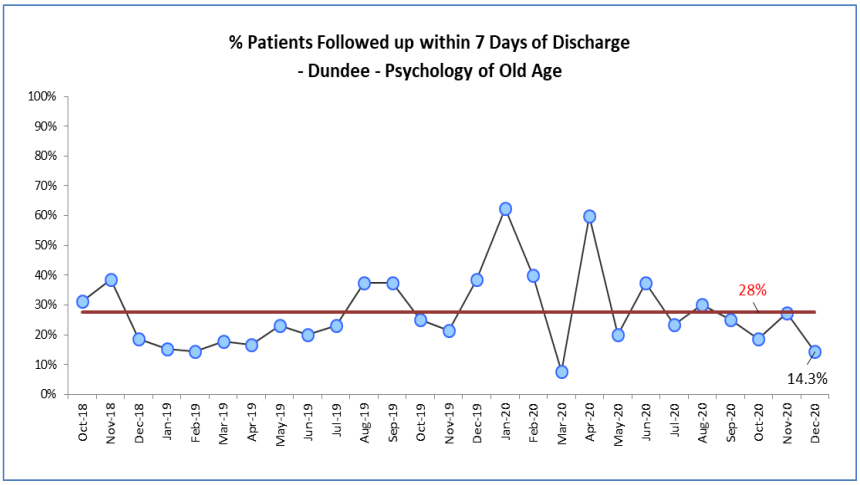
	Area Psychological Therapy Service	Community Mental Health Services	Integrated Substance Misuse	TOTAL
Expected Death	0	1	1	**2**
Suicide (suspected)	0	1	0	**1**
Suspected Drug Related Death	0	0	9	**9**
Unexpected/Trauma Related Death	1	2	3	**6**
TOTAL	**1**	**4**	**13**	**18**

4.3.8.3 <u>Mental Health Measures – For further discussion and agreement</u>

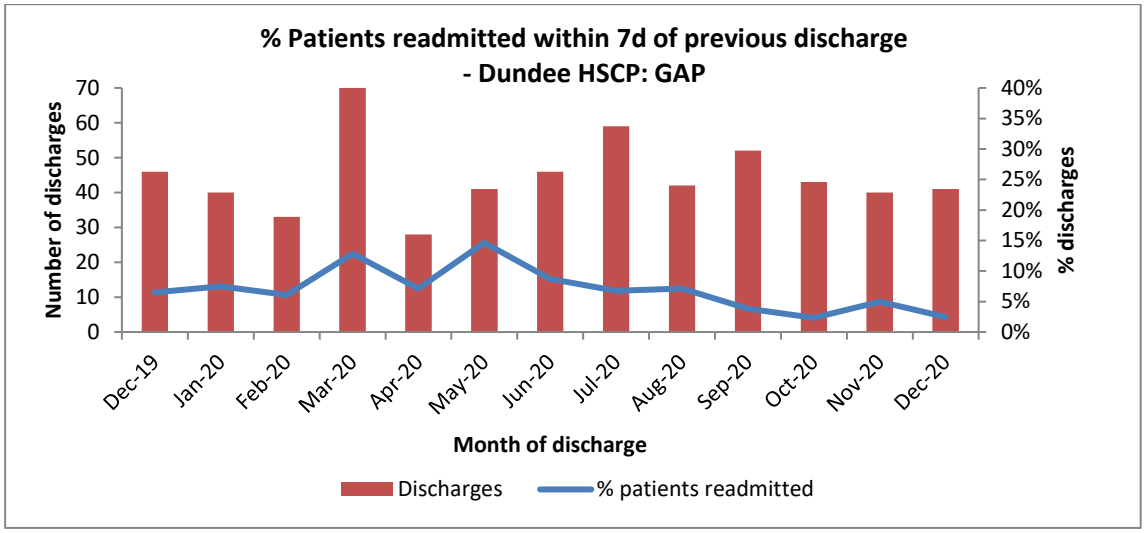
This is a percentage run chart. This service – General Adult Psychiatry, has seen an increase in the numbers of patients followed up within 7 days since April 2020.The service process currently has a median of 50% patients followed up per month.



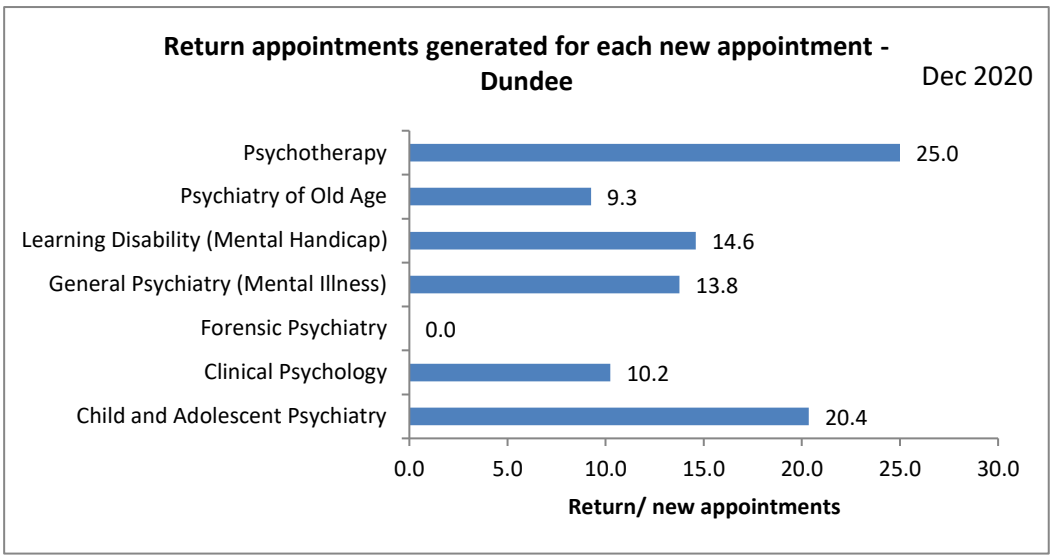
4.3.8.4 This is a percentage run chart. This service (Psychiatry of Old Age) has a reliable process to achieve follow up for a median of 28% of patients per month. Reliability reduced December 2019 – May 2020.



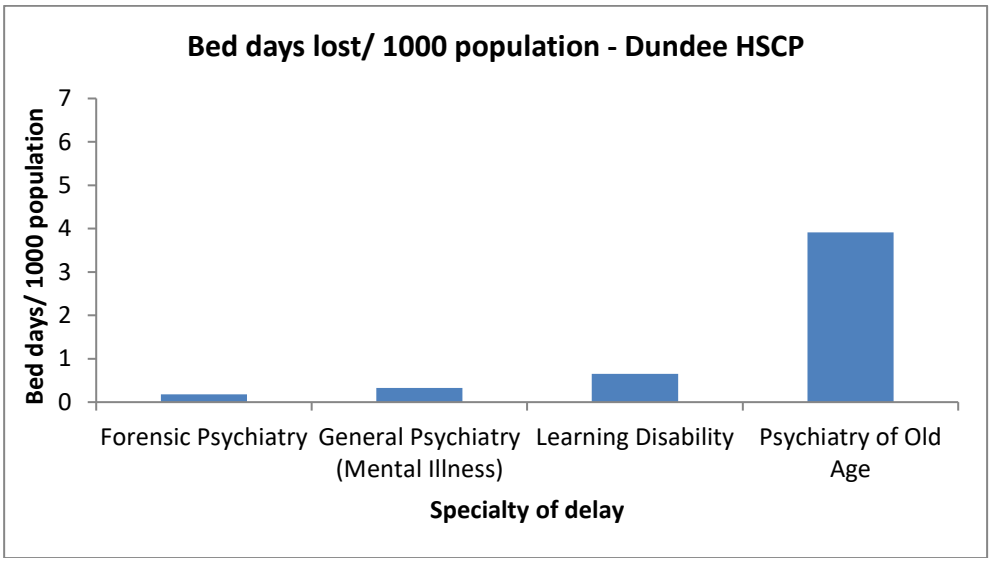
4.3.8.5 Re-admissions appear to have been reducing since June 2020, plotting the data on a run chart would help understanding if this is a change and this will be explored for future reports.

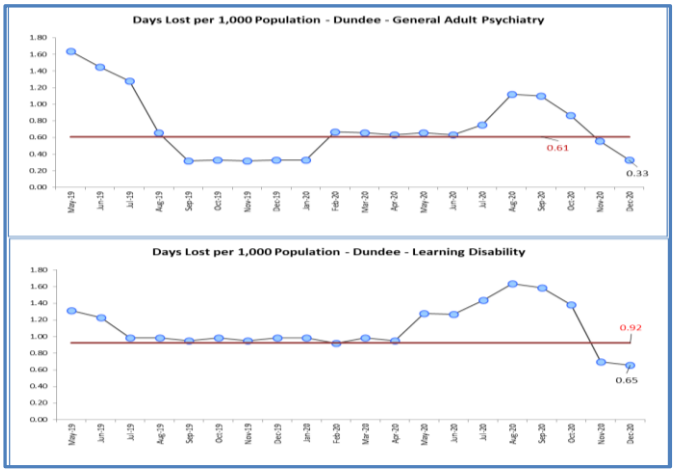


4.3.8.6 This chart shows the variation across services in relation to New:Return ratios with Psychotherapy being most at 1:25 appointments and Psychiatry of Old Age being least at 1:9 appointments. The expectation for follow up is very different across these services and future reports should consider either monthly comparisons within a service or service comparisons across Tayside for similar service areas.



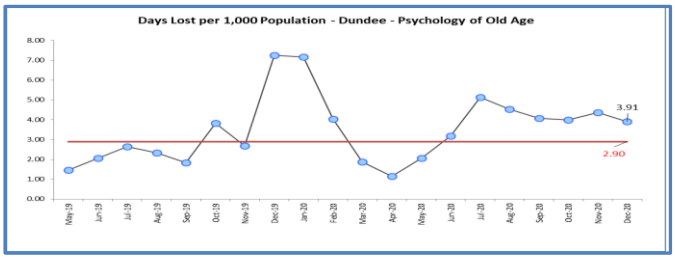
4.3.8.7 This chart shows the average number of bed days lost across a range of service areas.





The median number of days lost per month in General Adult Psychiatry is 0.61 days. There are non-random influences in this data, denoted by the fact that the data does not cross the median enough times.

The median number of days lost per month in Learning Disabilities is 0.92 days. There are non-random influences in this data, denoted by the fact that the data does not cross the median enough times.



The median number of days lost per month in Psychiatry of Old Age is 2.9 days. This chart suggests that there has been a change in the process since June 2020 which has caused a non-random increase in months days lost.

As lead Officer for Dundee HSCP I would suggest that the level of assurance provided is: Limited.

4.3.9 Drug-related deaths (measures to be agreed)

Some measures are included in Adverse events and mental health sections of this report.

Work is ongoing through the GIRFE (Getting it Right for Everyone) Governance Group and the Integrated Substance Misuse Service to identify key measures to be reported.

The level of assurance should be provided for each heading under assessment (2.3).

Level of Assurance		System Adequacy	Controls
Comprehensive Assurance		Robust framework of key controls ensures objectives are likely to be achieved.	Controls are applied continuously or with only minor lapses.
Moderate Assurance		Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.
Limited Assurance		Satisfactory framework of key controls but with significant weaknesses evident which are likely to undermine the achievement of objectives.	Controls are applied but with some significant lapses.
No Assurance		High risk of objectives not being achieved due to the absence of key internal controls.	Significant breakdown in the application of controls.

4.4 **Quality/Patient Care**

4.4.1 The principle focus of all services is a desire to achieve the six dimensions of healthcare quality. These state that healthcare must be:

- Safe
- Effective
- Patient-centred
- Timely
- Efficient
- Equitable

The work being progressed will have a positive impact on the quality of care and services for staff and the population of Dundee and Tayside.

4.4.2 COVID-19

Services continue to manage well, in very challenging circumstances due to the effects of COVID-19. The demobilisation and remobilisation of services has supported those most vulnerable and supported the delivery of safe, effective services.

The teams have balanced urgent needs alongside COVID pressures, as well as supporting vaccination rollout across Tayside. The complexities of working across a Health and Social Care system, often with different guidance provided, has been challenging, however staff have risen to this challenge time and time again.

Staff support is critical in ensuring ongoing wellbeing across the workforce and staff are reporting increased fatigue. The wellbeing framework is essential in supporting staff at this crucial time.

4.5 **Workforce**

The continuing impact of COVID-19 is being felt by staff across the HSCP as they continue to support service delivery alongside supporting COVID testing and the delivery of vaccinations.

Measures are in place to support staff through the wellbeing framework and the Spiritual Care service has been instrumental in supporting staff and teams through very challenging and traumatic events.

4.6 **Financial**

N/A.

4.7 **Risk Assessment/Management**

Risks are included in the report above.

4.8 **Equality and Diversity, including Health Inequalities**

4.8.1 An impact assessment has not been completed. Promotion of Equality and Social Justice is one of the domains included in the GIRFE reporting assurance framework.

4.8.2 Engage Dundee Survey

The Engage Dundee survey took place online during September and October 2020. It was circulated widely across a number of digital platforms and limited paper copies were made available through some local teams and voluntary sector partners. The survey aimed to explore the impact of the COVID-19 pandemic on Dundee's citizens, particularly in determining whether individuals had accessed specific services during lockdown, their experiences both positive and negative, whether there had been impacts on mental health and wellbeing and in what ways, any positive developments over the lockdown period, and to help assess the priorities of individuals, families and communities going forward.

4.8.2.1 Findings show that the most commonly used services during lockdown were: GP services (61.5%); websites/self-help resources (46%); mental health advice/support (32%); physical health advice/support (30%); food parcels/delivery (29.2%); and money/benefits advice and support (23.5%).

There were varying degrees of satisfaction expressed for using services; highest was for websites/self help resources (78.9%), food parcels/delivery (76.2%) and GP services (69%), and lowest for employment advice (40.2%) and substance use / alcohol support (16.3%).

The survey explored whether respondents were experiencing specific difficulties and the most common responses were for mental health (37%), healthy lifestyle (31%), family/household relationships (18%), physical health (18%), and income/money (20%).

Many respondents felt there had been positive developments due to lockdown/ COVID restrictions. 57.7% reported less traffic, 41.5% reported spending more time with their family, 30.2% made more use of green space, and 28% exercised more.

Further analyses explored the variation in responses and experiences within the different categories of respondents; that is, age group, employment status, in receipt of welfare benefits or not, and living alone or with others. Significant inequalities across a range of indicators became apparent in these analyses, most notably for specific age groups, carers, long-term sick or disabled, the unemployed, people on benefits and those who live alone.

4.8.2.2 Key Themes

Results from this and other surveys show emerging themes regarding the impact of the pandemic during and moving out of lockdown. The most common themes across the surveys related to reduced access to services, the day to day challenges of lockdown measures, uncertainty and concerns about the ongoing nature of the pandemic, social isolation, mental health impacts more broadly, and financial and job insecurity. For many, the issues were interconnected and for some the pandemic had exacerbated what were already difficult life circumstances.

4.8.2.3 Next Steps

Results suggest that accelerated efforts should be considered by a wide range of partners to mitigate effects for those in most need whilst building resilience for individuals and communities to provide responses themselves. Suggested actions for partners moving forward are: disseminate the findings across the system, acknowledge the disproportionate effects of the pandemic on particular populations groups, use the data to influence recovery planning, involve local people in identifying solutions and setting priorities, and consider any rapid responses that can be implemented to alleviate difficulties.

4.9 Other Impacts

There are no other direct impacts of this report.

4.10 Communication, Involvement, Engagement and Consultation

The Dundee HSCP has carried out its duties to involve and engage external stakeholders where appropriate.

4.11 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Dundee HSCP CCPG Group, 18 February 2021

5.0 POLICY IMPLICATIONS

5.1 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 risk of not providing sufficient assurance through governance assurance routes will reduce confidence in the ability of the HSCP to deliver safe, quality care.
Risk Category	Governance
Inherent Risk Level	Likelihood (2) x Impact (4) = Risk Scoring (8)
Mitigating Actions (including timescales and resources)	Systems in place for all operational teams to provide exception reports to the clinical, care and professional governance group. 'Getting It Right' Group established to support development of reporting framework for HSCP.
Residual Risk Level	Likelihood (2) x Impact (4) = Risk Scoring (8)
Planned Risk Level	Likelihood (1) x Impact (3) = Risk Scoring (3)
Approval recommendation	The risk level should be accepted with the expectation that the mitigating actions are taken forward.

7.0 CONSULTATIONS

7.1 The Chief Finance Officer, Chief Officer, Locality Managers and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

8.1 None.

Dr. David Shaw
Clinical Director

DATE: 29 April 2021

Diane McCulloch
Chief Social Work Officer / Head of Health and Community Care

Report Author: Matthew Kendall, AHP Lead.