ITEM No …5……..

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 22 MAY 2024**

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

REPORT BY: **CLINICAL DIRECTOR**

REPORT NO: **PAC16-2024**

1.0 PURPOSE OF REPORT

1.1 This is presented to the Care Governance Committee for:

- Assurance

This report relates to:

- Government policy/directive
- Legal requirement

This aligns to the following NHSScotland quality ambitions:

- Safe
- Effective
- Person-centred

This report provides evidence of the following Best Value Characteristics:

- Equality
- Vision and Leadership
- Effective Partnerships
- Governance and Accountability
- Use of Resources
- Performance Management
- Sustainability

2.0 RECOMMENDATIONS

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

2.1 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 to 31 January 2024.

2.2 As Lead Officer for Dundee HSCP I would suggest that the level of assurance provided is: Reasonable; due to the following factors:

- There is evidence of a sound system of governance throughout the HSCP.
- The identification of risk and subsequent management of risk is articulated well throughout services.
- There is ongoing scope for improvement across a range of services, in relation to the governance processes, although this is inextricably linked to the ongoing difficulties with recruitment and retention of staff.

- There is evidence of noncompliance relating to a fully comprehensive governance system across some teams, i.e. contemporary management of adverse events and risks.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 ASSESSMENT

4.1 **Clinical and Care Risk Management**

a.1 Increasing patient demand in excess of resources – Dundee Drug and Alcohol Recovery Service (DDARS)

DatixRef	Risk Exposure – No controls			Current Risk Exposure Rating												Planned Risk Exposure			Risk Trend (↑/→/↓)
				*Please include data from previous **four** reporting periods*															
				6/4/23			3/8/23			5/12/23			16/2/24						
	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	
233	5	3	15	5	5	25	5	5	25	5	5	25	3	5	15	3	4	12	↓

L = Likelihood C = Consequence RER = Risk Exposure Rating

Negative media reporting increasing reputational, clinical and safeguarding risk –DDARS

DatixRef	Risk Exposure – No controls			Current Risk Exposure Rating												Planned Risk Exposure			Risk Trend (↑/→/↓)
				*Please include data from previous **four** reporting periods*															
				6/4/23			3/8/23			5/12/23			16/2/24						
	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	
683	5	5	25	5	5	25	5	5	25	5	5	25	4	3	12	3	2	6	↓

L = Likelihood C = Consequence RER = Risk Exposure Rating

Insufficient number of DDARS staff with prescribing competencies

DatixRef	Risk Exposure – No controls			Current Risk Exposure Rating												Planned Risk Exposure			Risk Trend (↑/→/↓)
				*Please include data from previous **four** reporting periods*															
				6/4/23			3/8/23			5/12/23			16/2/24						
	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	
612	5	5	25	4	4	16	4	4	16	4	4	16	3	5	15	3	4	12	↓

L = Likelihood C = Consequence RER = Risk Exposure Rating

Lack of resource to deliver the benzodiazepine dependence pathway compliant with guidelines

DatixRef	Risk Exposure – No controls	Current Risk Exposure Rating	Planned Risk Exposure	Risk Trend (↑/→/↓)
		*Please include data from previous **four** reporting periods*		

				6/4/23			3/8/23			5/12/23			16/2/24						
	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	
1129	5	4	20	4	4	16	4	4	16	4	4	16	4	4	16	3	4	12	→

L = Likelihood C = Consequence RER = Risk Exposure Rating

a.2 Four of the top 5 risks sit with the Dundee Drug and Alcohol Recovery Service (DDARS). There are ongoing service pressures due to staff turnover that affect all of the key risks identified. There is however some reduction in risks due to factors of staff completing training and recruitment of five staff who have worked in the service before which means they will be fully operational at an earlier stage and they have returned because of the supportive environment in the service which may help to reduce turnover.

a.3 Risk 233 had shown a current risk score in excess of the inherent risk score since April 2023. This was primarily due to ongoing challenges relating to recruitment and retention into the DDARS service. This is starting to ease as noted above.

Recruitment into the service is becoming more positive and posts have not required to be advertised more than once for recent recruitment. There appears to be a growing positive reputation around this service with a number of staff now reapplying to work in this area and citing the positive support they received during previous employment as a driver. This has resulted in 5 staff returning in last few weeks.

Nursing staffing is showing an improving picture for recruitment and retention at the time of writing this report. This will be closely monitored as this has been highly variable over the past 18 months. The current position for medical staffing is one consultant in post, two locum consultants and there are two vacant posts. It is planned to advertise for two consultants in next few months. The locum consultants have been trained in DATIX and LAERS and we have therefore increased our capacity to try and catch up with reviews.

The current impact on the ability to provide mental health assessments has reduced along with, pressure related to the requirements for same day prescribing, along with increased availability for support for nursing staff, urgent and batch prescription signing, mentorship for non medical prescribers and advanced nurse practitioners and support and supervision for medical trainees, GPs with special interest and the specialty doctor.

There are now seven specialist nurses employed with prescribing competencies, with seven trainees in the service, three undergoing the study pathway and four recently-employed staff due to commence studies. There are two ANP's in post who can prescribe and a further ANP in Training.

The benzodiazepine dependence pathway is currently being considered via a National Taskforce who are considering the possible models of practice. There is no update on progress of this since the last committee meeting.

a.4 Recruitment challenges in Paediatric Team – Nutrition & Dietetic Service

DatixRef	Risk Exposure – No controls			Current Risk Exposure Rating												Planned Risk Exposure			Risk Trend (↑/→/↓)
				*Please include data from previous **four** reporting periods*															
				6/4/22			3/8/23			5/12/23			16/2/24						
	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	
1283	4	3	12	-	-	-	3	3	9	5	4	20	4	4	16	2	2	4	↓

L = Likelihood C = Consequence RER = Risk Exposure Rating

This risk has reduced to 16 within this reporting period. A clinical lead post has now been appointed to (commenced 03/01/2024) and long term sickness absence has now resolved. Support is still being provided via the North of Scotland Region and will be reviewed once the clinical lead has settled into their post.

While the additional support has provided the required clinical expertise in most areas, there remains a risk in relation to provision of care within the neonatal unit. A mutual aid request has been submitted seeking support for this team.

There is awareness across the multidisciplinary team to support decision-making for neonatal patients requiring nutritional intervention with professional colleagues across Scotland supporting remotely when required.

Workforce Risks

b.1 There are a number of risks (15) pertaining to workforce availability across a wide spectrum of professions, including nurses, medical staff, allied health professions and social care staff. The vast majority of teams are affected to some degree, often with mitigations impacting on those teams who are able to recruit staff. Work continues to enhance recruitment and retention, with international recruits now being widely employed. Staff wellbeing remains a focus for the HSCP.

Primary Care (PC) Sustainability Risk – Strategic Risk 353

b.2 This risk recognises that a failure to maintain sustainable Primary Care Services in localities and across Tayside will result in a failure to meet both the National Clinical Strategy and the existing Tayside Primary Care Strategy, and importantly has a negative impact on both patients and staff. This results in patients being unable to access Primary Care Services across the geographical location and a failure to provide continuity of service because the impact on staff, especially GPs recruitment and retention, is also impacted negatively.

The PC sustainability risk level has reduced to 20 across Tayside due to some of the more strategic and leadership actions progressing.

This is not only a Tayside issue but is seen across the UK. There are a number of complex factors which underpin the risk, including recruitment and retention of GPs in particular.

The impact of this risk is the same within Dundee as the rest of Tayside. There remains a high number of practices with vacancies for GPs. A sustainability survey was undertaken with practices across Tayside in 2023 which gave some detailed information on workforce and general information on other issues impacting on a practice's sustainability. The first survey has provided a baseline and the second Tayside wide survey was issued in January 2024. Analysis of the responses will be undertaken over the first quarter of 2024/25. The ownership, or lease, of premises is also a critical barrier for potential new GPs and there has been limited progress regionally and nationally for this. There are financial implications from this which are not yet clear.

Local actions and controls have been, and continue to be, developed and reviewed. However the increasing demand for GP and the wider Primary Care team is such that any improvement or shift of clinical workload has been offset by that demand. Dundee is therefore in a position of having had three practices closing in a three year period. Numerous practices have had periods with closed lists and being unable to accept new registrations.

The workstreams linked to the Primary Care Improvement Plan are mostly fully recruited to except for the pharmacy team which has ongoing challenges, despite innovative approaches to increasing skill mix. There is the potential to further develop these teams but there is no resource to do so. Dundee has a Premises Strategy and a wider GP strategy agreed and is working to progress this. There has been no progress regionally with leases transferring to NHS Tayside. One further Dundee practice has received Board approval for a GP sustainability loan and a further five practices have submitted applications.

Work to develop an increasing advanced practice workforce in primary care has had positive foundations built with the regional work and local resource has been agreed for practice based staff to progress this at a local level. Only one application for funding from a practice has been received to date and the reasons for this need to be explored further.

Resource had been identified locally to support the GP career start programme which is key to supporting some practices remain stable, but longer term funding is still not in place.

The local development and further integration of urgent care teams and the development of roles in other primary care based teams, will contribute positively, such as the advanced district nurse role.

Treated/Archived Risks

b.3 Treated/Archived Risks are those that have all planned/proposed control in place, and the risk has been mitigated to the lowest possible level.

There have been no risks treated/archived with the time period.

Closed Risks

b.4 Closed Risks are risks that have been replaced or superseded and are therefore no longer required to be managed.

There have been two risks closed within the time period.

4.2 **Clinical & Care Governance Arrangements**

b.5 The arrangements for clinical, care & professional governance (CCPG) in the Dundee HSCP are outlined in Appendix 1: Dundee HSCP Governance Structure.

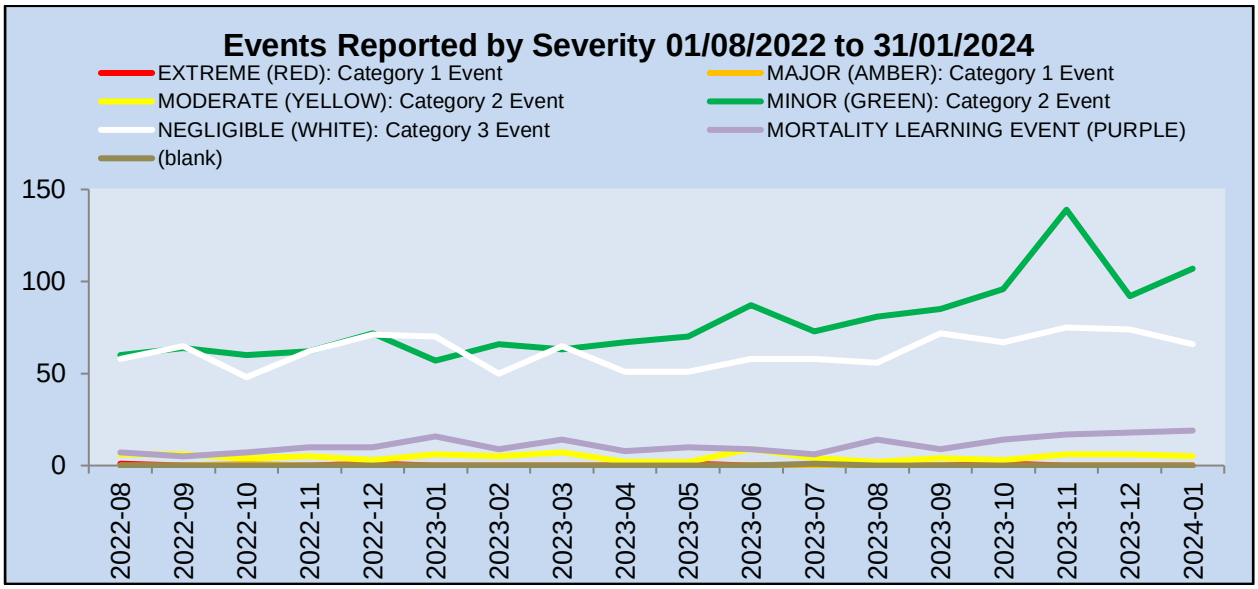
During this reporting period exception reports were presented to the CCPG Group from the following services:

- Nutrition and Dietetics
- Acute and Urgent Care
- Care Homes
- Community Services
- Inpatient and Day Care
- Health Inequalities
- Psychological Therapies
- Psychiatry of Old Age
- Primary Care
- Mental Health and Learning Disabilities

4.3 **Adverse Event Management**

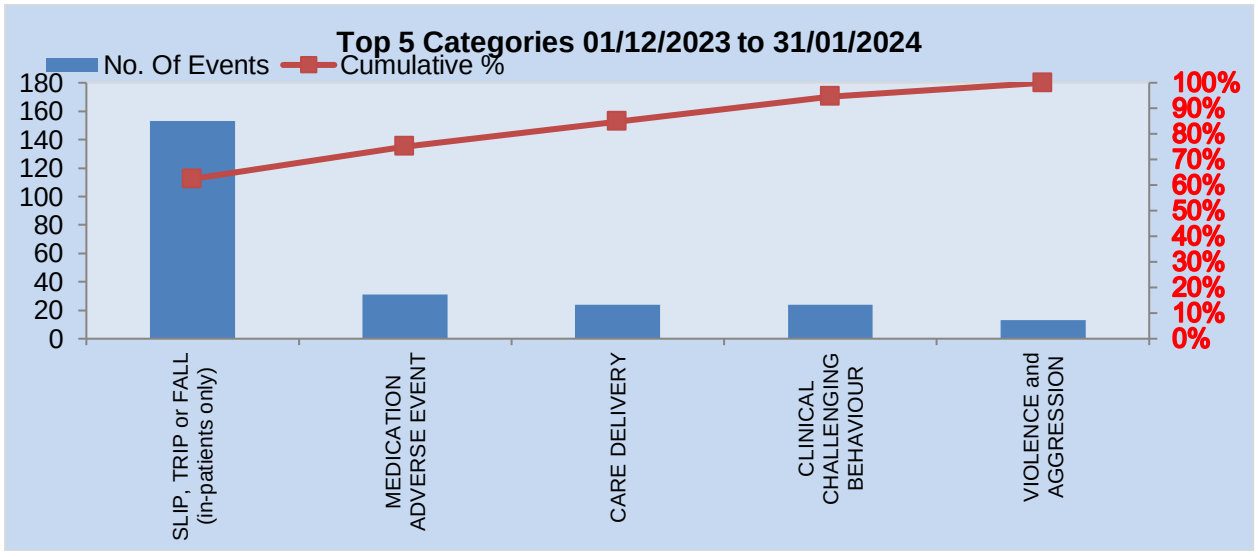
c.1 The following graph shows the impact of the reported adverse events by month over the past 18 months. There were 387 adverse events reported in this time period (01/12/2023-

31/01/2024). There is a reduction in negligible and minor events with a small rise in mortality learning events, the majority of these are reported through expected death categories. (19 of 36 reported adverse events).



The ratio of events with harm to events with no harm is 1 to 3.5. This shows a slight decrease in position from the previous report (0.1).

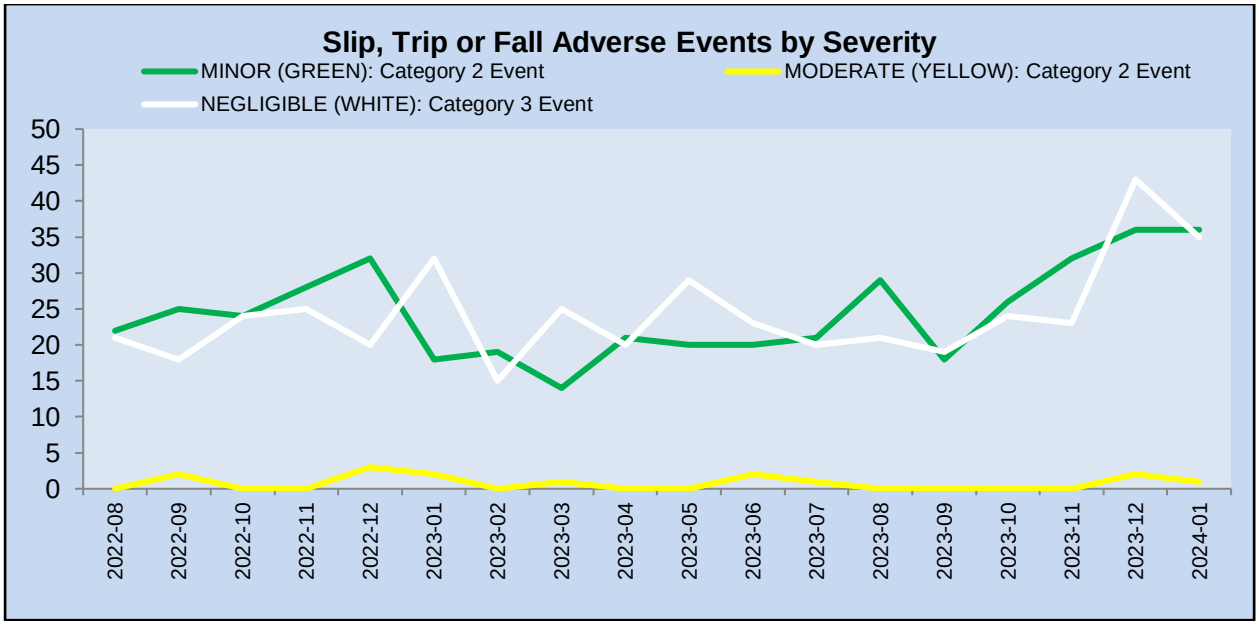
c.2 The following graph shows the Top Five Categories reported between 01/12/2023 and 31/01/2024.



These categories account for 245 of the 387 events (67%) reported within the time period.

Slips, Trips and Falls

c.3 There were 153 events reported between 01/12/2023 and 31/01/2024. The following table shows slips, trips and falls by severity over the past 18 months:



c.4 The following table shows the number of slips, trips and falls (In-patients only) by location, with the highest number of falls being across Medicine for the Elderly, Psychiatry of Old Age and Palliative Care Services.

c.5 The above two graphs show a significant increase in in-patient falls over this reporting period. A review of the adverse events shows a number of individuals were responsible for multiple events across a number of ward areas. The severity of these adverse events remains low with minimal harm to patients (bruising, skin flaps) and no harm to staff.

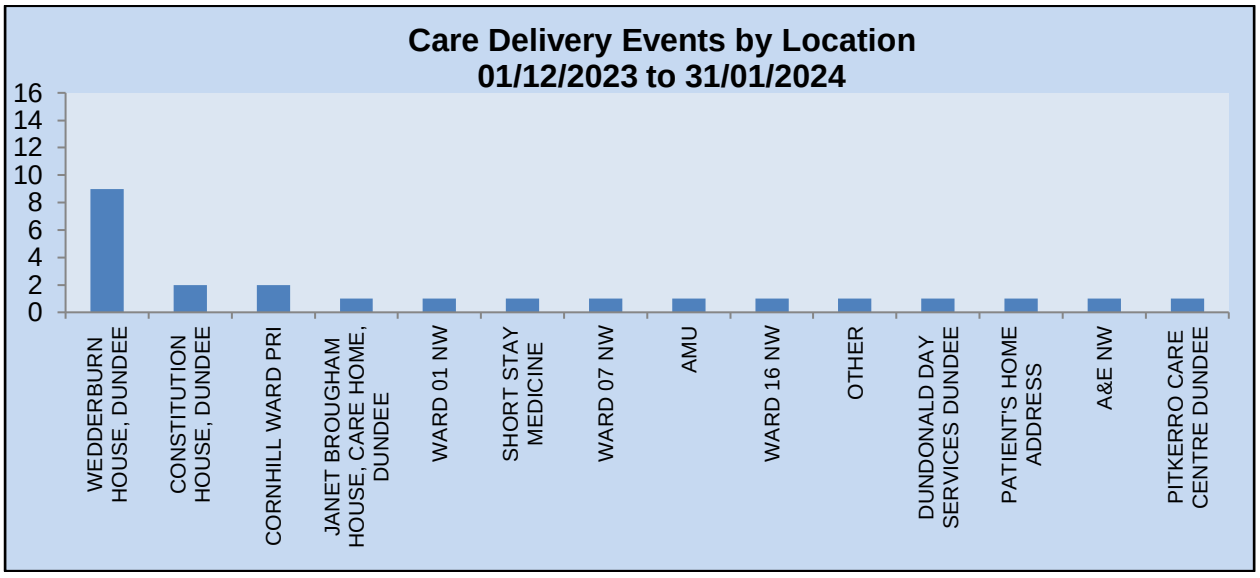
Medication Adverse Events

c.6 There were 31 events reported between 01/12/2023 and 31/01/2024. This is the same number of the last reporting period. Within this there were 16 separate subcategories reported across 13 different clinical teams. There are no clear themes or patterns identified within teams or across the HSCP. The majority of these events occur in the patients' homes (9) with the most commonly occurring subcategory being controlled drug incident (7), all reported through a different clinical team.

Each adverse event is followed up within the team to identify learning and any required improvements with those involved undertaking reflection. This frequently includes working closely with our pharmacy colleagues.

Care Delivery

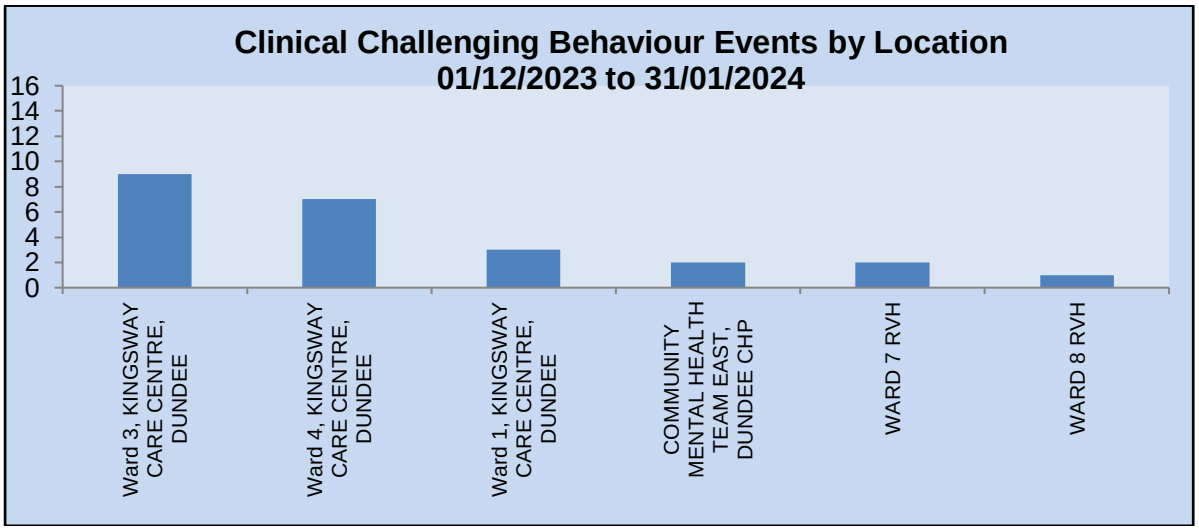
c.7 There were 24 events reported between 01/12/2023 and 31/01/2024. The chart below shows the care delivery events by location.



The high number of incidents reported this period were primarily due to administration errors. They all occurred within one clinic from Wedderburn House and were all recorded as near misses. The team are reviewing systems and processes to identify the root cause of these events.

Clinical Challenging Behaviour

c.8 There were 24 events reported between 01/12/2023 and 31/01/2024. The chart below shows the clinical challenging behaviour adverse events by location.



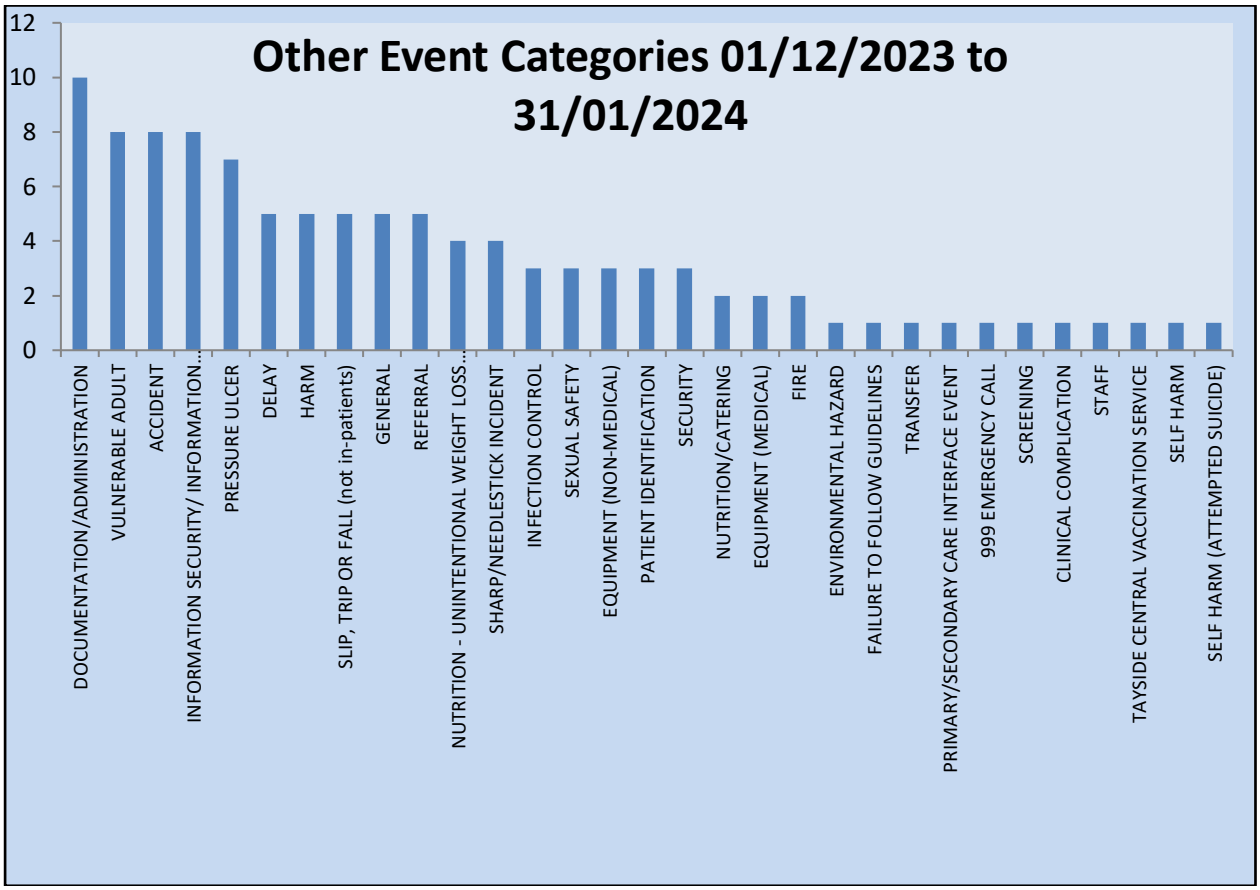
The majority of these events occur in our Psychiatry of Old Age services. There is very positive evidence of these incidents being well managed with staff being well supported too. In the last reporting period there were 46 events reported.

Violence and Aggression

c.9 There were 13 events reported in this reporting period with the numbers of violence and aggression incidents reducing as reporting continues to be more accurate between violence and aggression and clinical challenging behaviour. No service area reported more than five violence and aggression incidents (Community Mental Health) in this period with the 13 events covering five different service areas across six subcategories, including physical or verbal aggressive behaviour by patients and/or others.

Other Event Categories

c.10 There were 106 events reported outwith the top five events reported. These are listed in the chart below.



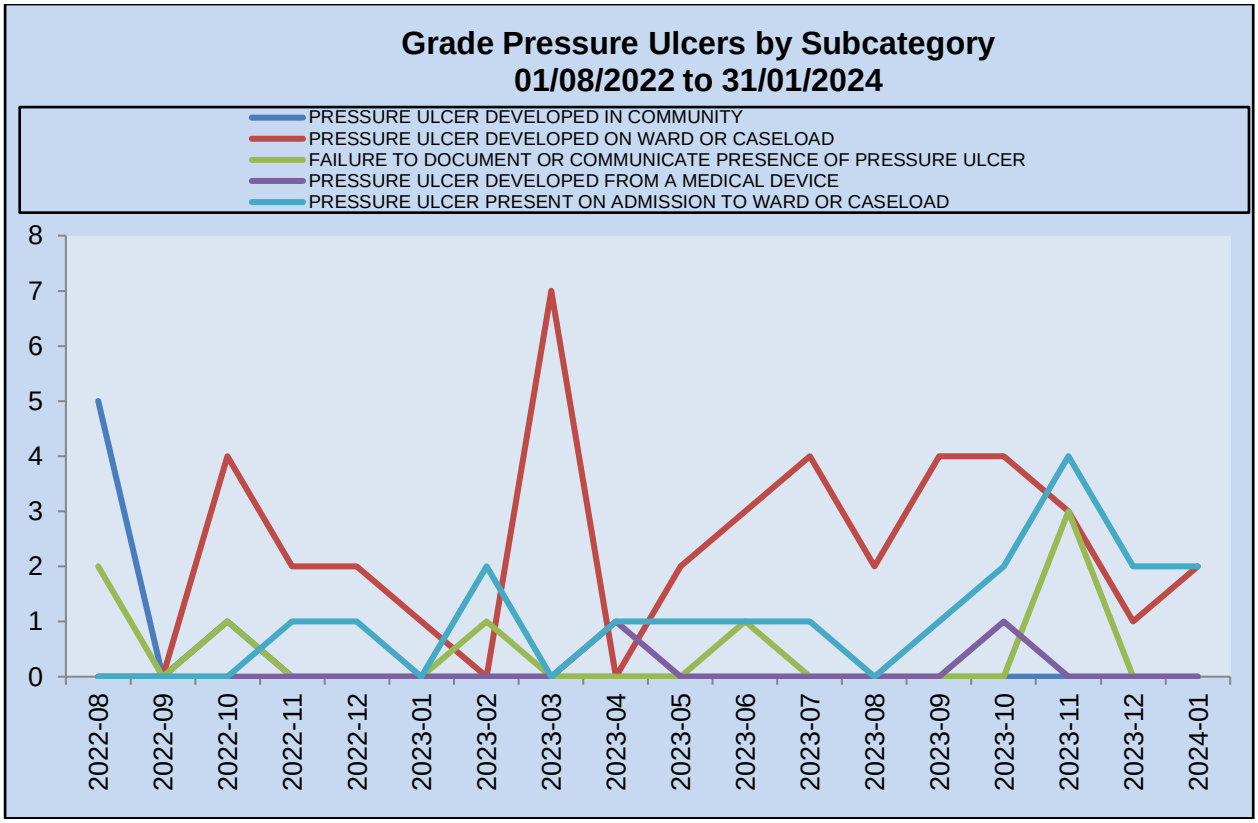
While the numbers remain low there is a slow increase in the number of vulnerable adult adverse events. This may, in part, be due to raised awareness due to the current adult support and protection inspection and training that has been conducted across the HSCP. Visibility of these incidents and the associated actions taken to support individuals is very positive with teams establishing links to the Protecting People Team and local authority Adult Support and Protection teams for guidance and advice.

Significant Adverse Event Reviews

c.11 There are currently two active Significant Adverse Event Reviews in Dundee HSCP. One of these is now ready to be signed off. Once complete, a learning summary will be shared with the committee.

Pressure Ulcers & Falls

c.12 There have been seven pressure ulcer events reported between 01/12/2023 and 31/01/2024. The number of pressure ulcers reported over the past 18 months is shown in the following graph, by subcategory.



Where pressure ulcers develop on a ward or caseload this is as a result of patients and families not wishing to follow the clinical advice provided by the nursing team. The team will work with families and patients to educate and support as much as possible in these situations.

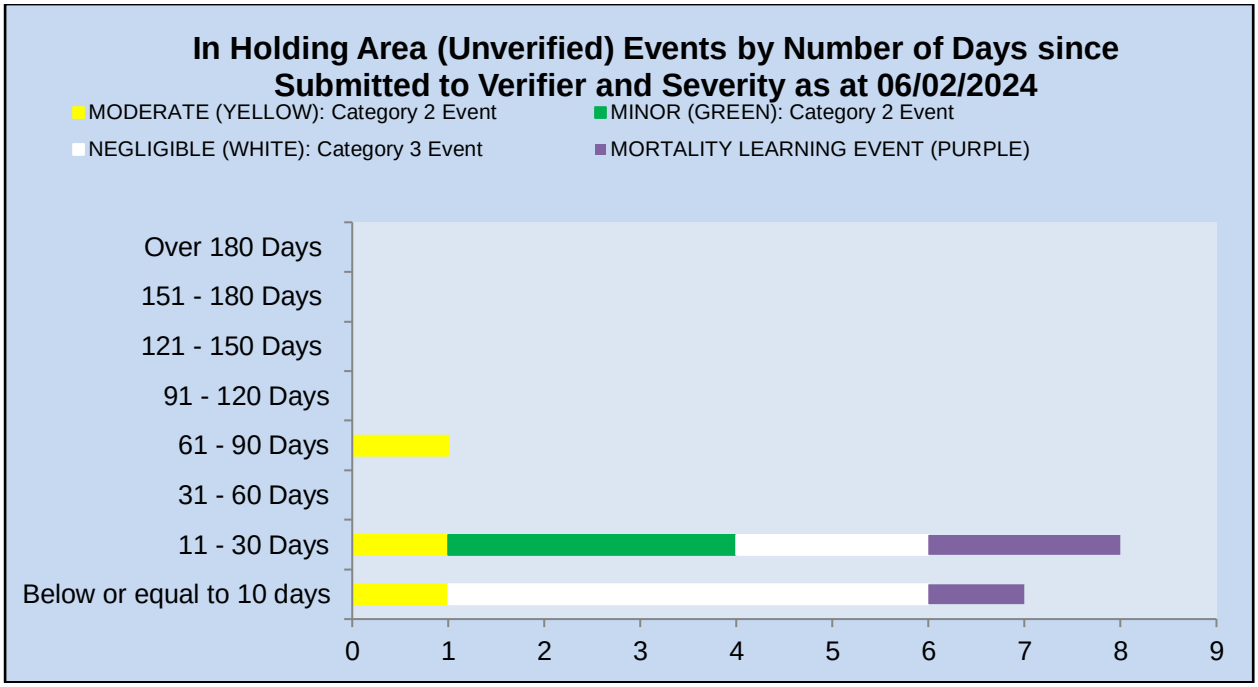
Where pressure ulcers are noted on admission to a caseload or ward work investigations are commenced to ensure all preventative steps have been taken, with all relevant services collaborating.

Adverse events management – systems and processes

c.13 Overdue Unverified Events

At the time of data extraction, there were 16 unverified events. Of these unverified events, all 16 had exceeded the timescale of 72 hours for verification.

The following graph shows the unverified events by the severity and the number of days overdue.

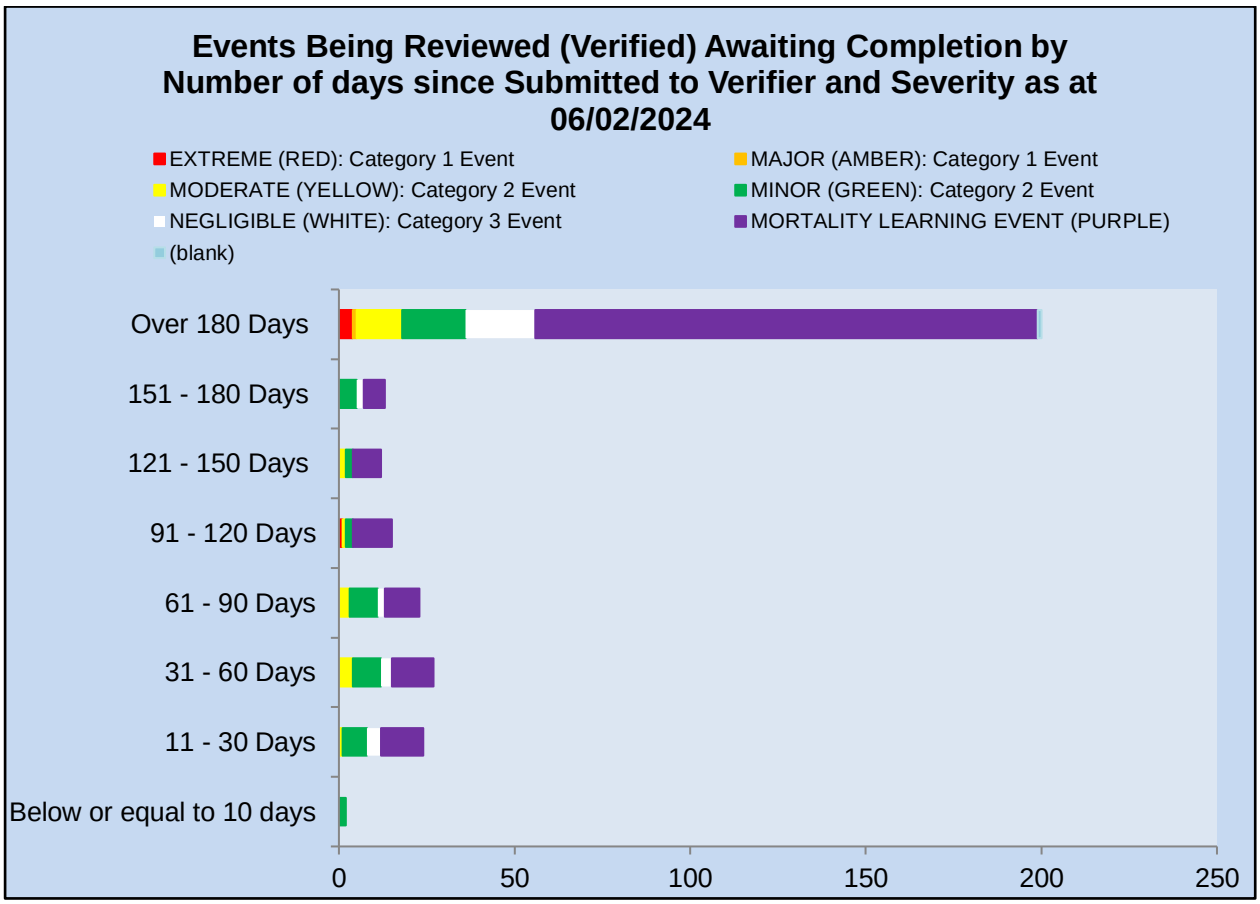


The Dundee HSCP Governance Huddle meets weekly and will review unverified adverse events and provide prompts to managers to take action for outstanding events. If an adverse event might need immediate action, the huddle will escalate to other members of the team for action and review.

c.14 Overdue Verified Events

There are 316 (295 last reporting period) events that are verified but overdue for completion within Datix.

The following graph shows the length of time that has elapsed since the reporting of the events at the time of data extraction by severity for those events that are overdue for completion.



c.15 The table below shows the number of overdue events by the year and department.

Department	2019	2020	2021	2022	2023	2024	Total*	Change**
Community Mental Health Services	3	5	8	28	42	4	**90** (81)	↑
Central (DDARS)	0	0	2	14	20	3	**39** (36)	↑
Community Learning Disabilities - Dundee HSCP	0	1	2	22	9	3	**37** (34)	↑
East (DDARS)	0	1	9	3	9	3	**25** (29)	↓
West (DDARS)	2	1	3	5	10	1	**22** (25)	↓
Primary Care (DDARS)	0	0	1	8	8	0	**17** (19)	↓
Psychiatry of Old Age - Older People Services (Dundee)	0	0	0	1	10	1	**12** (14)	↓
MFE (Medicine for the Elderly) - Older People Services (Dundee)	0	0	0	0	10	2	**12** (4)	↑
Other - Mental Health (Dundee)	0	0	3	5	3	1	**12** (11)	↑
Other (DDARS)	0	0	0	0	7	1	**8**	↓
General Practice - Dundee HSCP	0	0	1	2	5	0	**8**	↓
Allied Health Professions (Dundee HSCP)	0	0	0	1	5	0	**6**	↔
Specialist Community Nursing (Dundee HSCP)	0	0	0	0	2	2	**4**	↔
Brain Injury Rehabilitation	0	0	0	0	4	0	**4**	↓
Palliative Medicine	0	0	0	0	3	1	**4**	↑
Nutrition and Dietetics (Dundee HSCP)	0	0	0	0	3	0	**3**	↔
Area Psychological Therapy Service - Mental Health (Dundee)	0	0	1	0	1	0	**2**	↔
Adult Psychotherapy Service - Mental Health (Dundee)	0	0	0	1	1	0	**2**	↔
Adults and Older People	0	0	0	0	0	2	**2**	↑
(Risk Only) System-Wide Mental Health Risk - Dundee HSCP	0	0	0	0	0	1	**1**	↑
Sources of Support	0	0	0	0	1	0	**1**	↔
District Nursing (Dundee HSCP)	0	0	0	0	0	1	**1**	↓
Health (DDARS)	0	1	0	0	0	0	**1**	↓
Working Health Services	0	0	0	0	1	0	**1**	↑
Other - Specialist Palliative Care	0	0	0	0	1	0	**1**	↓
CMHT - Social Work – DHSCP	0	0	0	0	1	0	**1**	↑
Total	**5**	**9**	**30**	**90**	**156**	**26**	**316** (310)	↑

* Figures in brackets relate to the January 2024 report

** Since January 2024 report

There has been a longstanding concern regards the overdue verified events. The focus for teams is very much on contemporary adverse events rather than historical adverse events due to the current longstanding issues with workforce availability. Other factors also contribute to these adverse events not being progressed include: awaiting toxicology results, Procurator Fiscal involvement, awaiting information from other agencies (e.g. Police Scotland) and awaiting responses from other services in NHS Tayside.

There has been a renewed focus on these through our Clinical, Care & Professional Governance Group. Mental Health & Learning Disability Services and Dundee Drug and Alcohol Recovery Services have established adverse incident review groups to further support this work.

The total number of overdue events has increased although we can see in the table below that some progress has been made on reducing some of the historical adverse events for 2020, 2021 and 2022.

Event Severity	2019	2020	2021	2022	2023	2024
EXTREME (RED): Category 1 Event	0(0)	1(1)	1(1)	1(1)	2(5)	0(0)
MAJOR (AMBER): Category 1 Event	0(0)	0(1)	0(0)	1(1)	0(1)	0(0)
MODERATE (YELLOW): Category 2 Event	0(0)	0(1)	1(1)	4(5)	17(16)	2(0)
MINOR (GREEN): Category 2 Event	0(0)	0(1)	2(3)	9(10)	31(39)	10(0)
NEGLIGIBLE (WHITE): Category 3 Event	0(0)	1(1)	4(9)	10(12)	13(18)	3(0)
MORTALITY LEARNING EVENT (PURPLE)	5(5)	7(7)	22(23)	65(68)	92(79)	11(0)
(blank)	0(0)	0(0)	0(0)	0(0)	1(1)	0(0)
Total	**5**	**9**	**30**	**90**	**156**	**26**

4.4 **Feedback**

d.1 Complaints

The table below shows the number of complaints by service area and how long they have been open:

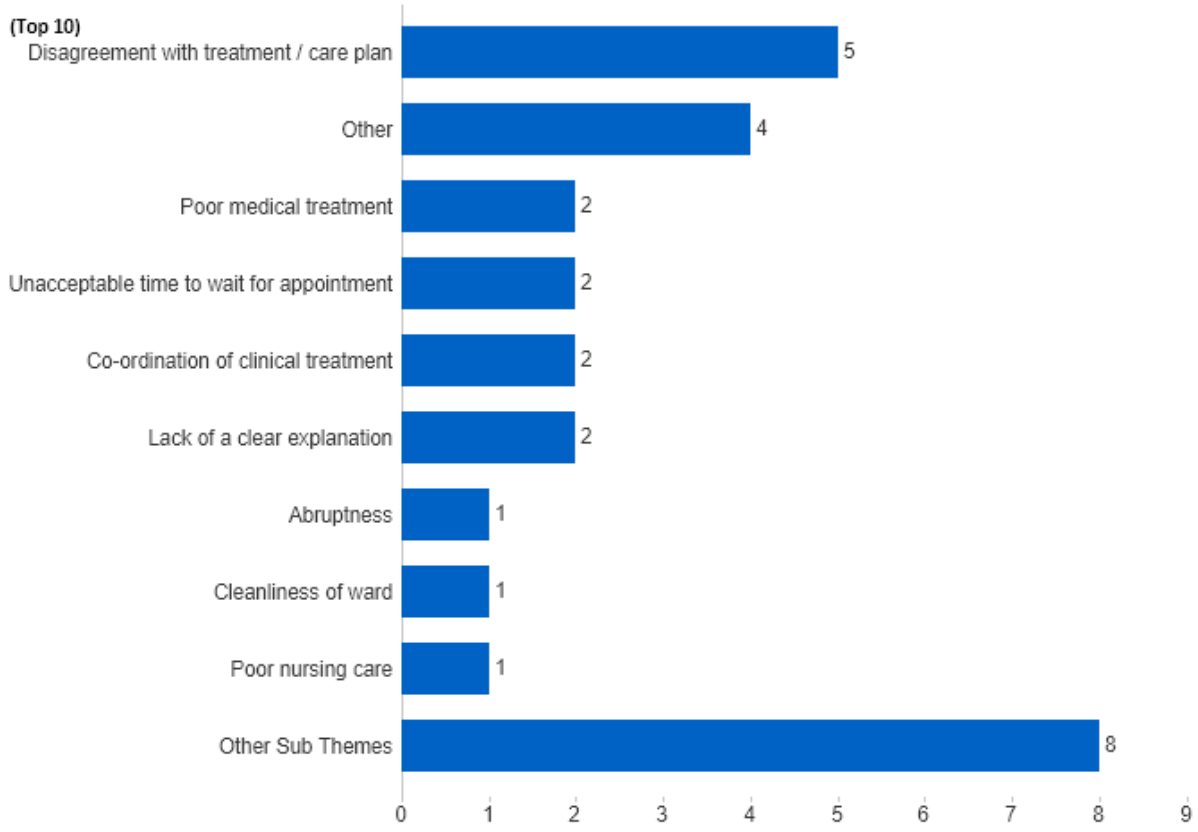
Current complaints as at 22/02/2024

No. of Open Cases – 11							
Clinical Care Group/Department	**Days_Band**	0-5 Days	6-10 Days	11-15 Days	>20 Days	>40 Days	**Total**
Mental Health (Dundee)		-	-	1	1	2	**4**
General Practice – Dundee		1	2	-	-	-	**3**
Older People Services (Dundee)		-	-	-	2	-	**2**
Dundee Drug and Alcohol Recovery Service		-	1	-	-	-	**1**
CBIR		-	1	-	-	-	**1**
Total		**1**	**4**	**1**	**3**	**2**	**11**

Complaints management continues to perform well across the partnership. There are two complex complaints currently with the mental health team that moved over the 40 day time period (longest at 47 days). Ongoing collaboration with the Patient Experience Team to continue to improve this position will remain in place.

Key Themes

d.2 The key themes and sub themes for complaints are shown in the chart below.



Every complaint is reviewed to understand what did happen, what should have happened and, where a difference exists, what measures can be taken to reduce the likelihood of a similar incident occurring again.

All teams are asked to report on their complaints through the CCPG Group and Forum to ensure the sharing of learning across the Health and Social Care Partnership.

Learning from Complaints

d.3 Community Nursing have reviewed and updated their procedure for failed visits in the community following an incident where a patient receiving daily visits for medication administration did not answer their door. A new protocol and decision tool have been developed to enhance patient safety and improve understanding of roles and responsibilities in relation to communication and escalation.

Scottish Public Services Ombudsman Reports

d.4 There are currently no cases with the ombudsman.

External Reports & Inspections

d.5 Kingsway Care Centre

During the course of 2023 Kingsway Care Centre (KCC) had Mental Welfare Commission inspections in all 3 wards. All were generally very positive with very few recommendations. Action plans have been completed for all recommendations and most are complete. Outstanding actions relate to the garden spaces within KCC grounds, and this has been highlighted to the Estates department. The Phase 2 anti-ligature programme of works being led by NHS Tayside is underway, and it is planned that four rooms in Ward 4 will be completed by August 2024 and the remaining rooms by June 2025.

All KCC wards also had a '15 Steps' independent visit carried out in December and again these were very positive, with suggestions and recommendations being taken forward by Senior Charge Nurses.

In January 2024 Health Improvement Scotland (HIS) undertook an Infection Prevention and Control visit. The team felt the visit was extremely positive and minor recommendations were made. The majority of concerns related to the fabric of the building. These have been highlighted as risks already and plans are underway from Estates to remedy some of the issues.

Adult Support & Protection

d.6 The final report of the Joint Inspection of Adult Support and Protection in the Dundee Partnership was published by the Care Inspectorate and their scrutiny partners (HMICS and HIS) on 19 December 2023. The joint inspection focused on two quality indicators: key adult support and protection processes, and leadership for adult support and protection. For both indicators the Dundee Partnership was evaluated as Effective (on a 3-point progress statement scale: 'important areas of weakness', 'effective' and 'very effective'). This grading means that the Dundee Partnership is 'effective with areas for improvement. There are clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweigh areas for improvement.'

d.7 In addition to these overall gradings, the joint inspection team identified six areas of strength and six areas for improvement. Overall the inspection report reflects positively on: assessment of concerns against the threshold for adult protection intervention; information sharing; the quality of initial inquiries and case conferences; the quality and impact of services and support to adults at risk; arrangements for carrying out Large-Scale Investigations (LSI); collaborative working, including with the third sector; learning and development activity for Council Officers; clear strategic vision and comprehensive improvement plans, including for learning and development; value placed on lived experience by strategic leaders; and, the partnership's approach to early intervention, prevention and trauma informed practice. The six key areas for improvement identified via the joint inspection were:

- The partnership needed to improve the consistent application and quality of investigations, chronology and risk assessment templates.
- Adult support and protection guidance and procedures should be updated as a matter of priority.
- Quality assurance, self-evaluation and audit activities were embedded but to varying degrees, particularly across social work services. These captured areas for improvement but the approaches were inconsistent. Greater cohesion and strategic oversight were needed to ensure they necessary change and improvement.
- The partnership's adult support and protection Lead Officer and support team should ensure they remain sighted on the quality of practice and prioritise the necessary improvements, including adherence to guidance, under its new public protection arrangements.
- The pace of strategic change and improvement needed accelerated. The partnership was aware through joint inspection in 2017 that improvement was required across key areas of practice and strategic leadership. Their own activity had reached similar conclusions, but progress was limited in key areas.
- The partnership should ensure that strategic planning and implementation of new initiatives across key processes and strategic leadership are well resourced, sustainable and impact assessed.

d.8 The areas of strength and for improvement identified by the joint inspection team were very closely aligned to those identified by the Dundee Partnership within their position statement (submitted as part of the inspection evidence gathering stage).

The Dundee Partnership submitted an improvement plan addressing these six areas for improvement on 7 February 2024. The content of the improvement plan submitted to the Care Inspectorate has been fully incorporated into the Adult Support and Protection Committee Delivery Plan. Wider feedback and findings within the inspection report have also been considered and amendments made where needed. The Health and Social Care Partnership

has a Protecting People Oversight Group with a distinct workplan which addresses single agency improvement priorities.

Progress in relation to addressing improvement areas arising from the inspection will be monitored through the Adult Support and Protection Committee and Chief Officers Group.

4.5 **Mental Health**

Mental Health Key Performance Indicators

e.1 The suite of mental health measures for Dundee is intended to provide assurance and allow for scrutiny of mental health services delegated to Dundee IJB. The indicators have been developed in tandem with a suite of substance use measures being developed for the purpose of presenting information regarding performance within NHS Tayside functions. The suite of indicators is dynamic and can be improved and enhanced. Collaborative work with both Perth & Kinross and Angus HSCPs is ongoing to determine the final position for mental health key performance indicators.

Community Mental Health Team (CMHT) Activity

e.2 The following series of graphs relate to the demand, activity and waiting lists across the East and West Community Mental Health Teams. This data demonstrates that the demand on CMHT services has increased from pre-COVID levels and appears to be remaining at those increased levels.

CMHTs remain entirely dependent on Locum Consultant staffing and the differences between East and West Teams are largely resultant from a difference in stability across that staff group, as well as a historic difference in baseline staffing levels (for medics).

CMHT East list shows an upward trend in new additions to outpatient waiting list and new referral numbers. New outpatient attendance remains steady.
High level of sickness absence and vacancies impacting on ability to reduce waiting list due to staff absorbing caseloads where individuals are absent or there are vacant post. The focus is on safe and effective care of existing patients. Consultant cover remains steady.

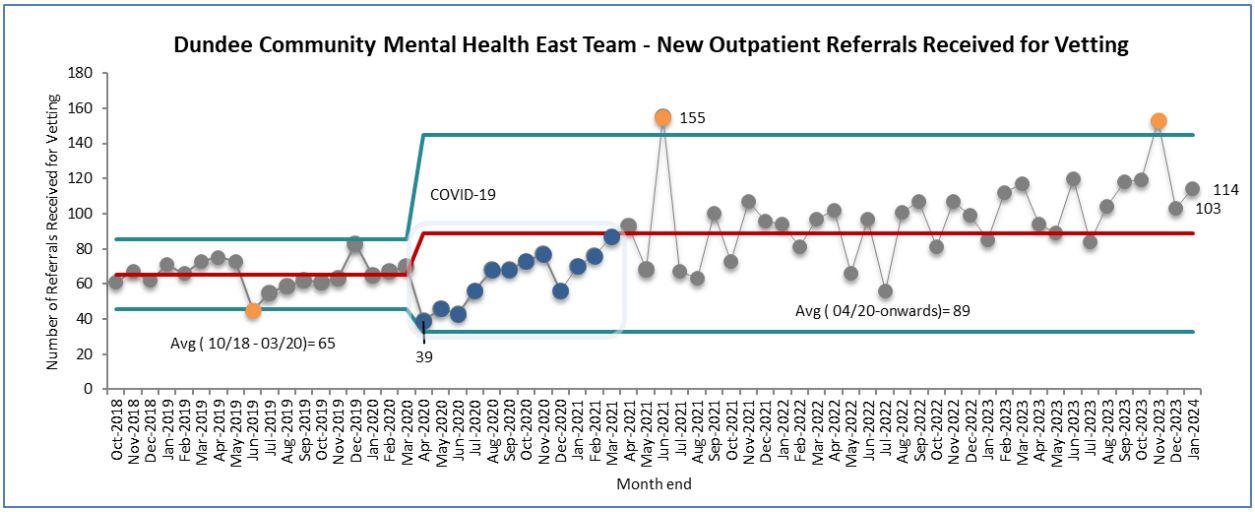
Financial challenges have impacted on ability to recruit to vacant posts however detailed planning is underway to ensure risk-based approach in place to support recruitment decisions.

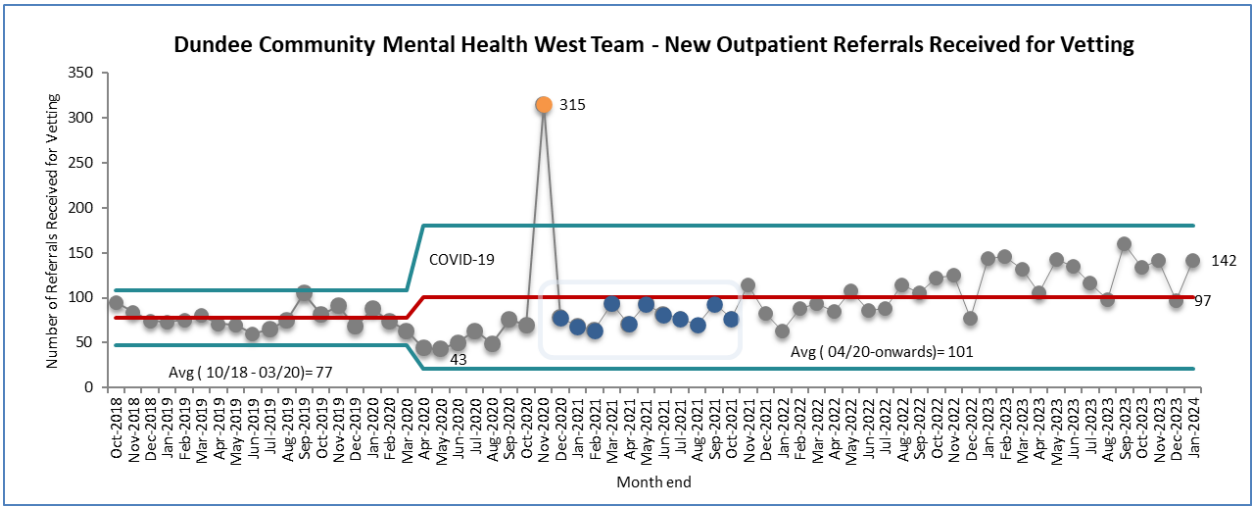
East Team continue to offer NearMe as a platform to engage with service users.

CMHT West waiting list continues in an upward trend and may be linked with the allocation of GP practices aligned to each CMHT. West have a higher number of practices aligned to their service and demographically there are a higher number of students registered in a practice in the West. West continue to push towards seeing more new patients to reduce the waiting list number. The consultation is ongoing around review of GP allocation for CMHTs.

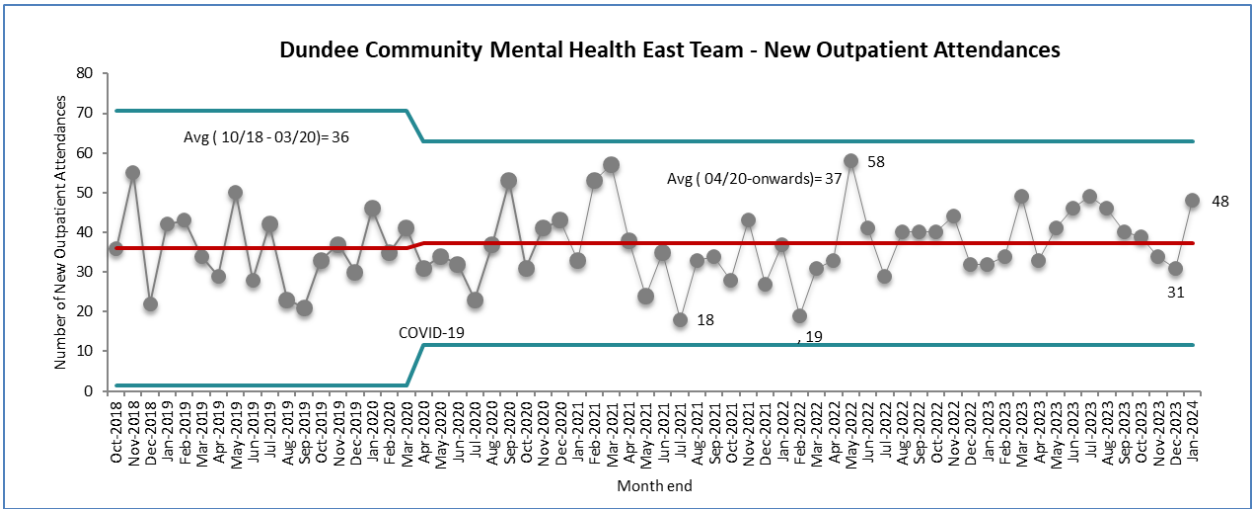
A third Locum Consultant is to commence on 3 May 2024 and discussions around an additional consultant to offer remote sessions are ongoing.

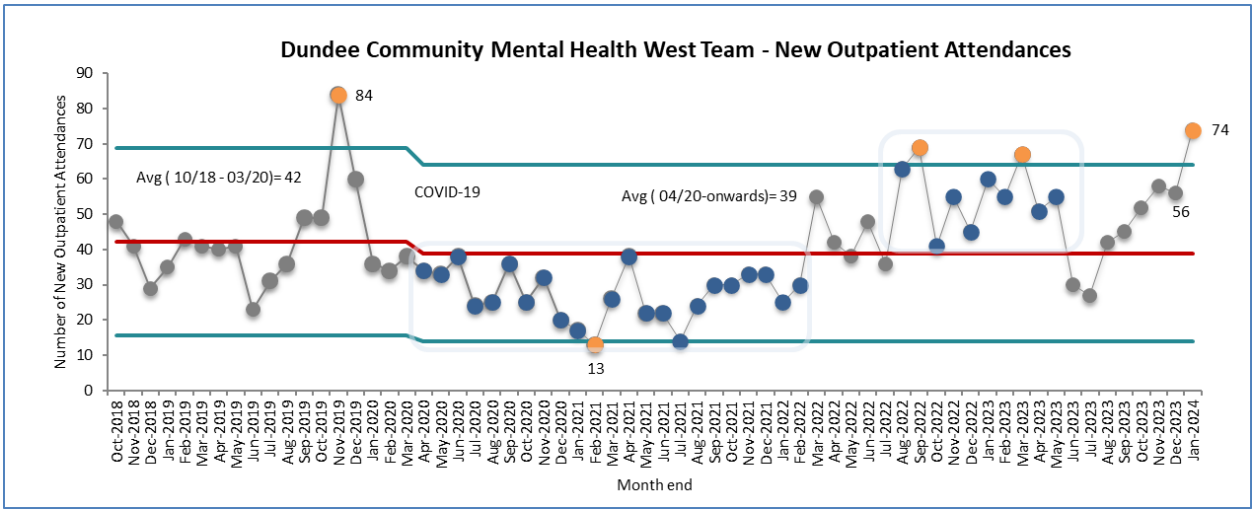
e.3 Volume of referrals received for vetting, including those vetted and returned, grouped by referral received month:



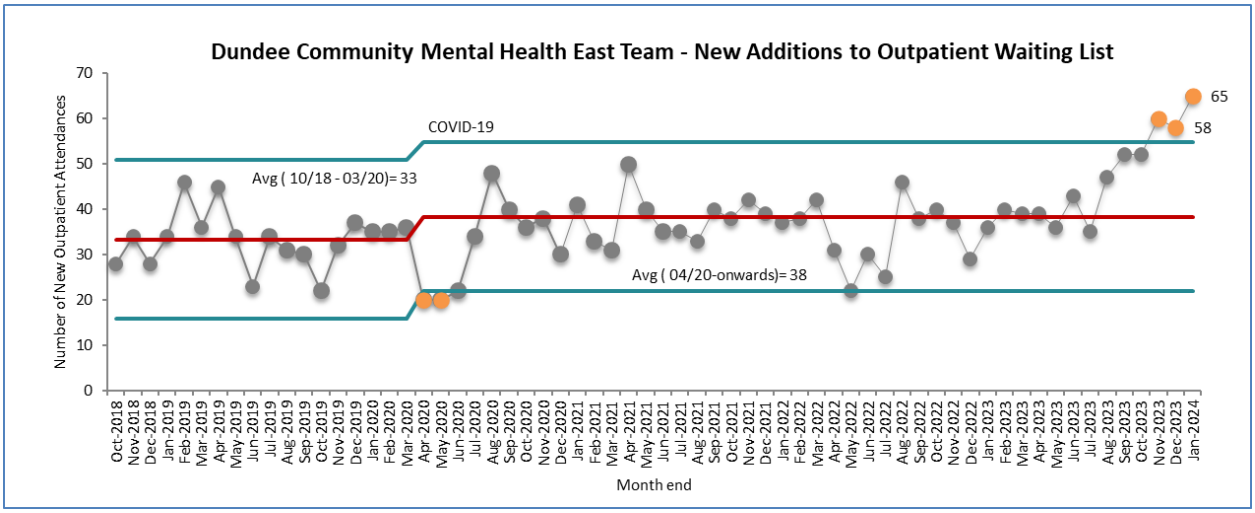


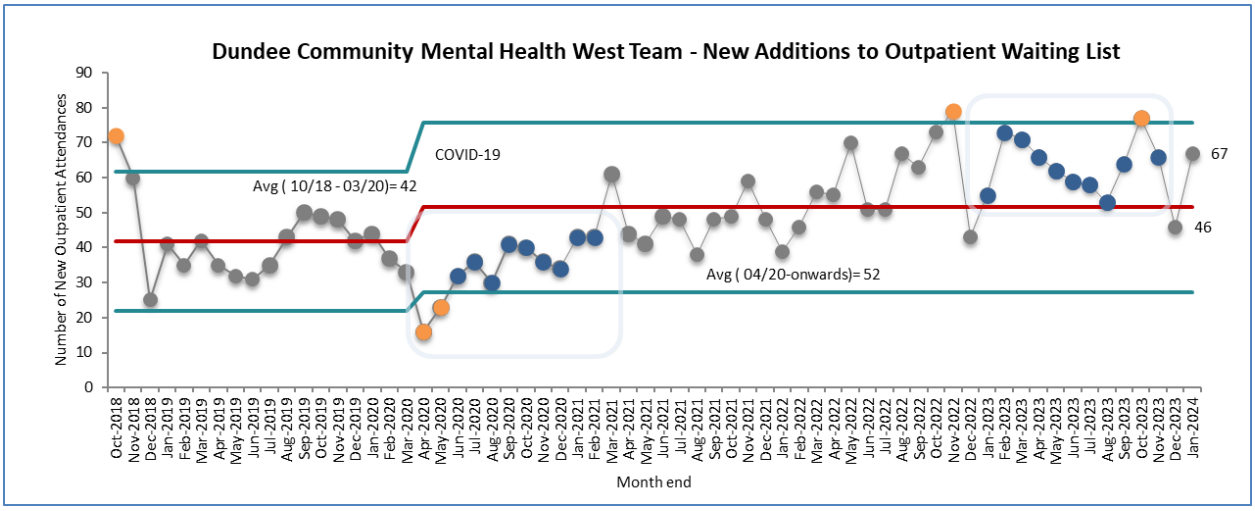
e.4 Volume of new outpatient attendances, excluding did not attends, grouped by attendance month:



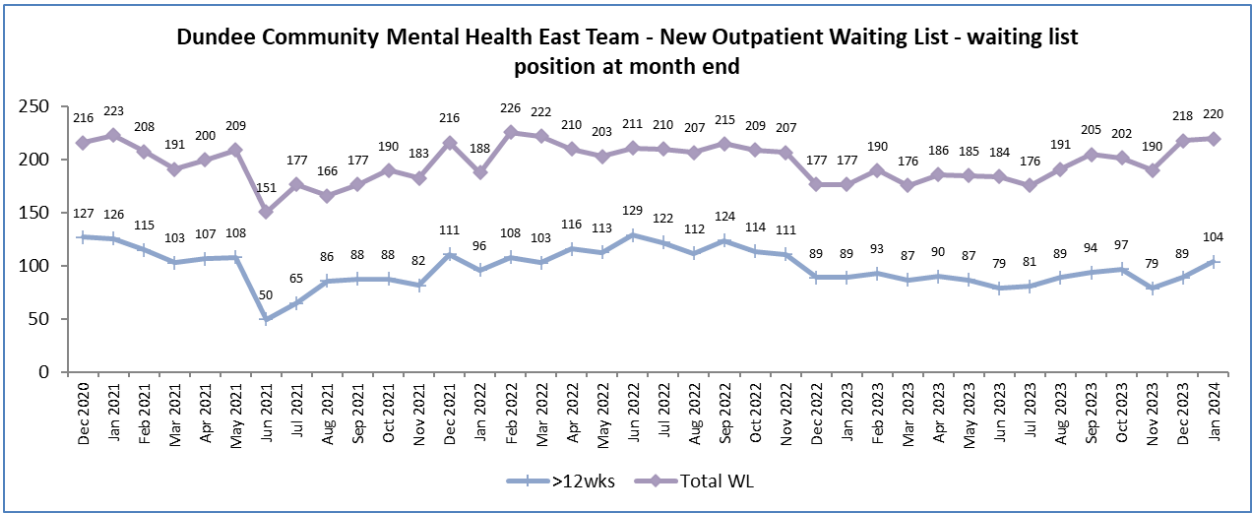


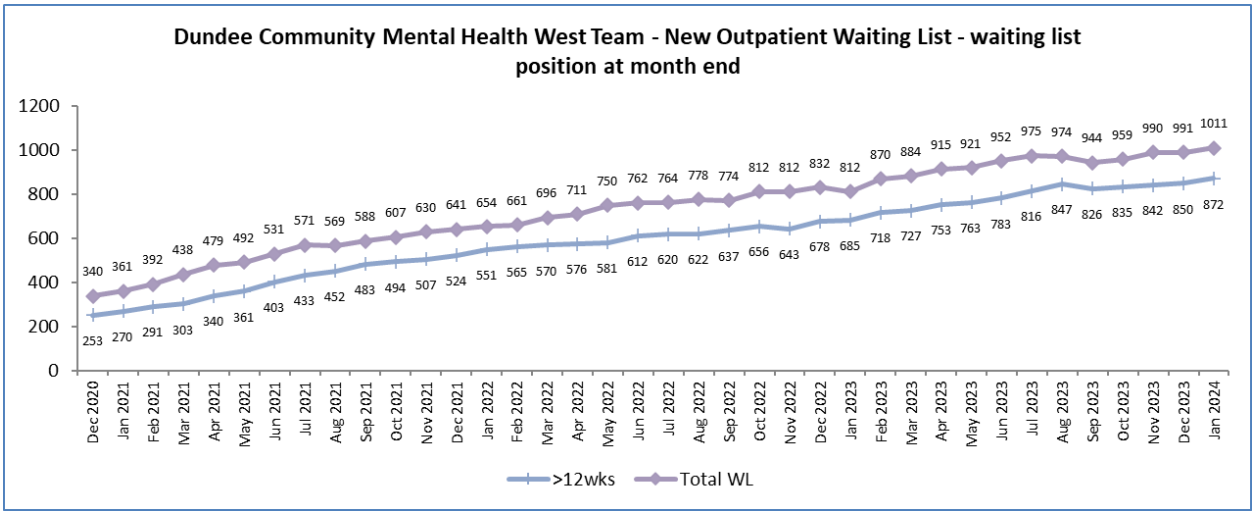
e.5 Volume of referrals added to the waiting list for a new appointment, grouped by referral month:





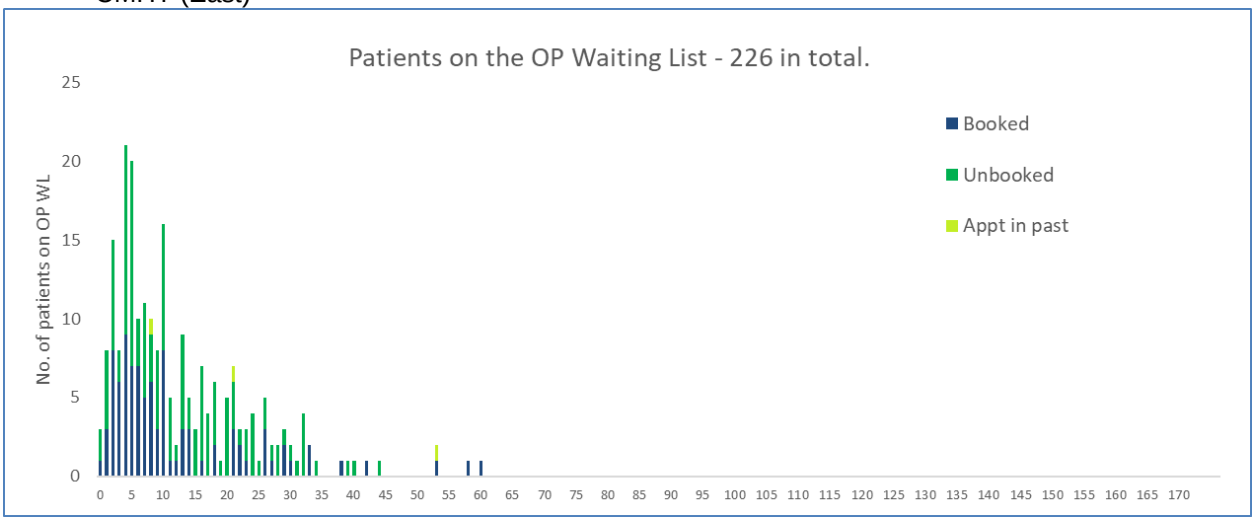
e.6 Snapshot of waiting list position at month end; total volume on waiting list and volume waiting over 12 weeks:



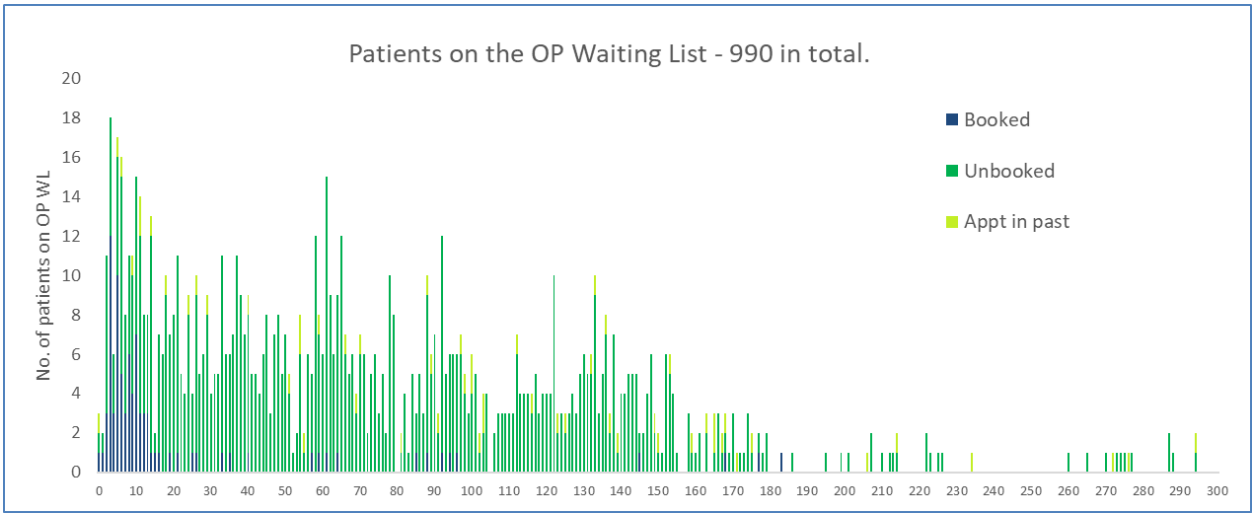


e.7 Snapshot waiting list distribution by weeks waiting at a point in time (05/01/2024) – Waiting List Type – True WL

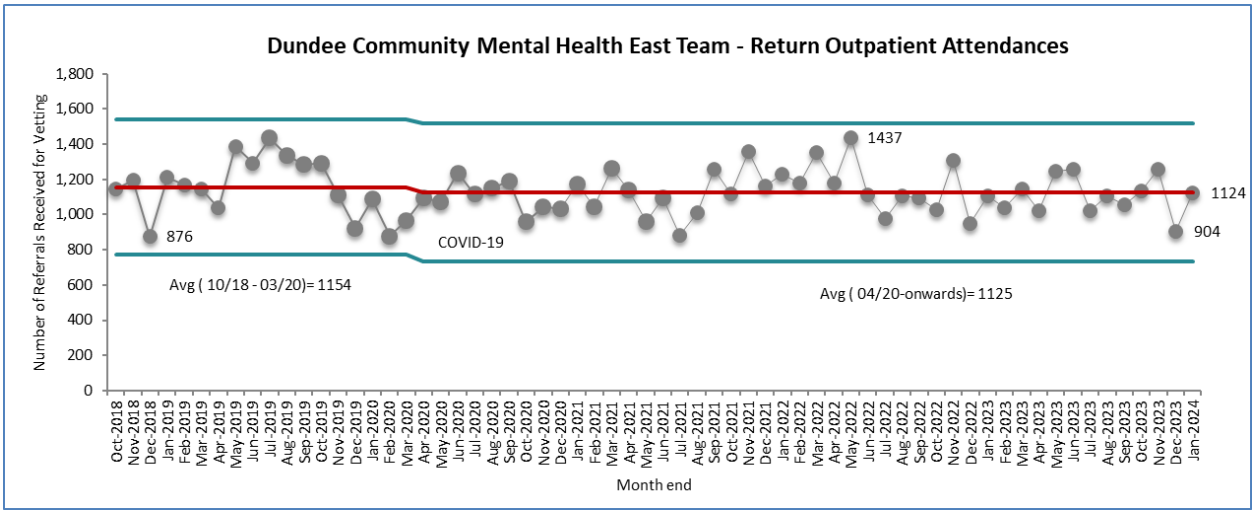
CMHT (East)

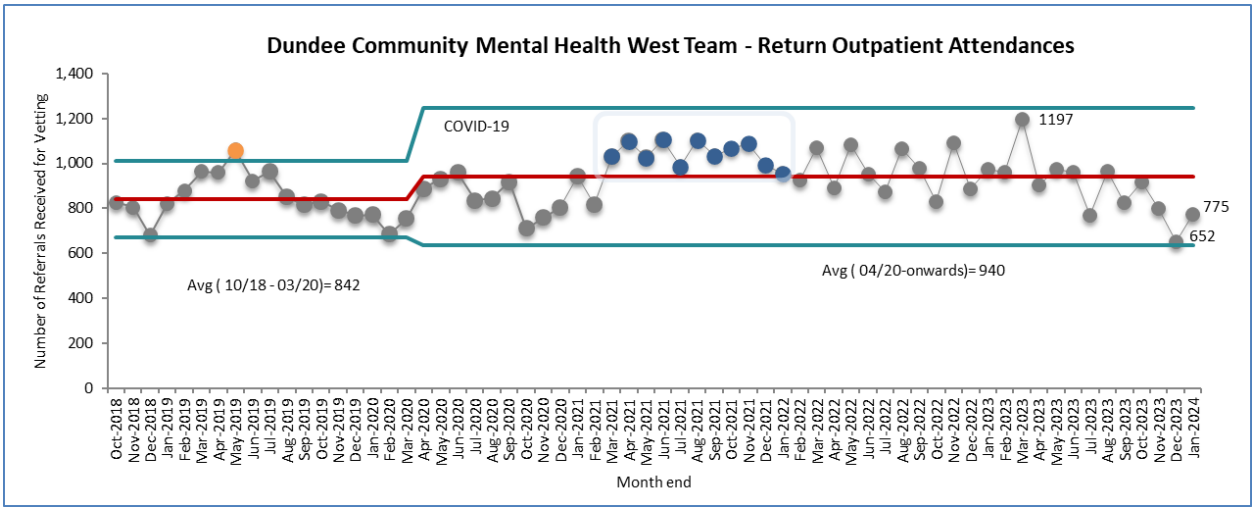


CMHT (West)



e.8 Volume of return outpatient attendances, excluding did not attends, grouped by attendance month:





5.0 POLICY IMPLICATIONS

5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

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 Appendix 1: Dundee HSCP Governance Structure

Dr David Shaw
Clinical Director

DATE: 24 April 2024

Jenny Hill
Head of Health and Community Care

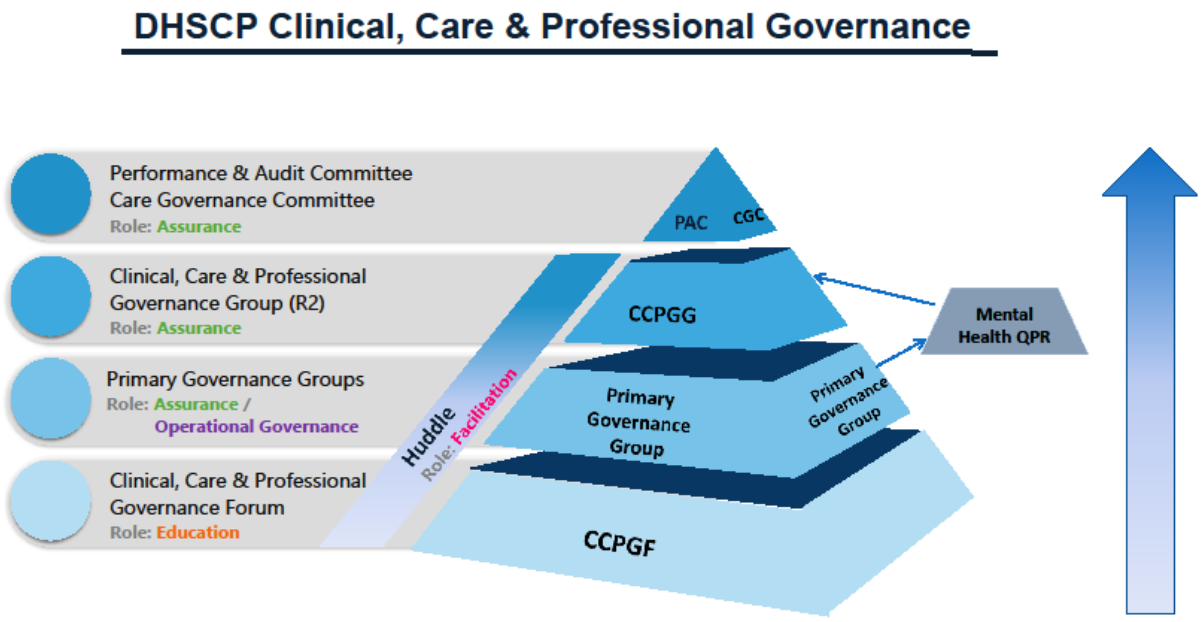
Matthew Kendall
Allied Health Professions Lead

Level of Assurance		System Adequacy	Controls	✓
Substantial Assurance		A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited	Controls are applied continuously or with only minor lapses.	
Reasonable Assurance		There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of non-compliance.	✓
Limited Assurance		Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Controls are applied but with some significant lapses.	
No Assurance		Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Significant breakdown in the application of controls.	

APPENDIX 1

Dundee HSCP Governance Structure

Dundee HSCP governance structures are outlined in the diagram below. The following narrative explains how each of the aspects functions to provide assurance to NHS Tayside and the Dundee IJB.



Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group is responsible for directing, collating and monitoring governance arrangements and ensuring that there are effective and embedded systems for Clinical, Care & Professional Governance in all services within Dundee Health and Social Care Partnership. It is chaired by the Clinical Director, and membership, as referenced in the terms of reference, extends to Head of Health and Community Care Services, Associate Nurse Director, Associate Medical Director, Associate Locality Managers, Lead Allied Health Professional, Lead Nurse, Lead Pharmacist, Clinical Governance Lead, Senior Officer – Business Planning and Information Governance, NHS Business Support Representative.

Management structures across Dundee HSCP have been redesigned over the past three months and the members of the CCPG Group will be updated to reflect this and the Primary Governance Group Structure which sits beneath the CCPG Group.

At each CCPG Group meeting each Primary Governance Group will present an exception report highlighting key areas of concern across the six domains listed in GIRFE. They will also reference exceptional pieces of work undertaken, current challenges and future potential issues identified through triangulation of data reviewed through Primary Governance Group meetings.

Each Primary Governance Group will produce an annual report in line with the reporting programme.

A range of additional reports are also reviewed at the CCPG Group, which includes DHSCP Analysis Report (Adverse events and Risks), Complaints, Infection Prevention and Control and Inspection Reports.

Further assurance is sought with a range of reports/discussions relating to topics such as professional registration, GDPR, SPSO, contemporaneous issues for example Dundee Drugs Commission review and Trust and Respect Report.

Primary Governance Groups (PGG)

There are currently nine PGGs:

- In Patient Services (MfE, POA, CBIR, Palliative)
- Adult Community Services
- Acute and Urgent Care
- Mental Health
- Learning Disabilities
- Psychological Therapies
- Health Inequalities
- Nutrition and Dietetics
- Dundee Drugs and Alcohol Recovery Services

Each Primary Governance Group will meet monthly and the remit of the Primary Governance Group is to:

- Provide assurance to the Clinical, Care and Professional Governance Group on the systems and processes for clinical, care and professional governance activities.
- Develop, prioritise, implement, monitor and review the annual work plan for clinical, care and professional governance activities.
- To create the learning environment and conditions within Services by dedicating time to allow staff to share learning, tools and other resources and encourage the dissemination of good practice.
- Ensure that clinical and care leadership underpins Service assurance processes and that clinical and care leaders are supported to share tools and resources to spread good practice.
- Encourage an integrated approach to quality improvement across Services.
- Ensure appropriate actions in relation to clinical, care and professional governance and quality activities are taken in response to internal reports and external reports from bodies such as NHS Healthcare Improvement Scotland, Care Inspectorate, Audit Scotland, Mental Welfare Commission and Scottish Public Services Ombudsman.

- Ensuring that there is a robust reporting and assurance mechanism for services which are hosted within the partnership but do not solely operate within Dundee Health and Social Care Partnership.
- Undertake the management, escalation or cascading of issues/risks/concerns as appropriate.
- Collate, review and analyse core and service specific datasets to inform exception report to the CCPGG, reflecting the six domains described in the Getting It Right for Everyone – A Clinical, Care and Professional Governance Framework.
- The exception report should include, but is not limited to:

    - Emergent issues of concern identified
    - Adverse Events:
        - Recurring themes, Major and Extreme Incidents
        - Incidents that trigger Statutory Duty Of Candour
    - All Red Adverse Events
    - Adverse Event Reviews, Significant Case Reviews
    - Complaints
    - Risks
    - Inspection Reports and Outcomes
    - Changes to standards, legislation and guidelines
    - Outcomes of care
    - Adherence to standards
    - Sharing of learning

A representative from each PGG will represent the group at the Dundee HSCP CCPG Group and present and talk to the exception report and, where required, the annual report. The representative will act as a conduit between the PGG and CCPGG ensuring effective communication between groups.

Due to the recent redesign of the management structure, there have been changes in the organisation of the PGGs. The Governance team, alongside the professional leads in the HSCP are working closely with the new chairs of these PGGs to support development of these groups.

<u>Governance Huddle</u>

There is a weekly governance huddle attended by the professional leads and the governance team. A high level review of all adverse events is undertaken with the intention of identifying themes or patterns and triangulating knowledge of service pressures, governance scorecards and service data to identify services who may be struggling, who require support to manage adverse events or who may display a change in their current performance in relation to managing adverse events. This allows for early support to be provided to teams from both a governance and managerial perspective to undertake early management of developing potential risks.

The huddle is open to managers to attend to gain an enhanced overview of the governance arrangements across the HSCP. Managers can also attend to discuss specific aspects of clinical, care and professional governance as required.

The huddle will also undertake work to review risk management, complaints process and quality and any other governance-related theme as required.

Clinical, Care and Professional Governance Forum

The forum is used as an education forum for managers and lead governance staff across the HSCP. The format allows for review of scorecard data, encouraging discussion around works of excellence and challenging areas, with managers peer-reviewing one another and sharing learning across a range of themes.

Each forum will also have a dedicated educational element to improve knowledge and understanding of governance systems and processes across the HSCP. Subjects to date have included: Qlikview, Risk Management System, Datix system report building and scorecard development.