



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 12 SEPTEMBER 2017
REPORT ON: CLINICAL, CARE & PROFESSIONAL GOVERNANCE EXCEPTION REPORT
REPORT BY: HEAD OF HEALTH AND COMMUNITY CARE
REPORT NO: PAC25-2017

1.0 PURPOSE OF REPORT

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

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of this report and the associated risk assessment at section 6.
- 2.2 Notes the ongoing work to progress to a fully integrated Clinical, Care and Professional Governance Performance reporting arrangement as described in Section 4.2.2 and 4.2.3.
- 2.3 Notes the recent considerations of the R2 Forum (section 4.3).

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 A report on Clinical, Care and Professional Governance was tabled at the Dundee Integration Joint Board (IJB) on 28 February 2017. The purpose of that report was to inform the Dundee Health and Social Care Integration Joint Board on the implementation of 'Getting it Right for Everyone – A Clinical, Care and Professional Governance Framework'. It was agreed that six monthly reports would be submitted to the IJB, with exception reports submitted to each Performance and Audit Committee.

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

- 4.2.1 In preparing this report, information was drawn from the work of the Dundee Health and Social Care Partnership Clinical Governance and Risk Management Forum (the Forum). This Forum was previously known as the Dundee Community Health Partnership (CHP) Clinical Governance and Risk Management Forum and includes within its membership operational managers from across the partnership.
- 4.2.2 To ensure that the Forum continues to provide assurance on clinical governance and is a forum for sharing learning across services, the Forum continues to develop and during 2017/18 will:

- Review the Forum terms of reference to reflect Health and Social Care integration, including the membership to reflect the integrated arrangements.
- Review the exception reporting system to reflect the 'Getting it Right for Everyone – A Clinical, Care and Professional Governance Framework' and the needs of the different services reporting through the Forum.
- Continue to strengthen the opportunities for sharing the learning across the Partnership

4.2.3 A development event was held on 17 July 2017. During this event current collated information was aligned to the governance framework. This was further discussed at the operational performance group meeting and agreement reached as to the proposed reporting framework. Work is progressing to test out the collation of this information and this will be presented to the Clinical, Care and Professional Governance Forum (R2 Forum) on 21 September 2017 for consideration.

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

4.3.1 The R2 Forum met on 13 July 2017. The members of the group considered:

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

4.4 Service Reporting

4.4.1 In order to fully understand the specific risks and governance arrangements associated with service/care delivery areas, the R2 Forum has prepared a reporting programme which will ensure each service area provides a service governance report. Three areas have previously reported to the R2 Forum; Palliative Care Services (hosted service), Mental Health Officer services and Tayside Substance Misuse Services. Consideration was given to the impact of the issues raised by managers; the recording of the risks identified and the actions to be taken to eliminate or mitigate the risks. Each service was asked to provide an update on the performance and follow up service reports were presented.

4.4.2 The key issues identified through the follow up reports were as follows:

Palliative Care Services

- Currently no waiting lists for MacMillan services; waiting lists for the wider service monitored daily.
- Noted difficulties in filling vacancies and impact on the service.
- High level of sickness which is being addressed through the use of NHS Tayside sickness absence procedures.
- Very few adverse effects. One Local Adverse Event Review pending at the time of the report.

Mental Health Officer Service

- MHO practice forum in place.
- Adults with Incapacity procedures updated and awaiting sign off.
- MHO procedures developed and awaiting sign off.
- New staff recruited to commence September 2017, although still to recruit to Team Manager post.
- New duty rota will be more flexible and support the progression of MHO activity and in particular guardianship applications.
- Dedicated MHO cover identified for Murray Royal to improve the response for Dundee patients placed there.
- MHO review reported.
- Further report to be submitted following the completion of the Tayside Mental Health Review detailing the impact of proposed changes on the Mental Health Officer service.

Tayside Substance Misuse Services

- Alcohol and Substance Misuse Strategic Planning Group to be established which will support and set out the direction for future redesign.
- Integrated Alcohol and Substance Misuse Improvement Planning Group now established which will consider identified risks and take forward the actions to address these.
- A Quality Improvement Group looking at scrutiny and governance across the service is now established.
- These forums will also report and work within the Mental Health Clinical, Care and Professional Governance reporting arrangements.

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

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

4.5 Risk Register

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

4.5.2 The introduction of the TRAKcare IT systems within NHS Tayside was identified as a Tayside risk and it was noted that relevant teams are working with the IT TRAK team to resolve this.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

| | |
|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Risk 1 Description | The absence of clear clinical, care and professional governance arrangements and monitoring can impact on the ability to provide safe services for both employees and service users/patients. Without the ability to both monitor compliance and take action to address concerns the Health & Social Care Partnership will be unable to gain assurances around service delivery. |
| Risk Category | Governance |
| Inherent Risk Level | 12 – High risk |
| Mitigating Actions (including timescales and resources) | <ul style="list-style-type: none">- Established clinical, care & professional governance forums in place.- Reporting arrangements agreed. |
| Residual Risk Level | 9 – High Risk |
| Planned Risk Level | 6 – Moderate Risk |
| Approval recommendation | Given the moderate level of planned risk, this risk is deemed to be manageable. |

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

None

Diane McCulloch
Head of Health & Community Care

DATE: 22 August 2017