



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 24 SEPTEMBER 2019

REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP (DHSCP)
CLINICAL, CARE AND PROFESSIONAL GOVERNANCE (CCPG)

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC27-2019

1.0 PURPOSE OF REPORT

To provide an update to the Performance and Audit Committee on the business of the Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group. In order to meet the requirements of the Clinical Quality Forum (CQF) and the Dundee Health and Social Care Partnership Performance and Audit Committee (PAC), this report is presented as an SBAR (Situation, Background, Assessment and Recommendations).

2.0 RECOMMENDATIONS

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

- 2.1 Note the exception report for the Dundee HSCP Clinical, Care and Professional Governance CCPGG.
- 2.2 Note that the Dundee Health and Social Care Partnership have received a report from the Drugs Commission (Published 16th June) and will provide a comprehensive response to the recommendations at a future Performance and Audit Committee meeting.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

- 4.1 Clinical, Care and Professional Governance (CCPG) is the process by which accountability for the quality of health and social care is monitored and assured. It should create a culture where delivery of the highest quality of care and support is understood to be the responsibility of everyone working in the organisation, built upon partnership and collaboration within teams and between health and social care professionals and managers.
- 4.2 The Framework for CCPG within integrated services in Tayside is set out in the agreed framework - Getting It Right for Everyone: Clinical, Care and Professional Governance Framework. CCPG relies on all of these elements being brought together through robust reporting and escalation processes using a risk management approach to ensure person centred, safe and effective patient care.
- 4.3 In Dundee HSCP key elements of CCPG are monitored through the following forums:
 - CCPG Leadership Huddle (the Huddle) which meets on a weekly basis
 - CCPG Forum (CCPGF) which meets on a 2 monthly basis
 - CCPG Group (CCPGG) which meets on a 2 monthly basis
 - Primary CCPG Groups sit at a service level and meet regularly in accordance with service need

These groups provide the forums to monitor, review, discuss and disseminate CCPG issues, identify any risks and mitigate/escalate these as required.

- 4.4 The CCPGF and CCPGG review all action plans in relation to the implementation of the CCPG framework, and implement the subsequent dissemination of learning that arise from all Local Adverse Event Reports (LEARS); Organisational Adverse Events Reports (OARS); Significant Case Reviews (SCR); Case Reviews; Scottish Public Sector Ombudsman (SPSO) reports and review all risks recorded on the DHSCP (DATIX) risk register on a 2 monthly basis. In addition, the Forum and Group review all action plans and implement the dissemination of learning that arise from all inspection reports and standards, guidelines, and relevant legislation.
- 4.5 The Huddle review all adverse events reported on DATIX and ensure that themes and learning are identified and discussed at the CCPGF and CCPGG.
- 4.6 The following table sets out the reporting arrangements for the Dundee Health and Social Care Partnership (DH&SCP).

	CCPGF	CCPGG	CQF
Scorecard	Full	Exceptions (from scorecard)	Persistent exception (Three reports) Exceptions affecting multiple teams. Level of risk (High)
DATIX Themes / Action Taken	Full All Reported and Themed	Exceptions (Individual / Themes)	Persistent exception (Three reports) Exceptions affecting multiple teams. Level of risk (High)
Red Events	All	All	Overview – Themes / Numbers
LAER/OAER/SCR	All reported and learning shared	High Level Summary	Exceptions Organisational learning Organisational risk
Complaints (and SPSO)	All – Learning shared	Quality report (Sample) Upheld Status Report SPSO + Exception	SPSO Numbers Organisational learning
Risks	All (Detailed in scorecard)	High level report with assurance statement. Persistent long term risks. Transient Risks	Overview Report. Persistent exception (Three reports) Exceptions affecting multiple teams. Level of risk (High)
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 ad hoc	Organisational Impact

4.7 Assessment

- 4.7.1 The DH&SCP Clinical Director is required to provide information to both DH&SCP and the CQF in order that both organisations can achieve assurance as to the matters of CCPG within the partnership. Agreement was reached that exception reports would be provided to the PAC and that regular reports would be provided to the CQF. The exception report covering the period up to 30th June 2019 is attached at Appendix 1.

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

This report has not been subject to a risk assessment as it is for information and does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

The Chief Officer and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 16 September
2019

Diane McCulloch
Head of Health and Social Care

David Shaw
Clinical Director



DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE AND PROFESSIONAL GOVERNANCE EXCEPTION REPORT

PERIOD COVERING FEBRUARY - JUNE 2019

1 Clinical, Care and Professional Governance Assurance Processes

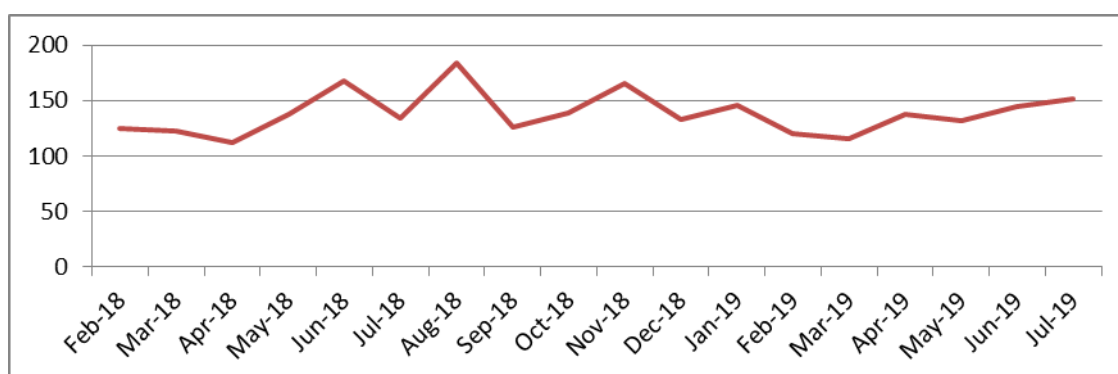
Dundee Health and Social Care Partnership (DH&SCP) continues to review the processes for Clinical, Care and Professional Governance (CCPG) in order to ensure processes and scrutiny is of a level which can provide the required assurance. A “Taking Stock” event took place in December 2018 to reflect on the current CCPG arrangements across DH&SCP. It was identified that while some elements of governance were working well there remained gaps. The following actions were implemented within this reporting period:

- The Clinical, Care and Professional Governance Group (CCPGG) agreed that future meetings would include an exception report from each Primary Governance Group. The HSCP will agree a core set of measures to be reported at every meeting by every service. In addition, it is expected that services will also develop a set of service specific measures.
- Operational services that do not sit within the locality model and therefore do not currently have a Primary Governance Group were identified, and the reporting requirements of these services will be scoped.
- Advanced Root Cause Analysis training, commissioned through Consequence UK, was delivered in May to DH&SCP staff. Staff from across health and social care attended, expanding the range of staff available to review adverse events. These staff are being provided with opportunities to undertake adverse event reviews with mentoring and oversight of the work provided by more experienced reviewers.
- A Primary Governance structure is required to support all services at a service level. Production of a core data set and service specific data set will be developed and implemented for regular reporting through the primary governance groups to the CCPGG.

2 Adverse Events Report

The following four tables present adverse event data for DH&SCP from the Datix system. It is recognised that Datix is predominately used by Health staff within the DH&SCP and therefore the numbers may not reflect all the adverse events that have occurred.

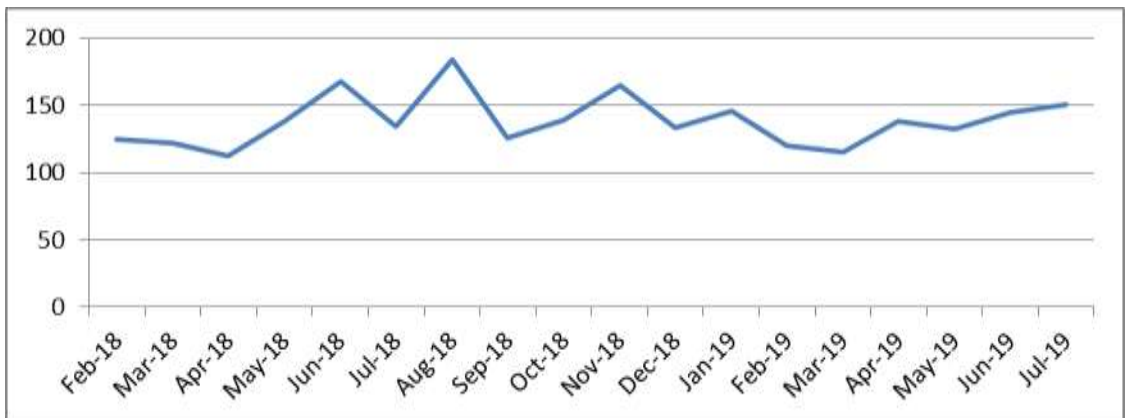
Graph 1. Total Number of Adverse Events and Near Misses Reported within Datix



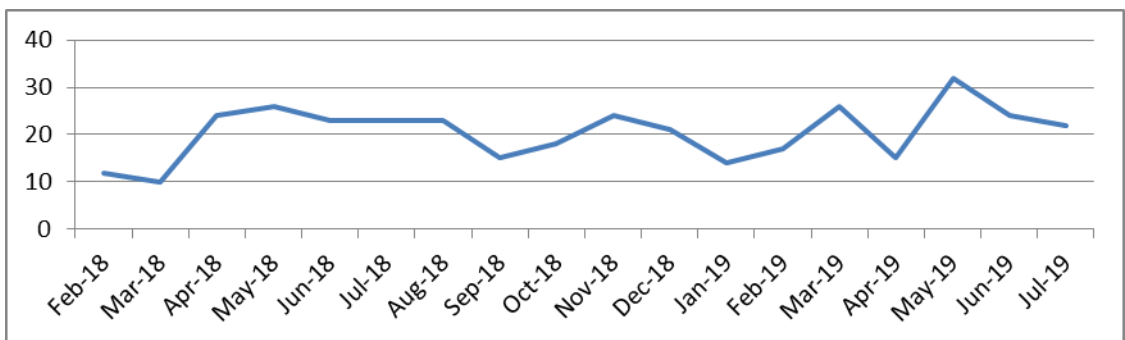
Graph 2. Number of Adverse Events with Harm Reported within Datix



Graph 3. Number of Adverse Events without Harm Reported within Datix



Graph 4. Number of Near Misses Reported within Datix



The number of overdue adverse events within Datix continues to be an issue. There are currently 161 green, yellow and amber adverse events overdue for completion within Dundee HSCP. Of those currently outstanding, 135 have been verified, 26 are unverified. In addition, there are 60 overdue red adverse events. One of these overdue adverse events date back from 2016, with 14 outstanding from 2017. Support has been offered to services from the Clinical Governance & Risk Management Team to address this. Monthly reports on overdue adverse events are circulated to the DH&SCP. It was noted that the delivery of the commissioned Root Cause Analysis training in May 2019 has increased the number of trained reviewers within Dundee HSCP. It was also noted that the Mental Health and Learning Disability Adverse Event Management Group has been undertaking some focused work to reduce the number of overdue red and amber adverse events within these two services.

Services within the HSCP have been highlighting difficulties completing adverse events that require review by others, e.g. services within the Acute Sector of NHS Tayside. It is challenging to obtain feedback on outcomes of reviews. Data will be collated to understand the size of the issue.

Refresher training on the Statutory Duty of Candour has been delivered within Medicine for the Elderly, in response to an increase in adverse events where the Duty was being triggered inappropriately.

3 DHSCP Risks

A report summarising the HSCP Risk Register within Datix was presented to the CCPGG and the Forum. The following amendments to the register were highlighted:

- A risk relating to the Transcribing of Medicines in the Community has been added as a current risk.
- Two risks associated with the telephony issues at Royal Victoria Hospital are now agreed as current risks. These are both the same as the existing risk, but have been added by other services onsite. Interim measures are in place to assure staff and patient safety.
- Three new risks are under development and therefore added to the register as pending risks. These are Negative Media Reporting Increasing Reputational, Clinical and Safeguarding risk (Integrated Substance Misuse Service), Nursing Workforce (Specialist Palliative Care Service) and Site Security Out of Hours (Specialist Palliative Care Service).
- Two risks have been archived by Tayside Sexual Health and Reproductive Health Service (Drugs Budget, Potential New Cost Pressure and/or Lack of Service).

Recruitment Process

Discussion around length of time to recruit posts was held it was highlighted that delays were in place within the partnership and within the NHS Tayside recruitment team. A local review is addressing the delays within the partnership and escalation to the NHS Tayside recruitment team has been made via the human resources lead for the partnership. There is an agreement with NHST that any critical posts would be identified within the partnership and given priority to recruit within NHS Tayside/ Dundee City Council.

Integrated Substance Misuse Service

A paper went to the IJB and the Alcohol & Drug Partnership highlighting a number of risks (as described in previous papers). The partnership is continuing to work on areas that it anticipates will be highlighted in the forthcoming Drugs Commission Report (due for publication on 16th August).

DHSCP has identified that supporting staff will be an important element when responding to the report.

2C Practices

There are 3 Health Board run practices within Dundee: Whitfield, Maryfield and Lochee. Whitfield and Lochee have been stabilised and are planning to recruit, with functioning open lists. Maryfield continues to struggle to recruit after the GP partners resigned and they haven't managed to recruit replacement doctors. These issues have been discussed with the Primary Care Department to see how these risks can be mitigated. Whitfield and Lochee have agreed to take on some of the home visiting load when they have capacity to do so. Discussions have taken place about unexpected illnesses/events looking at mitigation planning. This includes centralising open surgeries for medical appointments. A part solution will be using non-medical professions e.g. physiotherapy, nursing, pharmacies to take on some GP roles.

Legionella

Both Craigie Care Home and Mackinnon Centre have tested positive for Legionella. The issue in Craigie has been resolved and there is no longer a risk of Legionella. Work continues to be undertaken at Mackinnon Centre.

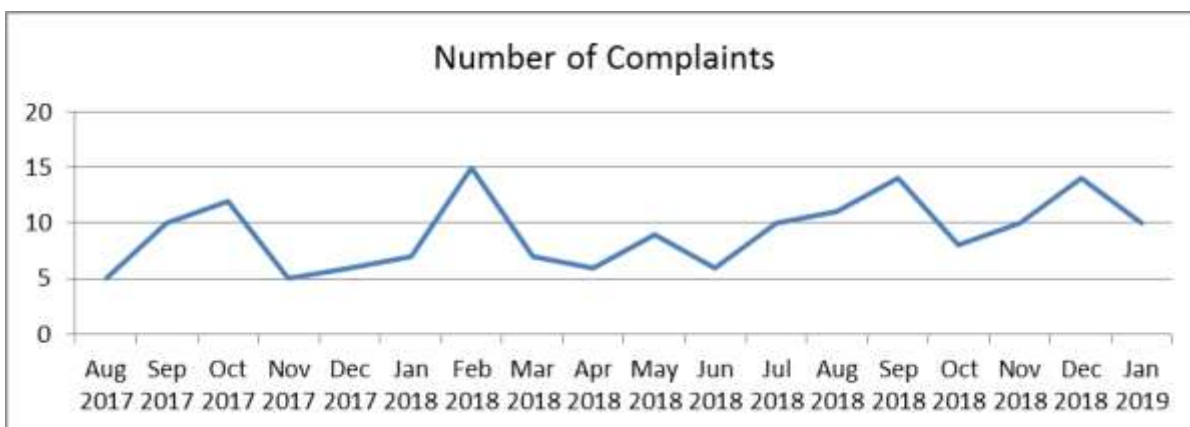
4. Inspection Reports

There have been no inspections in this reporting period reported through the CCPGG.

5. Complaints

The following data has been extracted from Qlikview for Dundee HSCP. This data is collated from Health Systems, and will therefore only reflect part of the Partnership.

Graph 5: Number of Complaints (Health)



Graph6: % of NHS Complaints Responded to within Timescale

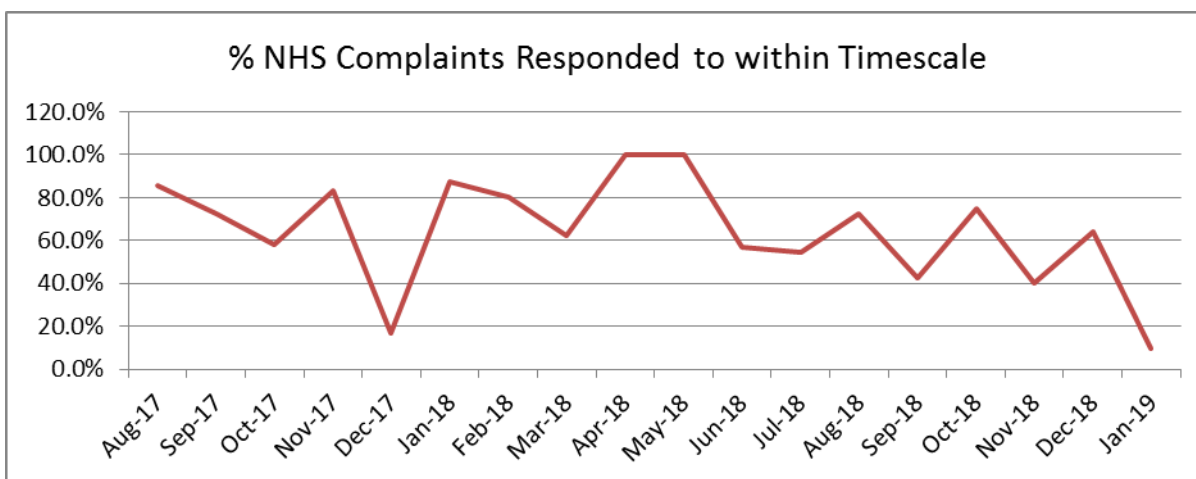


Table 1: Number of NHS Complaints Upheld or Partially Upheld

Year	Source	EMAIL	LETTER	OTHER	PERSON	PHONE	SUGG
2017		37	20	1	1	60	1
2018		35	29	-	5	52	-
2019		53	15	-	4	45	-

Discussions on a reporting dataset had identified percentage of NHS complaints upheld or partially upheld. However, this information is only reported on by number within Qlikview.

There was no report presented to the CCPGG for complaints and therefore no in depth discussion about complaints within the Partnership.

6. Standards / Legislation / Guidelines

The Community Mental Health Standard Operating Procedure for the Management of Red Adverse Events and Local Adverse Event Reviews has been developed and shared across the partnership.

- Audits within the sexual health service on emergency contraception and on the care of people with HIV have been undertaken it has been confirmed that there were no concerns from a clinical perspective. The recommendations from the emergency contraception audit are to continue implementing the recommendations from the first cycle of audit, as these are proving to be effective.
- RVH Day Hospital has not provided infection control for hand washing data for seven months for both opportunity and technique. It was highlighted that this requires to be followed up to ensure data is being collected. It was noted that hand hygiene data will be discussed at the Quality Performance Review meetings as data captured is variable across the organisation and there requires to be consistency of data across the organisation

