



**REPORT TO:** PERFORMANCE & AUDIT COMMITTEE – 27 SEPTEMBER 2023  
**REPORT ON:** DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE ASSURANCE REPORT  
**REPORT BY:** CLINICAL DIRECTOR  
**REPORT NO:** PAC30-2023

## 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 NHSScotland 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 to 31 May 2023.

## 2.0 RECOMMENDATIONS

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

2.1 Note the Exception Report for the Dundee Health & Social Care Partnership Clinical, Care & Professional Governance Group as detailed from 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: 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 the majority of 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 non-compliance 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 MAIN TEXT

#### 4.1 Background

The role of the Dundee HSCP Clinical, Care & Professional Governance Group (CCPG Group) is to provide assurance to the Dundee Integration Joint Board (IJB), NHS Tayside Board (through the Care Governance Committee) and Dundee City Council, that there are effective and embedded systems for Clinical, Care and Professional Governance in all services within Dundee HSCP.

4.2 The GIRFE Framework is an agreed tool used by all three HSCPs to ensure consistency of approach between Local Authorities, Tayside NHS Board and the IJBs for the three HSCPs; quality assurance is assessed against an agreed, prioritised common data set for each of the governance domains as detailed below. A GIRFE 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.

4.3 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, HIS 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

### 5.0 ASSESSMENT

#### 5.1 Clinical and Care Risk Management

a.1 Increasing patient demand in excess of resources – DDARS

DatixRef	Risk Exposure – No controls			Current Risk Exposure Rating												Planned Risk Exposure			Risk Trend (↑/→/↓)
				Please include data from previous <i>four</i> reporting periods															
				4/8/22			1/12/22			6/4/23			3/8/23						
	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	5	5	25	3	4	12	→

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 <b>four</b> reporting periods															
				4/8/22			1/12/22			6/4/23			3/8/23						
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	4	4	16	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 <b>four</b> reporting periods															
				4/8/22			1/12/22			6/4/23			3/8/23						
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

Negative media reporting increasing reputational, clinical and safeguarding risk

DatixRef	Risk Exposure – No controls			Current Risk Exposure Rating												Planned Risk Exposure			Risk Trend (↑/→/↓)
				Please include data from previous <b>four</b> reporting periods															
				4/8/22			1/12/22			6/4/23			3/8/23						
L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER		
683	5	5	25	3	4	12	5	5	25	5	5	25	5	5	25	4	5	20	→

L = Likelihood C = Consequence RER = Risk Exposure Rating

- a.2 The top four 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.
- a.3 One of these risks continues to show a current risk score in excess of the inherent risk score. This is primarily due to ongoing challenges relating to recruitment and retention into the DDARS service combined with the increased referral rates throughout and beyond the pandemic.

A senior service manager role has now been appointed to enhance the local leadership for this team and provide support to the two managers currently in post. 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, one locum consultant and there are two vacant posts.

This has impacted on the ability to provide mental health assessments, increased pressure related to the requirements for same day prescribing, along with reduced 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. This also has an impact on the work to achieve the Medication Assisted Treatment Standards (MATs) which are currently reported monthly to the Scottish Government.

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.

- a.4 The benzodiazepine dependence pathway is currently being considered via a National Taskforce who are considering the possible models of practice. Dundee HSCP have presented a financial plan for the use of underspend monies allocated to the Alcohol and Drug Partnership. If agreed £50,000 is earmarked for the development of local pathways, which will build on the recommendations of the recent Tayside research on Benzodiazepine use.

#### 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.

#### New and Emerging Risks

- b.2 New Risk 1346 – Proposed Contract for Supply, Oversight and Governance of Blood Glucose Monitors for use in Community Setting

A new contract is required to ensure supply, oversight and governance for essential equipment in line with new regulations. Discussions are ongoing to ensure this is implemented. Failure to ensure implementation poses a clinical risk with the potential for increased admissions through secondary care.

- b.3 New Risk 1342 – Changed Criteria for In-patient Admission (Learning Disability)

As a result of a particular interpretation of the Mental Health (Care & Treatment)(Scotland) Act (2005) in relation to in-patient admission, there is a risk that people with a learning disability will remain in the community to their detriment and creating a risk of harm to other people. This apparent change of practice has not been discussed or planned for in a whole system way, although colleagues are currently in communication to meet and implement further discussion. This matter is being pursued by the Clinical Lead for MH & LD and Integrated Manager (SW) seeking a meeting with the Clinical Lead, Consultant Psychiatrist and General Manager for in-patient LD. In-patient colleagues have asked this be delayed until the Clinical Lead returns from a period of absence. Advice has also been sought from the Mental Welfare Commission to ensure the Act is being used appropriately.

- b.4 Cornhill In-Patient Unit Nursing Workforce Sustainability

We reported in April 2023 of an emerging risk relating to nursing workforce availability. At this time we reported the appointment of a new senior charge nurse who was having a very positive impact on the unit. This has continued and the regular contingency meetings have now been stood down.

Sadly information was provided to the media who ran a story regarding ongoing challenges within this unit. While there is an improving position within this unit we are looking into the statements made via an external (to Dundee HSCP) investigator and will implement an action plan based on these findings.

#### Emerging Risks Reported Through Exception Report in June 2023

- b.5 Psychiatry of Old Age (POA)

Due to workforce availability and the changing clinical presentation of this patient group, there has been a reduction of four beds within the POA Service based at Kingsway Care Centre. This links to risk 1050.

The mitigations instigated have allowed the team to continue to provide safe and effective care. Staff availability remains a challenge across a complex environment. This risk will continue to be closely monitored and the bed base reviewed in September 2023. The team will be monitoring effects on clinically challenging behaviour, falls, staffing and sickness absence levels as well as patient and carer satisfaction.

The reduction in bed base has already created a better patient environment, whilst, to date, has not caused additional community pressures.

Recruitment is projecting an improved picture with 6 Newly Graduated Practitioners choosing to work in Kingsway Care Centre. Their start date is officially September, however staff can work at Band 4 level until this point. This leaves the team with an overall vacancy position of 2 qualified Band 5 Registered Mental Health Nurses.

The service is also attempting to source bank staff block booking in the interim to provide continuity. There are daily discussions regarding staffing levels and patient acuity, and action taken as required mitigating any emerging risks.

#### **b.6 Stroke and Neurological Rehabilitation Wards**

There is an emerging risk in relation to the delivery of safe, high quality patient care as the nursing establishment is currently faced with significant vacancies (14.5wte) from an establishment of 54.0wte. This is further compounded by sickness absence rates across the wards of 12.1% with 3.0wte staff currently on maternity leave.

June has seen a positive change with the recruitment of six staff (one charge nurse, two registered nurses and three healthcare assistants). Bank and agency staff continue to be utilised to ensure safe staffing levels, although it is anticipated this will reduce as the staffing compliment continues to increase with three newly-graduated practitioners planned to commence work later this year.

#### **b.7 Primary Care (PC) Sustainability Risk – Strategic Risk 353**

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. This would result in patients being unable to access Primary Care Services across the geographical location and a failure to provide continuity of service.

The PC sustainability risk level remains at 25 across Tayside.

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 remain a high number of practices with vacancies for GPs. We have had information shared from practices for the first time which will allow this to be monitored as part of the sustainability survey. 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. However this is gaining some momentum.

Local actions and controls have been, and continue to be, developed and reviewed. However the increasing demand for GP appointments post the COVID-19 pandemic 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 two practices close in the last 12 months and 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 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 agreed for general practice and is working on a plan to progress this. However there has been no progress regionally with leases. It is anticipated that the work for both of these will dovetail in the coming months to progress this.

Work to develop an increasing advanced practice workforce in primary care has had positive foundations built with the regional work and resource is being sought to progress this clinically at a local level.

Resource has 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 will support care delivery and potentially reduce GP workload. Again this could be expanded if sufficient resource was available.

#### **b.8 Treated/Archived Risks**

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 three risks treated/archived with the time period.

#### **b.9 Closed Risks**

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.

### **5.2 Clinical & Care Governance Arrangements**

#### **c.1** The arrangements for clinical, care and professional governance (CCPG) in the Dundee HSCP are outlined in Appendix 1: Dundee HSCP Governance Structure.

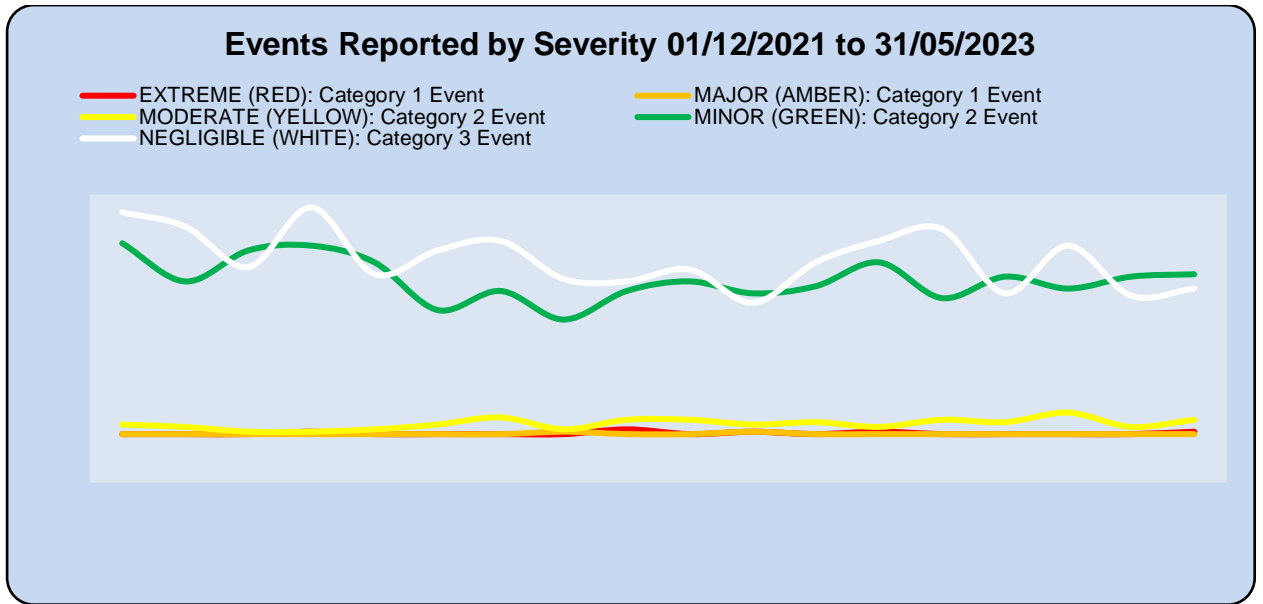
During this reporting period exception reports were presented to the CCPG Group from the following services:

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

The annual report for the work of the Clinical, Care and Professional Governance Group is attached at Appendix 2, highlighting the business of the group for the financial year 2022-2023.

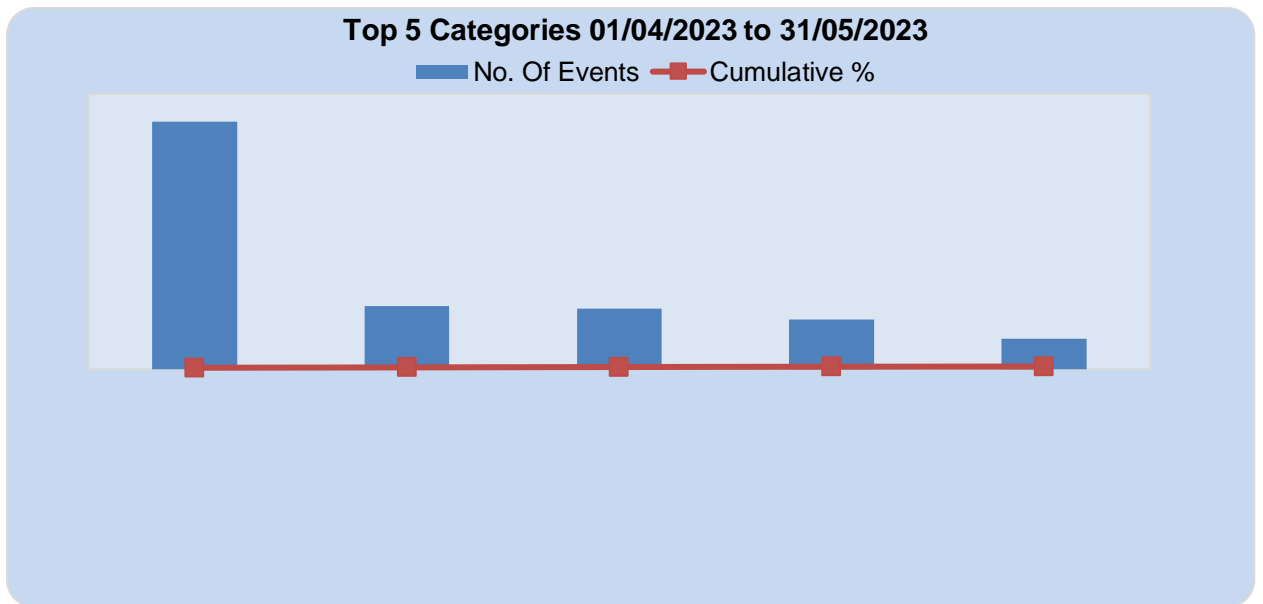
### **5.3 Adverse Event Management**

#### **d.1** The following graph shows the impact of the reported adverse events by month over the past 18 months



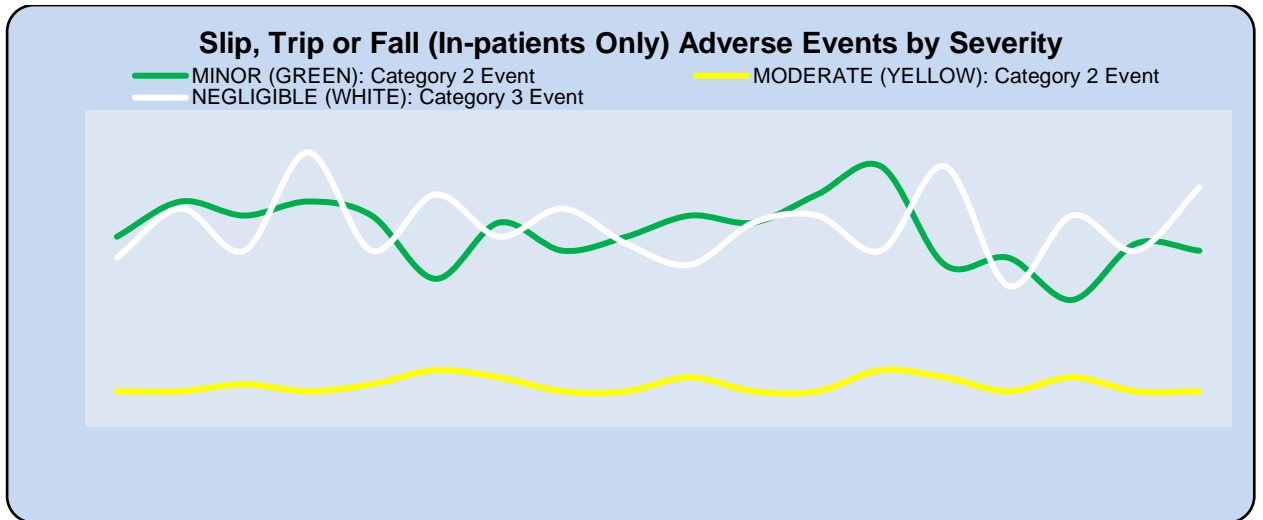
The ratio of events with harm to events with no harm is 1 to 3.8. This shows a slight decrease in position from the previous report.

d.2 The following graph shows the Top 5 categories reported between 01/04/2023 and 31/05/2023. These categories account for 164 of the 262 events (63%) reported within the time period.

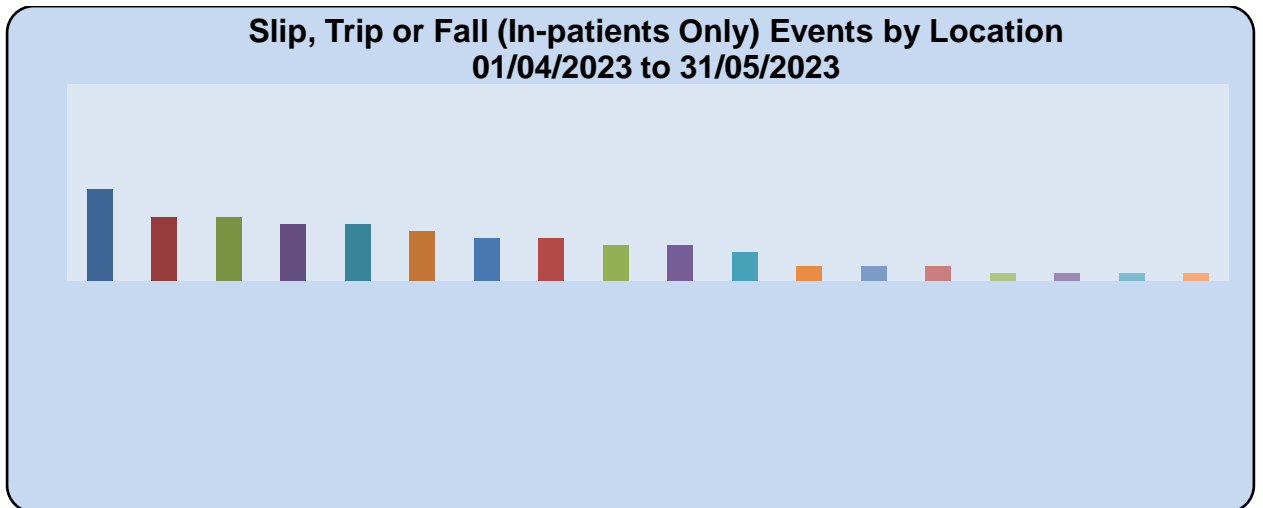


#### Slips, Trips and Falls

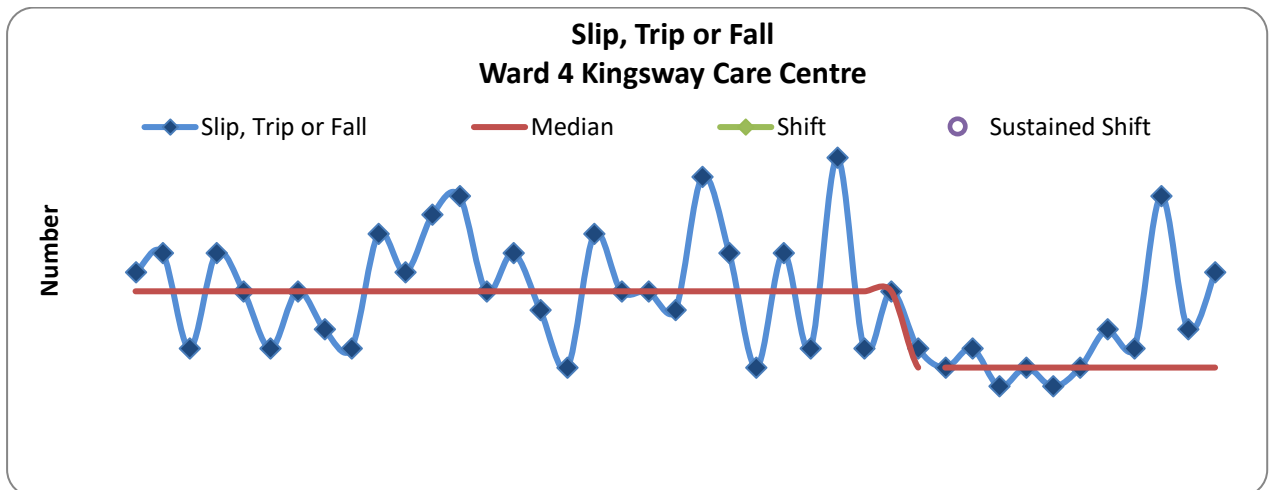
d.3 There were 90 events reported between 01/04/2023 and 31/05/2023. The following table shows slips, trips and falls by severity over the past 18 months:



d.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.



d.5 Local falls management groups continue to review local data and service improvement plans. The following graphs show a sample of graphs from wards within the Dundee HSCP. All graphs show data is stable with random variation.

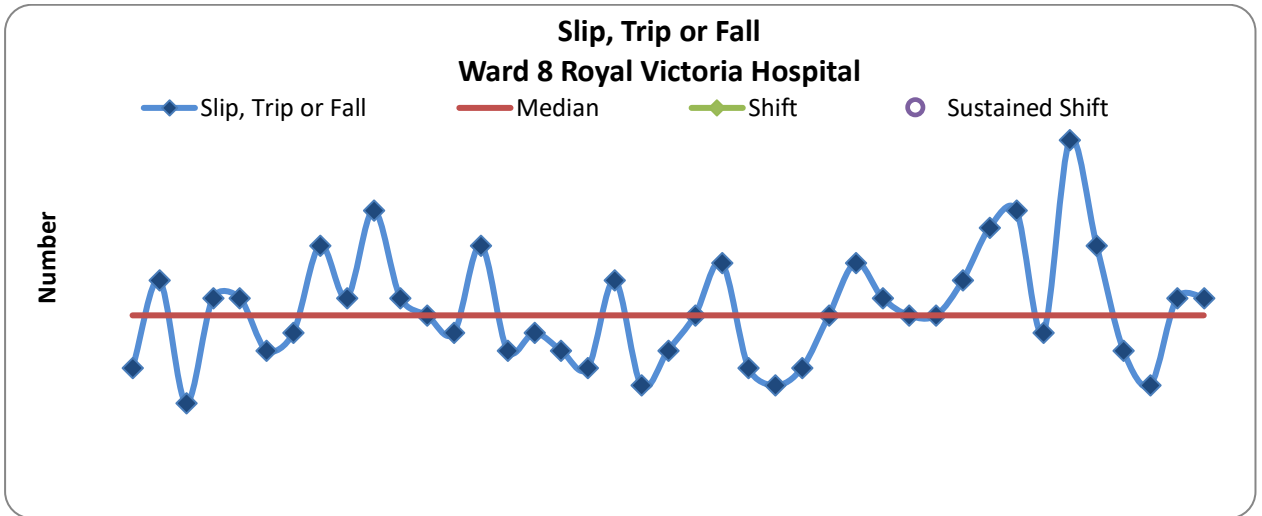


Ward 4 Kingsway Care Centre has shown a reduction in the median number of falls. The use of technology has been identified as a contributory factor in this, with the team exploring the



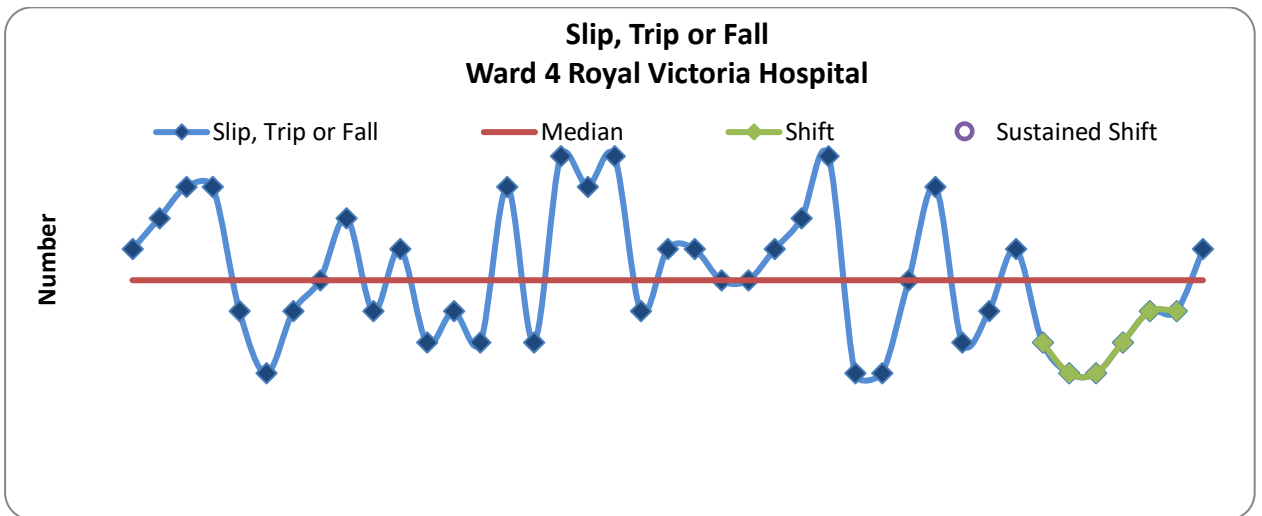
use of both bed sensors and floor sensors to ensure early identification of patients at risk of falling.

d.6



Ward 8 data has shown through review that increased numbers of falls is related to a small number of patients who present with a number of falls, often combined with clinical challenging behaviour.

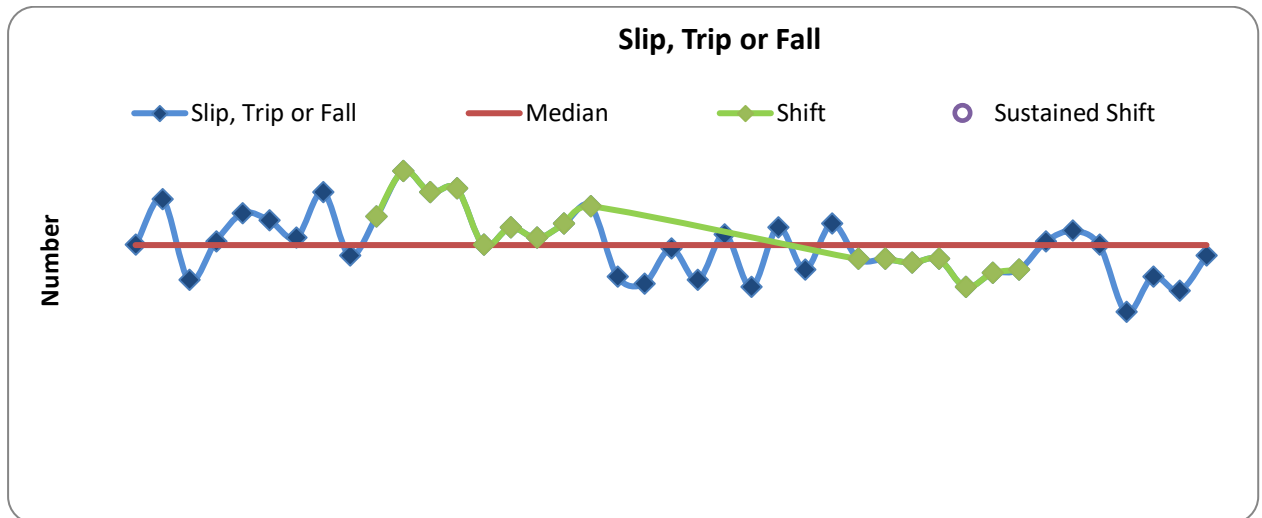
d.7



Ward 4, Royal Victoria Hospital is showing a shift has commenced but is not yet sustained. Review of data identifies one patient is responsible for a number of falls in May 2023 – the falls care plans have been reviewed and updated to support this patient.

There has been significant work across all wards in Royal Victoria Hospital exploring education for health care assistants with a particular focus on promoting a falls safe environment, a focus on rehabilitation ethos, learning from the Care About Physical Activity programmes of work and a broader post-falls safety huddle to ensure learning is shared as widely as possible.

d.8



This graph shows a shift with an increase in falls through 2020-2021 and then a shift with a reduction in falls through 2022.

#### Clinical Challenging Behaviour

- d.9 There were 23 events reported between 01/04/2023 and 31/05/2023. Of these events, 11 were in Ward 4, Kingsway Care Centre. A number of other wards across Psychiatry of Old Age and Medicine for the Elderly reported low numbers (<5) over this reporting period.

Staff report increasing clinical complexities in this patient group who are also becoming younger and stronger posing increased challenges for staff supporting them. There has been an increase in staff harm. The bed base across two wards in Kingsway Care Centre has been reduced to support staff as outlined in the risk section of this paper.

#### Medication Adverse Events

- d.10 There were 22 events reported between 01/04/2023 and 31/05/2023. Within this there were 13 separate subcategories reported across ten 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 (10) with the most commonly occurring subcategory being missed dose (6). Each adverse event is followed up within the team to identify learning and any required improvements with those involved undertaking reflection. The Community Nursing Service have developed Standard Operating Procedures for enhanced use of their workbooks and delegation processes to support staff in ensuring all visit requirements are better captured and planned and implemented.

#### Violence and Aggression

- d.11 There were 18 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 in this period with the 18 events covering nine different service areas across six subcategories, including physical, verbal and sexual behaviour by patients and/or others.

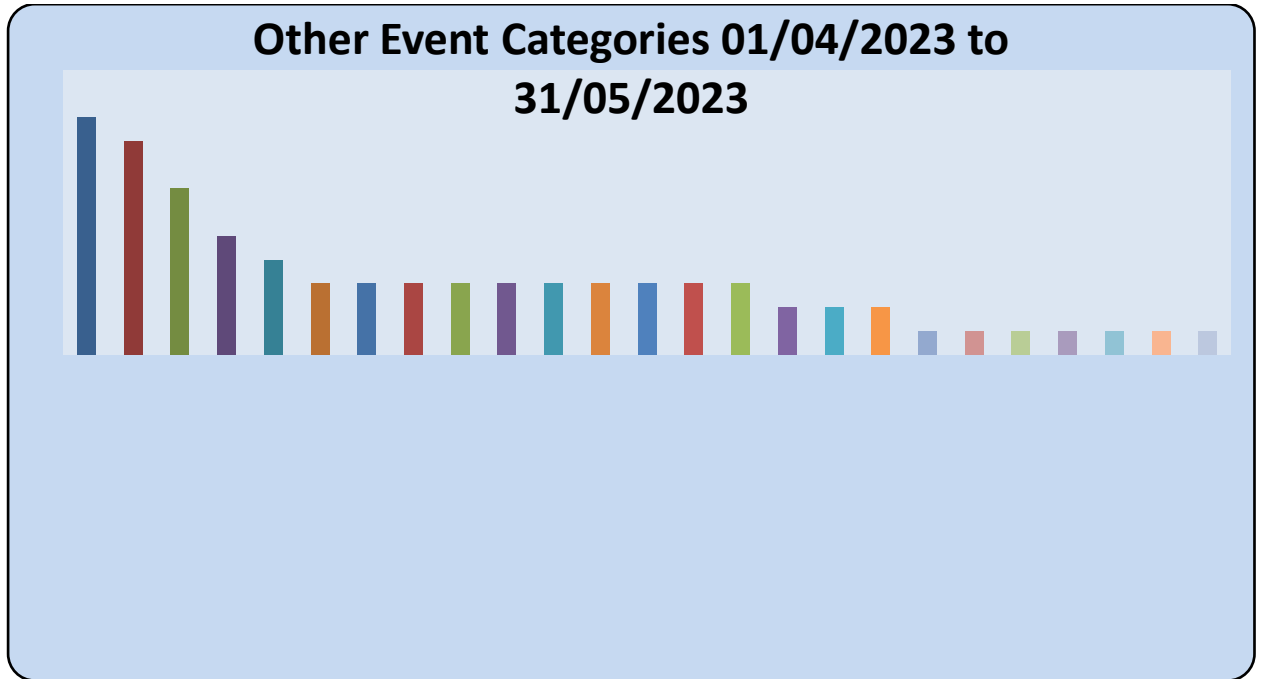
#### Care Delivery

- d.12 There were 11 adverse events reported in this reporting period. Within this there were four subcategories of events across nine teams. The majority of these events related to poor discharge planning (5 events) and implementation across a range of services. On all occasions there was collaboration between discharging and receiving teams to review the adverse event.

Some of these events reflect care being delivered below the standard expected. On each occasion the staff have reflected on practice undertaken and training has been provided where required.

Other Event Categories

d.13 There were 78 events reported outwith the top five events reported. These are listed in the chart below.



There have been a growing number of adverse events reported regarding vulnerable adults. Teams reporting these have established links to the Protecting People Team and local authority Adult Support and Protection teams for guidance and advice.

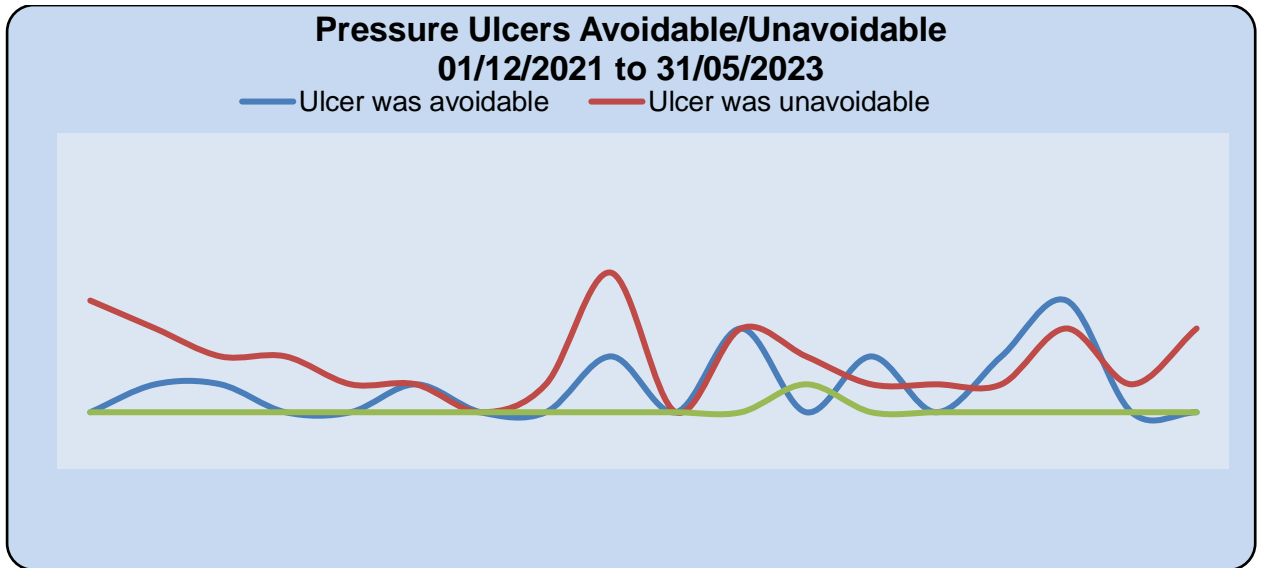
Significant Adverse Event Reviews

d.14 There are currently two Significant Adverse Event Reviews (SAERs) commissioned in the Dundee HSCP. Both are currently awaiting confirmation of a Review team.

A SAER undertaken with regard to medical records management, largely pertaining to records within Mental Health & Learning Disability services is now complete. The actions arising from this, including Duty of Candour reporting, are in progress.

Pressure Ulcers

d.15 There have been four pressure ulcer events reported between 01/04/2023 and 31/05/2023. The number of pressure ulcers reported over the past 18 months is shown in the following graph, by those that were determined as avoidable and those that were determined as unavoidable.



All pressure ulcers reported during this reporting period were unavoidable. Teams liaise with the tissue viability service for support as required.

#### Feedback

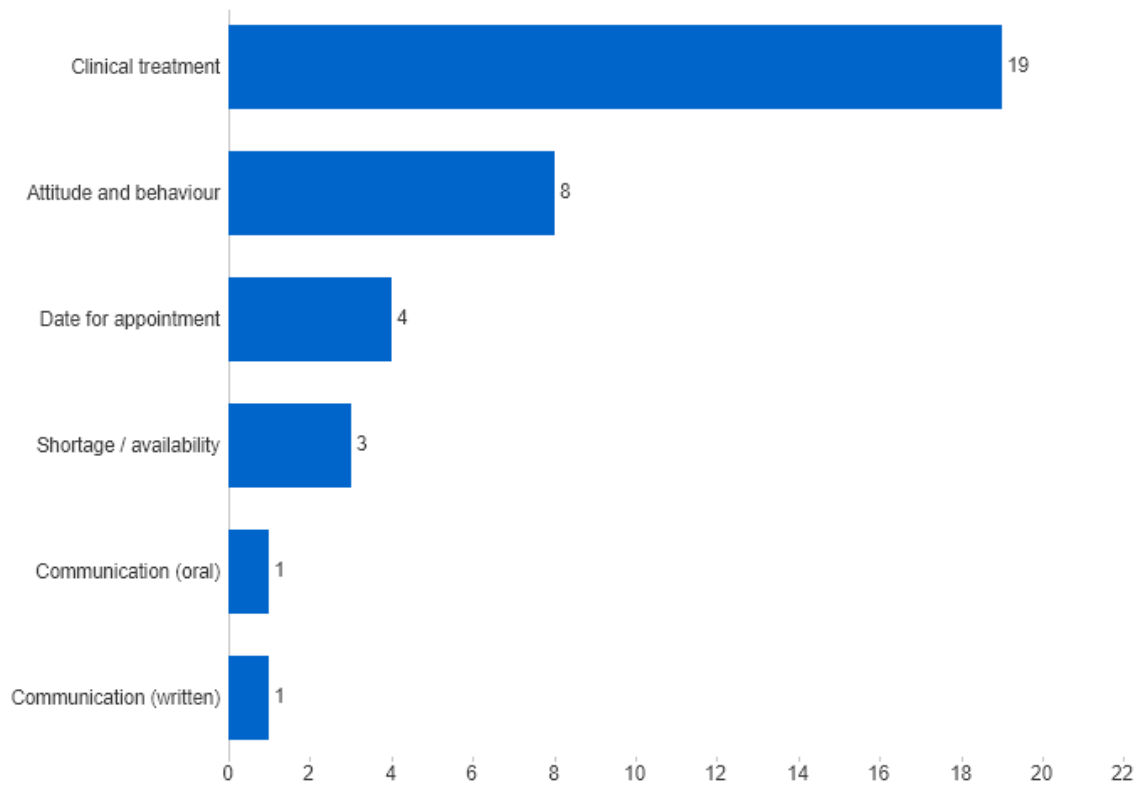
- e.1 The table below shows the number of complaints by service area and how long they have been open:

No. of Open Cases - 12							
Clinical Care Group/Department	Days_Band	0-5 Days	6-10 Days	11-15 Days	16-20 Days	>20 Days	Total
Mental Health (Dundee)		2	2	-	1	1	6
CBIR		-	1	-	1	-	2
Specialist Palliative Care		-	-	-	1	-	1
Community Nursing (Dundee HSCP)		1	-	-	-	-	1
Occupational Therapy (Dundee HSCP)		-	-	1	-	-	1
<b>Total</b>		<b>3</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>11</b>

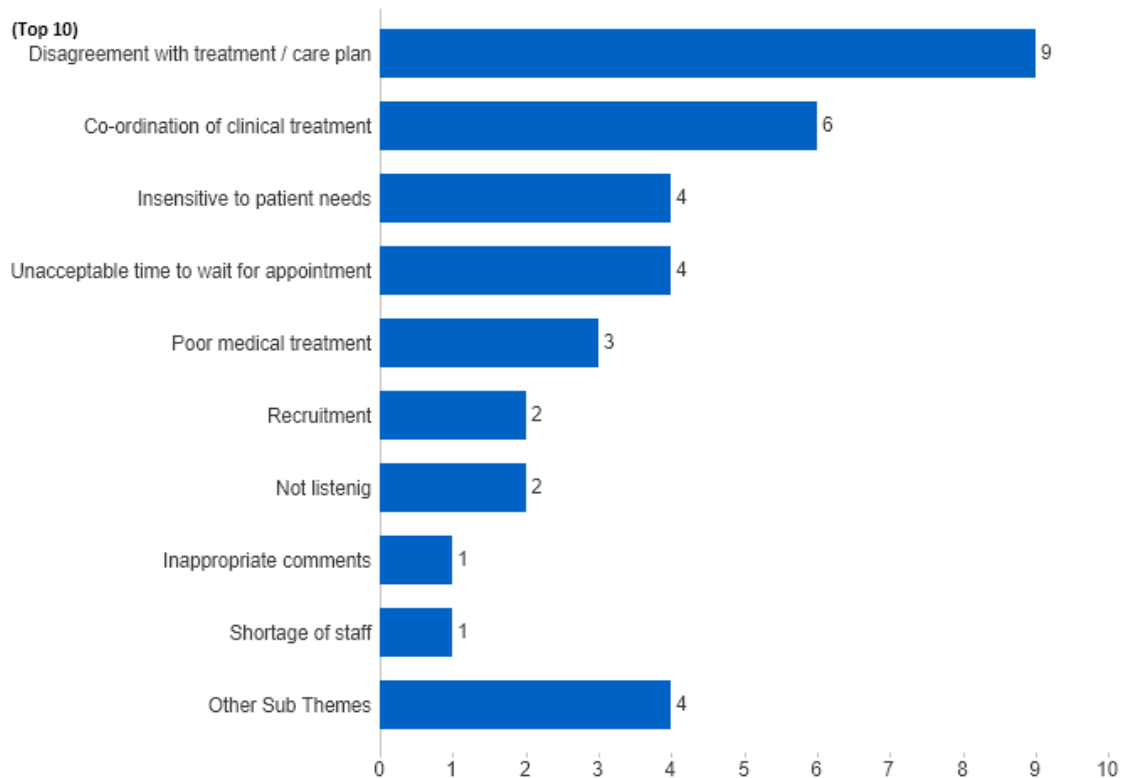
The total number of open complaints has increased this period from seven to 11, however only one complaint has a timescale above 20 days compared with four in the last report, including two over 40 days and one over 60 days. Work will continue in collaboration with the complaints and feedback team to further improve performance.

#### Key Themes

- e.2 The key themes and sub themes for complaints are shown in the charts below.



### Sub Themes



- e.3 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.

- e.4 Ward 5 recently received three complaints. Investigation and analysis of the findings identified these key themes; communication was unclear, documentation incomplete, inconsistent recording of patient measurements and lack of continuity of care with some patients.

The ward have undertaken work to enhance communication within the multi-disciplinary team via review of the keyworker system. They have reviewed handover paperwork and now record handovers and board huddles daily which is demonstrating enhanced communication with the ward environment.

They have also led work in relation to discharge planning for adults with incapacity leading to education sessions for staff to support pathways.

The team have developed improved connections with specialist nursing teams including diabetes, to help guide and support when patients have more complex presentations.

Ward routines have been revised, encouraging patients to socialise in the ward dining room, particularly at meals times. Recruitment for an activities co-ordinator is in progress.

#### Scottish Public Services Ombudsman Reports

- e.5 There have been no SPSO reports for Dundee HSCP since the last assurance report.

#### External Reports & Inspections

- e.6 There have been no external reports or inspections for Dundee HSCP since the last assurance report.

#### Mental Health

##### Mental Health Key Performance Indicators

- f.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. Report PAC25-2023 contains the suite of indicators to Quarter 1 2023/24 and associated analysis. 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 and Dundee City Council 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.

##### Psychological Therapies

- f.2 Psychological Therapies (PT) sits within a Clinical, Care and Professional Governance Group which encompasses PT, the Multidisciplinary Adult Psychotherapy Service (MAPS) and Veterans 1<sup>st</sup> Point (V1P).

There is a Referral To Treatment Standard for the delivery of psychological therapies that 90% of patients will be seen and commence treatment within 18 weeks of referral. The following represents the recent performance for PT. Note there is a time lag in the publication of statistics that have been fully validated by Public Health Scotland. The following table describes the percentage of people who waited the specified length of time for their first appointment in the given month.

Wait bracket	January 2023	February 2023	March 2023	Scottish average for March 2023
0-18 weeks	79.5%	72.1%	73.6%	79.3%
19-35 weeks	19.8%	25.5%	23.8%	12.8%
36-52 weeks	0.5%	1.1%	2.1%	4.9%
Over 53 weeks	0.2%	1.3%	0.5%	2.9%
Total Number of referrals	767	792	974	
Referrals per 1000 population	1.8	1.9	2.3	2.8

f.3 The length of waits for 90% of people to be seen for these same three months were:  
January – 24 weeks; February – 26 weeks; March – 24 weeks.

Whilst this indicates that most people who wait over 18 weeks are not far beyond this, the aggregated figures do not usefully convey a number of areas of particular concern:

1. Clinical Neuropsychology
2. Clinical Psychology within Community Mental Health Teams
3. Clinical Health Psychology

1. Clinical Neuropsychology accounts for a significant proportion of the long waits within PT, with local data for May 2023 indicating that 381 people had waited over 18 weeks, but with half of this sample having waited over one year and the longest waits at two years. The issues are resultant of a significantly high vacancy factor, with only 1.4 wte people currently in post to deal with the 'general' waiting list (7.8 wte vacancies). There is a particular complexity with Clinical Neuropsychology in there not being the same potential for using skill mix as other specialities; a further qualification (that is, beyond a Degree in Psychology and Doctorate Qualification in Clinical Psychology) being required before one is recognised as a Clinical Neuropsychologist.

There are four strands of work ongoing to deal with the above. Firstly, the Older Adult speciality (which does not have waiting times issues) has cross-over competencies in dealing with issues such as stroke and dementia. Cases suitable to be seen by clinicians within that speciality are being transferred across. This approach was generated from a 'spotlight' session within the Leadership Management Team. Secondly, a part-time clinician within the Major Trauma Service (which does not have waiting times issues) is increasing their time to provide a session specifically to see the longest waiters. Thirdly, through engaging with a Locum Agency, offers have been made to two Clinical Neuropsychologists (that is, with the additional qualification) to offer remote working. Fourthly, colleagues in NHS Grampian and Highland who lead Clinical Neuropsychology services have agreed to act as 'critical friends' in an extended form of the above spotlight session. This is to determine whether the breadth of referrals accepted by Tayside Clinical Neuropsychology is different from other areas.

2. Clinical Psychology within CMHTs is reported separately across the three geographical localities, with Dundee and Perth & Kinross with the most significant waits, both in terms of numbers and length of time waiting (122 and 58 over 18 weeks at end April). Both have a slowly reducing trend despite there being vacancies in each locality. Measures used include additional weekend clinics and offering staff opportunity to try working within CMHTs. It is important to note that the clinical work undertaken in CMHT is very different from that within Adult PT services (APTS) and the skill mix possibilities differ.

3. Clinical Health Psychology is a cross-Tayside service but which has a number of component parts including services to Bariatric Surgery, Exceptional Aesthetic Referrals, Adult Weight Management and the 'general' service. Referrals come from acute services, General Practice and other psychology services. The waiting times for this service are currently perversely affected by the cessation of elective surgery during COVID-19, meaning that, for example, the service is running with waits that look like 3 years but where there is no clinical purpose in assessing people until surgery is a realistic possibility. The main issue within Clinical Health Psychology is a high vacancy rate but also a unique situation where two newly-recruited staff members entered longer-term sickness absence before fully beginning work.

f.4 The core issue for all PT services across Scotland is the limited availability of a suitable workforce. Since 2006 there has been a 243% increase in the PT workforce with a 264% increase within Tayside. However, the expansion of services (including available finance) has outstripped the rate at which a new workforce is trained. This is despite the development of a 'new' workforce called Clinical Associates in Applied Psychology (Masters level qualification completed in one year rather than three year Doctorate training). A modernised recruitment strategy is in place with energetic attempts to secure new staff in advance of qualification. A flexible use of budget across specialities ensures that posts can be configured to maximise the 'attractiveness' of posts and a Strategic Commissioning Group for PT has been established to ensure a transparent use of resources, particularly for new developments. Equal attention has been focused on retention. Staff engage in high levels of (non-mandatory)

CPD, a regular Trainee Wellbeing Forum has been established, an 8b Development Forum established and post-COVID full (in-person) Departmental CPD begins next month. Relationships have been established with a recognised Locum organisation with remote working staff now in place within APTS, CMHT, Learning Disability and Clinical Health Psychology.

**f.5 Community Mental Health Team (CMHT) Activity:**

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.

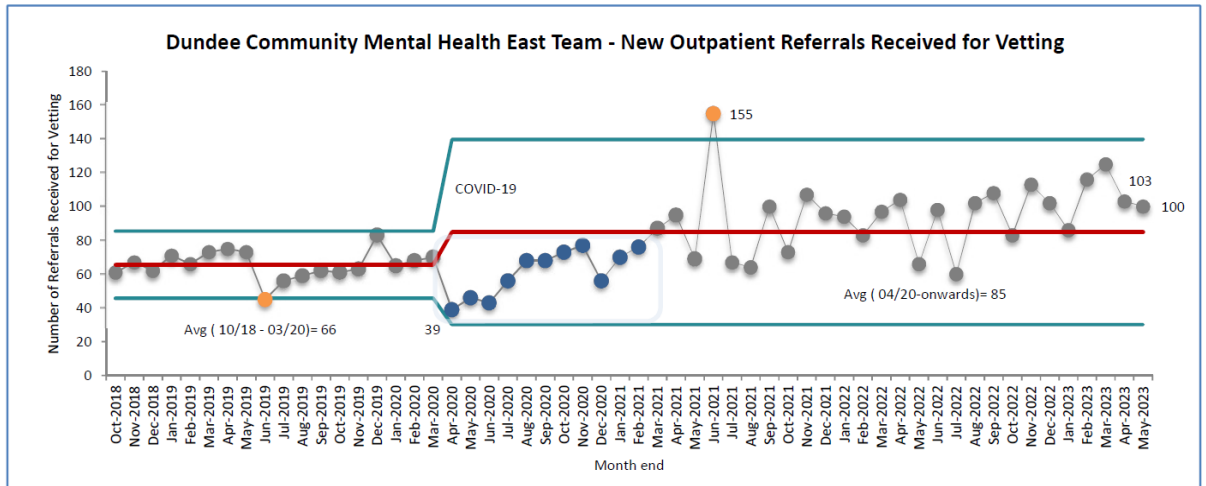
CMHTs remain entirely dependent on Locum Consultant staffing and the differences between East and West Teams are largely resultant from a difference in stability across that staff group, as well as a historic difference in baseline staffing levels (for medics).

During this reporting period, the CMHTs have been in contingency with East providing medical cover across the City for an agreed eight week period.

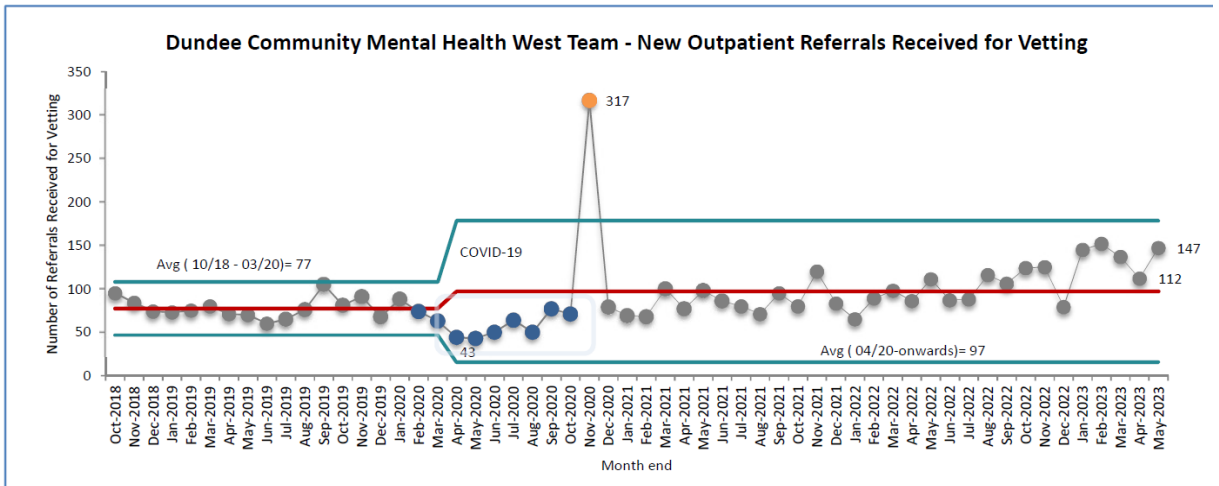
A shift in Advanced Nurse Practitioner time – to provide extra clinics each week in CMHT West – has been enacted with a specific focus on improving throughput and ensuring that medical staff are able to maximise the number of new patients being seen.

There continues to be energetic effort in achieving a similar level of Consultant input between the two areas as the data from East points to a reasonable match between demand and capacity where three Consultants are in place.

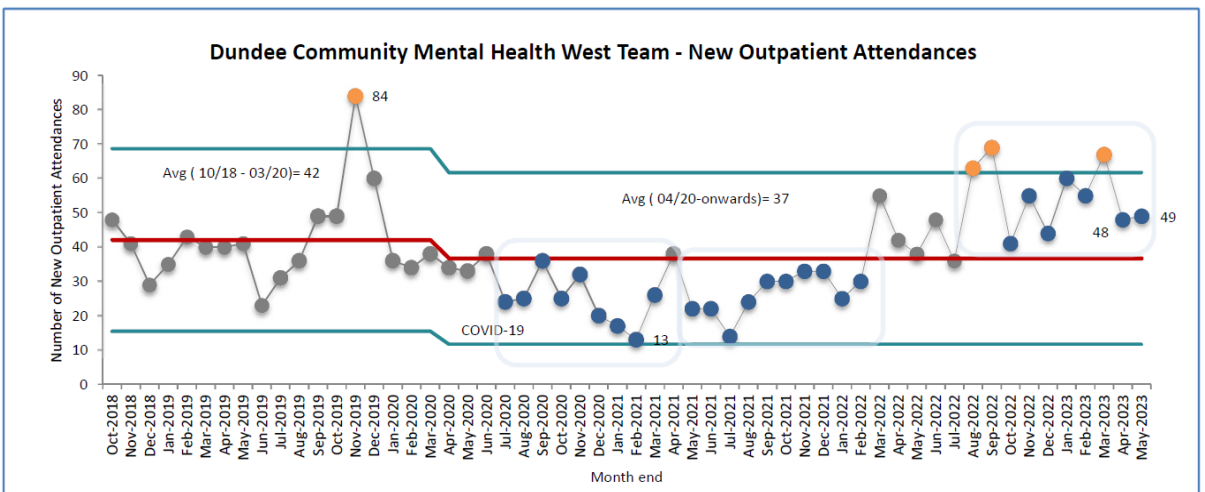
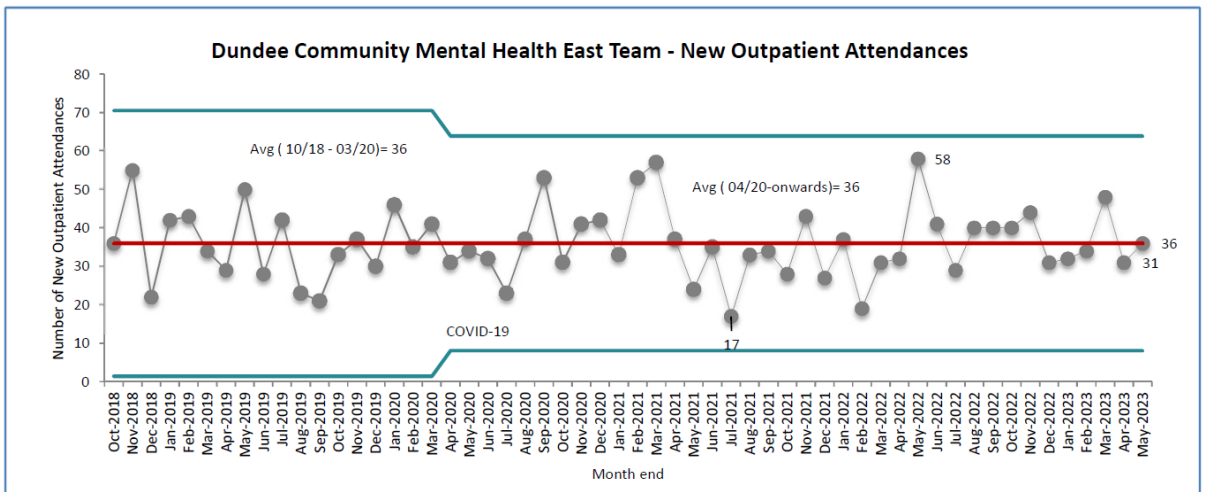
**f.6 Volume of referrals received for vetting, including those vetted and returned, grouped by referral received month:**



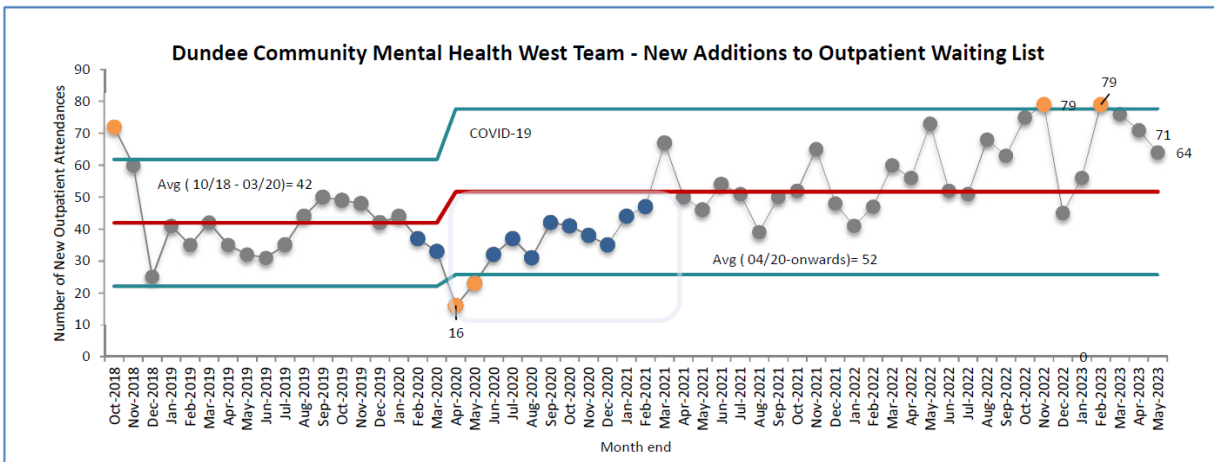
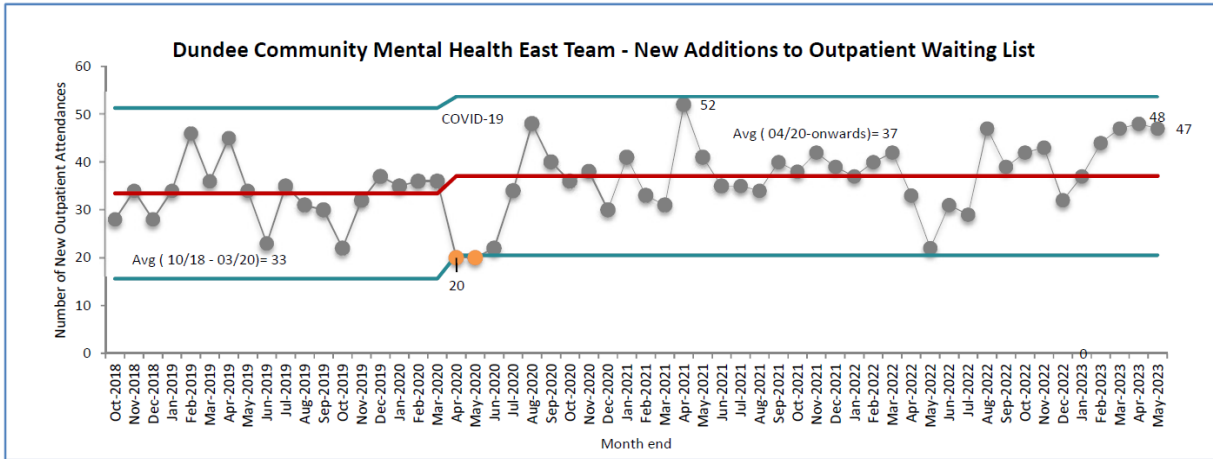




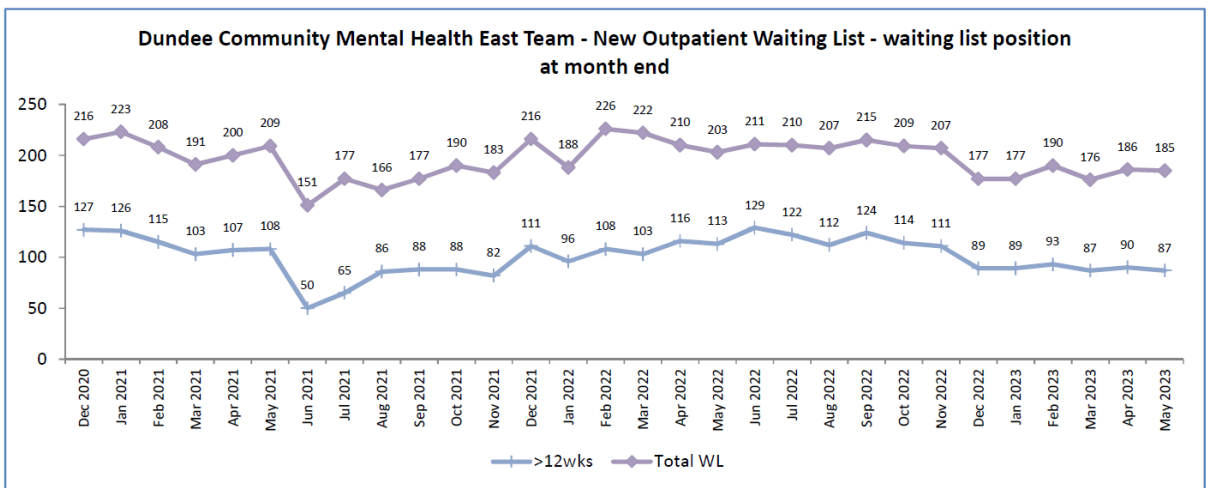
f.7 Volume of new outpatient attendances, excluding did not attends, grouped by attendance month:

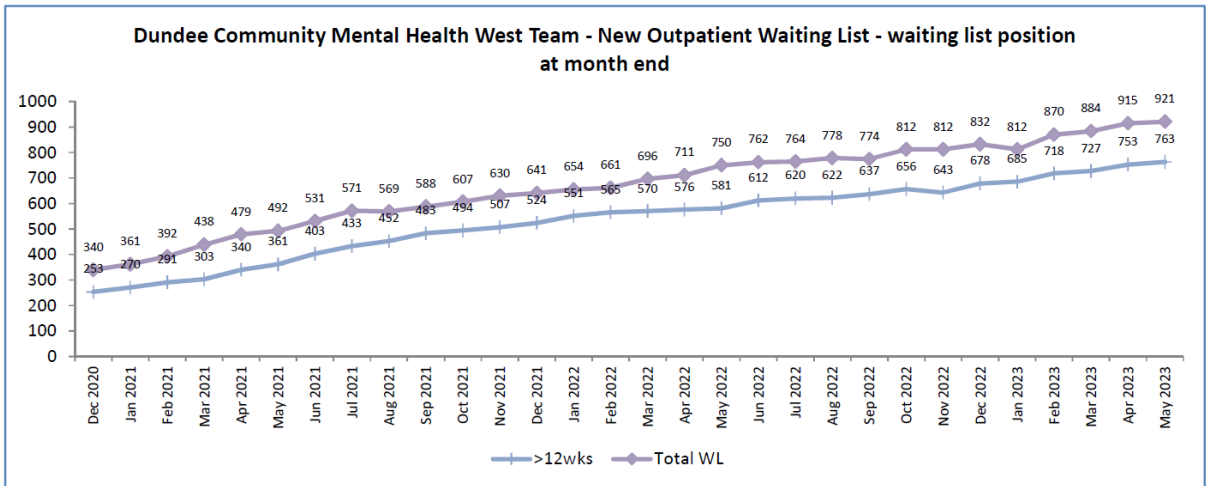


f.8 Volume of referrals added to the waiting list for a new appointment, grouped by referral month:



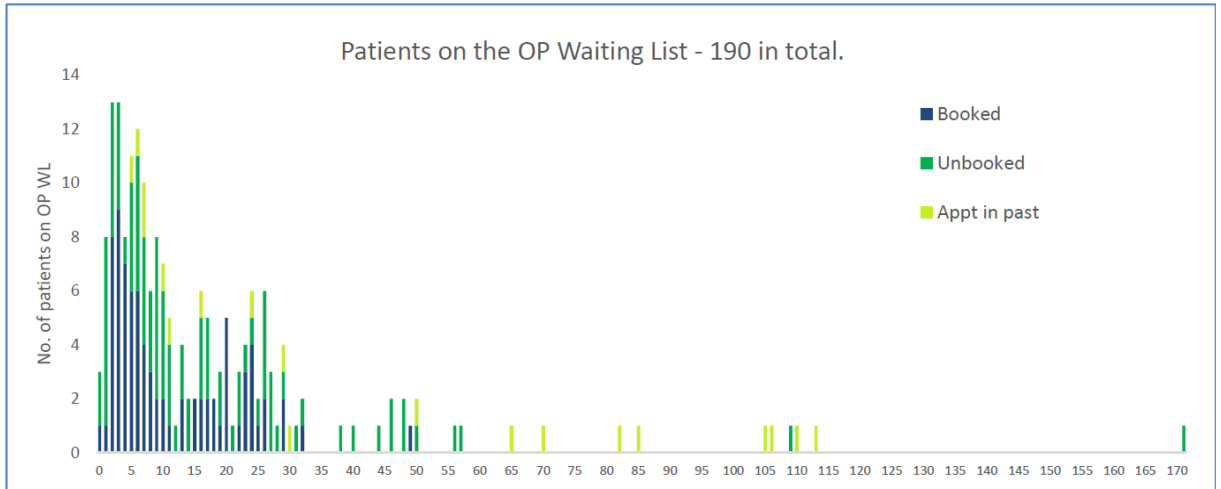
f.9 Snapshot of waiting list position at month end; total volume on waiting list and volume waiting over 12 weeks:



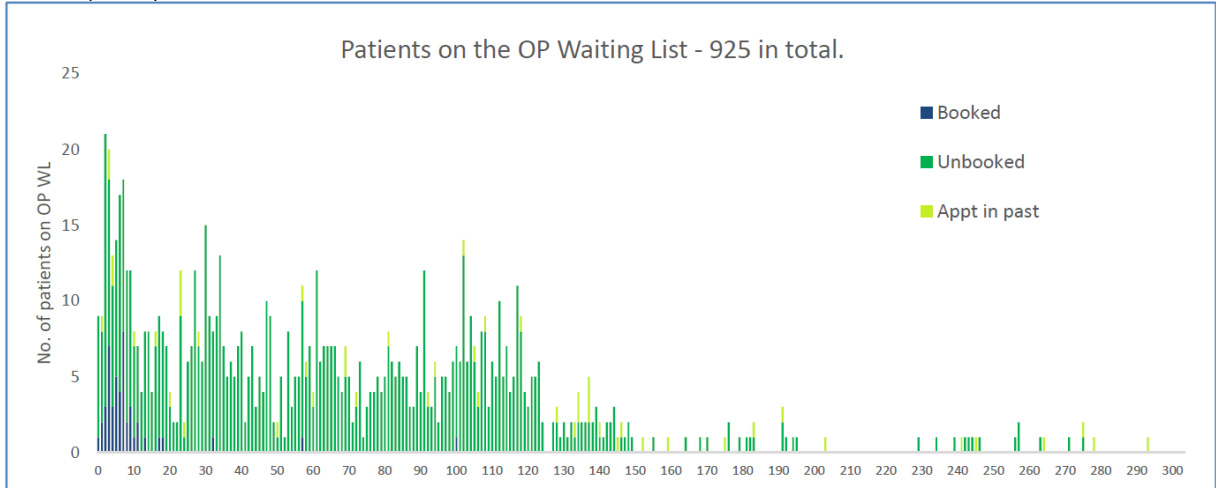


f.10 Snapshot waiting list distribution by weeks waiting at a point in time (05/06/2023) – Waiting List Type – True WL

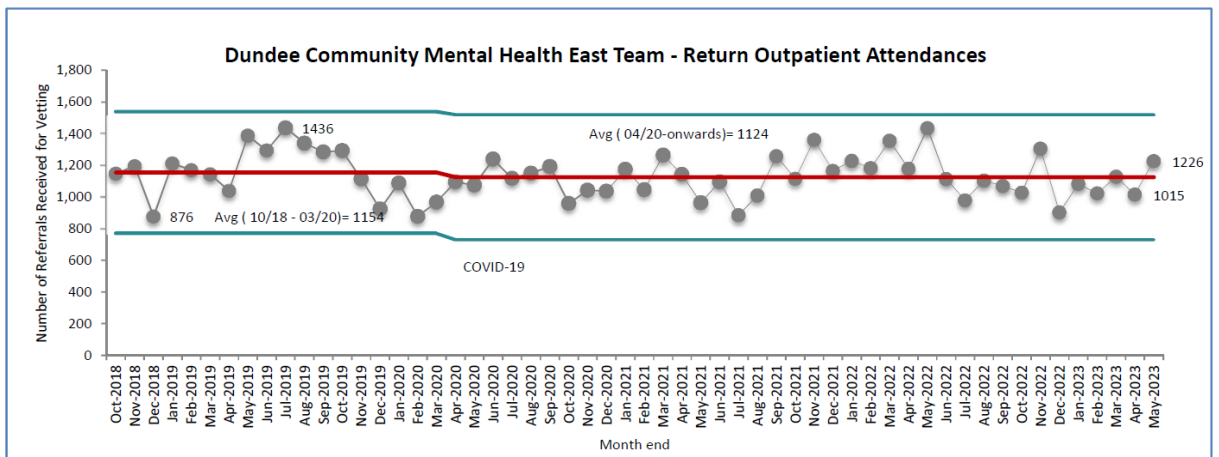
CMHT (East)

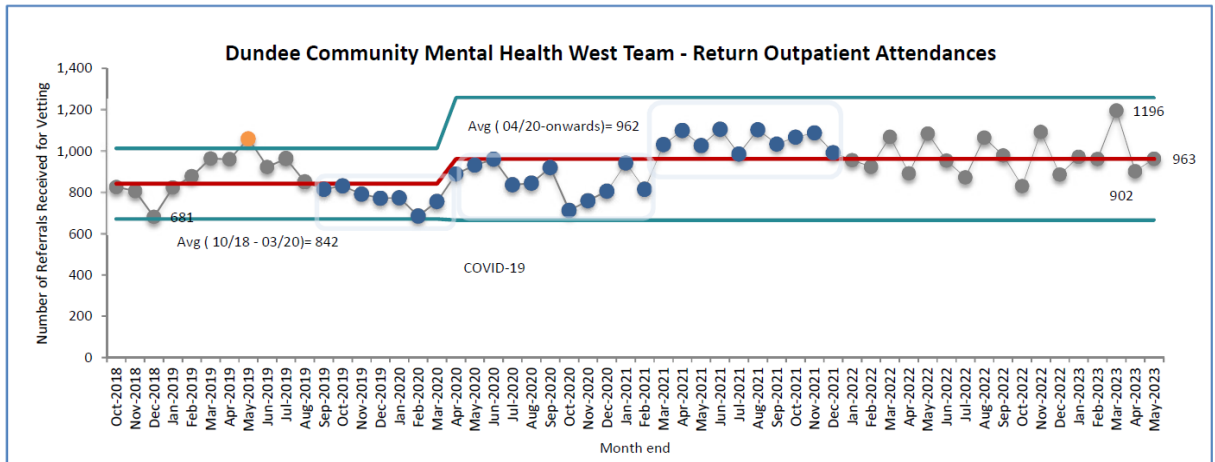


CMHT (West)



f.11 Volume of return outpatient attendances, excluding did not attends, grouped by attendance month:





**g.1 Drug-related Deaths**

The 2022 report is not yet published, and analysis is not yet complete. At this time Dundee is showing a reduction in the number of drug related deaths, compared with previous years, however until figures are finalised, this cannot be confirmed.

**g.2 Medication Assisted Treatment Standards (MATS)**

The 2023 national benchmarking report has now been produced. The period assessed to generate information for the benchmarking report was from January to March 2023, and coincided with the time when Constitution House was closed as a result of flooding, impacting on the ability to deliver the full range of days for drop-in access. Despite this, the service has shown significant improvement across MATS 1-5 which was the focus for the first year of change. Dundee HSCP received the following assessed grades:

- MAT 1 – amber
- MAT 2 – provisional green
- MAT 3 – provisional green
- MAT 4 – provisional green
- MAT 5 – provisional green
- MAT 6 – provisional amber
- MAT 7 – amber
- MAT 8 – amber
- MAT 9 – provisional amber
- MAT 10 – amber

## 6.0 POLICY IMPLICATIONS

6.1 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.

## 7.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	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.
<b>Risk Category</b>	Governance
<b>Inherent Risk Level</b>	Likelihood (2) x Impact (4) = Risk Scoring (8)
<b>Mitigating Actions</b> (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.
<b>Residual Risk Level</b>	Likelihood (2) x Impact (4) = Risk Scoring (8)
<b>Planned Risk Level</b>	Likelihood (1) x Impact (3) = Risk Scoring (3)
<b>Approval recommendation</b>	The risk level should be accepted with the expectation that the mitigating actions are taken forward.

## 8.0 CONSULTATIONS

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

## 9.0 BACKGROUND PAPERS





9.1 None

Dr David Shaw  
Clinical Director

DATE: 30 August 2023

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

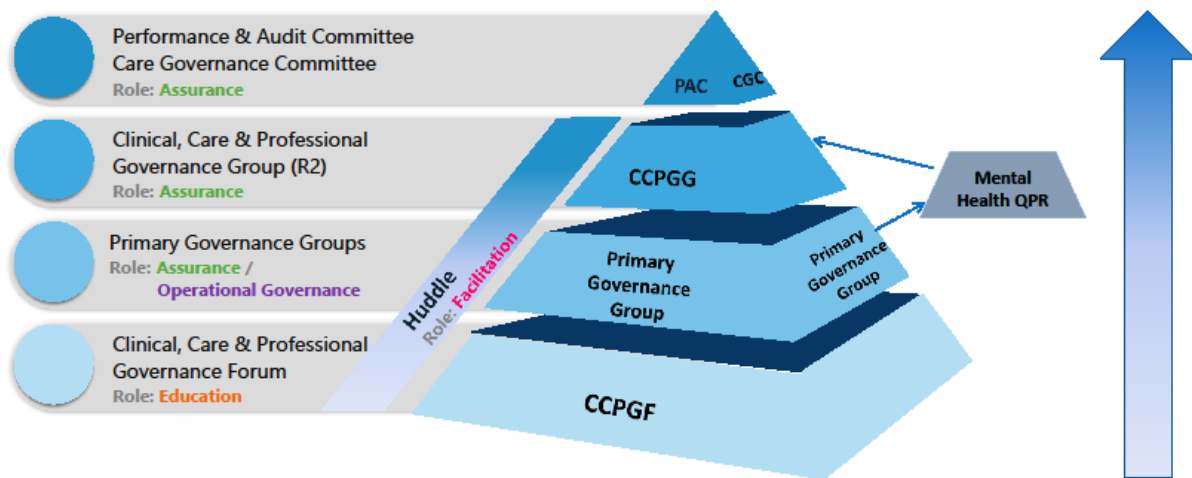
Matthew Kendall  
Allied Health Professions Lead

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.	

## 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.

### DHSCP Clinical, Care & Professional Governance



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.

### Governance Huddle

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.



**REPORT TO: DUNDEE INTEGRATION JOINT BOARD**

**REPORT ON: ANNUAL REPORT OF THE DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE GROUP 2022-2023**

**REPORT BY: CLINICAL DIRECTOR**

**REPORT NO: DIJB32-2023**

## **1.0 PURPOSE OF REPORT**

This annual report is to provide assurance to the Dundee IJB regarding matters of Clinical, Care and Professional Governance. In addition, the report provides information on the business of the Dundee Health & Social Care Partnership Clinical, Care and Professional Governance Group ("the Group", DHSCP CCPG Group), and to outline the ongoing planned developments to enhance the effectiveness of the group.

## **2.0 RECOMMENDATIONS**

It is recommended that the Dundee Integration Joint Board:

- 2.1 Notes the content of this report.
- 2.2 Notes the work undertaken by the Dundee Health & Social Care Partnership Clinical, Care and Professional Governance Group from April 2022–March 2023 to seek assurance regarding matters of Clinical, Care and Professional Governance.

## **3.0 FINANCIAL IMPLICATIONS**

None.

## **4.0 MAIN TEXT**

### **4.1 Objectives and Responsibilities**

- 4.1.1 Review and enquiry about risks being managed across the Dundee Health & Social Care Partnership (Dundee HSCP) and action progressed to mitigate risk.
- 4.1.2 Review and enquiry to demonstrate there are systems to embed clinical, care and professional governance at all levels from frontline staff to the IJB and to drive a culture of continuous improvement.
- 4.1.3 Sharing and learning from best practice and innovative ways of working in relation to clinical, care and professional governance across Dundee HSCP.

## **4.2 Dundee Health & Social Care Partnership Clinical, Care and Professional Governance Group**

4.2.1 The Business considered by the DHSCP CCPG Group during 2022-2023 has addressed the function and remit of the Group; profiling national policy and local application of policy and guidance that affects practice. Key themes considered are outlined below:

- Service Area Reports/Updates
- The Risk Register
- Feedback
- Adverse Events
- Outcome of Inspection Reports
- Updates on Clinical Governance and Risk Management Local Adverse Event Reviews / Significant Adverse Event Reviews / Significant Case Reviews
- Exception reports relevant to the Clinical, Care and Professional Governance with reference to the 6 domains outlined in the Getting it Right for Everyone Framework, from each service.
- Processes for the introduction of new clinical, care and professional policies and procedures

4.2.2 Clinical, Care and Professional Governance Assurance Reports following each CCPG Group meeting have been timeously submitted to the Dundee HSCP Executive Management Team and to the NHS Tayside Care Governance Committee and to the Dundee Performance and Audit Committee for review and discussion and agreement on assurance levels provided.

4.2.3 The Group planned to meet on five occasions during the period 1 April 2022 to 31 March 2023 on the following dates:

- 18 May 2022
- 27 July 2022
- 28 September 2022
- 23 November 2022
- 8 February 2023

4.2.3.1 Providing operational support and a forum for learning, the Clinical, Care and Professional Governance Forum met on the following dates:

- 21 April 2022
- 23 June 2022
- 25 August 2022
- 27 October 2022
- 15 December 2022
- 23 February 2023 – Cancelled

Primary Governance Groups and Service Level Governance Groups provide reports into the Clinical, Care and Professional Governance Group and Forum. The service level reports tabled at the Forum encourage supportive discussion to enhance the reports provided to the CCPG Group.

Assurance reports are provided to a range of committees and/or boards with information taken from the range of governance groups mentioned above in line with the reporting timeframes set by each committee/board. The primary areas for this reporting are via:

- NHS Tayside Care Governance Committee
- Dundee Health and Social Care Partnership Performance and Audit Committee
- Dundee Integration Joint Board.

These assurance reports were produced in:

- April 2022
- August 2022
- October 2022
- December 2022
- February 2023
- April 2023

#### 4.2.3.2 Strategic Risks

The Dundee HSCP Strategic Risk Register is regularly presented to the NHS Tayside Strategic Risk Management Group and is available to Dundee City Council Risk and Assurance Board through the Pentana system.

Operational Risks are reviewed by the Clinical, Care and Professional Governance Group, with any significant areas of concern which may impact on the ability of the IJB to deliver its Strategic and Commissioning Plan reported to the PAC through the Clinical, Care and Professional Governance Group's Chairs Assurance Report.

Operational Risks which should be escalated are identified through Senior Management meetings, the Clinical, Care and Professional Governance forum and through reports to the IJB and PAC.

The strategic risks aligned with clinical, care and professional governance include: Staff Resource, Dundee Drug and Alcohol Recovery Service, Primary Care, Mental Health Services with a number of other risks demonstrating significant crossover with the clinical, care and professional governance agenda, for example: National Care Service, Restrictions on Public Sector Funding, Cost of Living Crisis and the Impact of COVID-19.

Significant work has been undertaken seeking to mitigate each of these risks. The fundamental challenges in seeking to recruit and retain our workforce continue to impact on a number of our risks and while these pressures continue there are successes, in some areas, with recruitment to leadership posts, key clinical posts and the development of new models of service delivery.

Work will continue through Workforce Planning Leads to further develop and implement our recruitment and retention strategies.

#### Primary Care

Practice sustainability remains a key risk in Dundee practices with ongoing concerns regarding termination of contracts and practice notifying of their intention to do so through 2023. A significant number of practices have had closed lists in this year which creates pressures on nearby practices. Recruitment and retention of GPs and the wider team to support primary care remains challenging and is impacting on service delivery and care. The NHS Tayside risk for the sustainability of primary care remains at 25. An internal audit review of the risk has highlighted a number of actions to be progressed at both local and regional level.

#### Dundee Drug and Alcohol Recovery Service

The concerns for 2022-2023 were foremost focused on working to put systems in place to meet the initial 5 (out of 10) Medically Assisted Treatment (MAT) Standards. This was a transformational change process against the backdrop of high levels of demand, a flood in our main base and the need to change so many things so quickly. This has paid off in terms of the creation of new processes that focus on patient-centred care informed by those with lived experience.

The Key priorities for 2023-24 will include working on all 10 MAT Standards and working to move the DDARS service out of Constitution House which will have to be achieved over

several phases to ensure the teams move into accommodation that is fit for purpose to allow DDARS and our partners to provide trauma-informed patient-centred care.

Increased senior leadership within this team will allow for an enhanced focus on improvement work across the service.

Mental Health

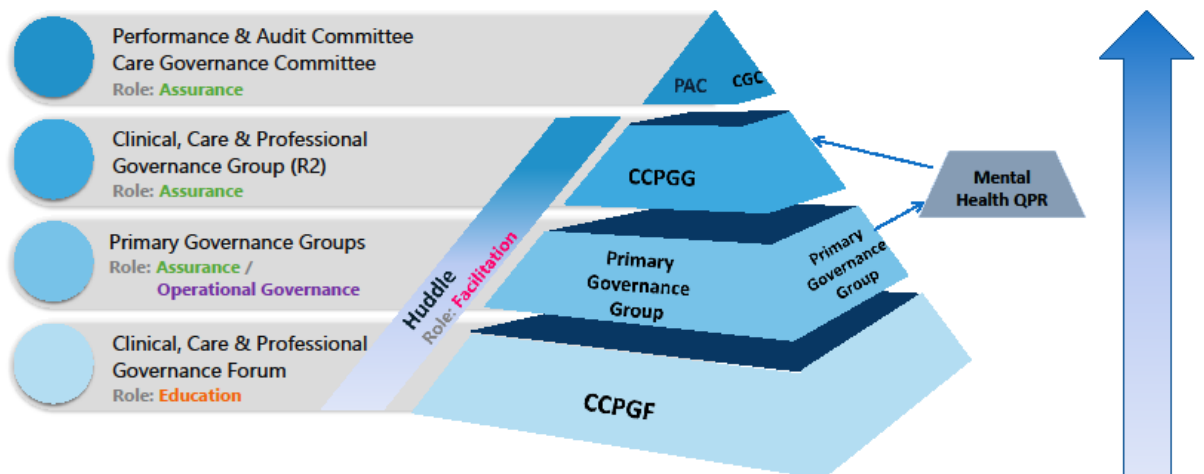
The overarching concerns within mental health and learning disability services during 2022-23 related to; the provision of adequate levels of staffing due recruitment challenges, with the most significant risk relating to the limited availability of psychiatry resources, and the recommendations arising from the Independent Inquiry into Mental Health Services in Tayside.

During 2023-24 priority focus will be given to new models of support to support mental health and wellbeing in a more timely manner. This will include the opening of a community wellbeing centre, continued focus to extend mental health and wellbeing support within in primary care and continued collaborative work through the Tayside Mental Health and Learning Disabilities Whole System Change Programme.

4.2.3.3 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.

**DHSCP Clinical, Care & Professional Governance**



4.2.3.4 DHSCP CCPG Group

Dundee Health & 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 and professional governance in all services within Dundee Health & 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 and Third Sector representative.

Management structures across DHSCP have been redesigned during this reporting period, and continue to be reviewed, 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 the Getting it Right for Everyone (GIRFE) Governance Framework. 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 developed through the CCPG Group.

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 and contemporary issues, for example Dundee Drugs Commission Review and Trust and Respect Report.

#### 4.2.3.5 Primary Governance Groups (PGG)

There are currently 11 PGGs:

- In Patient Services and Day Care Services
- Community Services
- Acute and Urgent Care
- Mental Health
- Learning Disabilities
- Older People's Mental Health
- Care Homes
- 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.
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- 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, the Care Inspectorate, Audit Scotland, Mental Welfare Commission and Scottish Public Services Ombudsman.



- Ensuring that there is a robust reporting and assurance mechanism for the services which are hosted within the partnership but do not solely operate within Dundee HSCP.
- Undertake the management, escalation or cascading of issues/risks/concerns as appropriate.
- Collate, review and analyse core and service-specific datasets to inform exception reports to the CCPGG, reflecting the 6 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:
  - Emerging issues of concern
  - Adverse Events
  - Recurring themes, Major and Extreme Incidents
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  - 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. 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.

#### 4.2.3.6 Governance Huddle

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 Dundee 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.

#### 4.2.3.7 Clinical, Care and Professional Governance Forum

The forum is used as an education forum for managers and lead governance staff across the Dundee 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 this

reporting period have included: Qlikview, Risk Management System, Datix system report building and scorecard development.


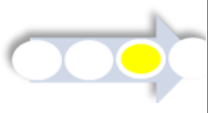

#### 4.2.3.8 Summary Assurance Statement


The year April 2022 to March 2023 continued to be one of the most challenging across the health and social care system, due to the remobilisation post-COVID-19 pandemic and the changing demands of the population. The response from staff has been incredible and high quality services have continued to be delivered safely and effectively. There have, of course, been challenges and the infrastructure that has been built, and continues to evolve, has supported the HSCP and its staff to manage and mitigate risk in a proactive and productive manner.

Learning, and the sharing of learning, remains a key focus within the HSCP, and while this has developed well over the year, it remains an area where further improvements will be made. This is instrumental in supporting the HSCP move towards substantial levels of 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, where Controls are applied continuously or with only minor lapses".

The current "reasonable" levels of assurance demonstrate that a generally sound system of governance, risk management and control is in place. Some issues do persist (timeous management and administration of risks, complaints and adverse event; ongoing workforce availability) and there is evidence of some non-compliance (attendance at governance groups, provision of governance reports at all groups, although it should be noted this has improved significantly over the course of this reporting period) and there is identified scope for improvement across a range of services and governance domains. Despite all of the challenges faced this year, all of the above have shown an improving picture, with the HSCP being in a strong position to move towards substantial assurance through 2023-2024.

All assurance reports presented to the Care Governance Committee, the Performance and Audit Committee and the Integration Joint Board have provided reasonable assurance.

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.
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4.2.4 During the financial year ending 31 March 2023 membership of the Group comprised:

Clinical Director (Chair)  
Head of Health and Community Care Services (Vice-chair)  
Head of Health and Community Care Services  
Community Nurse Director  
Associate Medical Director  
Associate Locality Managers  
Mental Health and Learning Disability Manager  
Clinical Lead, Psychology Services  
Allied Health Professional Lead (DHSCP)  
Lead Nurse (DHSCP)  
Clinical Governance Lead (DHSCP)  
Senior Officer – Business Planning and Information Governance (DHSCP)

### 4.3 Schedule of Business Considered During the Period 1 April 2022 to 31 March 2023

4.3.1 18 May 2022

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability Service Report
- Noted Mental Health Service Report
- Noted Psychology Service Report
- Noted Frailty / Older People's Service Report
- Noted Dundee Drug and Alcohol Service Report
- Noted Nutrition and Dietetics Report
- Noted Community Report
- Noted Health Inequalities Report
- Noted In Patient and Day Care Report
- Noted Primary Care Report

Focussed discussion on Dundee Drug and Alcohol Service staffing risks – nursing staff.

COVID-19 – Updates provided on current challenges relating to COVID-19. Focus primarily on remobilisation plans with a request for these to be reflected in exception reports at future meetings including impact of deconditioning and delays in care.

Staff wellbeing was discussed in relation to catering facilities on the Royal Victoria Site which had been absent since the start of the pandemic.

NHS Tayside Business Board Critical Report was shared for the group's awareness and use.

Report provided on the adverse event management policy that has been reviewed via the clinical policy governance group. The useful appendices to support governance activity were brought to members' attention, especially with reference to supporting adverse event reviews.

Infection Prevention and Control Committee Report presented. Group maturing well with broadening representation. Focus on comprehensive reporting across all HSCP services. Current level of assurance provided is moderate.

Verbal updates provided on feedback from Care Governance Committee and the Performance and Audit Committee including: good overview of governance is provided; request for information regarding Medication Assisted Treatment Standards; complaints performance in particular around overdue complaints in the mental health service; delays in biochemistry results post-mortem and the good links to national work to address, commended on the deep dive work undertaken in relation to adverse events in the District Nurse Service.

Mental Health Risks were discussed in relation to the development of 8 new risks for Mental Health services across Tayside to support whole system working and governance.

Clinical, Care and Professional Governance Annual Report was presented for members to comment on prior to submission.

Information Governance: Allied Health Professions documentation rationalisation process presented to the group. Excellent progress being made with work reporting into the Clinical Policy Governance Group.

Dundee HSCP Workforce Plan presented to the group.

New framework for Newly Qualified Practitioners in social care presented to the group for awareness and to engage with staff for support to implement.

Paper presented on Newly Graduated Practitioners in Nursing and the new processes to be implemented.

Dundee HSCP Analysis report presented highlighting areas for improvement including consistent reporting of adverse events (types and severity), overdue adverse events and timely management of the risk register.

Complaints Report presented:

- Increasing number of complaints
- Absence of key staff leading to increased delays responding to complaints.

Presentation on Care Opinion provided by Dundee Enhanced Community Service.

Fair Work in Social Care report presented to the group.

Verbal report provided on the work of the Drugs Commission.

Verbal report provided on the Listen, Learn, Change paper noting governance arrangements, leadership, scrutiny and key themes.

#### 4.3.2 27 July 2022

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability Service Report
- Noted Mental Health Service Report
- Noted Psychology Report
- Noted Dundee Drug and Alcohol Service Report
- Noted Nutrition and Dietetics Service Report
- Noted Community Services Report
- Noted In-Patient and Day Care Service Report
- Noted Primary Care Report
- Noted Health Inequalities Report
- Noted Acute and Urgent Care Report
- Noted Care Home Report

COVID-19 – Exceptions and emerging risks noted. Significant staffing issues have been noted with increasing absences a common theme alongside staff exhaustion.

Presentation provided on Ukrainian Refugees and the services put in place to support their relocation in Dundee. Noted significant impact this is having across a range of services. Situation remains very fluid but noted good resilience planning in place.

Primary Care reported on current pressures across a number of GP practices reflecting closure of one practice and the closure of lists for other practices.

Discussions commenced on the Getting it Right for Everyone Framework and how this might support reporting for hosted services. Work will progress through the GIRFE Group.

Report received on the Docman system and risk of missing information. Mitigation in place and being led both regionally and nationally.

Clinical, Care and Professional Governance Forum Report presented.

Infection and Prevention Control Group Minute provided for information.

Dundee Drugs Commission Report and initial response has been tabled to be heard at the Dundee IJB.

Dundee HSCP Analysis report presented with a focus on risk management and pending risks. The excellent data provided in relation to adverse events was noted with the number of overdue unverified events showing an improving picture.

Complaints report noted. Future reports to include compliments and report to be renamed feedback report.

Care Home Forum membership and leadership discussed to further strengthen engagement and oversight across Care Homes.

#### 4.3.3 28 September 2022

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability Service Report
- Noted mental Health Service Report
- Noted Psychology Report
- Noted Dundee Drug and Alcohol Service Report
- Noted Nutrition and Dietetics Service Report
- Noted Community Services Report
- Noted In-Patient and Day Care Service Report
- Noted Primary Care Report
- Noted Health Inequalities Report
- Noted Acute and Urgent Care Report
- Noted Care Home Report

Presentation provided on the Promotion of Equality and Social Justice. Comprehensive discussion ensued on how to build support through communities and seek to help those with the greatest needs using inequalities informed practice.

Care Governance Committee updated provided outlining new reporting timetable for the HSCP.

Getting It Right for Everyone update provided on the work progressing regards the sharing of information across the HSCPs for hosted services.

Verbal report provided on the Drugs Commission progress with a number of short life working groups developing to lead the various workstreams.

Verbal update provided on the work related to Trust and Respect Report.

Verbal report provided regarding the Primary Care Improvement Plan and the Scottish Government review of funding for this work. The impact and associated risks were highlighted.

Risk Management processes within the HSCP were discussed with the intention of reviewing the current meeting structures to afford greater levels of support to service leads in managing risks.

A number of services continue to report significant risk in relation to recruitment and the unavailability of workforce across a range of professions and grades.

Professional leads reported on work progressing regarding workforce planning and development of processes to support the Health and Care (Staffing) Act.

Dundee HSCP Workforce Plan presented to the group.

Care Home Inspection Report Noted.

Feedback report presented with members asked to note very positive comments included in most recent report and to encourage staff to continue to report this.

Dundee HSCP Analysis report presented.

#### 4.3.4 23 November 2022

##### Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability Service Report
- Noted Mental Health Service Report
- Noted Dundee Drug and Alcohol Service Report
- Noted Nutrition and Dietetics Service Report
- Noted Palliative Care Report
- Noted Psychiatry of Old Age In Patient and Community Services Report
- Noted Psychology Report
- Noted Health Inequalities Report
- Noted Community Services Report
- Noted Urgent and Acute Care Report
- Noted In Patient and Day Care Report
- Noted Primary Care Verbal Report

Public Health report presented outlining the impact of deprivation on health and the connections between deprivation, despair, drug statistics and suicides and mental health in impoverished areas.

GIRFE Update – Ongoing discussions regarding Lead Agency (Hosted) reports with some sharing of reports now in place.

Updates from Performance and Audit Committee and Care Governance Committee reports demonstrating reasonable levels of assurance being provided with good quality reports continuing to be provided.

Drugs Commission Report presented outlining focus of work now towards Medication Assisted Treatment Standards and local implementation.

Trust and Respect Report update outlined final submission to the Independent Oversight and Assurance Group is due in December.

Primary Care Improvement Plan update provided demonstrated good progress being made although also highlighting a number of gaps in some areas due to staff availability.

Risk Management report noted with overview provided on a number of new risks and confirmation of the formation of a new risk management group to commence in early 2023.

Professional updates highlighted work related to packages of care and delayed discharges supporting patient flow. International recruitment was being progressed across a number of professions. Standards of proficiency were being published for community nursing staff in 2023. Significant workforce planning activity across newly-qualified social work staff ongoing.

Inspection Grading Report presented highlighting excellent collaboration between HSCP and Care Home team with proactive management of arising issues.

Dundee HSCP Analysis Report Presented for adverse events and risks with new tab included reflecting the work from the governance huddle regards incomplete adverse events.

Safe Staffing Update provided outlining work being undertaken across professions.

Infection Prevention and Control Report noted.

#### 4.3.5 08 February 2023

##### Clinical, Care and Professional Governance Exception Reporting

- Community Services Report noted.
- Care Homes Report noted
- Mental Health and Learning Disability Reports noted.
- Psychology Report noted.
- Drug and Alcohol Recovery Service Report Noted.
- Nutrition and Dietetics Report noted.
- Health Inequalities Report noted.
- Acute and Urgent Care Report noted.
- In Patient and Day Care Report noted.
- Older People's Mental Health Report Noted
- Care Home Report noted.
- Primary Care verbal report noted.

Getting it Right for Everyone Update – Key piece of work is progressing relating to key performance indicators for mental health. New appointments to chair of the CGC noted.

Focussed discussion held regarding the development of a Tayside-Wide Mental Health Clinical, Care and Professional Governance Group which is being led within GIRFE.

Governance huddle shared the newly developed newsletter which aims to share simple, key messages to staff to support governance activity.

Drugs Commission Report update shared.

Trust and Respect Report presented. Agreement made for future updates to be provided within exception reports.

Primary Care Improvement Plan Update Report noted.

Emerging risk presented in relation to Palliative Care Services outlining level of risk and mitigations in place. Exception report to be provided to Care Governance Committee to inform them of emerging status.



Verbal update provided on first Risk Management meeting held in January 2023. Agreement reached to support continuation of Risk Management meeting.

Allied Health Professions Professional Update: Significant ongoing work with national teams supporting the safer staffing agenda. Group updated regarding the work for some AHP staff to now complete fit notes in place of medical staff and the governance processes around this.

Nursing Professional Update: Group updated regarding the work for nursing staff to now complete fit notes in place of medical staff and the governance processes around this. Update provided in relation to transforming nursing strategy.

Social Work Professional Update: National Social Work Agency Group has been established to consider implications of the National Care Service on social work. The SSSC Codes of Practice have been reviewed.

Commissioned Services Grading and Update Report Noted. It was recognised the exception reports that covered commissioned services provided excellent triangulation of the exceptions identified and resultant actions.

Care Home Inspection report noted.

Feedback Report noted with positive performance in relation to meeting standards for complaints.

Dundee HSCP Analysis Report Presented.

Equality and Social Justice Report presented with a key focus on cost of living crisis, access to appropriate support, local decision-making structures.

#### **4.4 Assurance Statement**

4.4.1 As Chair of the Dundee HSCP Clinical, Care and Professional Governance Group during the financial year 2022-2023, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings has supported the fulfilment of the Group's objectives and responsibilities.

4.4.2 I would like to offer my thanks to the commitment and dedication of fellow members of the Group. Significant work goes into the preparation of the written reports and I am grateful to all those who have attended and contributed to each of the meetings.

#### **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 CONSULTATIONS**

The Chief Finance Officer, Heads of Service – Health & Community Care, Clinical Director, Allied Health Professions Lead and the Lead Nurse were consulted in the preparation of this report.

#### **7.0 DIRECTIONS**

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act

2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	✓
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

## 8.0 BACKGROUND PAPERS

None.

Vicky Irons  
Chief Officer

DATE: 6.6.2023

Diane McCulloch  
Head of Health & Community Care

Jenny Hill  
Head of Health & Community Care

Krista Reynolds  
Lead Nurse

David Shaw  
Clinical Director

Matthew Kendall  
Allied Health Professions Lead