



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 22 SEPTEMBER 2020

REPORT ON: CLINICAL, CARE AND PROFESSIONAL GOVERNANCE (CCPG) – PERIOD MARCH 2020 – JULY 2020

REPORT BY: CLINICAL DIRECTOR

REPORT NO: PAC31-2020

1.0 PURPOSE OF REPORT

1.1 To provide an update to the Performance & Audit Committee on the business of the Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group. 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 as detailed in sections.
- 2.2 Note the Annual Report as attached at Appendix 1.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4 REPORT SUMMARY

4.1 Situation

4.1.1 This report is to provide an update to the NHS Tayside Clinical Quality Forum (CQF) on the business of the Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group. 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.

4.1.2 The Framework for CCPG within integrated services in Tayside is set out in the agreed framework – Getting It Right for Everyone: A 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.

4.2 Background

4.2.1 In Dundee Health and Social Care Partnership (DHSCP) 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 two monthly basis
- CCPG Group (CCPGG) which meets on a two 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.

4.2.2 It should be noted that throughout the COVID-19 pandemic all governance forums have reduced activity and frequency of meetings. A series of Partnership-wide forums established to provide leadership and management throughout this period have captured key risks and challenges and ensured ongoing management and support as required. One of each of the CCPG Group and Forum were cancelled during this period. Normal frequency for these groups has now been re-established.

4.2.3 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 arises from all Local Adverse Event Reports (LAERs), Significant Adverse Events Reports (SAERs), Significant Case Reviews (SCRs), Case Reviews, Scottish Public Sector Ombudsman (SPSO) reports and review all risks recorded on the DHSCP Datix risk register on a two monthly basis. In addition, the Forum and Group review all action plans and implement the dissemination of learning that arises from all inspection reports and standards, guidelines and relevant legislation.

4.2.4 The Huddle reviews all adverse events reported on Datix and ensures that themes and learning are identified and discussed at the CCPGF and CCPGG.

4.2.5 The following table sets out the reporting arrangements for the DHSCP:

	CCPGF	CCPGG	CQF
Scorecard	Full	Exceptions (from scorecard)	Persistent Exception (Three Reports) Exceptions affecting multiple teams Level of Risk (High)
Datix Themes / Action Taken	All Service Reported and themed	Exceptions (Individual/Themes)	Persistent Exception (Three Reports) Exceptions Affecting Multiple Teams Level of Risk (High)
Red Events	All for service	All	Overview – themes/numbers
LAER/SAER/SCR	All reported and learning shared	High Level Summary	Exceptions Organisational Learning Organisational Risk
Complaints (and SPSO)	All – learning shared	Quality Report highlighting numbers/service areas/themes	SPSO Numbers Organisational Learning
Risks	All for service	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 prioritised when required	Organisational Impact
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4.2.6 The DHSCP Clinical Director is required to provide information to both Performance and Audit Committee and the CQF in order that both organisations can achieve assurance as to the matters of CCPG within the Partnership. This report covers the period up to July 2020.

4.3 Assessment

4.3.1 DHSCP continues to review the processes for clinical, care and professional governance in order to ensure processes and scrutiny are of a level which can provide the required assurance. A number of elements of governance are working well across the Partnership with the development of the Primary Governance Groups becoming established and feeding in enhanced quality of assurance to the CCPG Group.

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

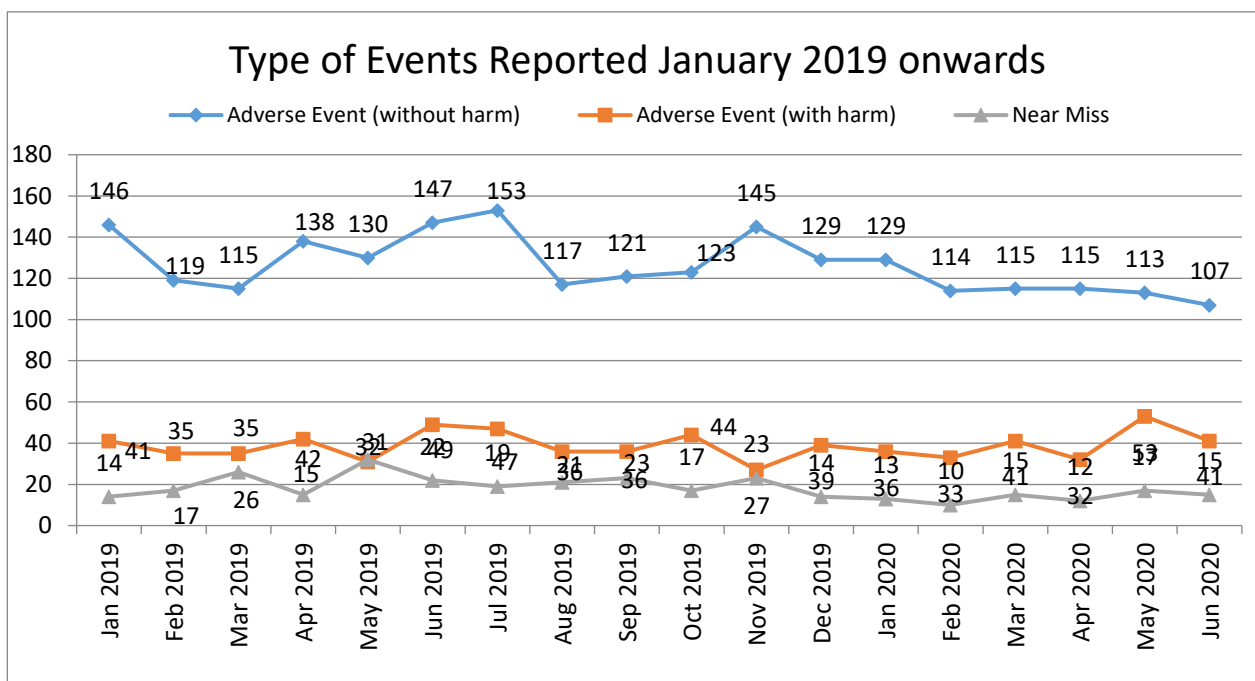
4.3.3 To support social distancing, the CCPG Group now meets via Microsoft Teams. These have been very positive meetings and the format continues to work well for participants.

4.4 Adverse Events Report

4.4.1 The following tables present adverse event data for DHSCP from the Datix system. It is recognised that Datix is predominately used by Health staff within the DHSCP and therefore the numbers may not reflect all the adverse events that have occurred. Work is underway to develop the use of Datix across all Partnership staff.

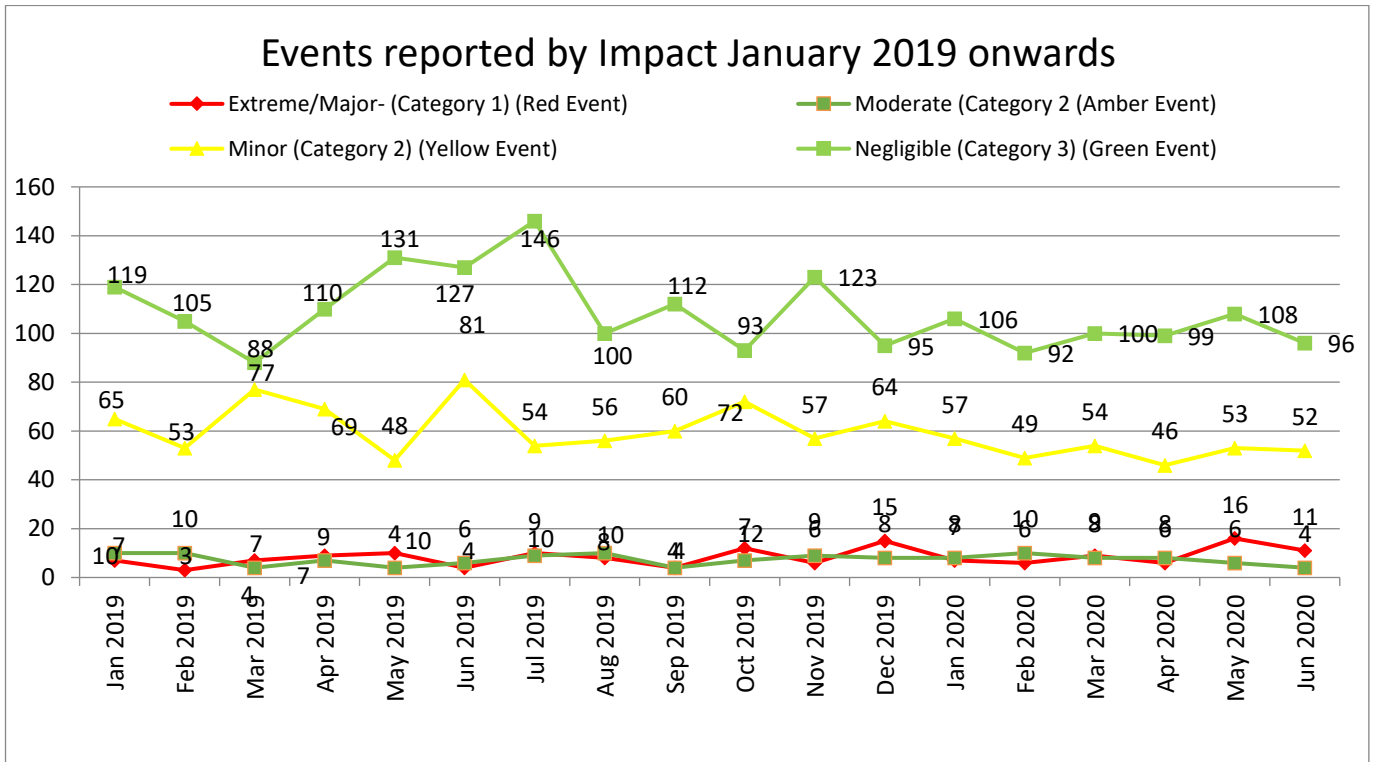
The following graph shows the types of adverse events reported through Datix from 1.1.2019 to 30.6.2020.

Graph 1



The following graph shows the adverse events reported by impact from 1.1.2019 to 30.6.2020.

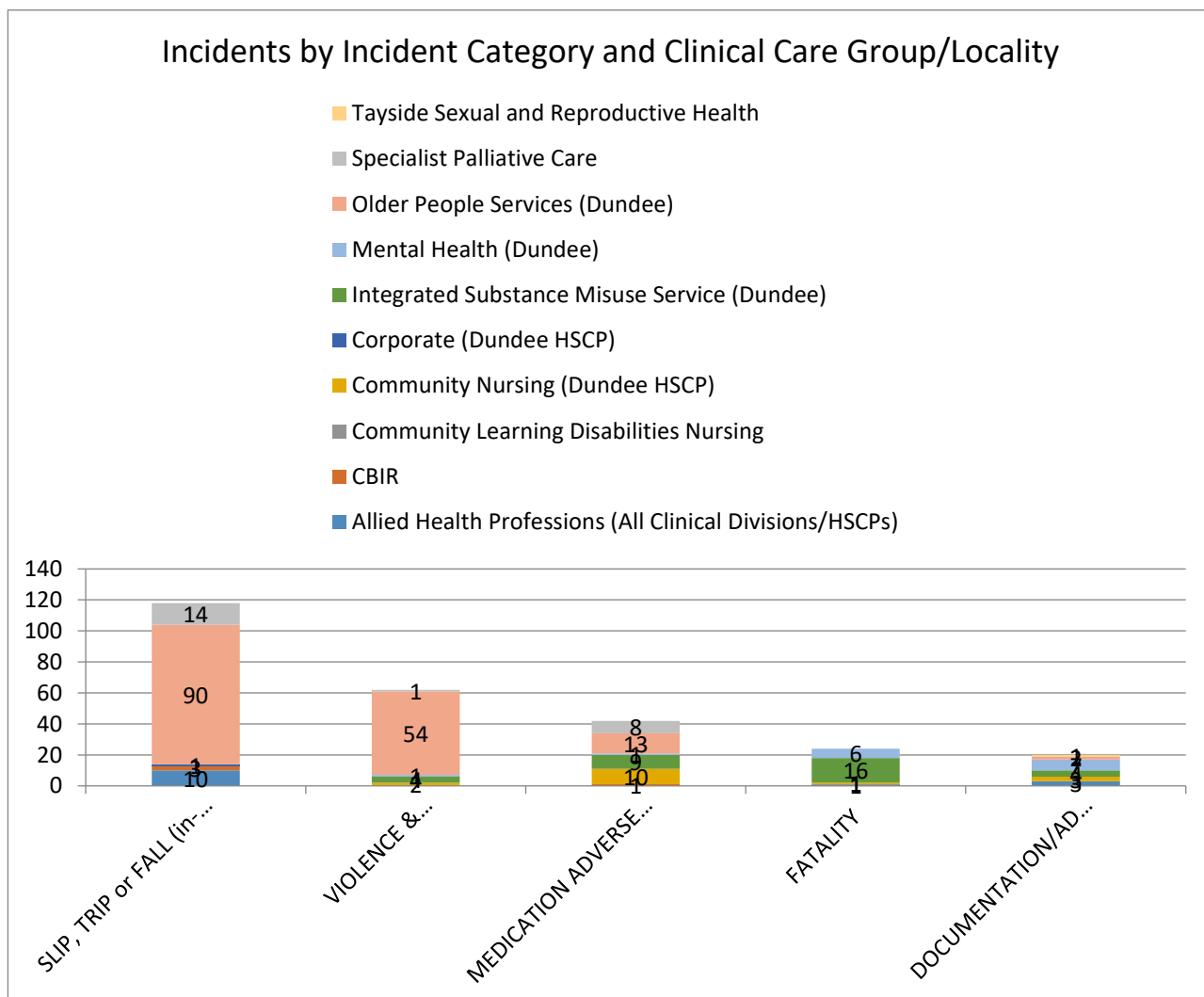
Graph 2



These graphs show a reduction in adverse events without harm over the past five months. They also show a slight increase in adverse events with harm over the same period, especially the last two months. This is explored further in the graphs below.

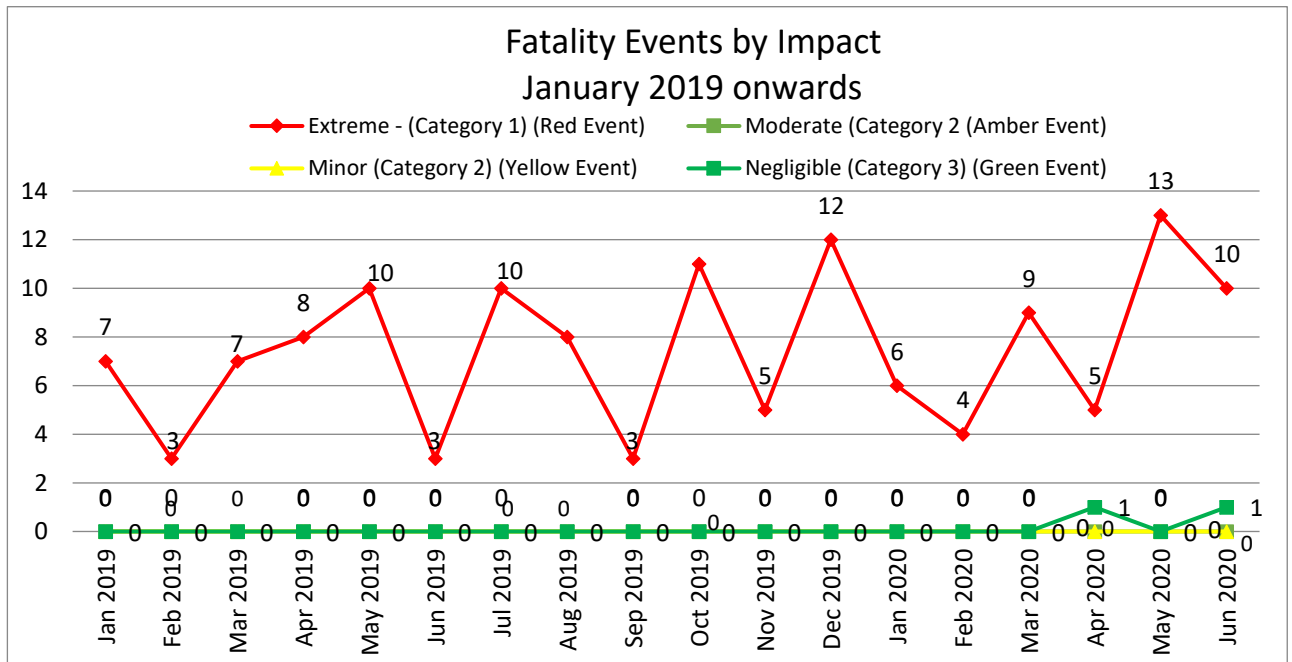
4.4.2 The following graph shows the top five categories reported between 1.5.2020 and 30.6.2020 by service. The top five categories are Slip, Trip or Fall (inpatients only) (117 incidents); Violence and Aggression (62 incidents); Medication Adverse events (42 incidents); Fatality (24 incidents); and Documentation/Administration (20 incidents).

Graph 3



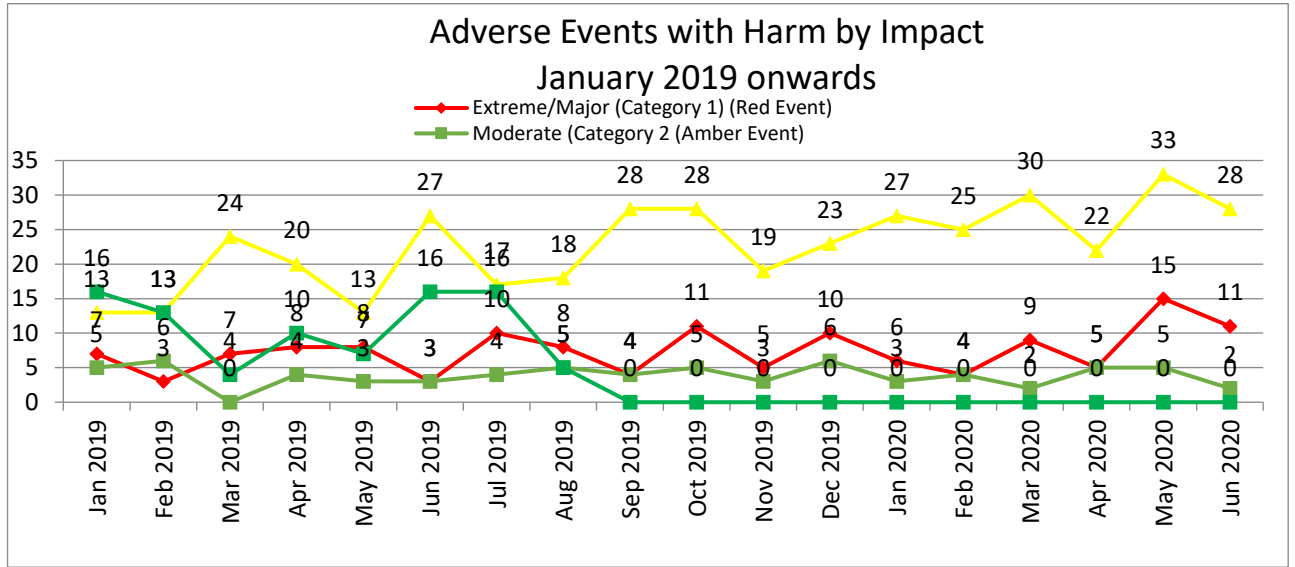
- 4.4.3 A review of the fatalities has been conducted across the Integrated Substance Misuse service to identify why there was an increase in fatalities and to explore if COVID-19 may have been a contributory factor. The review concluded that the patterns and reasons for these incidents correlated with previous months and determined that it does not appear as though COVID-19 has had a direct impact. This will continue to be closely monitored.
- 4.4.4 Slips, trips and falls continue to be the highest reported incident. Within this, Kingsway Care Centre had noticed an increase in slips, trips and falls and have undertaken a review of incidents, risk assessments and management of falls within the Centre.

Graph 4



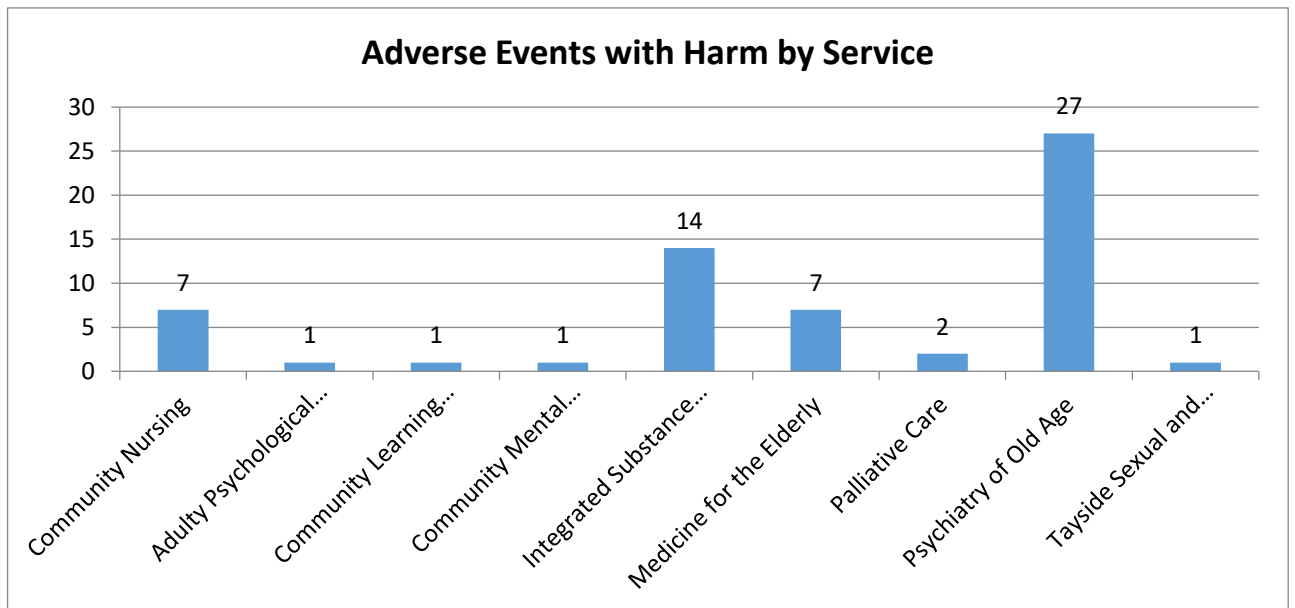
- 4.4.5 There were 24 fatalities reported within the time period. 16 of the fatalities were reported by the Integrated Substance Misuse Service; 5 by Community Mental Health Services; 1 by Community Learning Disability Services; 1 by the Eating Disorder Service; and 1 by Community Nursing. 13 of the fatalities were reported as suspected drugs-related deaths; 8 as unexpected/trauma-related death; 1 as suicide (confirmed) and 2 as expected deaths. There have been no reports of never events, 2222 calls or unintentional weight loss during this reporting period.
- 4.4.6 There has been one adverse event reported that has been identified as triggering the Statutory Duty of Candour within the time period. Following review of this incident with support from the clinical governance team it has been determined that this incident did not trigger the statutory duty of candour. Therefore, there have been no incidents triggering the statutory duty of candour in this reporting period. There were 94 adverse events with harm reported within the time period.
- 4.4.7 34 of the adverse events with harm were reported under the 'slip, trip or fall' category. The next most frequent categories reported were fatality (22 events); accident (10 events); violence and aggression (7 events); and medication adverse event (5).

Graph 5



The following chart shows the distribution of adverse events with harm by service.

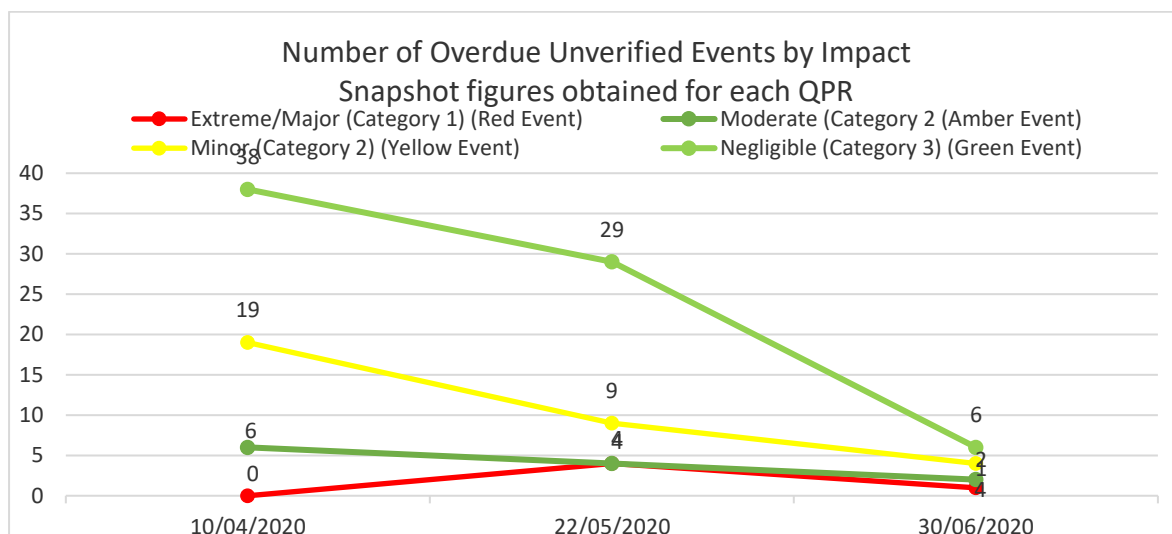
Graph 6



4.5 Overdue Unverified Events

4.5.1 These are the overdue adverse events that have not been verified within 72 hours of reporting, as outlined in the Adverse Event Management Policy. The number of overdue unverified records at the time of extracting the data on 25.5.2020 was 13. This is a reduction from the last reporting period, when there 46 overdue unverified events.

Graph 7



The table below summarises the number of overdue unverified adverse events by service and year.

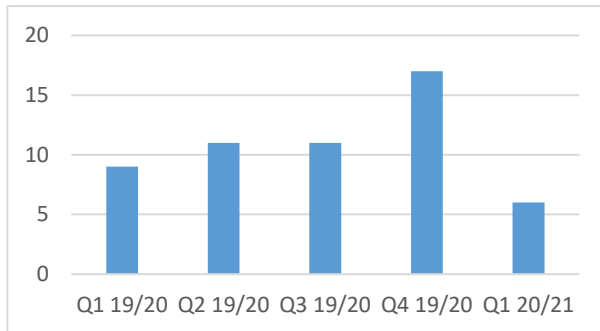
Service	Overdue from 2019	Overdue from 2020	TOTAL
Community Mental Health Services	-	2	2
Integrated Substance Misuse Service	2	5	7
Medicine for the Elderly	-	2	2
Palliative Care	-	1	1
Psychiatry of Old Age	-	1	1
TOTAL	2	11	13

4.6 Overdue Verified Events

4.6.1 These are adverse events that have been verified but not completed within the timescales outlined in both the “National Framework for Learning from Adverse Events Through Reporting and Review” and the local Adverse Event Management Policy. The number of overdue verified events at the time of extracting the data on 25.5.2020 was 187. This is a decrease from the last report, when there were 210 overdue verified events. Additional resource has been secured within the Mental Health Service to support management of overdue adverse events.

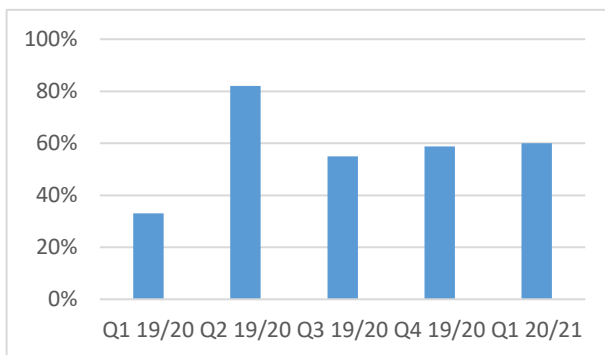
4.7 Complaints

SC Number of Complaints Received



Quarter 1 20/21 has seen a large drop in the volume of social care complaints received which could be down to the fact that for much of this quarter the country as a whole was in lockdown.

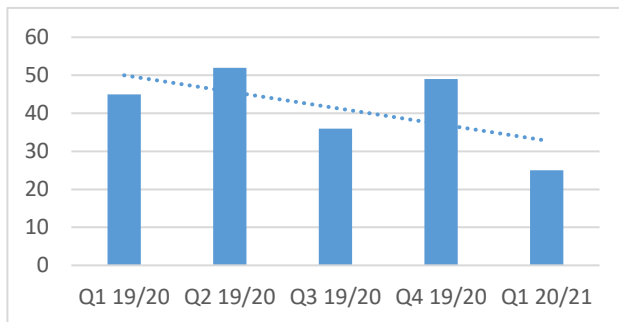
SC Closed Within Timescales



This has remained steady for the last three quarters with getting complaints resolved within the timescales.

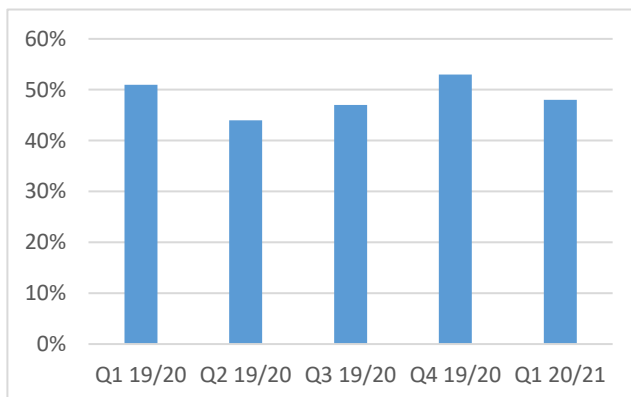
Within Q1 the two complaints that breached; one was closed after 40 days as an enquiry rather than a complaint. The second one was a complex complaint that was completed 11 days outside the target.

Health Complaints Received



There were 25 health complaints logged in quarter 1 with 20 being frontline resolution stage 1 and five progressing to a stage 2 investigation.

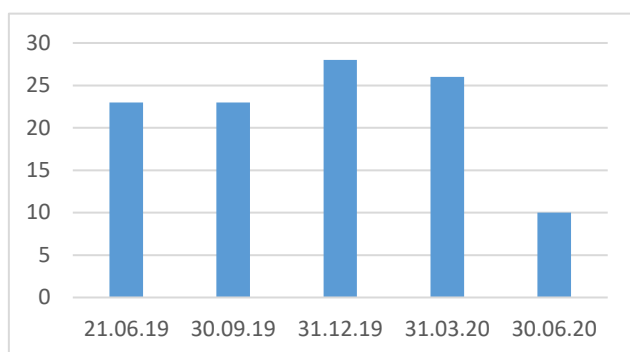
Health Complaints Closed Within Timescales



The number of complaints being closed within timescale has decreased slightly in Q1.

A new staff member has now been recruited to the complaints team so this should see an improvement in these figures for Q2.

Health Complaints Open



The volume of open complaints has decreased, however there have been some complaints which have been open for a significant period.

There are a variety of open complaints with no key themes standing out as a particular problem area. There are a small number of complaints regarding the lack of psychiatrists and this is a known issue currently being reviewed.

4.8 Quality/ Patient Care

- 4.8.1 Mobilisation plans are currently being drawn up to ensure a seamless, safe return to services once they are able to begin to operate again. A number of advice lines and mobile applications are being / have been developed to support service delivery and safety of staff and public.
- 4.8.2. Rehabilitation is critical to ensuring our population's recovery from the impacts of the pandemic and for the long-term sustainability of the health and social care system. Allied Health Professionals (AHPs) are at the centre of shaping the rehabilitation agenda while working as part of the wider multidisciplinary and multiagency teams across all sectors. This collective approach is necessary as we anticipate an increase in the need for rehabilitation across four main population groups:
1. People recovering from COVID-19, both those who remained in the community and those who have been discharged following extended critical care / hospital stays
 2. People whose health and function are now at risk due to pauses in planned care
 3. People who avoided accessing health services during the pandemic and are now at greater risk of ill-health because of delayed diagnosis and treatment
 4. People dealing with the physical and mental health effects of lockdown

It is essential that the requirement for rehabilitation is built into future plans alongside the reintroduction of planned care to ensure all the work undertaken throughout the acute phase of COVID-19 is not lost.

4.8.3 Inspection Reports

Health Improvement Scotland visited all four wards in Royal Victoria Hospital late July 2020. The team had a combined focus of Safety and Cleanliness and Care of Older People in hospital. The verbal feedback was positive for the most part, stating that all patients were treated with dignity and respect, all patients appeared well cared for and all interactions seen were positive. Challenges were noted in relation to assessment and documentation. When talking to staff they reported feeling well supported throughout the pandemic, talking about visible leadership and whilst the information was frequently changing they felt that they were kept up to date and that people were doing the best they could in the situation. The full written report will be available in September 2020.

4.9 Workforce

4.9.1 Staff Wellbeing - Staff Musculoskeletal (MSK) Service

AHPs across Tayside have reinstated the staff MSK service for any member of staff suffering with MSK complaints as a result of a change in their work environment or work practices during COVID-19. Physiotherapists, occupational therapists and podiatrists continue to support this service. Staff Review COVID-19 – “A Qualitative Exploration of Physiotherapists and Occupational Therapists’ Perceptions of Redeployment during the 2020 COVID-19 Pandemic within Ninewells Hospital and Royal Victoria Hospital”. This work was undertaken by a senior staff member (recently retired and then employed to support COVID-19) to explore staff perceptions relating to redeployment. The learning and recommendations from this report have been shared with staff across the Partnership.

4.9.2 Community Nursing Service

Dundee District Nursing Service continues to face significant challenges in the growth of demand for nursing assessment, care planning and care delivery. Key challenges include shift in care provision from hospital to home, people living longer, people presenting with multiple complex conditions and frailty resulting in the demand for district nursing services increasing at a significant pace.

4.9.3 Data validated in May 2019 using the National Nursing and Midwifery Workload Workforce Planning tool indicated that an increase of 24 WTE Band 5 Registered (staff) nurses was required in addition to the current established District Nursing workforce to meet demand. Measures were agreed with DHSCP Senior Management team to address these workload issues in November 2019. The recruitment to an additional 5.0 WTE band 5 Staff nurse posts within the Service was completed in May 2020. It is also anticipated that changes in service delivery will produce efficiencies and release capacity. It is difficult to evaluate the effectiveness of these measures at this time due to the additional pressures put on the service during the current pandemic.

4.9.4 District Nursing is also tasked with the implementation of major changes in service delivery in response to the NHS Scotland “Transforming Nursing, Midwifery and Health Professions’ Roles: Paper 3 – The district nursing role in integrated community nursing teams” which describes the refocused role of the district nurse. It is anticipated that investment will be required to progress this, and a Tayside paper is to be submitted to the three HSCP as well as NHST Nurse Directorate requesting support for this. The District Nurse Management Team continue to monitor service staffing and time out and implement measures to support safe staffing using the agreed DHSCP District Nursing Service Escalation Plan.

4.10 Financial

4.10.1 DHSCP continues to monitor additional expenditure as a result of COVID-19.

4.11 Risk Assessment/Management

4.11.1 Post COVID-19 Infrastructure

Services are now beginning to focus towards business as usual models of care balanced alongside COVID-19-based services. A number of risks and challenges have been highlighted around this including:

- Accommodation

A number of factors are contributing towards limited availability of space for staff to work in and deliver services. These include the closure of a number of buildings, new services being established that have displaced existing services (i.e. community assessment hub and the COVID-19 testing team) and new guidance around social distancing. Factors being considered to address this across DHSCP include flexible working, working from home, seven day working, remote working and screening work stations. A number of staff who previously worked in the community are now largely office-based, so the already high demand for desk space has significantly increased. The offices at Claverhouse are due to reopen in the near future and this will help to alleviate some of the current pressures.

- Remote Access

The development of remote access between patient and staff must be viewed as a positive step forwards post COVID-19. It is essential that existing infrastructure is built upon to ensure this remains a viable option long term for service delivery. Access to appropriate hardware, including laptops, desktops, webcams, headsets and appropriate software/systems access to support the range of contacts required to best provide patient care, is essential. Where needed, a variety of modes of interaction will be utilised to support activities such as education sessions, gym classes and multi-disciplinary meetings. It is essential that NHS Tayside is able to provide the required speed of access to allow videoconferencing for both staff meetings and patient interactions, across seven days.

4.11.2 Flu Immunisation

There will be a broader cohort requiring flu immunisation this year and the DHSCP have commenced planning to ensure the wider availability of staff to support the provision of immunisation to both staff and patients.

4.11.3 DHSCP Infection Control Group

The Lead Nurse is progressing the setting up of this Group which will provide assurance on infection prevention and control. This group will report into the DHSCP Clinical, Care and Professional Group and the NHS Tayside Infection Prevention and Control Committee. The first meeting is due to be held on 9 September 2020. Structure of the oversight required and the terms of reference have been developed. It is a Partnership group and will include all aspects of the Partnership services.

4.11.4 Care Homes

The enhanced oversight for care homes continues with a daily review of status, staff asymptomatic testing and surveillance testing. There are currently no homes in Dundee with an outbreak of COVID-19. There is one home at Amber status; however, this is not for a COVID-19-related reason. All care home visiting plans have been signed off by Public Health.

4.11.5 Risk Register

There are 31 risks recorded on Datix. 29 of these risks currently have outstanding actions against them. 6 have an inactive manager or owner, where the individuals named have left the organisation. 16 of them have no planned controls documented. 13 have outstanding actions past their due date and 15 have overdue risk reviews. All managers have been tasked with a comprehensive review of the risks to ensure these are updated prior to the next CCPG Group meeting.

4.11.6 Royal Victoria Hospital (RVH) and Kingsway Care Centre Environments

Neither RVH nor Kingsway Care Centre environments are fit for purpose. RVH in particular presents challenges and, whilst efforts have been made to mitigate risk, this impacts on the health and safety of staff, infection control and patient care. It would take significant investment to make the building fit for purpose and a decision has been taken to develop a replacement. The Reshaping Non Acute Care Programme which is looking at a replacement has not been able to make progress during the COVID-19 period. A project team now needs to be identified to develop an Initial Agreement. It is unlikely that this can be resourced from existing staff and other options need to be explored.

4.11.7 Maryfield Health Centre

The lease of Maryfield Health Centre is currently held by the partners of the former GMS practice. NHS Tayside now manages the practice under a 2C arrangement and has a licence to occupy that will shortly expire. A short life working group led by Bill Nicoll and working with representatives of the HSCP, Property and Primary Care Departments developed an options appraisal for the premises and those services that use them, which had a recommended preferred option that NHS Tayside assume the lease and continue the practice as a 2C practice, with the potential to review if the practice could become independent again in the future. NHS Tayside Board accepted this preferred option and processes are in place to ensure this can be legally agreed by the end of the lease extension period.

4.11.8 Mental Health Psychiatry Services

Ensuring the provision of safe, effective and person-centred Psychiatry resources across Community Mental Health services in Dundee continues to be a significant challenge. At present there are four locum Consultants working full time across Dundee. Their activity covers two CMHTs, the Assertive Rehabilitation Team, Recovery@Dundonald and our recently introduced Mental Health Discharge Hub. There remains no dedicated Psychiatry cover for the Tayside Adult Autism Consultancy team - this has been the position for approximately a year. The introduction of Saturday clinics earlier this year has served to mitigate the risk related to longstanding shortages in Psychiatry cover and the effects of this i.e. a large number of people who have been waiting for some time to be seen by the service. Other measures introduced to deliver more timely access and the quality provision of mental health services include the establishment of more stable locum Consultant cover across the Service, maximisation of opportunities for other professional disciplines to undertake assessments and the establishment of nurse-specific clinics. It is envisaged that additional measures such as the Saturday clinics will require to be in place for some time if safe and effective services are to be delivered, this at the same time as new pathways / models of support are introduced.

4.11.9 Equality and Diversity including Health Inequalities

The full impact of COVID-19 on health inequalities is yet to be determined. Health inequalities are known to be a challenge across Dundee and the following areas will need further consideration and action over the coming weeks to mitigate the possibility of growing inequalities in the coming months:

- Potential increase in presentation of mental health issues associated with COVID-19 recovery, impact of social isolation, bereavement, loss of employment and increased poverty
- Potential increase in those misusing substances

- Potential increase in Protecting People concerns
- Potential increase in domestic violence
- Impact on physical health including the effect of increased poverty

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

8.1 None

David Shaw
Clinical Director

DATE: 11.09.2020

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

Matthew Kendall
Lead AHP

