ITEM No …8…….…..

Dundee Health & Social Care Partnership

REPORT TO:	**PERFORMANCE & AUDIT COMMITTEE – 23 NOVEMBER 2022**
REPORT ON:	**DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE ASSURANCE REPORT**
REPORT BY:	**CLINICAL DIRECTOR**
REPORT NO:	**PAC31-2022**

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 NHS Scotland 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 September 2022.

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 in 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

a. Clinical and Care Risk Management

a.1 The table below shows the top 6 risks in the Dundee HSCP.

Title of Risk	Priority Level	Inherent Risk Score (without controls)	Current Risk Score (with current controls in place)
Increasing patient demand in excess of resources –DDARS	1	15	25
Risk that current funding would be insufficient to undertake the service redesign of the DDARS	1	20	20
Insufficient numbers of DDARS staff with prescribing competencies	1	25	16
Lack of resource to deliver the benzodiazepine dependence pathway compliant with guidelines	1	20	16
Negative media reporting increasing reputational, clinical and safeguarding risk	1	25	25
Lack of qualified district nurses within Dundee HSCP	2	16	16

Five of the top six 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.

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.

Recent band 5 recruitment saw the withdrawal of all candidates following publication of the Dundee Drugs Commission Report. Internal and external recruitment to this service are increasingly challenging with prospective employees indicating that negative perception of service influences career choices.

Staff morale remains very low. Staff are frequently moved within service to provide cover for absence of staff which has a significant impact on their job satisfaction.

A senior service manager role has been interviewed for to enhance to local leadership for this team and provide support to the two integrated 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.

Reduction in medical staff has increased the risk due to long-term absence and vacancies. Current medical staff is one consultant and one higher trainee. 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.

Consultants also participate in various service and organisation level meetings. Consultants also provide cover to Services like Drug Testing and Treatment Order (DTTO), New Beginnings, Children and Families Team and it is increasingly difficult to fulfil all of these obligations.

Mitigation: Locum medical staff are being sought to cover; there is ongoing advertising/recruitment of vacancies. An SBAR has been developed relating to current staffing risks.

a.2 <u>Lack of available resource to deliver the benzodiazepine-dependent pathway</u>

Many people dying in drugs deaths who are open to DDARS have etizolam present in the PM toxicology. DDARS does not have access to the resources in the community or a stabilisation inpatient facility to deliver prescribed diazepam detoxes.

Clinical risks, including overdose, could be increased by reduced access to prescribed diazepam withdrawals caused by:

- a lack of capacity / staffing resource to monitor for respiratory depression and substance use
- a lack of staffing resource for structured psychological interventions
- biochemistry drug screening not delivering results for substances commonly causing harm in a clinically useful timescale.

The team are currently working towards:

- identifying the model and resources required for residential rehabilitation
- agreeing the multiagency resources required to implement the benzodiazepine pathway
- identifying the minimum resources required for DDARS to manage patients dependent on benzodiazepines in the community.

a.3 <u>Lack of qualified district nurses within Dundee HSCP</u>

The Dundee District Nursing Service has lost a significant number of registered staff over recent months. Three additional staff members have indicated they plan to retire from March 2023. This would leave the service with seven appropriately qualified band 6 nurses across the service in an establishment of 23wte.

This has the potential to place the service at significant risk of operating without sufficient leadership and being unable to deliver safe, high quality care.

The service has put a number of measures in place to mitigate this current risk and to support ongoing development of staff and the delivery of safe, high quality care. These include:

- Employment of trainee district nurses at band 6, a total of seven posts currently.
- Collaborative work with staff to support retention, following period of job evaluation review.
- A Tayside-wide group is reviewing job descriptions at band 5-7 to ensure a Tayside-wide common job description, which will support equitable recruitment to these posts.
- Communication with colleagues across NHS Tayside to plan for support as required.
- A band 7 Team Lead, who has District Nursing experience in the teams at band 6, has been recruited and is due to commence in October (external candidate).
- Consideration is being given to short term contracts for a small number of experienced band 5 nurses in March, as required.

At the current time the service is able to safely deliver high quality care with the mitigations currently in place. The retention and training of the trainee district nurses is critical in ensuring ongoing service delivery throughout 2023. Should the service not be able to retain and adequately train these staff, there will be a risk to delivery of safe care, a risk to the health and wellbeing of existing staff and a risk to supporting patient flow into the community due to lack of service provision.

a.4 <u>Staff Resource</u>

Staff availability continues to be a significant pressure across a wide range of teams and professions within the HSCP. This is managed well on a day to day basis and support is provided between teams, between HSCPs and across professional boundaries as required. This is not sustainable in the long term and staff are increasingly reporting fatigue and impacts on their wellbeing. This links to strategic risk HSCR00b1 which describes the risk across a range of staff groups and the control measures including the development of new models of care, organisational development strategy, service redesign and the ongoing development of the workforce plan.

The mental health services have a range of activities to support recruitment, these include: they are currently developing a financial framework to deliver advanced practice in non-medical consultant

roles, they have a workforce group that is exploring recruitment strategies, they have a standing advert in place for all grades of medical recruitment, are participating in 'Once for Scotland' recruitment drives within psychological therapies and are expanding the Mental Health Officer (MHO) workforce as this is one group where recruitment is less challenging at this time.

The Director of Psychology post was recently re-advertised and a candidate has been recalled for a second interview on 18 November. This post has been advertised a number of times without success.

a.5   Pathways of care – Risk 1113

Risk 1113 relates to pathways of care that are either absent or underdeveloped. The service has a number of mitigations in place which includes the following:

- Dundee Mental Health and Wellbeing Strategic and Commissioning plan in place
- Whole system change programme is in place identifying key clinical pathways for development across the six project areas (Good Mental Health for All; Primary & Community Mental Health; Specialist Adult Mental Health; Children & Young Peoples Mental Health; Learning Disabilities & Mental Health; and Older Peoples Mental Health)
- Leads are in place for five project areas with programme support
- Perinatal and Infant Mental Health Implementation Group in place
- Crisis Care Workstream Group in place
- Adult Neuro Developmental Workstream Group in place
- Early Intervention in Psychosis Implementation Group in place

b.   Clinical & Care Governance Arrangements

b.1   The arrangements for 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 form the following services:

- Nutrition and Dietetics
- Acute and Urgent Care
- Care Homes
- Community Services
- Drug and Alcohol Recovery Service
- In Patient and Day Care
- Mental Health and Learning Disability Services
- Psychological Therapies
- Health Inequalities

b.2   The Clinical, Care and Professional Governance Forum also met in October 2022, receiving a masterclass in Infection Prevention and Control from the Lead Nurse and Infection Control colleagues. Exception reports were presented across a range of services including:

- Community Nursing
- Out-Patient Physiotherapy and Occupational Therapy
- Psychiatry of Old Age In-Patients
- Psychiatry of Old Age Community
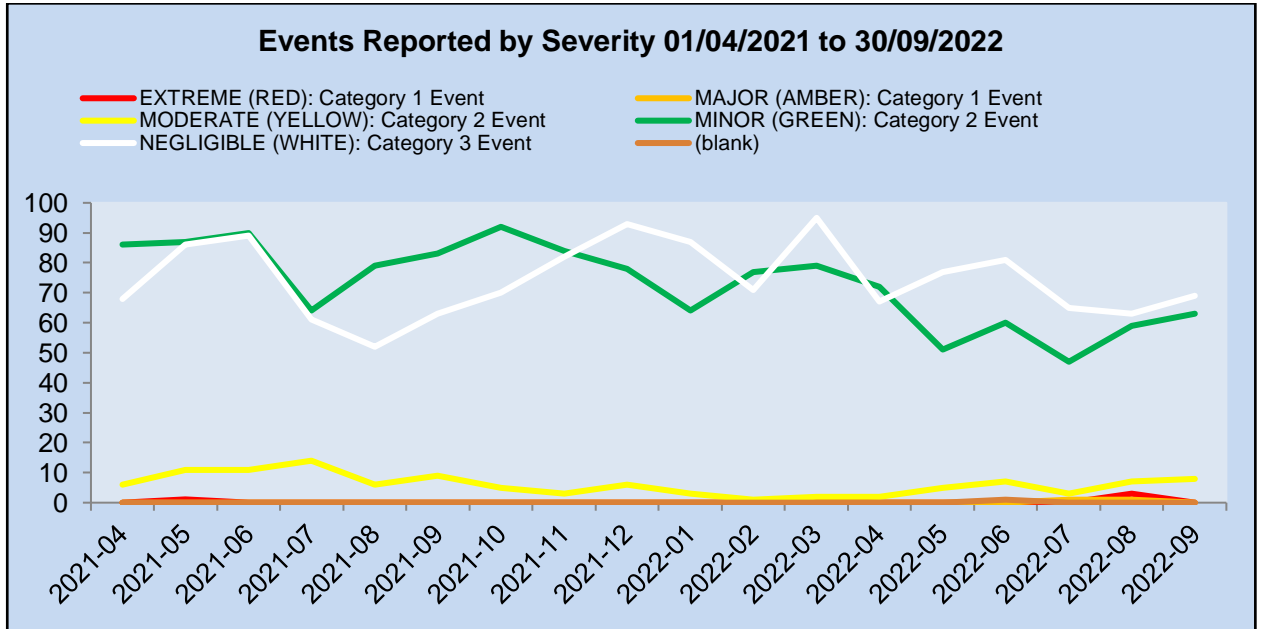- Specialist Palliative Care
- Medicine for the Elderly

b.3   Lead Partners Services

Each HSCP is a Lead Partner for a number of services. These services report through to the Clinical, Care and Professional Governance Forum/Group for that HSCP. At the Clinical, Care and Professional Governance Forum/Group, the Lead Partner Service reports receive the appropriate level of scrutiny. Systems and processes are being established to ensure that all three HSCPs receive copies of reports from other Lead Partner Services to support integration and effective whole system working. Where concerns are identified there are systems in place to escalate and discuss – for example concerns raised with Nutrition and Dietetics (hosted in Dundee), Speech and

Language Therapy (hosted in Angus) or Podiatry (hosted in Perth & Kinross) would be taken to the Allied Health Professions Leads Meeting or the Allied Health Professions Executive Governance Group Meeting for discussion, with subsequent mitigation being included in future reports.
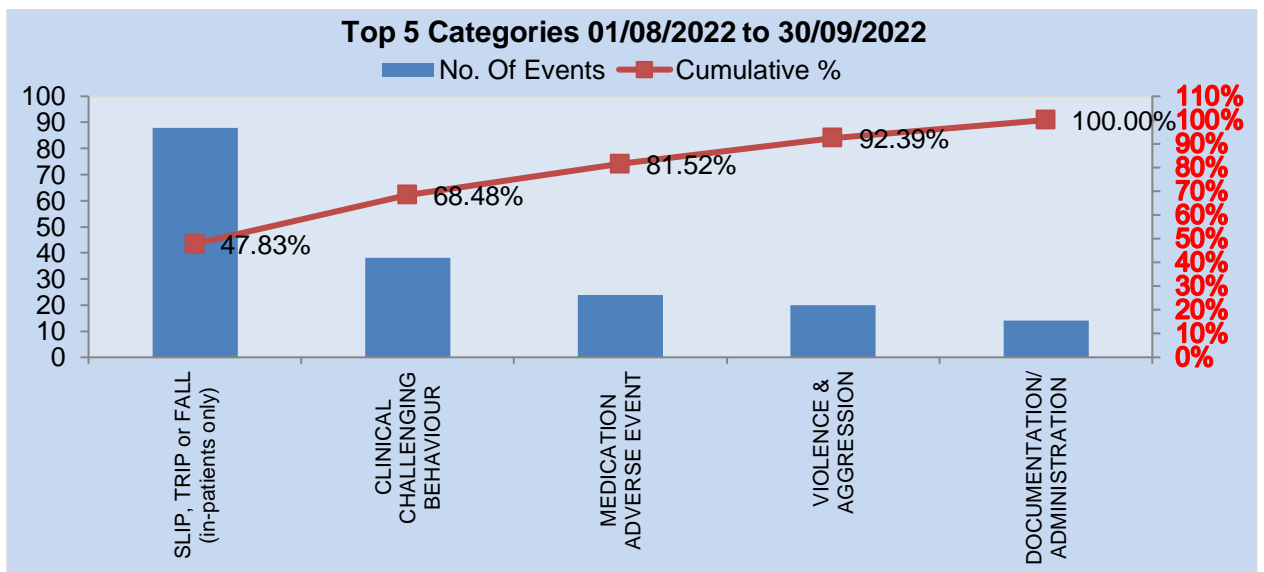
c. Adverse Event Management

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

Events Reported by Severity 01/04/2021 to 30/09/2022

EXTREME (RED): Category 1 Event   MAJOR (AMBER): Category 1 Event
MODERATE (YELLOW): Category 2 Event   MINOR (GREEN): Category 2 Event
NEGLIGIBLE (WHITE): Category 3 Event   (blank)

This shows an increase in minor, negligible and moderate adverse events and low numbers of events that were major or extreme.

The overall numbers have reduced over the past six months, in particular within our Psychiatry of Old Age settings where staff report there are significantly fewer patients admitted who are responsible for multiple adverse events.

c.2 The following graph shows the Top 5 categories reported between 01/08/2022 and 30/09/2022. These categories account for 184 of the 272 events (68%) reported within the time period.

Top 5 Categories 01/08/2022 to 30/09/2022

No. Of Events   Cumulative %

47.83%   68.48%   81.52%   92.39%   100.00%

SLIP, TRIP or FALL (in-patients only)   CLINICAL CHALLENGING BEHAVIOUR   MEDICATION ADVERSE EVENT   VIOLENCE & AGGRESSION   DOCUMENTATION/ ADMINISTRATION

<u>Slips, Trips and Falls</u>

c.3 The following table shows the number of slips, trips and falls (In-patients only) by location. The areas with the highest number of falls were Ward 8 Royal Victoria Hospital (RVH) (18), Ward 3 Kingsway Care Centre (KCC) (18), Ward 6 RVH (9) and Ward 7 RVH (8).
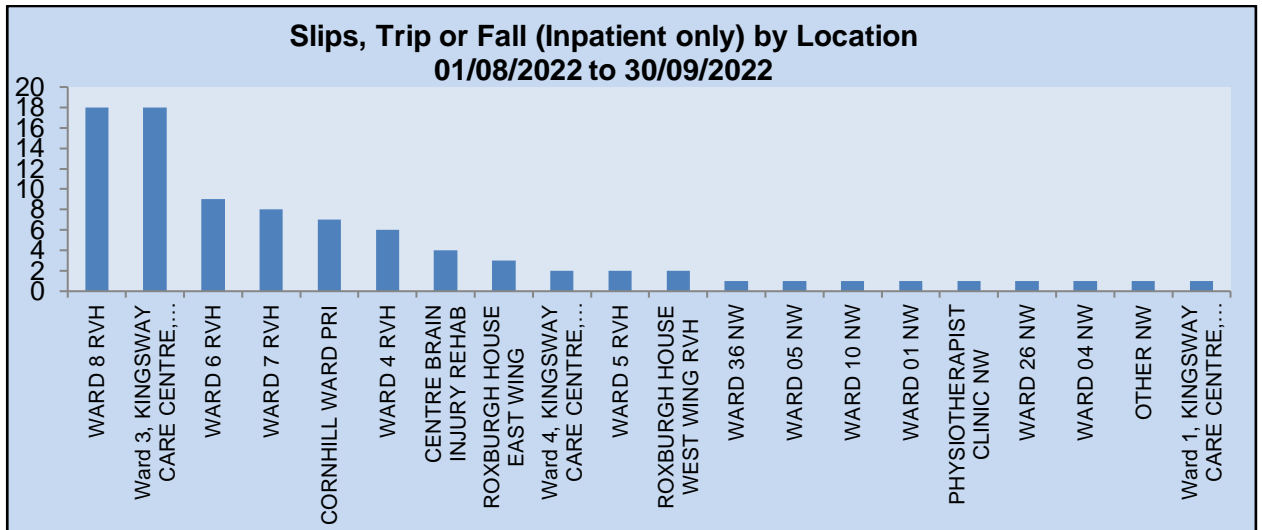

c.4 The chart below shows the type of events reported. Of the events, 60 are reported as adverse events (without harm) and 27 are reported as adverse events (with harm). Reviews are conducted following all falls. The levels of harm remain low with reports indicating harm in the form of bruising, skin flaps and discomfort. No patients required transfer for escalation of care following falls in this reporting period.
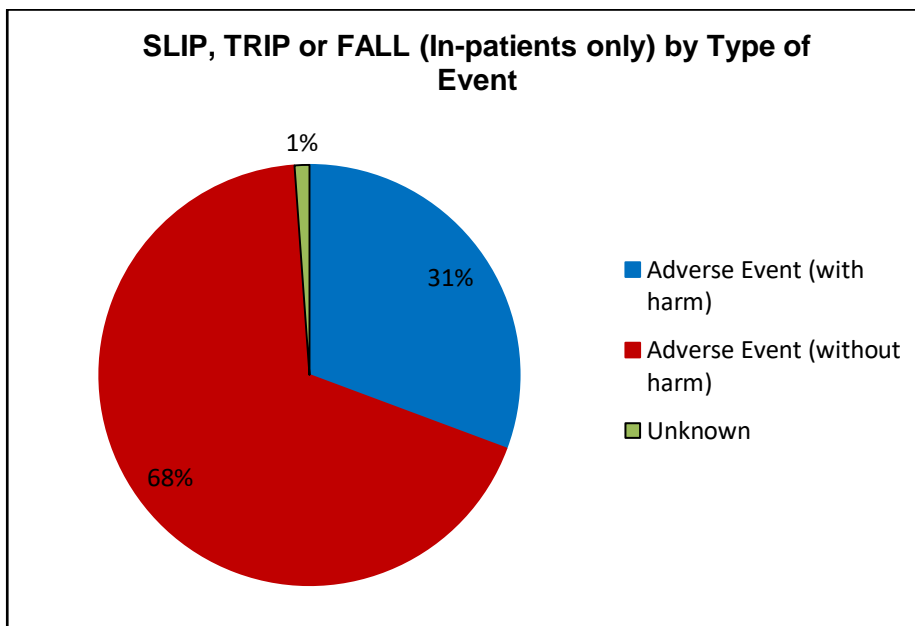
<u>Medication Adverse Events</u>

c.5 There were 24 events reported between 01/08/2022 and 30/09/2022.

**Medication Adverse Events by Location
01/08/2022 to 30/09/2022**
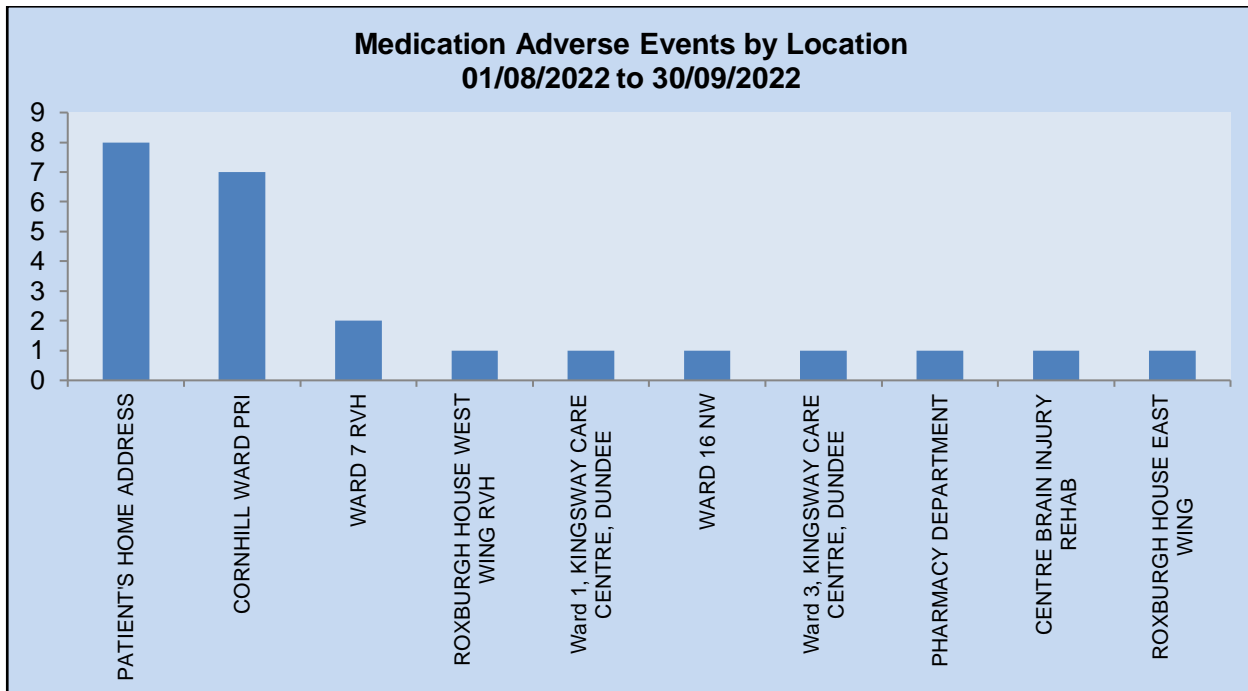
Medication adverse events continue to be monitored within Community Nursing and Palliative Care services as has been noted in previous reports. There are no significant concerns in relation to poor practice or patterns of presenting adverse events. The Palliative Care teams are working closely with Pharmacy and prescribing colleagues to support new staff in the ward environment. Community Nursing colleagues continue to explore systems to support work allocation and electronic patient records to enhance efficiencies.

Clinical Challenging Behaviour and Violence and Aggression

c.6   We have seen an increase in more accurate reporting of these events over recent months, although ongoing work is required to sustain this. The majority of both event types are reported through Psychiatry of Old Age Services with evidence of person-centred care provided during these events and positive management and support for staff involved.

The graph below shows both violence and aggression and clinical challenging behaviour adverse events.
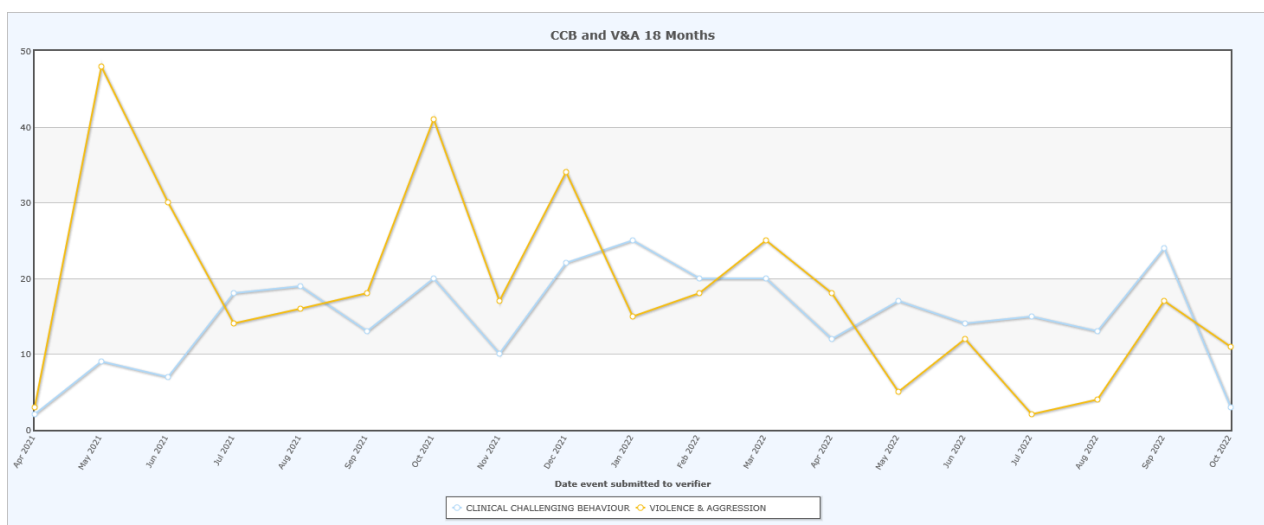
c.7   The table below shows the remaining event categories reported during this period.

Other Event Categories 01/08/2022 to 30/09/2022
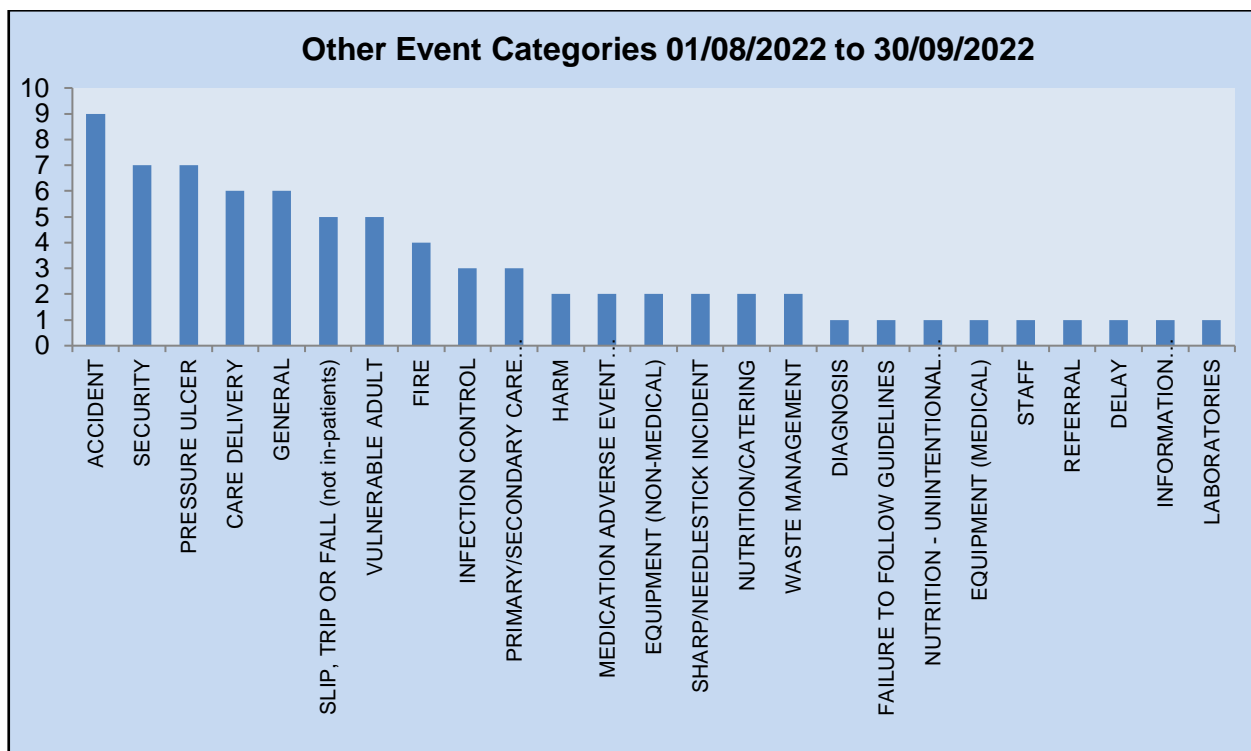
There is a broad range of 'other' incidents as can be seen on the table above. The weekly Governance Huddle continues to provide oversight to these incidents. It is clear that teams are taking the time to review incidents and take appropriate actions to address. This includes examples of pressure ulcer care from outwith our services that required escalation and a number of vulnerable adult situations that have been well managed and supported through adult support and protection teams.

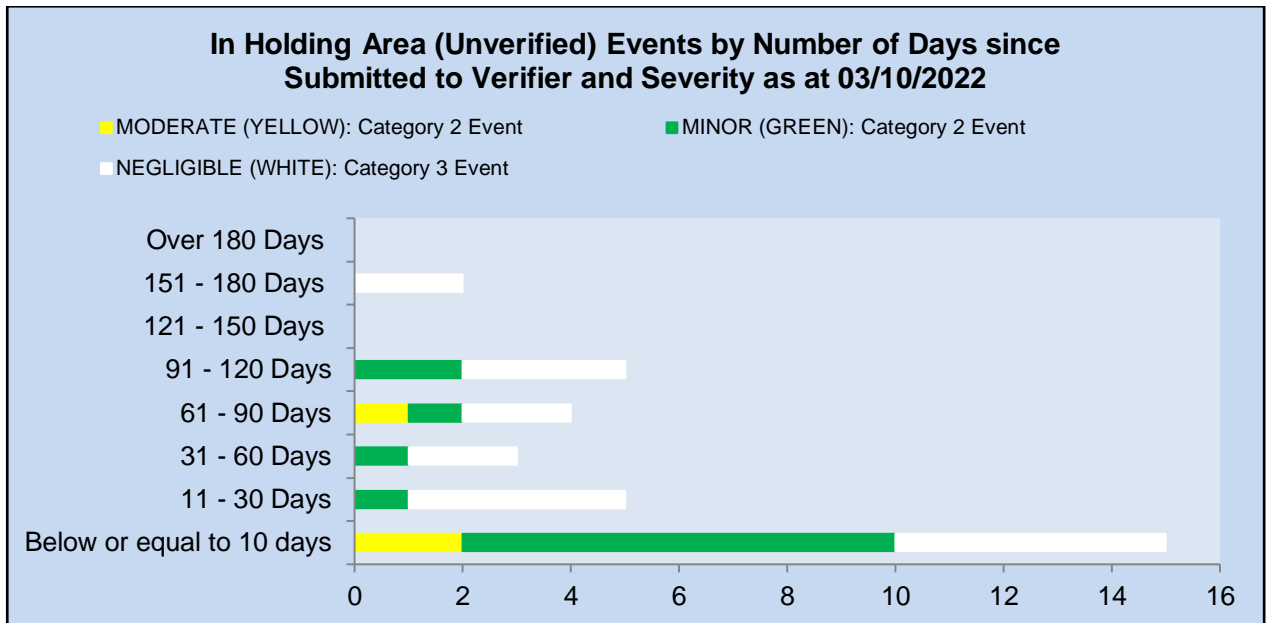Adverse Event Management – Systems and Processes

Overdue verified events

c.8   The table below shows the number of overdue events by the year they were reported. The numbers in brackets represent the number of overdue events by year as included in the last report, demonstrating that the number of historical outstanding reviews continues to gradually reduce. Progress is slower than anticipated due to staffing absences.

Event Severity	2019	2020	2021	2022
EXTREME (RED): Category 1 Event	0(0)	1(1)	0(0)	3(2)
MAJOR (AMBER): Category 1 Event	0	1(1)	0(0)	2(2)
MODERATE (YELLOW): Category 2 Event	0	1(2)	5(8)	14(12)
MINOR (GREEN): Category 2 Event	0	2(2)	3(3)	35(19)
NEGLIGIBLE (WHITE): Category 3 Event	3(3)	9(9)	37(40)	94(85)
(blank)	0	0	0	1(0)
Total	**3 (3)**	**14 (15)**	**45 (51)**	**149 (120)**

Overdue Unverified Events

c.9   At the time of data extraction, there were 34 unverified events. Out of the 34, 30 unverified events had exceeded the timescale of 72 hours for verification. The following graph shows the unverified events by the severity and the number of days overdue. Of the 34 unverified events, 31 of these were graded Negligible or Minor. This does show an improving picture although further work is required to reduce this further.

In Holding Area (Unverified) Events by Number of Days since Submitted to Verifier and Severity as at 03/10/2022

■ MODERATE (YELLOW): Category 2 Event   ■ MINOR (GREEN): Category 2 Event

□ NEGLIGIBLE (WHITE): Category 3 Event

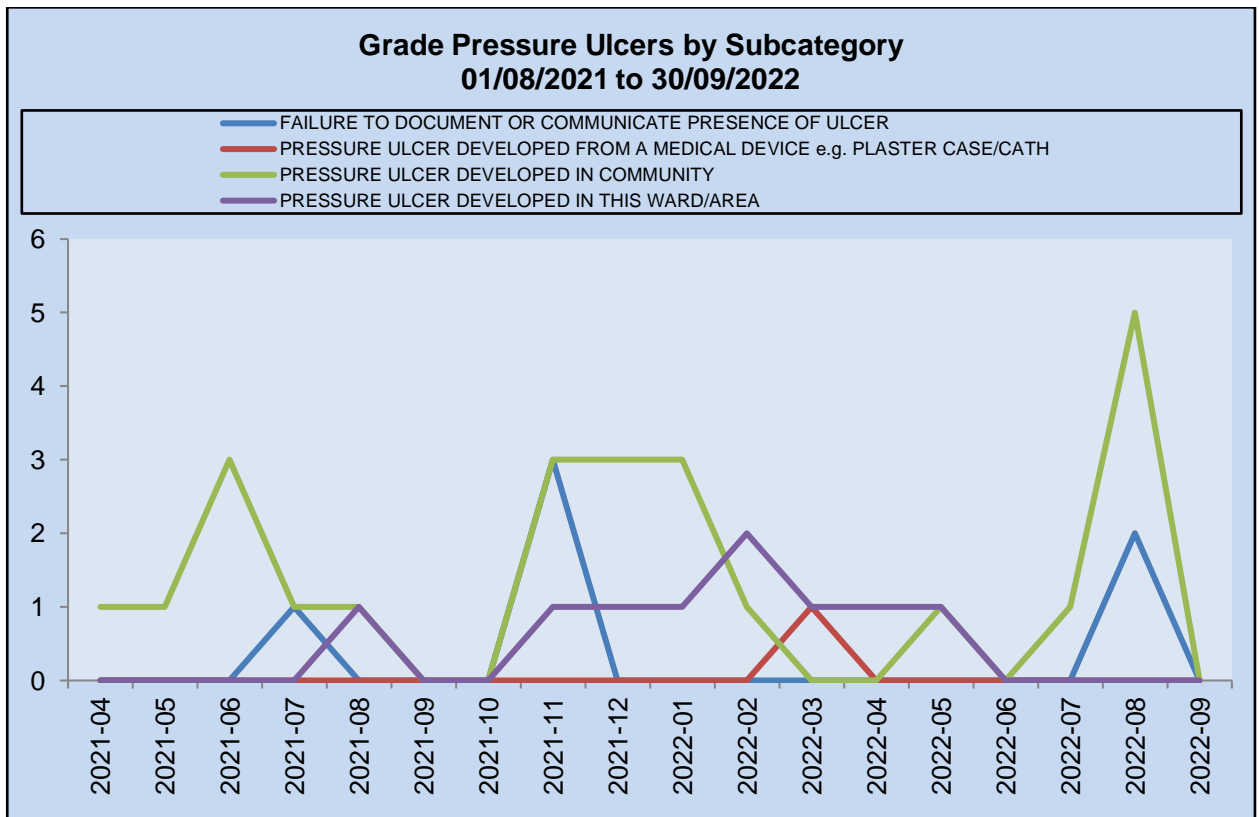| Days	Value
Over 180 Days	0
151 - 180 Days	2
121 - 150 Days	0
91 - 120 Days	5
61 - 90 Days	4
31 - 60 Days	3
11 - 30 Days	5
Below or equal to 10 days	15

d. Significant Adverse Event Reviews

There is one review currently ongoing within Psychiatry of Old Age services and this will be shared more fully once complete.

e. Pressure Ulcers

The following graph shows the number of pressure ulcers by the subcategory.

Grade Pressure Ulcers by Subcategory
01/08/2021 to 30/09/2022

— FAILURE TO DOCUMENT OR COMMUNICATE PRESENCE OF ULCER
— PRESSURE ULCER DEVELOPED FROM A MEDICAL DEVICE e.g. PLASTER CASE/CATH
— PRESSURE ULCER DEVELOPED IN COMMUNITY
— PRESSURE ULCER DEVELOPED IN THIS WARD/AREA

The increase in pressure ulcers in August has been reviewed. The pressure ulcers developed in the community were all referred into the HSCP from other parts of the system. Collaborative work was undertaken to enhance referral pathways and escalation of incidents was undertaken where required.

f. Complaints

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

No. of Open Cases - 22									
Clinical Care Group/Department	**Days Band**	0-5 Days	6-10 Days	11-15 Days	16-20 Days	>20 Days	>40 Days	>60 Days	**Total**
Older People Services (Dundee)		1	-	1	-	-	1	1	**4**
General Practice - Dundee HSCP		-	1	-	-	-	-	-	**1**
Allied Health Professionals (Dundee HSCP)		-	-	1	-	1	1	1	**4**
Occupational Therapy (Dundee HSCP)		-	-	1	-	-	-	-	**1**
Mental Health (Dundee)		2	-	-	2	1	3	2	**10**
Community Nursing (Dundee HSCP)		-	-	-	-	1	-	-	**1**
Tayside Sexual and Reproductive Health		-	1	-	-	-	-	-	**1**
Total		**3**	**2**	**3**	**2**	**3**	**5**	**4**	**22**

The longest current complaint is sitting at 101 days within the Psychiatry of Old Age Service. This is a complex complaint spanning a number of teams and includes factors relating to guardianship.

f.2   The table below shows complaint responses in the Dundee HSCP.

Dundee													
	Oct-21	**Nov-21**	**Dec-21**	**Jan-22**	**Feb-22**	**Mar-22**	**Apr-22**	**May-22**	**Jun-22**	**Jul-22**	**Aug-22**	**Sep-22**	**Performance**
No. of Complaints Received	11	17	14	13	19	19	16	14	14	16	19	12	
No. of Complaints closed	11	17	14	13	19	19	16	14	14	13	10	7	⬚
No. of complaints responded to within 20 working days	5	10	8	6	10	12	8	10	10	6	5	6	⬚
%age closed and responded to within 20 days	45.5%	58.8%	57.1%	46.2%	52.6%	63.2%	50.0%	71.4%	71.4%	46.2%	50.0%	85.7%	⬆
Target	68%	68%	68%	68%	68%	68%	68%	68%	68%	68%	68%	68%	⬚

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The table shows a variable performance in relation to the 20 day standard for complaint responses. The HSCP and Complaints and Feedback Team now meet on a fortnightly basis to review all outstanding complaints in an attempt to improve performance for response times and to ensure support is provided to managers in responding to complaints.

Compliments

f.3   Staff continue to receive very positive comments from those they care for, despite all the pressures currently felt across the system. This comment from relatives of a patient in Roxburghe House is typical of the positive messages we receive.

"My family & I would like to thank all of the nursing, medical, support staff and nursing students of Ward 4 Ninewells Hospital and Roxburgh House for their kind, caring and professional care of my dad. NHS Tayside you have amazing wonderful staff working in these areas especially your nurses, health care assistants, support staff and volunteers, who are the faces that family and patients see work hard and are professionals. NHS Tayside should be Proud of them."

Services continue to use Care Opinion to gain service user feedback with a small number of submissions received across a range of teams.

f.4   A SurveyMonkey form used at The Corner, a service that provides health and wellbeing services for young people, showed very positive feedback with the service being highlighted as making service users feel comfortable and relaxed, the service was very non-judgemental and allowed service users to open up about any concerns or issues they had. Quotes included:

"I am really glad I came here. Really feel understood and in safe hands."
"It was dead good."
"Service was amazing and I feel a weight has lifted off my shoulders."
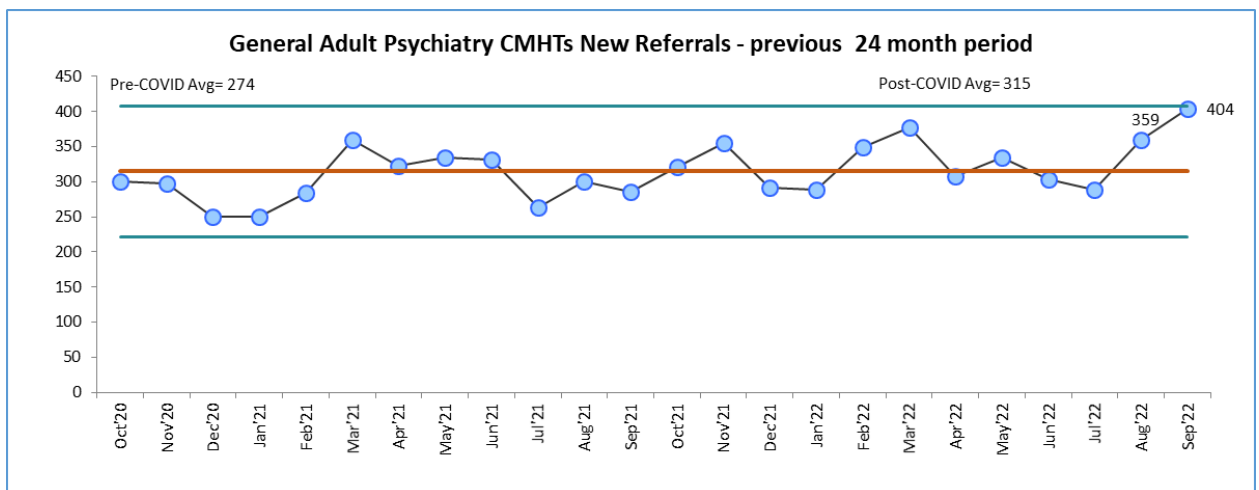
g. External Reports & Inspections

No external reports in this reporting period.

h. Mental Health

Community Mental Health Service Activity

h.1   Number of New Referrals received

The table shows new referrals into the CMHT which are gradually increasing. The pre-COVID average of 274 has increased to a post-COVID average of 315 monthly referrals.

Latest monthly referrals show 129 more (47%) than pre-COVID monthly average figures.

h.2   Number of New Appointments

General Adult Psychiatry CMHTs New Attendances - previous 24 month period
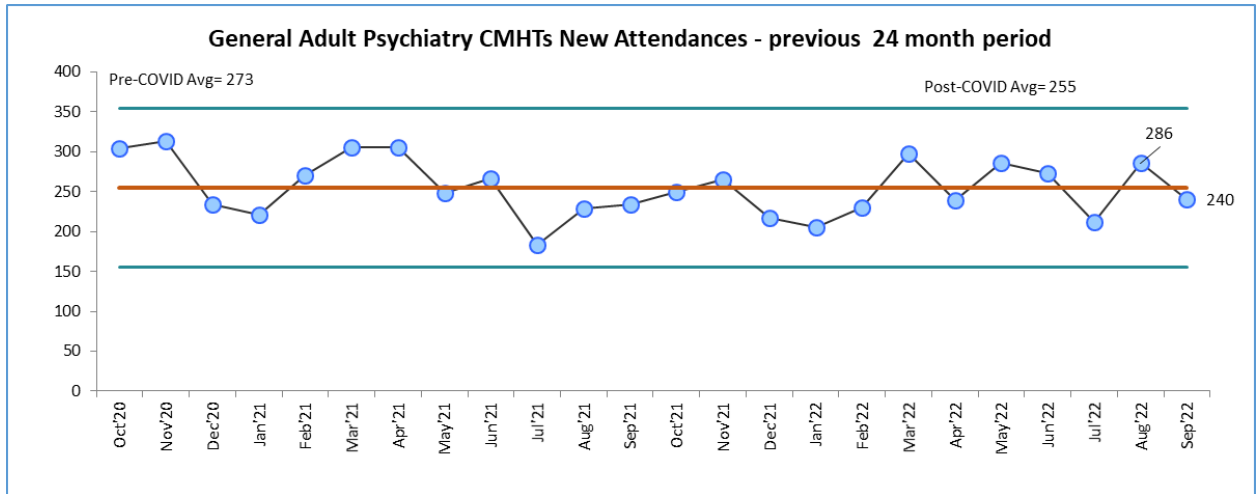
This table shows the number of new patient appointments per month. The latest monthly figures show there are 32 fewer (12%) than pre-COVID average monthly attendances.

General Adult Psychiatry CMHTs Return Attendances - previous 24 month period
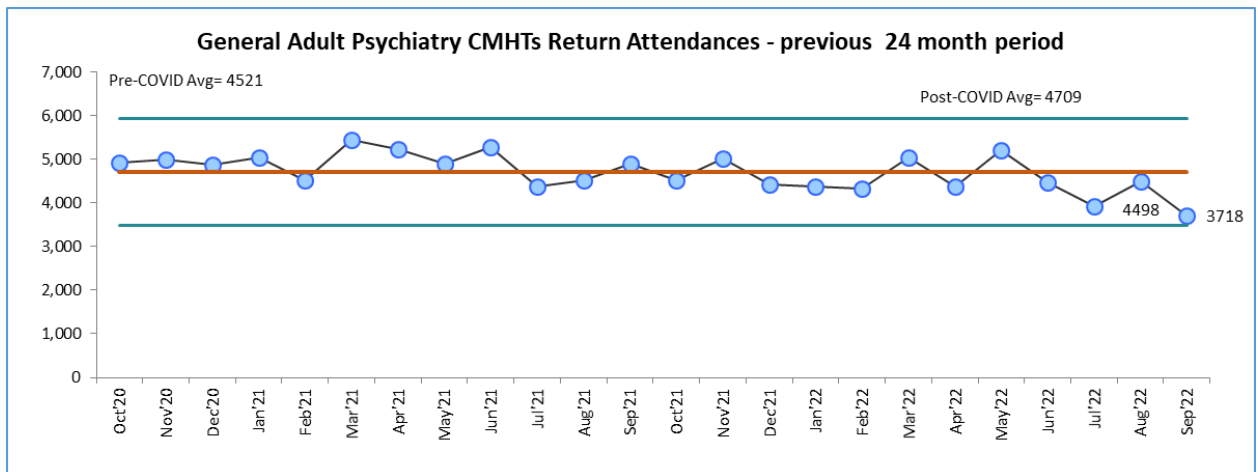
This graph shows the number of return attendances per month, and shows a gradual reduction from May 2022. The latest monthly figures show there are 803 fewer (18%) than pre-COVID average monthly attendances.
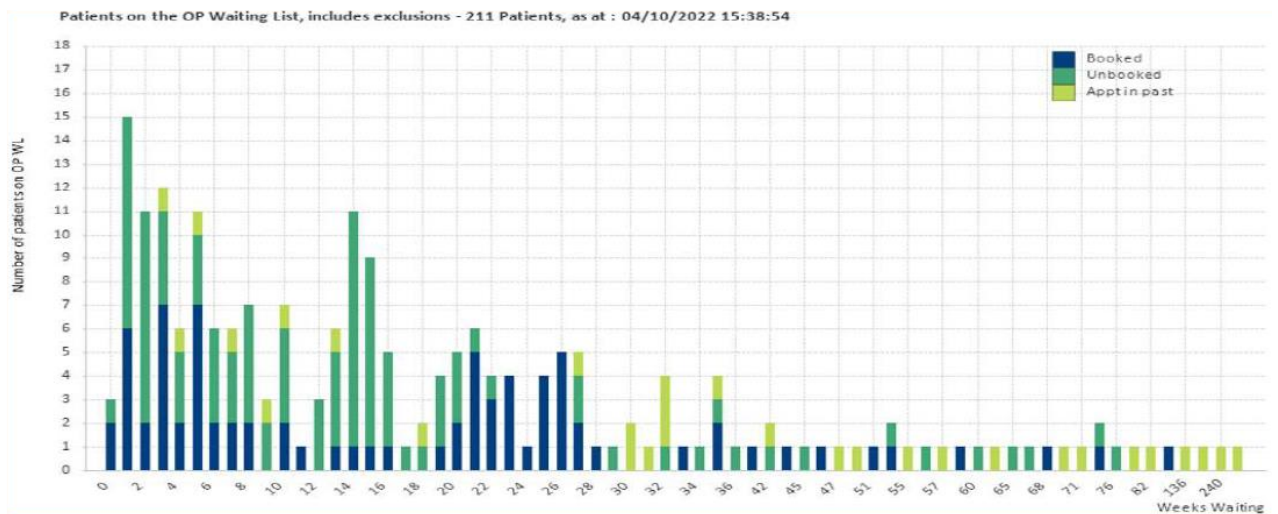
Taken together, these figures indicate that the numbers of people waiting are likely to continue to grow. To help mitigate this, four additional nurses are now in post and Locum Consultant staff have increased the new:return ratio of patients in order to increase the capacity to see new patients. The impact of this will be reduced, however, as CMHTs are now seeing urgent referrals instead of the Crisis Resolution & Home Treatment Team as part of contingency measures to address staffing issues there.

h.3   Total New Patient Waiting List

The following two charts show the waiting lists for the East and West Community Mental Health Teams. Staffing challenges within the HSCP clearly contribute to the current waiting list times. The charts indicate patients who have been booked, who have not been booked and those where a letter has been sent in the post.

It is likely that a further cleanse of Trakcare will remove people from the end of the list (that is, the cases have not been closed off properly).

All referrals are triaged by a multi-disciplinary team. Those cases where it is considered that a routine wait can happen, received information on community based and on-line resources and are given details of the Duty worker system, including encouragement to get in touch should their clinical picture change. Further telephone support is also used as indicated.

Patients on the OP Waiting List, includes exclusions - 211 Patients, as at : 04/10/2022 15:38:54

Patients on the OP Waiting List, includes exclusions - 774 Patients, as at : 04/10/2022 15:38:54
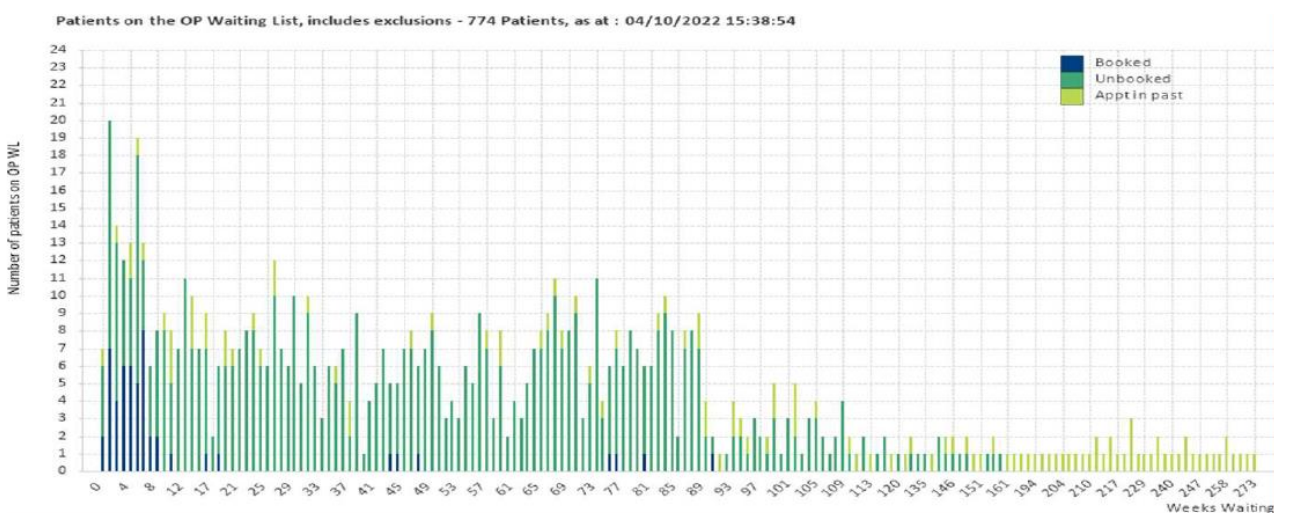
i. **Medication Assisted Treatment Standards (MAT Standards)**

Dundee Drug and Alcohol Recovery Service (DDARS) implemented direct access drop-in on 19 September, resulting in two days of drop-in clinics and one day of planned assessments for people accessing drug and alcohol care and treatment. This development is to support the standards around Medication Assisted Treatment (MAT). The focus is on MAT Standards 1-5 at this time. Service user feedback is being gained along with staff views.

Some challenges have emerged relating to reporting as a result of not having the appropriate IT systems required. Public Health Scotland has developed a spreadsheet which has been adapted locally for use. It has emerged that we are unable to input information as the service does not have the required version of Microsoft Excel. This has been escalated to NHS Tayside IT Department who advise that no other options are available to support this other than full rollout of Office 365. As yet there is no timeframe for when DDARS will have access to this.

The impact of this will be locally and nationally on the ability to report on MAT Standards implementation.

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

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.

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 Appendix 1: Dundee HSCP Governance Structure

Dr David Shaw   DATE: 10 November 2022
Clinical Director

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
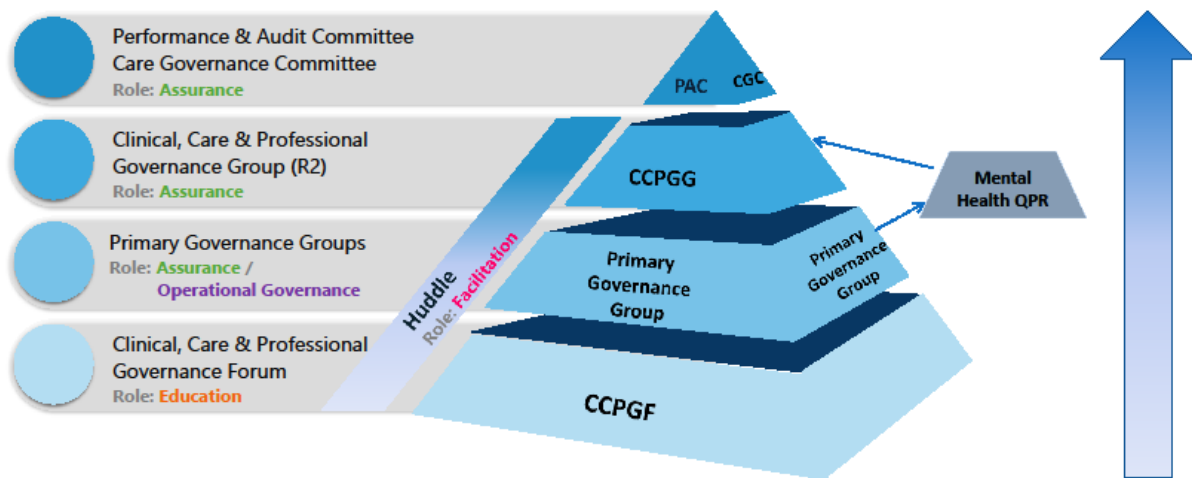
Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group is responsible for directing, collating and monitoring governance arrangements and ensuring that there are effective and embedded systems for Clinical, Care & Professional Governance in all services within Dundee 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, Locality Managers (4), 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 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 [XXX] 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 [XXX] 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 [XXX] 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 [XXX] 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.