**Dundee
Health & Social Care**
Partnership

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 24 NOVEMBER 2021**

REPORT ON: **CLINICAL, CARE AND PROFESSIONAL GOVERNANCE (CCPG)**

REPORT BY: **CLINICAL DIRECTOR**

REPORT NO: **PAC32-2021**

1.0   PURPOSE OF REPORT

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.

2.0   RECOMMENDATIONS

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

2.1   Note that this is an exception report for the Dundee HSCP Clinical, Care and Professional Governance.

2.2   Agree the proposal to amend the reporting format to reflect that adopted by NHS Tayside Care Governance Committee as detailed in 4.1.

2.3   Note that the authors are recommending that this report provides moderate assurance.

3.0   FINANCIAL IMPLICATIONS

3.1   None.

4.0   REPORT SUMMARY

4.1   Situation

Dundee Health and Social Care Partnership (DHSCP) currently provide assurance reports to both the Care Governance Committee (CGC) of NHS Tayside and to the PAC for Dundee Health and Social Care Partnership. Following a review of the information to be provided to the CGC, it was agreed that the three Health and Social Care Partnership's in Tayside would provide a short update or exception report to alternative meetings. This report should include:
- New emerging risks.
- Key risks that are becoming increasingly significant in terms of likelihood or severity.
- Main concerns or issues.

To maintain consistency of reporting arrangements, it is proposed that this alternating format also be adopted for the PAC reports regarding Clinical, Care and Professional Governance (CCPG). This report reflects the work of the CCPG Group up to September 2021.

4.2   Background

The role of the Dundee HSCP CCPG Group is to provide assurance to the Dundee Integration Joint Board (through the PAC), NHS Tayside Board (through the CGC) and Dundee City Council, that there are effective and embedded systems for CCPG in all services within DHSCP.

DHSCP Service Risks are considered within the CCPG every two months and are presented via the DHSCP Analysis Report provided by the Governance Team. This report lists all risks and current risk level, it lists any new risks added to the register since the last meeting and details actions required to ensure risk management is up to date. Pending risks are also listed.

Each Primary Governance Group (PGG) within the DHSCP will review risks for their service area on a monthly basis. The PGG has operational responsibility for managing the risks.

4.3   Assessment

4.3.1   New or Emerging Risks

There are 36 services risks recorded on Datix at the time of the data extraction. Of these, 26 are current service risks. There were 3 new current risks added to Datix since the last report. The service recently completed Significant Adverse Event Review (SAER) which will have influenced their assessment with regards to risk.

- 1050 Psychiatry of Old Age – Older People Services (Dundee) – Workforce – rated Yellow (Category 2) – Medium
  Registered Mental Health Nurse (RMN) ward posts have had to be re-advertised. Each ward now has x 2 Community Nurses (CN's) which will allow for senior support on night shift.

- 1052 Psychiatry of Old Age – Older People Services (Dundee) – Pathways of Care/Complex Needs Patients - rated Amber (Category 2) High
  Learning themes being developed around community pathways between disciplines and transitions, and a review of the changing demographics of the patient population.

- 1060 Psychiatry of Old Age – Older People Services (Dundee) – Ligature Risk - rated Yellow (Category 2) – Medium
  Ongoing risk due to new works being considered for building as part of the rolling improvements being made through out Tayside

4.3.2   Key Risks that are Becoming Increasingly Significant in Terms of Likelihood or Severity

There remain 4 risks currently graded as Very High (Red). These were previously reported to the committee with 3 of these risks sitting within the Dundee Drug and Alcohol Services. The service continues to have staffing capacity concerns, with ongoing recruitment in place. A workforce plan will be signed of this month and presented to the Alcohol & Drug Project (ADP) for information. The service will be supported by the national MAT Implementation Support Team (MIST) with regards to the implementation of the Medication Assisted Treatment (MAT) standards. A proposal to support the development of a pathway which will include increased primary care input was presented to the ADP on the 14th October and agreed in principle. While the suitability of the building at Constitution House has been under review for some time, both with regards to age and environment, the deterioration of the fabric has recently been reviewed by NHS Tayside Health and Safety staff and a report presented to estates. The impact of the structural defects is further impacting on clinical capacity.

4.3.3   Main Concerns or Issues

The lack of capacity in community social care services continues to impact on patient flow across all hospital sites and community responses.

The grading/banding of community nursing continues to be reviewed. It is noted that the impact of the pandemic and the general tiredness of the staff in the service, is delaying the delivery of the transforming District Nursing programme.

4.3.4.   Quality/Patient Care

The risk described above have the greatest impact on quality/patient care within DHSCP

4.4   Level of Assurance

Taking into account the current CCPG arrangements and the information provided, the authors of the report propose that this report provides moderate assurance.

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

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

8.0   BACKGROUND PAPERS

None

David Shaw
Clinical Director

DATE: 07.11.2021

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

Matthew Kendall
Lead AHP