



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 26 NOVEMBER 2019
REPORT ON: CLINICAL, CARE AND PROFESSIONAL GOVERNANCE GROUP - CHAIRS ASSURANCE REPORT
REPORT BY: CLINICAL DIRECTOR
REPORT NO: PAC39-2019

1 PURPOSE OF THE REPORT

To provide an update to the Performance and Audit Committee on the business of the Dundee Health and Social Care Clinical, Care and Professional Governance Group (CCPGG). An exception report will be submitted by Clinical Director, in his role of the Chair of the Clinical, Care and Professional Governance Meeting to each Performance and Audit Committee to provide assurance of the governance systems and processes within the Dundee Health and Social Care Partnership.

2 RECOMMENDATIONS

It is recommended that the Performance and Audit Committee:

- 2.1 Notes the contents of this report and the exception report attached at Appendix 1.
- 2.2 Notes the assurance provided by the Clinical Director that the governance systems and processes operating within the Health and Social Care Partnership are identifying, monitoring and striving to address the clinical, care and professional governance issues raised within the partnership.

3.0 FINANCIAL IMPLICATIONS

Improvement actions described within this report are funded within current resource allocated to the Health and Social Care Partnership.

4.0 MAIN TEXT

4.1 Current Clinical, Care and Professional Governance Arrangements in Dundee Health and Social Care Partnership

- 4.1.1 Clinical, Care and Professional Governance (CCPG) is the process by which accountability for the quality of health and social care is monitored and assured. It should create a culture where delivery of the highest quality of care and support is understood to be the responsibility of everyone working in the organisation, built upon partnership and collaboration within teams and between health and social care professionals and managers.
- 4.1.2 The approach for CCPG within integrated services in Tayside is set out in the agreed framework – Getting It Right for Everyone: Clinical, Care and Professional Governance Framework. CCPG relies on all of these elements being brought together through robust reporting and escalation processes using a risk management approach to ensure person-centred, safe and effective patient care.

4.1.3 In Dundee HSCP key elements of CCPG are monitored through the following forums:

- CCPG Leadership Huddle ('the Huddle') which meets on a weekly basis
- CCPG Forum (CCPGF) which meets on a 2 monthly basis
- CCPG Group (CCPGG) which meets on a 2 monthly basis
- Primary CCPG Groups sit at a service level and meet regularly in accordance with service need

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

4.1.4 The CCPGF and CCPGG review all action plans in relation to the implementation of the CCPG framework, and implement the subsequent dissemination of learning that arises from all Local Adverse Event Reports (LAERs); Organisational Adverse Events Reports (OAERs); 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 2 monthly basis. In addition, the CCPGF and the CCPGG review all action plans and implement the dissemination of learning that arises from all inspection reports and standards, guidelines and relevant legislation.

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

4.1.6 The following table sets out the reporting arrangements for the Dundee Health and Social Care Partnership (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 | Full All Reported and Themed | Exceptions (Individual/Themes) | Persistent Exception (Three Reports) Exceptions Affecting Multiple Teams Level of Risk (High) |
| Red Events | All | All | Overview – Themes/Numbers |
| LAER/OAER/SCR | All Reported and Learning Shared | High Level Summary | Exceptions Organisational Learning Organisational Risk |
| Complaints (and SPSO) | All – Learning shared | Quality Report (Sample) Upheld Status Report SPSO + Exception | SPSO Numbers Organisational Learning |
| Risks | All (Detailed in scorecard) | High Level Report with Assurance Statement Persistent Long Term Risks Transient Risks | Overview Report Persistent Exception (Three Reports) Exceptions Affecting Multiple Teams Level of Risk (High) |
| Inspection Reports | Action Plan Produced Per Team (where applicable) | Action Plan Produced Per Team (where applicable) | Overview Statement |
| Standards/Legislation/ Guidelines | New Standards Reported | Agenda items ad hoc | Organisational Impact |

4.2. ASSESSMENT

- 4.2.1 The DHSCP Clinical Director is required to provide information to both DHSCP and the CQF in order that both organisations can achieve assurance as to the matters of CCPG within the partnership. Agreement was reached that exception reports would be provided to the PAC and that regular reports would be provided to the CQF. The exception report covering the period up to 30th September 2019 is attached at Appendix 1.
- 4.2.2 The exception report sets out the issues considered by the CCPFG and highlights the following:
- Three new risks agreed and recorded – these relate to psychiatry of older people services and substance misuse services. These risks were previously reported to the PAC and are currently being addressed.
 - Difficulties in recruiting to vacant post was noted as an ongoing issue across all services.
 - Kingsway Care Centre received a positive report from the Mental Welfare Commission which identified good practice across the service. It was noted that the service had not yet installed the recommended observation windows in bedrooms. This work is currently underway.
- 4.2.3 The Clinical Director, in his role as Chair of the CCPGG is satisfied that the current arrangements provide opportunity to identify, monitor and strive to address the CCPG issues raised within the partnership.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

| | |
|--|---|
| Risk 1 Description | There is a risk that Clinical Care and Professional Governance arrangements are not implemented affectively leading to poor practice and service delivery |
| Risk Category | Quality of Service |
| Inherent Risk Level | Likelihood 2 x Impact 4 = Risk Scoring 8 (Moderate) |
| Mitigating Actions (including timescales and resources) | Governance arrangements are reviewed through the structures described in the report. |
| Residual Risk Level | Likelihood 2 x Impact 3 = Risk Scoring 6 (Moderate) |
| Planned Risk Level | Likelihood 2 x Impact 3 = Risk Scoring 6 (Moderate) |
| Approval recommendation | Given the mitigating actions in place, the risk is deemed to be manageable. |

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPER

None.

David Shaw
Clinical Director

Date : 15 November 2019

Diane McCulloch
Head of Health and Community Care

Matthew Kendal
Lead AHP



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

PERIOD COVERING JUNE –SEPTEMBER 2019

1. Clinical, Care and Professional Governance Assurance Processes

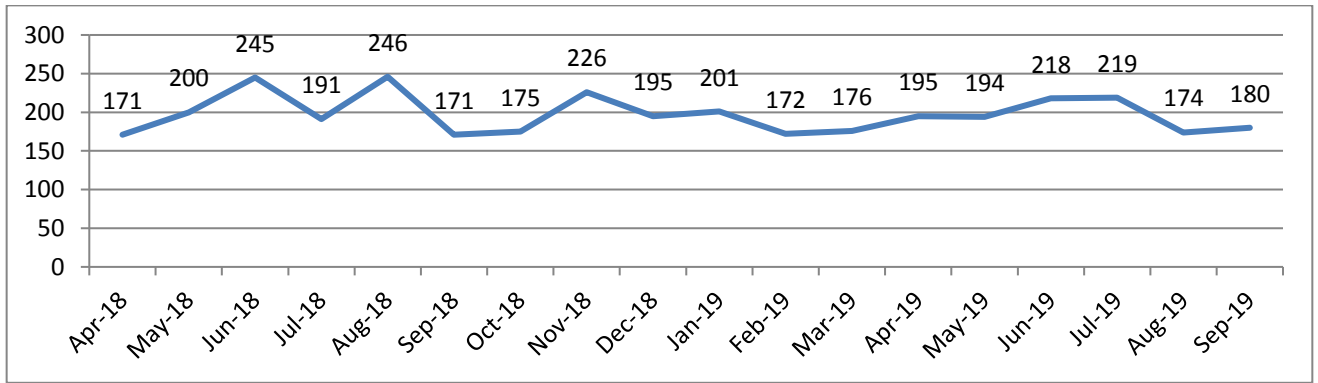
Dundee Health and Social Care Partnership (DHSCP) continues to review the processes for Clinical, Care and Professional Governance (CCPG) in order to ensure processes and scrutiny is of a level which can provide the required assurance. A “Taking Stock” event took place in December 2018 to reflect on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

- The Clinical, Care and Professional Governance Group (CCPGG) agreed that future meetings would include an exception report from each Primary Governance Group. The HSCP will agree a core set of measures to be reported at every meeting by every service. In addition, it is expected that services will also develop a set of service specific measures.
- Operational services that do not sit within the locality model and therefore do not currently have a Primary Governance Group were identified, and the reporting requirements of these services will be scoped.
- A series of workshops will run from October to December 2019 to review and finalise the core and specific datasets and the reporting timescales from the Primary Governance Groups to the Clinical, Care and Professional Governance Group. A Draft Terms of Reference has been developed for the Primary Governance Groups.
- The group received a presentation from the Neighbourhood Services Team entitled ‘Tackling Health Inequalities in Dundee’: An Integrated Approach’ which was well received and detailed the good work being undertaken in this team. It also highlighted some gaps in governance reporting which will be addressed via the workshops mentioned above.

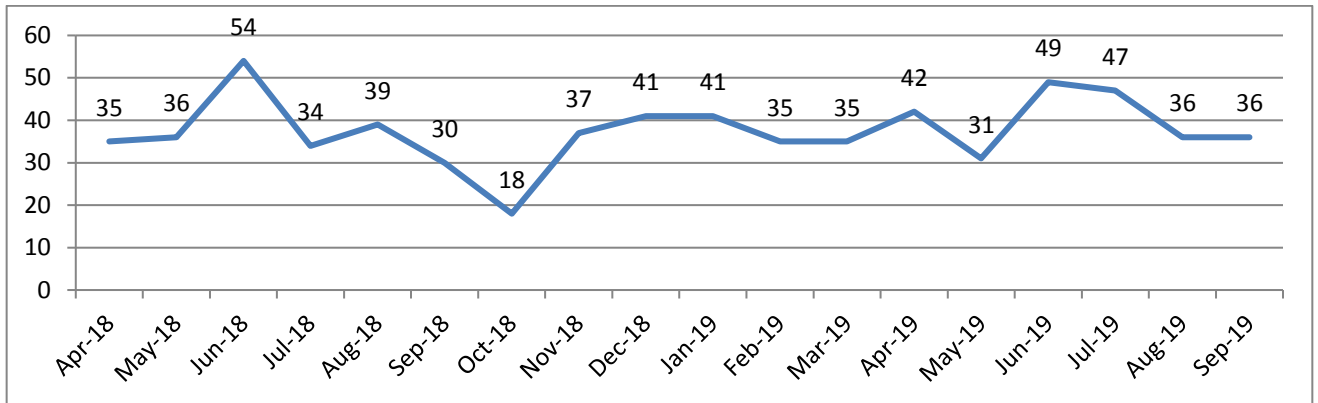
2. Adverse Events Report

The following four 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.

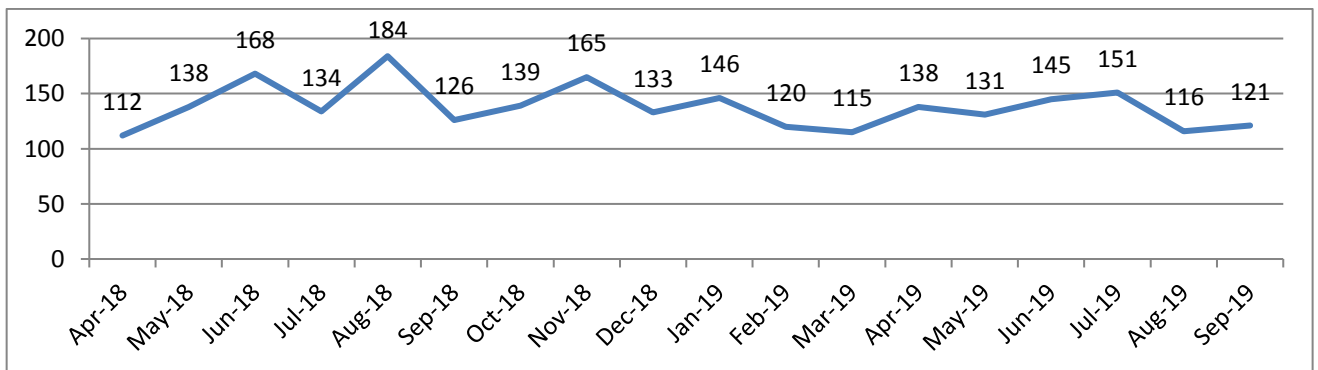
Graph 1. Total Number of Adverse Events and Near Misses Reported within Datix



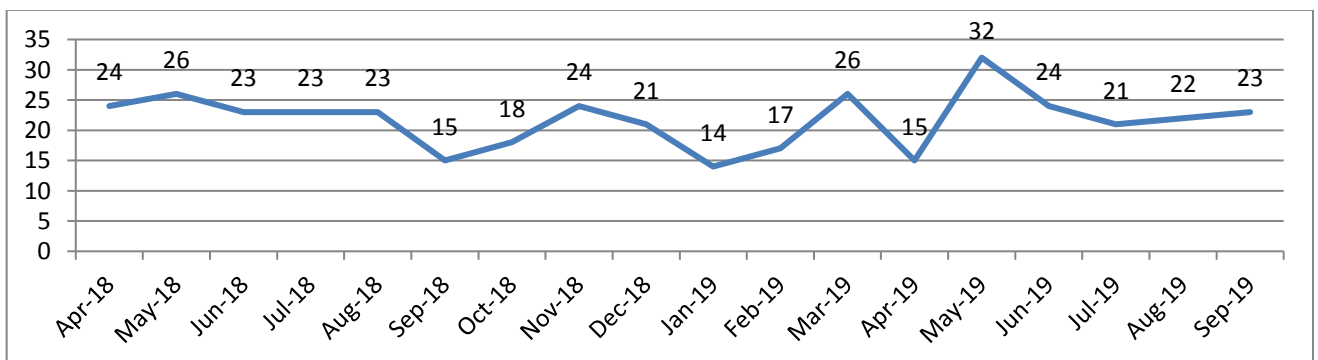
Graph 2. Number of Adverse Events with Harm Reported within Datix



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



Graph 4. Number of Near Misses Reported within Datix



The number of overdue adverse events within Datix continues to increase. There are currently 204 green, yellow and amber adverse events overdue for completion within Dundee HSCP. Of those currently outstanding, 189 have been verified and 15 are unverified. In addition, there are 60 overdue red adverse events. Whilst this is the same number as reported in June 2019, it should be noted that the number of overdue red events from 2017 has reduced 14 to 8. One of these overdue adverse events dates back to 2016. This was awaiting review from oncology. There are 30 outstanding from 2018, with the remaining 21 from this year. Support has been offered to services from the Clinical Governance & Risk Management Team to address this. Monthly reports on overdue adverse events are circulated within DHSCP.

3. DHSCP Risks

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

- Three previously pending risks have now been agreed as current risks on the register. These relate to workforce issues and environmental issues
- Two new risks are under development and therefore added to the register as pending risks. These are both in relation to the service redesigns within Integrated Substance Misuse Services.

It was recognised that several risk review dates were overdue, and that a number of risks did not appear to be moving towards the planned risk exposure rating. Challenges with managing risks are expected to be highlighted through exception reports to the CCPGG. Support and training has also been offered by the Clinical Governance and Risk Management Team and this will continued to be monitored.

Risk Maturity Assessment

In September 2018, the Performance & Audit Committee received a risk maturity assessment from Internal Audit. Although the partnership was praised for progress, there were a number of issues identified to take forward. There is a Risk Management Action Plan in place which is Tayside-wide. One of the key areas noted was while there is a high level risk register there is no evidence of operational risks going to the high level register. It is necessary to identify and formalise the links between the strategic operational risk registers recognising the key roles of this group and the Performance and Audit Committee. There are different systems used for recording risks and not all are formally reported to the CCPGG. The CCPGG have requested a further report setting out the actions to be taken to align and ensure that all relevant risks are recorded consistently and monitored effectively.

Recruitment/Vacancies

There continue to be issues in relation to the process of recruitment, both within NHS Tayside and DCC. The situation continues to be monitored and areas of significant risk continue to be escalated. Particular risks have been noted within the district nursing service and a range of roles supporting the Primary Care Improvement Initiative (which delivers the new GP contract). It was further noted that there remain difficulties in recruiting to direct service delivery posts within nursing and social care.

Integrated Substance Misuse Service

The Drug Commission report has been published and recommendations are being discussed at both a strategic and operational level. It was noted that specific recommendations regarding the clinical model of care were made. Proposals for change are being developed and will be presented to the CCPGG in due course.

The commission report highlighted issues that had been previously brought to the Clinical, Care and Professional Governance Group for noting. These include capacity issues, ability to deliver clinical services against increasing demand, levels of caseloads and the ability to respond to statutory duties. The report recognised that the pressures within the service will impact on staff and steps are being taken to support staff, at this challenging time. Workforce plans are being developed. The previously identified risks remain a high priority.

Mental Health Services

There have been a number of positive developments since the previous meeting. There are now two full time locum psychiatrists working at Wedderburn. This has helped change significantly the way referrals are managed, and the caseloads in terms of reducing waiting times. Saturday clinics were in place during September. These were run by psychiatrists and nursing staff. A communication was sent to GPs recently and this will be appended to an exception report. The Alloway Team now have an additional psychiatrist working with them. This will undoubtedly relieve some pressure and this will continue to be closely monitored.

A new Clinical Lead for all Community Mental Health and Learning Disability Services in Dundee has been appointed and will contribute to the support for all staff including psychiatrists within the city.

Waiting times for the Tayside Adult Autism Consultancy Team remains with increasing waiting time for assessment and support. This is a result of medical shortages. A robust review of the current model is underway. In other parts of the service the Learning Disability and Psychiatry staffing position has improved with substantive post holders now in place.

Care Management Teams

Care Management Teams continue to face significant pressures in undertaking reviews of current care packages and steps are being taken to review the current model of service and skill mix.

Support to Independent Care Homes

The DHSCP Care at Home team have been visiting and providing extra support to independent care home services where concerns were identified.

4. Inspection Reports

Dundee Registered Care Homes for Adults – Care Inspectorate Gradings

The CCPGG considered the above report. This report was previously considered by the Performance and Audit Committee

Kingsway Care Centre

The inspection report was positive and evidenced good practice. The issue of absent observation windows was highlighted again with a recommendation for this be addressed within three months. Work has commenced to install new doors with observation windows.

5. Complaints

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

Dundee HSCP Complaint Responses within 20 working days

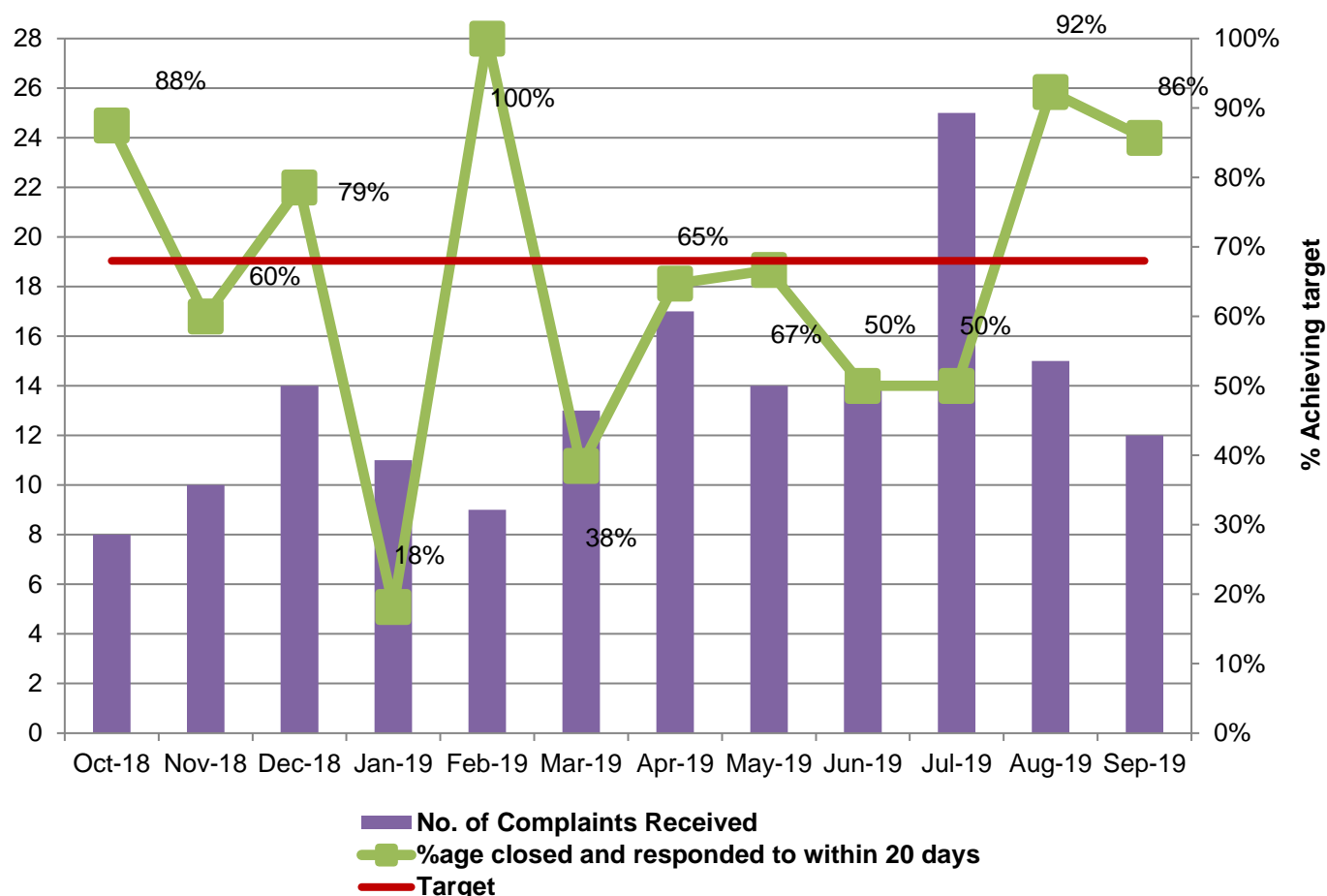


Table 1: Number of NHS Complaints Upheld or Partially Upheld

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

Discussions on a reporting dataset had identified percentage of NHS complaints upheld or partially upheld. However, this information is only reported on by number within Qlikview, and therefore ongoing discussions will be held to determine the most appropriate reporting parameters.

It was noted that there were a large number of NHST complaints for DHSCP that are overdue. They hadn't previously been reported to the CCPGG because the NHST Complaints and Feedback Team provided information based on complaints that were closed within each quarter. This has now been remedied and open complaints will form part of the reporting framework. DHSCP Social Work complaints continue to be very small in number in comparison to NHST complaints. Going forward reports will be produced relating to the teams so that more detailed inspection of trends can be conducted. Forthcoming reports will include data on open complaints which are over their target dates. Specific areas where there are delays will be reported on.

DCC and NHST complaints officers will continue to work closely together to improve performance.

6. Standards/Legislation/Guidelines

Summary Details of Reported Breaches: February 2019–July 2019

A summary report was presented of all 'Breaches of Confidentiality' within the Datix system reported by Dundee HSCP within the timescales. A system has been set up to automatically notify the Information Governance Team of any data breaches being reported within Datix. Not all records document whether contact with Information Governance has been made, and the outcome of any advice. Within the NHS, the reporting of breaches to the ICO would be made by the Information Governance team. This report will be used to inform training and development for staff in relation to managing and reducing breaches of confidentiality.

Parkinson's Disease Service Development

There is now a Parkinson Disease post discharge multi-disciplinary clinic at Royal Victoria Day Hospital for newly diagnosed patients.