



REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 12 FEBRUARY 2019

REPORT ON: CLINICAL, CARE AND PROFESSIONAL GOVERNANCE (CCPG) GROUP CHAIR'S ASSURANCE REPORT

REPORT BY: CLINICAL DIRECTOR

REPORT NO: PAC4-2019

1.0 PURPOSE OF THE REPORT

To provide an update to the Performance and Audit Committee on the business of the Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Committee. In order to meet the requirements of the NHS Tayside Clinical Quality Forum and the Performance and Audit Committee, this report is presented as an SBAR (Situation, Background, Assessment and Recommendations).

2.0 SITUATION AND BACKGROUND

2.1 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. The Framework 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.

2.2 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 (the Forum) which meets on a 2 monthly basis
- CCPG Committee (the Committee) 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.

2.3 The Forum and Committee review all action plans in relation to the implementation of the CCPG framework, and implement the subsequent dissemination of learning that arise from all Local Adverse Event Reports (LEARS); Organisational Adverse Events Reports (OARS); Significant Case Reviews (SCR); 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 Forum and Committee review all action plans and implement the dissemination of learning that arise from all inspection reports and standards, guidelines, and relevant legislation.

2.4 The Huddle review all adverse events reported on DATIX and ensure that themes and learning are identified and discussed at the Forum and Committee.

2.5 The following table sets out the reporting arrangements for the Dundee Health and Social Care Partnership (DHSCP).

Table 1: Governance Monitoring and Reporting Framework – DHSCP

	Forum	R2	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

3.0. ASSESSMENT

3.1 The Clinical Director is required to provide information to both DH&SCP and NHS Tayside Clinical Quality Forum (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 DH&SCP Performance and Audit Committee (PAC) and that regular reports would be provided to the CQF. The exception report covering the period 22nd August 2018 – 31st December 2018 is attached at Appendix 1. There are no items required to be actioned by the PAC.

3.2 The Clinical Director has issued no instructions for full reports to be submitted to the PAC for their consideration.

4.0 RECOMMENDATIONS

4.1 The PAC members are asked to note the report for the Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Committee.

Dundee Health and Social Care Partnership (DHSCP) Exception Report 4/12/18

1. Clinical, Care & Governance Exception Reporting

Persistent exceptions / Exceptions affecting multiple teams / High level of risk

Services from across the DHSCP are reporting challenges meeting mandatory training requirements. This reinforced issues highlighted within the report The Governance of the NHS in Scotland – Ensuring Delivery of the Best Healthcare for Scotland (Scottish Parliament, 2018). Mandatory training compliance data will be presented at the next Committee meeting.

General Data Protection Regulation (GDPR) breach reports are not uniformly produced across the DHSCP. The Partnership is reviewing the system in place for reporting GDPR breaches and monitoring actions to mitigate recurrence.

An exception report from the Integrated Substance Misuse Service detailed 33 death notifications received from 1 January 2018 to 6 July 2018. A summary of findings was provided on the reviews that had been carried out to date. The report also reviewed the recommendations identified from review of deaths in 2017, the risk mitigation strategies implemented, the findings from 2018 reviews to date and ongoing actions being taken. A summary of the Tayside Drug Death report was presented at the Dundee Protected Learning Time event on 21/11/2018 to an audience of GP, nurse and pharmacist colleagues. The significant safety concerns associated with gabapentinoids and other drug classes associated with drug deaths were highlighted. Dundee Health and Social Care Partnership has refreshed the prescribing scheme that funded practices to align dispensing of gabapentinoids and other CNS depressants with methadone for those patients on methadone. A further scheme targeting patients on high dose opiates (>120mg of morphine equivalent per day) was also introduced as a patient safety initiative.

An investigation is currently underway at a named independent Care Home. Staffing procedures were implemented to ensure ongoing safe and effective care. The Committee was provided with an update of actions that had been undertaken to support residents and staff. A risk assessment has been carried out, with the risk of recurrence being identified as low.

Centre for Brain Injury Rehabilitation and Stroke Liaison Service; Adult Physical Disabilities Service; and Community Nursing Service all provided a planned update to the Committee with no significant exceptions requiring escalation being identified.

2. Adverse Events Report

The number of outstanding red adverse events from 2017 continues to reduce from 46 at the end of May to 27 at the beginning of August. The national standard for these reviews being completed is 90 days from the adverse event. Education and support continues to be offered to further reduce the number of outstanding adverse events.

Between 1st June and 31st July, there has been 11 red adverse event reported within the DATIX system under DHSCP.

**Persistent exceptions / Exceptions affecting multiple teams / High level of risk
Themes identified / Action taken**

The learning from two adverse events was shared at the last DHSCP Clinical Governance Forum on 14 June 2018.

One local adverse event review resulted in changes being made to the process for handing over cases between staff and prioritising of cases to manage workload.

Another local adverse event review in relation to a fall identified that all measures were in place in terms of falls assessment and review, mitigating actions and environmental considerations. The service is however exploring the availability of a different type of falls sensor that will be able to provide an earlier warning of movement from people who have been assessed as being at high risk of falls.

Dundee Health and Social Care Partnership Risks

Persistent exceptions / Exceptions affecting multiple teams / High level of risk

The Committee reviewed the 16 current risks and 4 pending risks on the Datix system for Dundee Health and Social Care Partnership. The current grading, trend of grading and review date were considered at the Clinical, Care and Professional Governance group. It was noted that two risks required new risk review dates and six were overdue for review. The risk managers have been offered support from the NHS Tayside Clinical Governance and Risk Management Team to ensure that timely risk reviews are completed and documented on Datix.

The Forum's reporting template has been recently reviewed to ensure that services report on the current status of their service risks on a regular basis, including mitigating actions taken, outstanding actions and persistent issues/challenges that require escalation and support.

3. Inspection Reports

No inspection reports were discussed at this meeting.

4. Complaints

There were no SPSO complaints to be reviewed.

5. Standards / legislation / Guidelines

Overview report

The Pressure Area Assessment Care and treatment policy has been approved and endorsed by the CQF and CGC and the CCPG has agreed its recommendations and will adopt this as an integrated policy to be implemented across all DHSCP areas.

A report detailing GDPR breaches within Dundee City Council was tabled. It was agreed that an integrated DHSCP would be beneficial for the October Committee meeting.

The Scottish Public Services Ombudsman Thematic report 'Informed Consent – Learning from Complaints' was considered. Discussion with The NHS Tayside Policy lead identified that the Policy covers all the organisational recommendations and there are plans to strengthen the guidance on local service audit within the next policy review.

The Gosport Independent Panel Report highlighted poor culture and an ineffectual escalation of concerns in relation to patient care. The Committee agreed that all managers should ensure that staff are aware of the content of the report and relevant escalation processes.

6. Future Reports

This is the first report in this format. A 'Taking Stock' event was held for the Clinical, Care and Professional Governance Committee on 19 December 2018, which aimed to review the remit and effectiveness of the Committee. It is anticipated that the outcome of this event may impact on the content of future versions of the report and this will be developed at a future event in 2019. Consideration has already been given to:

- Including data on the number of adverse events, grading and rate of harm;
- Complaints data in relation to complying with timescale standards;
- The full participation of all operational teams reporting through the CCPG Forum;
- Developing the Tayside wide collaborative work across all three Partnerships in enhancing the Governance frameworks.

REPORT SIGN OFF

Responsible Executive Director and contact for further information

If you require any further information in advance of the meeting please contact:

Contact for further information	Responsible Executive Director
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