Dundee Health & Social Care Partnership

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 22 NOVEMBER 2023**

REPORT ON: **DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE ASSURANCE REPORT**

REPORT BY: **CLINICAL DIRECTOR**

REPORT NO: **PAC45-2023**

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 NHSScotland 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 30 September 2023.

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 from 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 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 noncompliance 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 dataset 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

5.1   Exceptions

The Paediatric Nutrition and Dietetic Service risk was raised at the previous Committee meeting and a full account on progress for this risk is noted in the section below.

5.2   Clinical and Care Risk Management

a.1   Increasing patient demand in excess of resources – DDARS

DatixRef	Risk Exposure – No controls			Current Risk Exposure Rating													Planned Risk Exposure			Risk Trend (↑/→/↓)
				*Please include data from previous **four** reporting periods*																
				1/12/22			6/4/23			3/8/23			5/12/23							
	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	

DatixRef	Risk Exposure – No controls			Current Risk Exposure Rating 1/12/22			6/4/23			3/8/23			5/12/23			Planned Risk Exposure			Risk Trend (↑/→/↓)
	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	
233	5	3	15	5	5	25	5	5	25	5	5	25	5	5	25	3	4	12	→

L = Likelihood   C = Consequence   RER = Risk Exposure Rating

Negative media reporting increasing reputational, clinical and safeguarding risk

DatixRef	Risk Exposure – No controls			Current Risk Exposure Rating 1/12/22			6/4/23			3/8/23			5/12/23			Planned Risk Exposure			Risk Trend (↑/→/↓)
	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	
683	5	5	25	5	5	25	5	5	25	5	5	25	5	5	25	4	5	20	→

L = Likelihood   C = Consequence   RER = Risk Exposure Rating

Insufficient number of DDARS staff with prescribing competencies

DatixRef	Risk Exposure – No controls			Current Risk Exposure Rating 1/12/22			6/4/23			3/8/23			5/12/23			Planned Risk Exposure			Risk Trend (↑/→/↓)
	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	
612	5	5	25	4	4	16	4	4	16	4	4	16	4	4	16	3	4	12	→

L = Likelihood   C = Consequence   RER = Risk Exposure Rating

Lack of resource to deliver the benzodiazepine dependence pathway compliant with guidelines

DatixRef	Risk Exposure – No controls			Current Risk Exposure Rating 1/12/22			6/4/23			3/8/23			5/12/23			Planned Risk Exposure			Risk Trend (↑/→/↓)
	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	
1129	5	4	20	4	4	16	4	4	16	4	4	16	4	4	16	3	4	12	→

L = Likelihood   C = Consequence   RER = Risk Exposure Rating

a.2   Four 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.

a.3   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.
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. The current position for medical staffing is one consultant in post, one locum consultant and there are two vacant posts.

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. This also has an impact on the work to achieve the Medication Assisted Treatment Standards (MATS) which are currently reported monthly to the Scottish Government although it should be noted that positive progress is now being made.

There are now seven specialist nurses employed with prescribing competencies, with seven trainees in the service, three undergoing the study pathway and four recently-employed staff due to commence studies.

a.4   The benzodiazepine dependence pathway is currently being considered via a National Taskforce who are considering the possible models of practice. There is no update on progress of this since the last committee meeting.

Recruitment challenges in Paediatric Team – Nutrition & Dietetic Service

DatixRef	Risk Exposure – No controls			Current Risk Exposure Rating												Planned Risk Exposure			Risk Trend (↑/→/↓)
				Please include data from previous **four** reporting periods															
				1/12/22			6/4/23			3/8/23			5/12/23						
	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	
1283	4	3	12	-	-	-	-	-	-	3	3	9	5	4	20	2	2	4	

a.5   There has been a long term recruitment challenge within this team for a number of years. Recent months have seen two retirements, with neither post being recruited to, alongside a long term vacancy. Additional sick leave across the team has reduced the team from 7wte to 3wte with no leadership posts in place (Band 7).

This has left the team with an unachievable caseload and gaps in knowledge and skills across some clinical specialties.

Significant work has been undertaken to secure additional clinical and management support for this team. This has been provided from internal NHS Tayside Dietetics, the staff bank, North of Scotland Network, through Professional Dietetic links and networks across Scotland as well as through the usual recruitment process.

There is currently a temporary team leader in place (Band 7), an advert is live for a Band 8a Clinical Lead Post and there has been some interest in this advert and staff on longterm sick leave are being supported to return over the coming weeks.

While the additional support has provided the required clinical expertise in most areas, there remains a risk in relation to provision of care within the neonatal unit. A mutual aid request has been submitted seeking support for this team.

There is awareness across the multidisciplinary team to support decision-making for neonatal patients requiring nutritional intervention with professional colleagues across Scotland supporting remotely when required.

Workforce Risks

b.1   There are a number of risks (15) pertaining to workforce availability across a wide spectrum of professions, including nurses, medical staff, allied health professions and social care staff. The vast majority of teams are affected to some degree, often with mitigations impacting on those teams who are able to recruit staff. Work continues to enhance recruitment and retention, with international recruits now being widely employed. Staff wellbeing remains a focus for the HSCP.

b.2   Primary Care (PC) Sustainability Risk – Strategic Risk 353

This risk recognises that a failure to maintain sustainable Primary Care Services in localities and across Tayside will result in a failure to meet both the National Clinical Strategy and the existing Tayside Primary Care Strategy. This would result in patients being unable to access Primary Care Services across the geographical location and a failure to provide continuity of service.

The PC sustainability risk level remains at 25 across Tayside.

This is not only a Tayside issue but is seen across the UK. There are a number of complex factors which underpin the risk, including recruitment and retention of GPs in particular.

The impact of this risk is the same within Dundee as the rest of Tayside. There remains a high number of practices with vacancies for GPs. We have had information shared from practices for the first time which will allow this to be monitored as part of the sustainability survey. The ownership or lease of premises is also a critical barrier for potential new GPs and there has been limited progress regionally and nationally for this. However this is gaining some momentum.

Local actions and controls have been, and continue to be, developed and reviewed. However the increasing demand for GP appointments post the COVID pandemic is such that any improvement or shift of clinical workload has been offset by that demand. Dundee is therefore in a position of having had two practices close in the last 12 months and numerous practices have had periods with closed lists and being unable to accept new registrations.

The workstreams linked to the Primary Care Improvement Plan are mostly fully recruited except for the pharmacy team which has ongoing challenges, despite innovative approaches to increasing skill mix. There is the potential to further develop these teams but there is no resource to do so. Dundee has a Premises Strategy agreed for general practice and is working on a plan to progress this. However there has been no progress regionally with leases. It is anticipated that the work for both of these will dovetail in the coming months to progress this.

Work to develop an increasing advanced practice workforce in primary care has had positive foundations built with the regional work and resource is being sought to progress this clinically at a local level.

Resource has been identified locally to support the GP career start programme which is key to supporting some practices remain stable, but longer term funding is still not in place.

The local development and further integration of urgent care teams will support care delivery and potentially reduce GP workload. Again this could be expanded if sufficient resource was available.

b.3   Treated/Archived Risks

Treated/Archived Risks are those that have all planned/proposed control in place, and the risk has been mitigated to the lowest possible level.

There have been no risks treated/archived with the time period.

b.4   Closed Risks

Closed Risks are risks that have been replaced or superseded and are therefore no longer required to be managed.

There have been three risks closed within the time period.

5.3   Clinical & Care Governance Arrangements

The arrangements for clinical, care and professional governance (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 from the following services:

- Nutrition and Dietetics
- Acute and Urgent Care
- Care Homes
- Community Services
- Inpatient and Day Care
- Health Inequalities
- Psychological Therapies
- Psychiatry of Old Age
- Primary Care

5.4   Adverse Event Management

d.1   The following graph shows the impact of the reported adverse events by month over the past 18 months. There were 324 adverse events reported in this time period (01/08/2023-30/09/2023). There is an increase in negligible and minor events as well as mortality learning events. The last reporting period had 262 events.

Events Reported by Severity 01/04/2022 to 30/09/2023
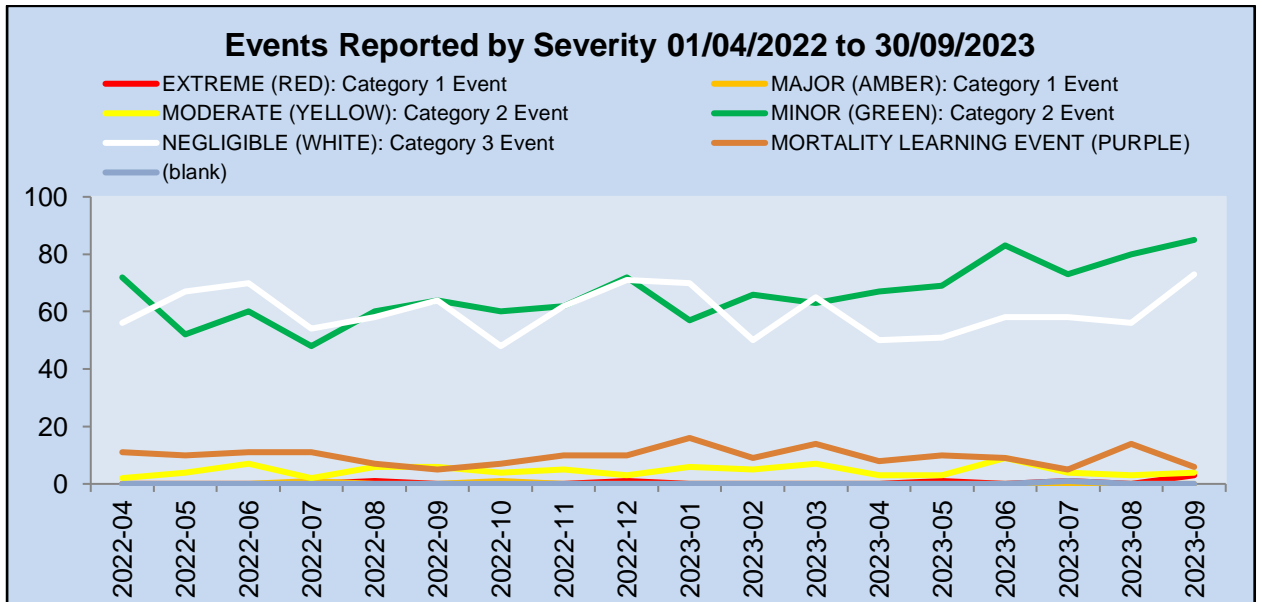
The ratio of events with harm to events with no harm is 1 to 3.6. This shows a slight decrease in position from the previous report.

d.2   The following graph shows the Top Five Categories reported between 01/08/2023 and 30/09/2023.

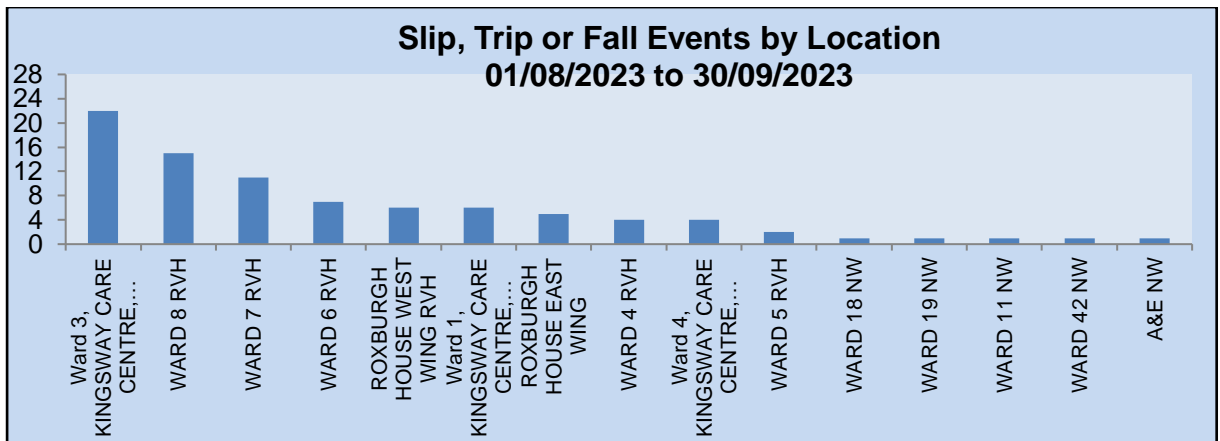**Top 5 Categories 01/08/2023 to 30/09/2023**
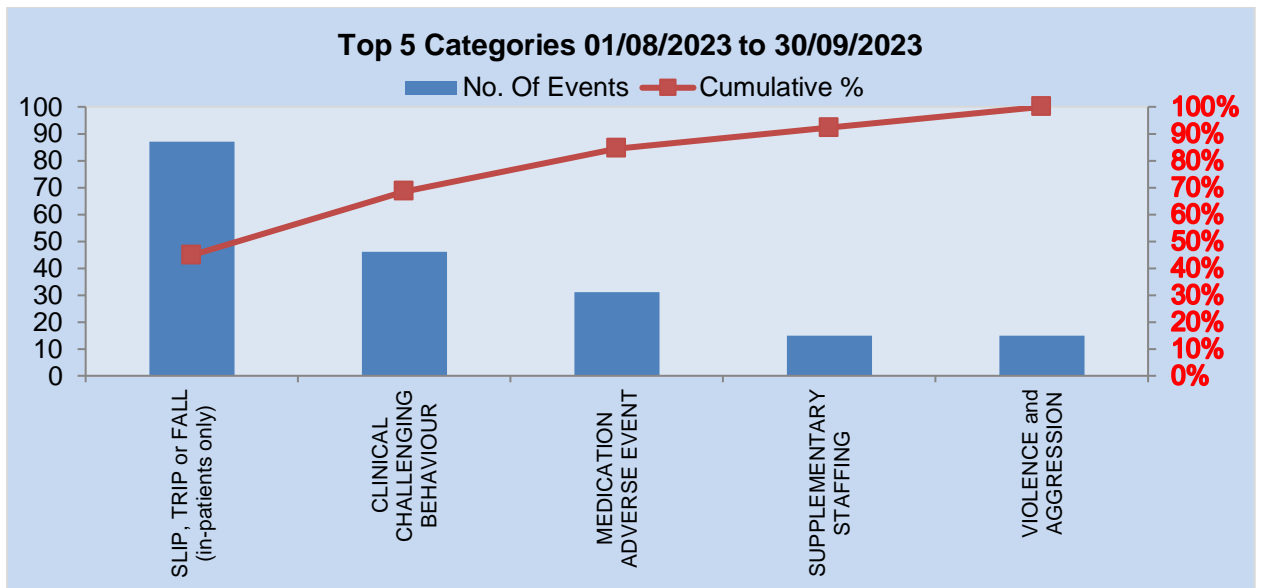
These categories account for 194 of the 324 events (60%) reported within the time period.

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

d.3   There were 87 events reported between 01/08/2023 and 30/09/2023. The following table shows slips, trips and falls by severity over the past 18 months:

Slip, Trip or Fall Adverse Events by Severity
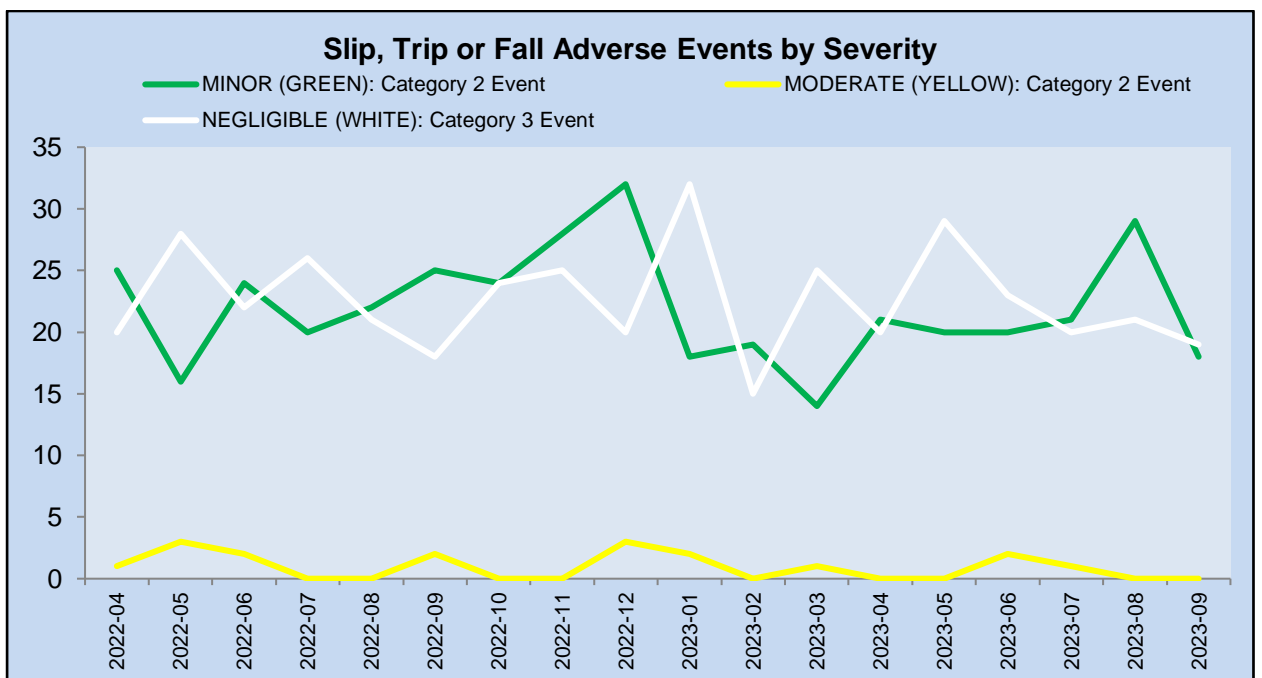
d.4   The following table shows the number of slips, trips and falls (In-patients only) by location, with the highest number of falls being across Medicine for the Elderly, Psychiatry of Old Age and Palliative Care Services.
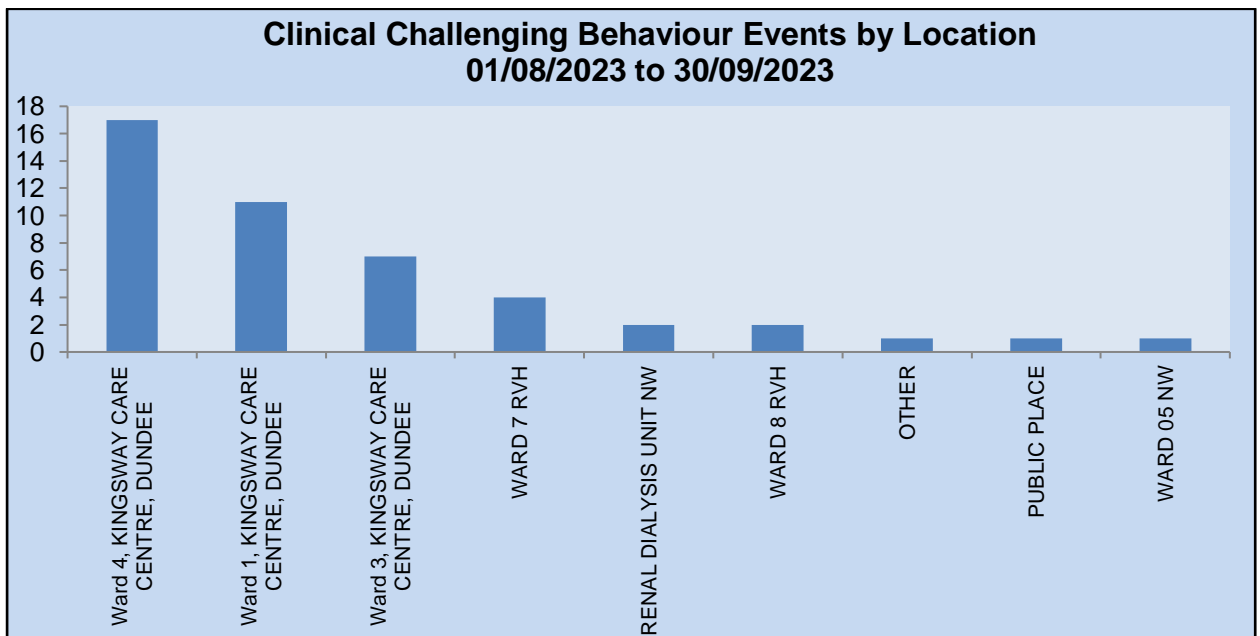
**Slip, Trip or Fall Events by Location
01/08/2023 to 30/09/2023**

Bar chart showing slip, trip or fall events by location. The y-axis ranges from 0 to 28 (in increments of 4). Locations from left to right with approximate values:
- Ward 3, KINGSWAY CARE CENTRE,…: 22
- WARD 8 RVH: 15
- WARD 7 RVH: 11
- WARD 6 RVH: 7
- ROXBURGH HOUSE WEST WING RVH: 6
- Ward 1, KINGSWAY CARE CENTRE,…: 6
- ROXBURGH HOUSE EAST WING: 5
- WARD 4 RVH: 4
- Ward 4, KINGSWAY CARE CENTRE,…: 4
- WARD 5 RVH: 2
- WARD 18 NW: 1
- WARD 19 NW: 1
- WARD 11 NW: 1
- WARD 42 NW: 1
- A&E NW: 1

d.5   A Falls Spotlight event was held on 27.10.2023. This was a Tayside wide event showcasing work being undertaken across all elements of the falls pathway and included partners out with health and social care.

The event was delivered in a world cafe style with topics including: data for falls, patient and public involvement, emergency department falls pathway, equipment to support and reduce falls, active for life, nutrition, paths for all and inpatient falls assessments.

Further collaborative work will continue to support the implementation of the Tayside Falls Management and Falls Prevention Framework which was launched at the Spotlight event.

Clinical Challenging Behaviour

d.6   There were 46 events reported between 01/08/2023 and 30/09/2023. The chart below shows the clinical challenging behaviour adverse events by location.

**Clinical Challenging Behaviour Events by Location
01/08/2023 to 30/09/2023**

Bar chart showing clinical challenging behaviour events by location. The y-axis ranges from 0 to 18 (in increments of 2). Locations from left to right with approximate values:
- Ward 4, KINGSWAY CARE CENTRE, DUNDEE: 17
- Ward 1, KINGSWAY CARE CENTRE, DUNDEE: 11
- Ward 3, KINGSWAY CARE CENTRE, DUNDEE: 7
- WARD 7 RVH: 4
- RENAL DIALYSIS UNIT NW: 2
- WARD 8 RVH: 2
- OTHER: 1
- PUBLIC PLACE: 1
- WARD 05 NW: 1

The majority of these events occur in our Psychiatry of Old Age and Medicine for the Elderly services. There is very positive evidence of these incidents being well managed with staff being well supported too.

Medication Adverse Events

d.7   There were 31 events reported between 01/08/2023 and 30/09/2023. Within this there were 12 separate subcategories reported across ten different clinical teams. There are no clear themes or patterns identified within teams or across the HSCP. The majority of these events

occur in the patients' homes (13) with the most commonly occurring sub category being incorrect dose/rate (9).

Each adverse event is followed up within the team to identify learning and any required improvements with those involved undertaking reflection. This frequently includes working closely with our pharmacy colleagues.

There is a focussed piece of work across community nursing currently as the numbers have increased in this area.

<u>Supplementary Staffing</u>

d.8   All supplementary off framework staffing is now recorded via the DATIX system allowing for transparency and good governance. During this reporting period there were 15 such events recorded across older people's services and palliative care services. 8 of these were Tier 2a, 6 Tier 2b and 1 Tier 3.

<u>Violence and Aggression</u>

d.9   There were 15 events reported in this reporting period with the numbers of violence and aggression incidents reducing as reporting continues to be more accurate between violence and aggression and clinical challenging behaviour. No service area reported more than four violence and aggression incidents in this period with the 15 events covering four different service areas across three subcategories, including physical or verbal behaviour by patients and/or others.

A number of these incidents relate to staff security at Ardler Health Centre with youths displaying unsociable behaviour both inside and outside the building. A number of services are affected by this and are working with the local police, NHS security officers and the council to manage this risk.

<u>Other Event Categories</u>

d.10   There were 104 events reported outwith the top five events reported. These are listed in the chart below.

**Other Event Categories 01/08/2023 to 30/09/2023**
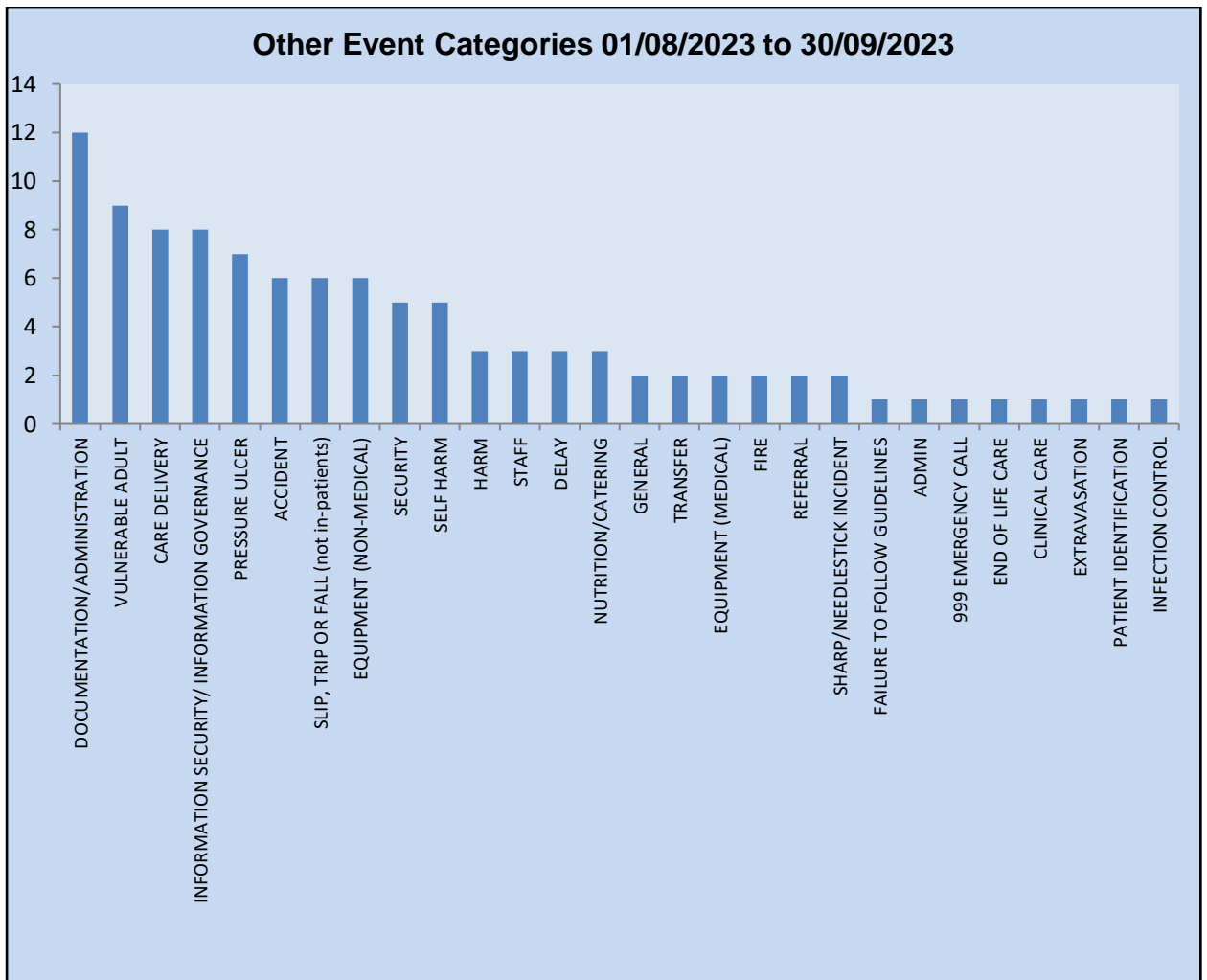
While the numbers remain low there is a slow increase in the number of vulnerable adult adverse events. This may, in part, be due to raised awareness due to the current adult support and protection inspection and training that has been conducted across the HSCP. Visibility of these incidents and the associated actions taken to support individuals is very positive with teams establishing links to the Protecting People Team and local authority Adult Support and Protection teams for guidance and advice.

Significant Adverse Event Reviews

d.11   There are currently two active Significant Adverse Event Reviews in Dundee HSCP. The reviews have been active for 93 and 49 days respectively. Once complete, a learning summary will be shared with the committee.

Pressure Ulcers

d.12   There have been seven pressure ulcer events reported between 01/08/2023 and 30/09/2023. The number of pressure ulcers reported over the past 18 months is shown in the following graph, by those that were determined as avoidable and those that were determined as unavoidable.

**Pressure Ulcers Avoidable/Unavoidable
01/04/2023 to 30/09/2023**

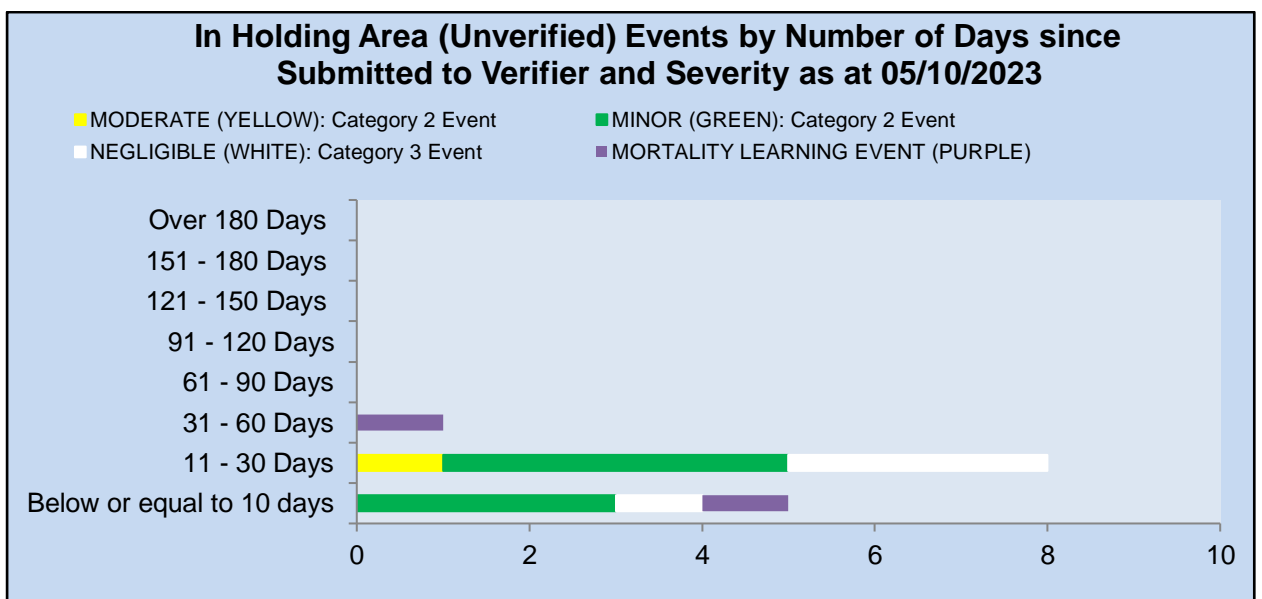— Ulcer was avoidable   — Ulcer was unavoidable
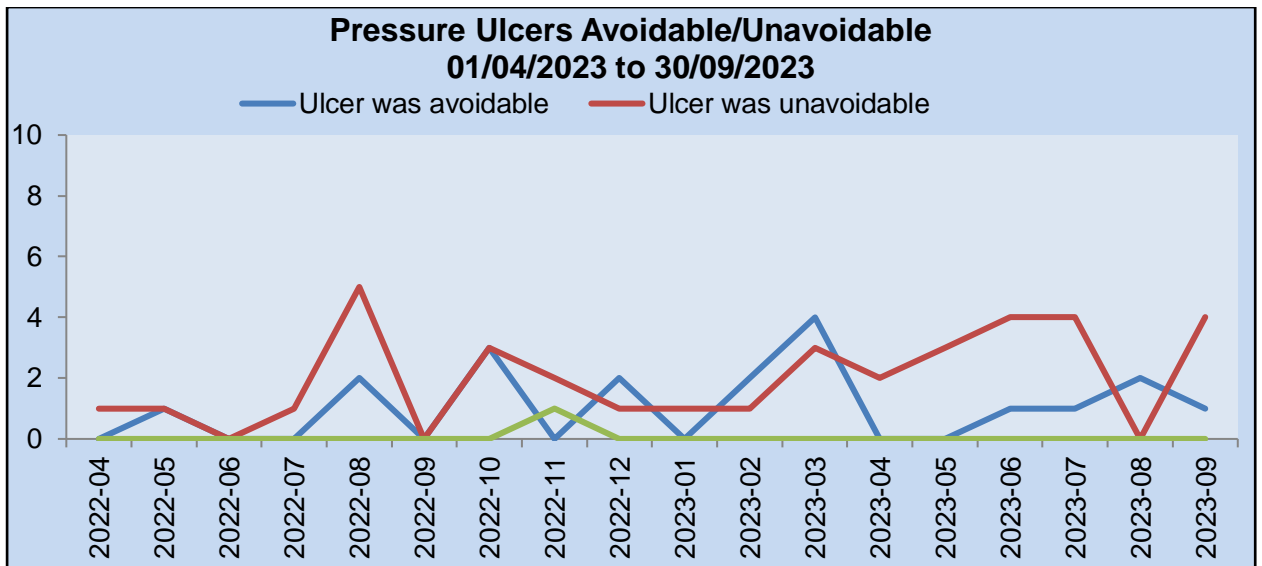
The avoidable pressure ulcers (3) were in relation to: one patient who was reluctant to follow advice of the Community Nursing service, one was from a patient's reluctance to move post-surgery due to pain levels and one was due to a dressing becoming loose during transfer from hospital to home. Focused improvement work has been undertaken by the community teams with support from the Tissue Viability Service as required with some collaborative work between hospital and community services to identify and apply learning.

Adverse events management – systems and processes

d.13   Overdue Unverified Events

At the time of data extraction, there were 14 unverified events. Of these unverified events, all 14 had exceeded the timescale of 72 hours for verification.
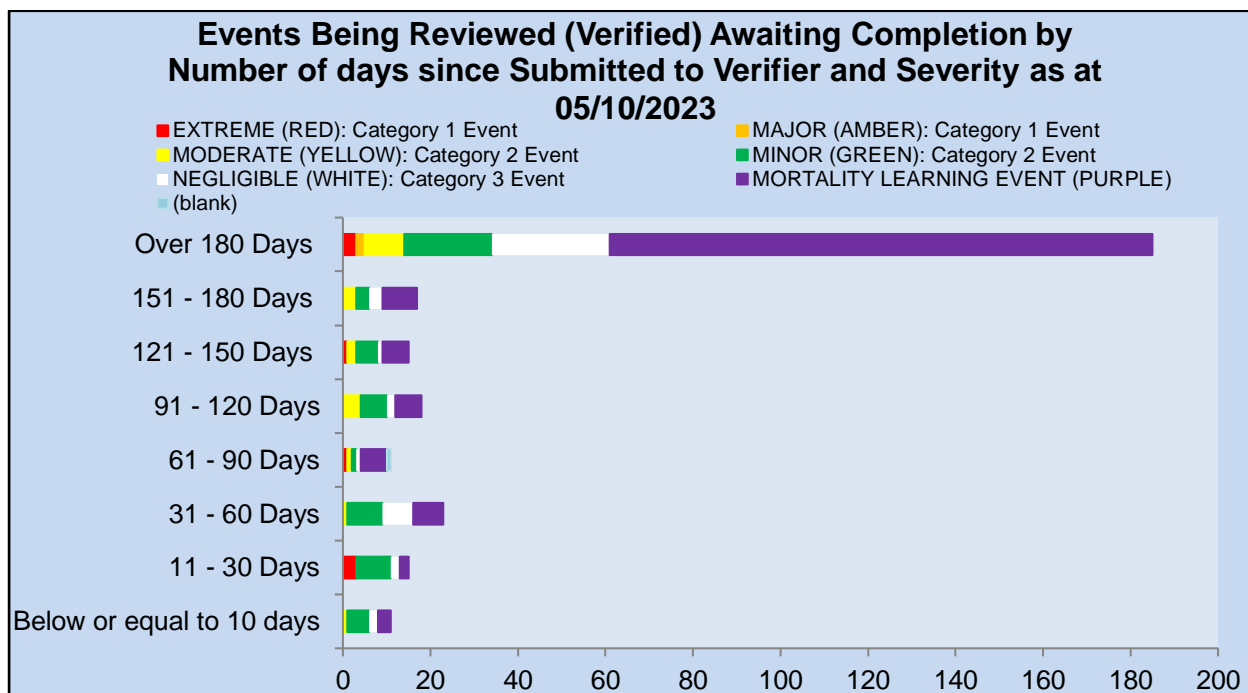
The following graph shows the unverified events by the severity and the number of days overdue.

In Holding Area (Unverified) Events by Number of Days since Submitted to Verifier and Severity as at 05/10/2023

■ MODERATE (YELLOW): Category 2 Event   ■ MINOR (GREEN): Category 2 Event
□ NEGLIGIBLE (WHITE): Category 3 Event   ■ MORTALITY LEARNING EVENT (PURPLE)

d.14   Overdue Verified Events

There are 295 events that are verified but overdue for completion within Datix.

The following graph shows the length of time that has elapsed since the reporting of the events at the time of data extraction by severity for those events that are overdue for completion.

Events Being Reviewed (Verified) Awaiting Completion by Number of days since Submitted to Verifier and Severity as at 05/10/2023

d.15 The table below shows the number of overdue events by the year and department.

Department	2019	2020	2021	2022	2023	Total
Community Mental Health Services	3	6	9	27	27	**72**
Central (DDARS)	0	0	3	15	19	**37**
Community Learning Disabilities Nursing, Dundee HSCP	0	1	2	22	9	**34**
East (DDARS)	0	2	12	6	7	**27**
West (DDARS)	2	1	5	7	12	**27**
Primary Care (DDARS)	0	0	1	8	7	**16**
Psychiatry of Old Age - Older People Services (Dundee)	0	1	1	3	7	**12**
Other - Mental Health (Dundee)	0	0	3	5	4	**12**
General Practice - Dundee HSCP	0	0	3	2	6	**11**
Allied Health Professions (Dundee HSCP)	0	0	0	1	5	**6**
MFE (Medicine for the Elderly) - Older People Services (Dundee)	0	0	0	0	6	**6**
Other (DDARS)	0	0	0	2	3	**5**
Area Psychological Therapy Service - Mental Health (Dundee)	0	0	1	0	4	**5**
Nutrition and Dietetics (Dundee HSCP)	0	0	0	0	4	**4**
Palliative Medicine	0	0	0	0	4	**4**
District Nursing (Dundee HSCP)	0	0	0	0	4	**4**
Brain Injury Rehabilitation	0	0	0	0	3	**3**
Specialist Community Nursing (Dundee HSCP)	0	0	0	0	3	**3**
Adult Psychotherapy Service - Mental Health (Dundee)	0	0	0	1	1	**2**
Health (DDARS)	0	2	0	0	0	**2**
Total	**5**	**13**	**40**	**99**	**138**	**295**

There has been a longstanding concern regards the overdue verified events. The focus for teams is very much on contemporary adverse events rather than historical adverse events due to the current longstanding issues with workforce availability. Other factors also contribute to these adverse events not being progressed include: awaiting toxicology results, procurator fiscal involvement, awaiting information from other agencies (i.e Police Scotland) and awaiting responses from other services in NHS Tayside.

There has been a renewed focus on these through our Clinical, Care & Professional Governance Group. Mental Health & Learning Disability Services and Dundee Drug and Alcohol Recovery Services have established adverse incident review groups to further support this work.

Feedback

e.1   The table below shows the number of complaints by service area and how long they have been open:
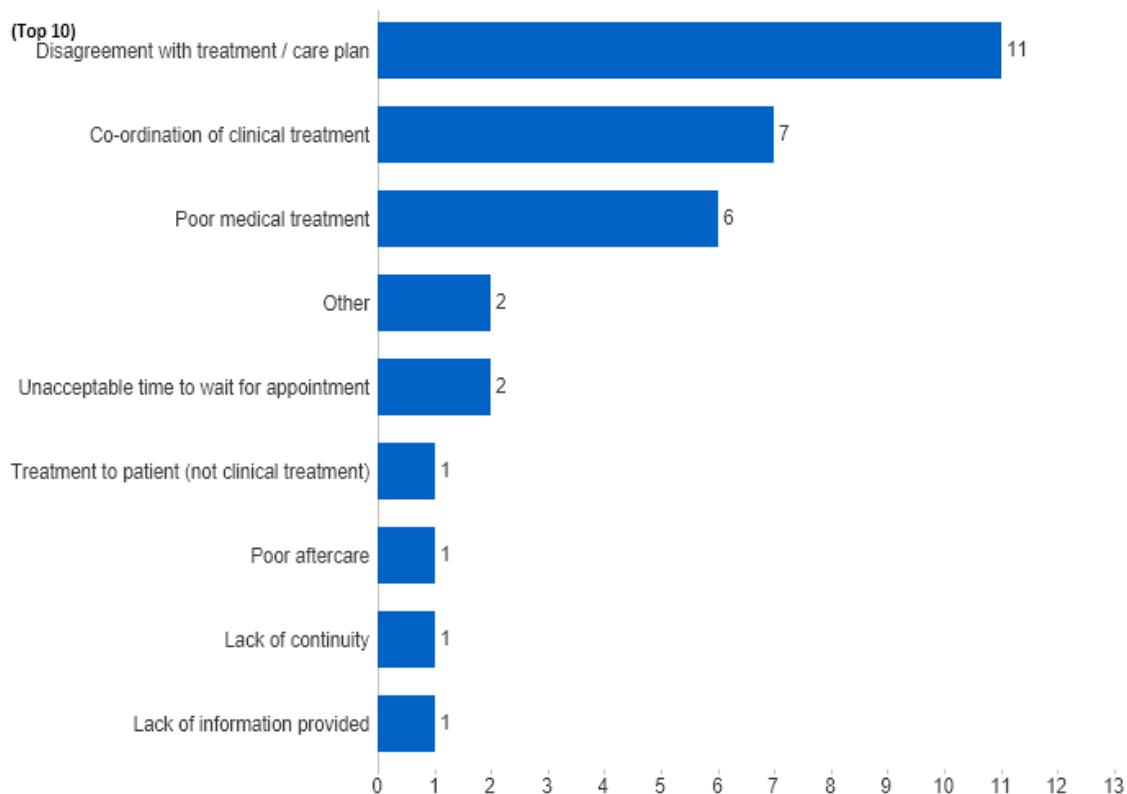
Current complaints as at 17/10/2023

No. of Open Cases - 7							
Clinical Care Group/Department	**Days_Band**	0-5 Days	6-10 Days	11-15 Days	16-20 Days	>20 Days	**Total**
Mental Health (Dundee)		1	1	-	1	1	**4**
Older People Services (Dundee)		-	-	-	1	-	**1**
Specialist Palliative Care		-	-	1	-	-	**1**
MISSING		-	1	-	-	-	**1**
Total		**1**	**2**	**1**	**2**	**1**	**7**

The total number of open complaints continues to improve with seven open complaints (11 in last report) and only one complaint currently sits above the 20 day time period. Ongoing collaboration with the Patient Experience Team to continue to improve this position will remain in place.

The clinical, care and professional governance forum led an informative session on auditing quality of complaint responses building on the quality checks currently in place across services.

Key Themes

e.2   The key themes and sub themes for complaints are shown in the chart below.

(Top 10)

Category	Value
Disagreement with treatment / care plan	11
Co-ordination of clinical treatment	7
Poor medical treatment	6
Other	2
Unacceptable time to wait for appointment	2
Treatment to patient (not clinical treatment)	1
Poor aftercare	1
Lack of continuity	1
Lack of information provided	1

Every complaint is reviewed to understand what did happen, what should have happened and, where a difference exists, what measures can be taken to reduce the likelihood of a similar incident occurring again.

All teams are asked to report on their complaints through the CCPG Group and Forum to ensure the sharing of learning across the Health and Social Care Partnership.

Scottish Public Services Ombudsman Reports

e.3   There is currently one case being explored via the SPSO. This is in relation to access to Tier 4 Weight Management Services (Bariatric Surgery). Information from NHS Tayside has been provided to the SPSO for consideration before they determine if a full investigation is required.

External Reports & Inspections

e.4   Mental Welfare Commission for Scotland – Unannounced Visit – Kingsway Care Centre: Ward 4. June 2023

It was noted that all recommendations and suggestions from the last visit (2019) were all complete.

The report was generally very positive with input from a range of professionals and patients.

There were 4 recommendations made relating to enhanced involvement of patients, relatives and carers across all aspects of care; ensuring all certification regarding authorising treatment (T2 or T3) are in place and that a copy is held in the medication kardex; the fence in the garden area should be altered to provide more privacy; managers continue to feed into the Tayside wide anti-ligature programme of work.

The service are awaiting Ward 1 and Ward 3 reports, and these will be included in future reports.

Adult Support & Protection

e.5 The Dundee HSCP are currently undergoing a Joint Inspection of Adult Support and Protection. The information-gathering aspects of the inspection (staff survey, position statement and evidence, case file reading and focus groups) have concluded and the joint inspection team are analysing that information in advance of providing feedback during week beginning 27 November. The final report is due to be published on 19 December. Chief Officers from across the Dundee Partnership extend their thanks to all staff who have contributed to the inspection process. Once concluded the results will be shared with the committee.

Drug-related Deaths

f.1 The Drug-related Deaths in Scotland in 2022 report has now been published.

Dundee demonstrates the second highest rate over five year period but a higher than average reduction in percentages. The figures below show the number of drug deaths per year from 2018 to 2022.

2018 – 66
2019 – 72
2020 – 57
2021 – 52
2022 – 38

The Dundee HSCP still recognises that every death is a tragedy and we will continue working with our partners to further reduce drug-related deaths.

While we have seen a significant reduction in deaths across males (2018 – 47 compared with 2022 – 18); there has not been a corresponding reduction in the number of female deaths which were 19 in 2018 and 20 in 2022. We are working to develop a range of women only approaches which include the Women's Hub opening this year; the woman and baby rehabilitation unit and women only homeless accommodation. We will continue to review our services to provide both gender-sensitive and trauma-informed services.

Medication Assisted Treatment Standards (MATS)

Scores for MATS 1-5

f.2 The Scottish Government published the MATS Standards Benchmarking Report in June 2023.

The scores for Dundee were as follows:

	MAT 1 Same Day Access	MAT 2 Choice of Treatment	MAT 3 Support to those at highest risk of harm	MAT 4 Harm reduction	MAT 5 Support to stay in treatment
June 2023 report	Amber	Provisional green	Provisional green	Provisional green	Provisional green

All feedback from the MAT standards implementation team indicates that Dundee services have gone through significant change and have made improvements in terms of scale that demonstrate a transformation is underway.

Scores for MATS 6-10

f.3 The assessment of MAT Standards 6–10 was mainly based on documented process evidence and whether this had been converted into actions that benefit the individuals accessing MAT.

Nationally only a few Alcohol and Drug Partnership areas (including Dundee) were able to provide experiential evidence for these standards. Dundee has scored higher than many ADPs for MATS 7, 8 and 10.

Overall, no ADP area is yet to score *Provisional Green* or *Full Green* for MATS 6-10, and some are still scoring *Red*. The scores reflect the level of work across the whole system to improve outcomes.

Dundee's scores for MATs 6-10:

	MAT 6 Psychologically informed services and supports	MAT 7 MAT shared care with Primary Care	MAT 8 Access to advocacy, support for housing, welfare and income needs	MAT 9 Integration of SU and MH pathways	MAT 10 Trauma informed care
June 2023 report	Provisional Amber	Amber	Amber	Provisional Amber	Amber

The progress made by Dundee, reported by the Scottish Government, has a particular focus on evidence from those using the service and the family of people using the service, which is being gathered on a regular basis to provide a way for communities to engage in the process of change.

The voice of lived experience and the whole family approach will continue to be a focus as we continue to work and improve the quality of services and pathways.

6.0 POLICY IMPLICATIONS

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

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
Clinical Director

DATE: 2 November 2023

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

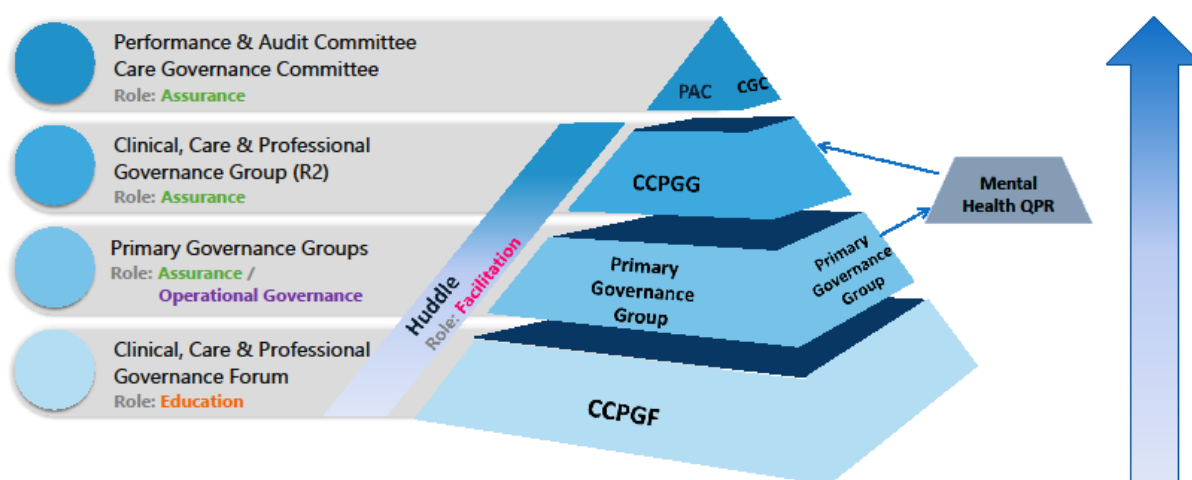Matthew Kendall
Allied Health Professions Lead

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

Performance & Audit Committee Care Governance Committee **Role: Assurance**	PAC CGC	
Clinical, Care & Professional Governance Group (R2) **Role: Assurance**	CCPGG	Mental Health QPR
Primary Governance Groups **Role: Assurance /** **Operational Governance**	Primary Governance Group Primary Governance Group	
Clinical, Care & Professional Governance Forum **Role: Education**	CCPGF	

Huddle Role: Facilitation

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, Associate Locality Managers, Lead Allied Health Professional, Lead Nurse, Lead Pharmacist, Clinical Governance Lead, Senior Officer – Business Planning and Information Governance, NHS Business Support 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 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 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 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 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.