ITEM No …9…….

REPORT TO: **PERFORMANCE AND AUDIT COMMITTEE – 3 FEBRUARY 2021**

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

REPORT BY: **CLINICAL DIRECTOR**

REPORT NO: **PAC6-2021**

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 from 1 October 2020 to 30 November 2020.

2.0 RECOMMENDATIONS

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

- 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: Moderate.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 Situation

4.1.1 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 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 from 1 October 2020 to 30 November 2020.

As lead Officer for Dundee HSCP I would suggest that the level of assurance provided is: Moderate.

4.2 Background

4.2.1 The role of the Dundee Health & Social Care Partnership Governance group is to provide assurance to the Dundee Integration Joint Board, NHS Tayside Board (through the Care Governance Committee) and Dundee Council, that there are effective and embedded systems for Clinical, Care & Professional Governance in all services within Dundee Health and Social Care Partnership.

4.2.2 The Getting It Right For Everyone Framework has been agreed by all three Health & Social Care Partnerships and the recent refresh of the document was endorsed at Care Governance Committee. To ensure consistency of approach between Local Authorities, Tayside NHS Board and the IJBs for the three Health & Social Care Partnerships, quality assurance is assessed against an agreed, prioritised common data set for each of the governance domains as detailed below. A Getting It Right For Everyone 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.

4.2.3 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, Healthcare Improvement Scotland 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

4.2.4 There is a clinical governance strategic risk for NHS Tayside Clinical Governance Risk 16. The current risk exposure rating of this risk considers the Clinical and Care Governance reporting arrangements within the Partnerships and reflects the complexity in moving towards integrated Clinical and Care Governance arrangements within each of the HSCPs. The Interim Evaluation of Internal Control Framework Report No T09/20 identifies the need for greater consistency in reporting of performance and quality by the HSCPs.

4.3 Assessment

4.3.1 <u>Clinical and Care Risk Management</u>

4.3.1.1 Risk management across Dundee HSCP continues to be recorded across both a Health (service risks) and Local Authority (strategic risks) system. While this in itself does not prevent appropriate risk management processes being undertaken it does increase the required administration to link together risks and ensure visibility and connections between strategic and service risks. There are ongoing discussions to determine the most effective route forwards for risk management systems.

4.3.1.2 Top 5 Risks in Dundee HSCP

Title of Risk	Adequacy	Inherent Risk Score (without controls)	Current Risk Score (with current controls in place)
721 - Current funding insufficient to undertake the service redesign of the integrated substance misuse service	Inadequate - No evidence to support the effectiveness of controls	20	20
612 - Insufficient numbers of staff in integrated substance misuse service with prescribing competencies	Incomplete – Controls are appropriately designed but these are not consistently applied	25	25
233 - Increasing Patient demand in excess of resources	Incomplete - Controls are appropriately designed but these are not consistently applied	15	25
839 - COVID-19 Maintaining Safe Substance Misuse Service	Incomplete - Controls are appropriately designed but these are not consistently applied	12	15
729 -Nursing Workforce	Inadequate – No evidence to support the effectiveness of controls	15	12

4.3.1.3 Risk 721: Risk that current funding would be insufficient to undertake redesign of the integrated substance misuse service.

The current risk rating is 20. Since the launch of the Drug Commission report in August 2019, ISMS has recruited five additional band 5 nurse posts, 3 new posts and 2 posts to replace previous fixed term positions. There is also a long term vacancy for a locality manager to lead strategic financial planning. Controls available to Integrated Substance Misuse Service (ISMS) have been applied and the risk exposure remains 20, which contributes to the risk ratings for Datix risks 612, 233, 839 and 458.

4.3.1.4 Risk 621: Insufficient numbers of ISMS staff with prescribing competencies.

The controls available to ISMS have been applied and the risk exposure remains 25. Proposed controls include the relevant Dundee Partnership Action Plan for Change actions and the implementation of national Medication Assisted Treatment standards, which have been added as Datix risk actions to enable DHSCP and NHST to monitor the consequences of these planned controls. The risk exposure with the planned/proposed controls remains 25 as the controls do not yet address the prescribing capacity issues for those established on opiate substitution treatment with multiple complex needs, the population with the highest fatality risk.

4.3.1.5 Risk 233: Increased patient demand in excess of resources.

Despite applying controls the risk rating has increased from 15 to 25. Proposed controls include the relevant Dundee Partnership Action Plan for Change actions and the implementation of national Medication Assisted Treatment standards, which have been added as Datix risk actions to enable DHSCP and NHST to monitor the consequences of these planned controls. The risk exposure of the planned/proposed controls remains 25 as the controls do not address the nurse key working capacity issues and the service continues to hold 240 cases that do not have a named nurse allocated to their care.

4.3.1.6 Risk 839: COVID-19 Maintaining safe substance use services.

Integrated Substance Misuse Service has rapidly adapted service provision to continue to deliver person-centred care during the COVID pandemic, working in partnership with other agencies. We

have maintained provision of opiate substitution treatment and alcohol detox, despite a 50% increase in alcohol referrals compared to a similar period in 2019. The risk rating remains 15 as staffing levels can fluctuate and clinical activity has increased.

4.3.1.7 Risk 729: Nursing Workforce.

The nursing workforce continues to be under significant pressure across a number of teams. Risk 729 relates specifically to the in patient team in the Medicine for the Elderly wards, a number of other nursing teams also have risks recorded.

The teams are working flexibly to ensure safe care is delivered using colleagues from across the Partnership to support where able. There is added strain in the system due to the requirement to support the COVID testing centre and the vaccination programme.

As lead Officer for Dundee HSCP I would suggest that the level of assurance provided is: Moderate.

4.3.2 Clinical & Care Governance Arrangements

4.3.2.1 Dundee HSCP has established processes for Clinical, Care and Professional Governance in order to ensure processes and scrutiny are of a level which can provide the required assurance. A number of elements of governance are working well across the Partnership with the development of the Primary Governance Groups becoming established and feeding in an enhanced quality of assurance to the CCPG Group.

4.3.2.2 The CCPG Group meets every two months and receives information as outlined in the table below. Operational managers present an exception report to each CCPG Group highlighting challenges, issues and exceptional pieces of work. An annual performance framework requests that each service present a comprehensive annual report on all aspects of clinical, care and professional governance.

Governance Reporting Table

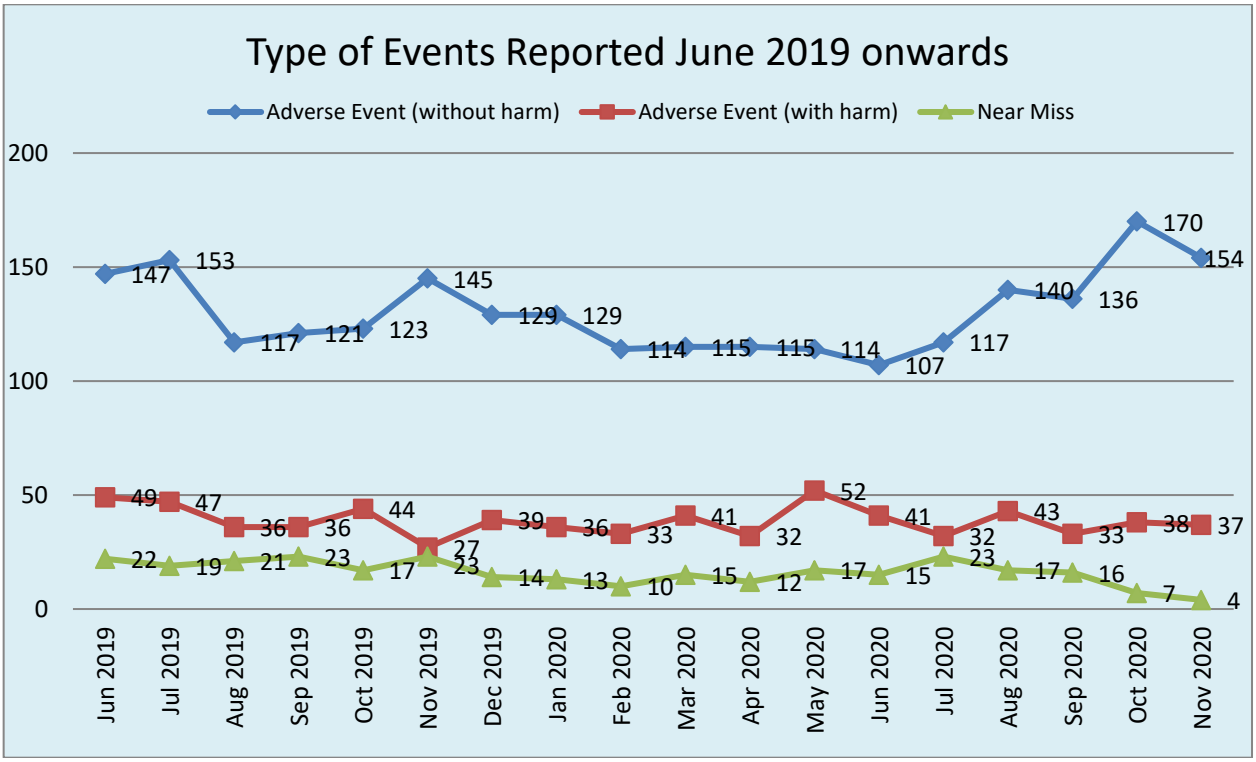
	Primary Governance Group	CCPG Group	Care Governance Committee
Scorecard	Full	Exceptions (from scorecard)	Persistent Exception (Three Reports) Exceptions affecting multiple teams Level of Risk (High)
Datix Themes/Action Taken	All Service Reported and themed	Exceptions (Individual/Themes)	Persistent Exception (Three Reports) Exceptions Affecting Multiple Teams Level of Risk (High)
Red Events	All for service	All	Overview – themes/numbers
LAER/SAER/SCR	All reported and learning shared	High Level Summary	Exceptions Organisational Learning Organisational Risk
Complaints (and SPSO)	All – learning shared	Report highlighting numbers/service areas/themes	SPSO Numbers Organisational Learning
Risks	All for service	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 prioritised when required	Organisational Impact

The CCPG Forum has changed its format and is now a forum specifically for sharing of good practice and learning in relation to challenges and provides support and development to managers and lead governance staff across the Partnership. October's forum reviewed exception reports from services and had focussed discussion on a number of operational challenges. The group then had an interaction session on the Datix Risk Management system via MS Teams.

As lead Officer for Dundee HSCP I would suggest that the level of assurance provided is: Moderate.

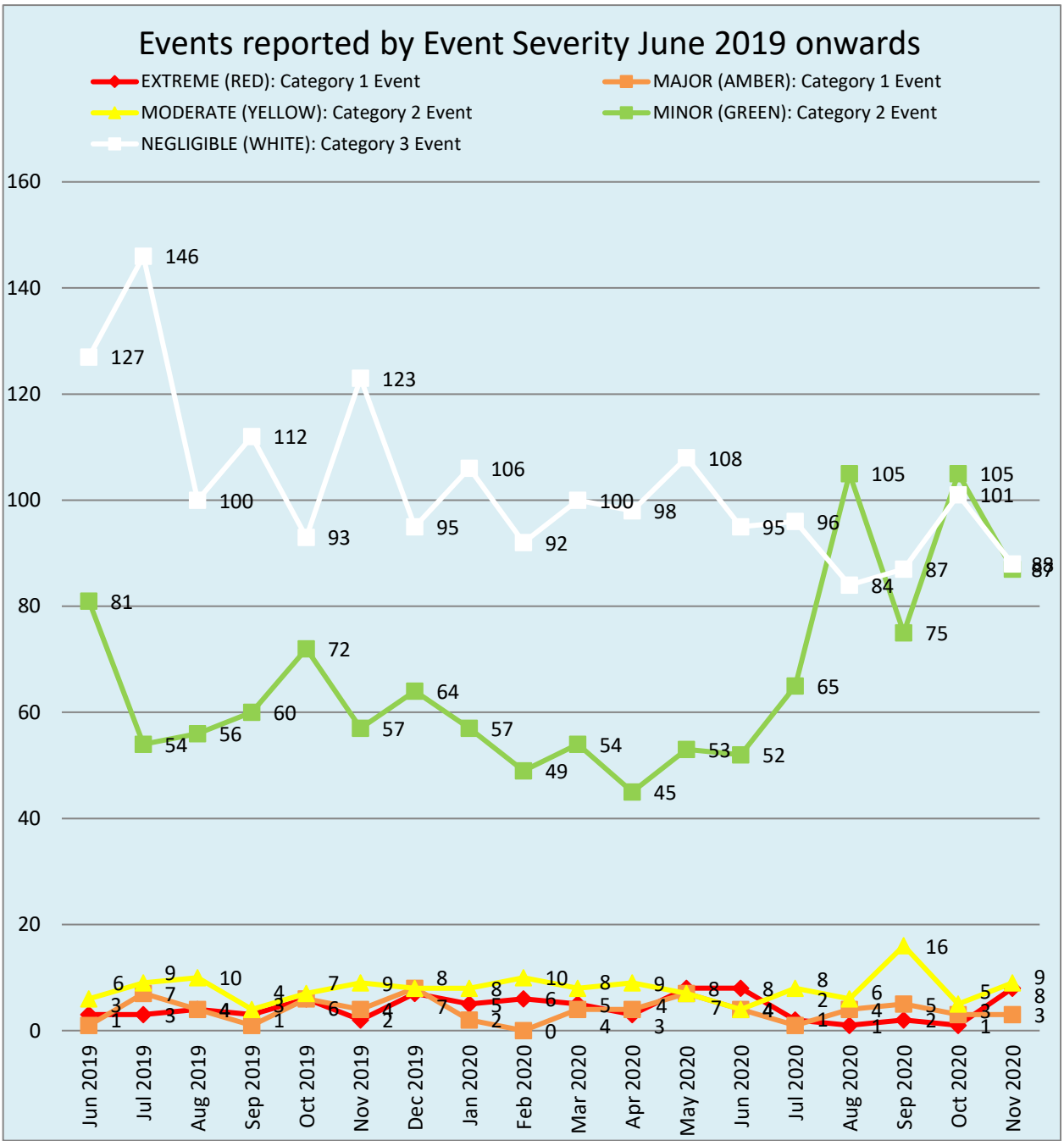
4.3.3 Adverse Event Management

4.3.3.1 The chart below shows the type of events reported through the NHS Tayside Adverse Event Management System (Datix) between 01/06/2019 and 30/11/2020. There was a total of 3330 events reported within the time period.



This chart shows an increase in adverse events without harm over the past 5 months. This will be explored further in this report when we separate the top 5 event categories below.

4.3.3.2 The following graph shows the adverse events reported by impact from 01.06.2020 to 31.11.2020.



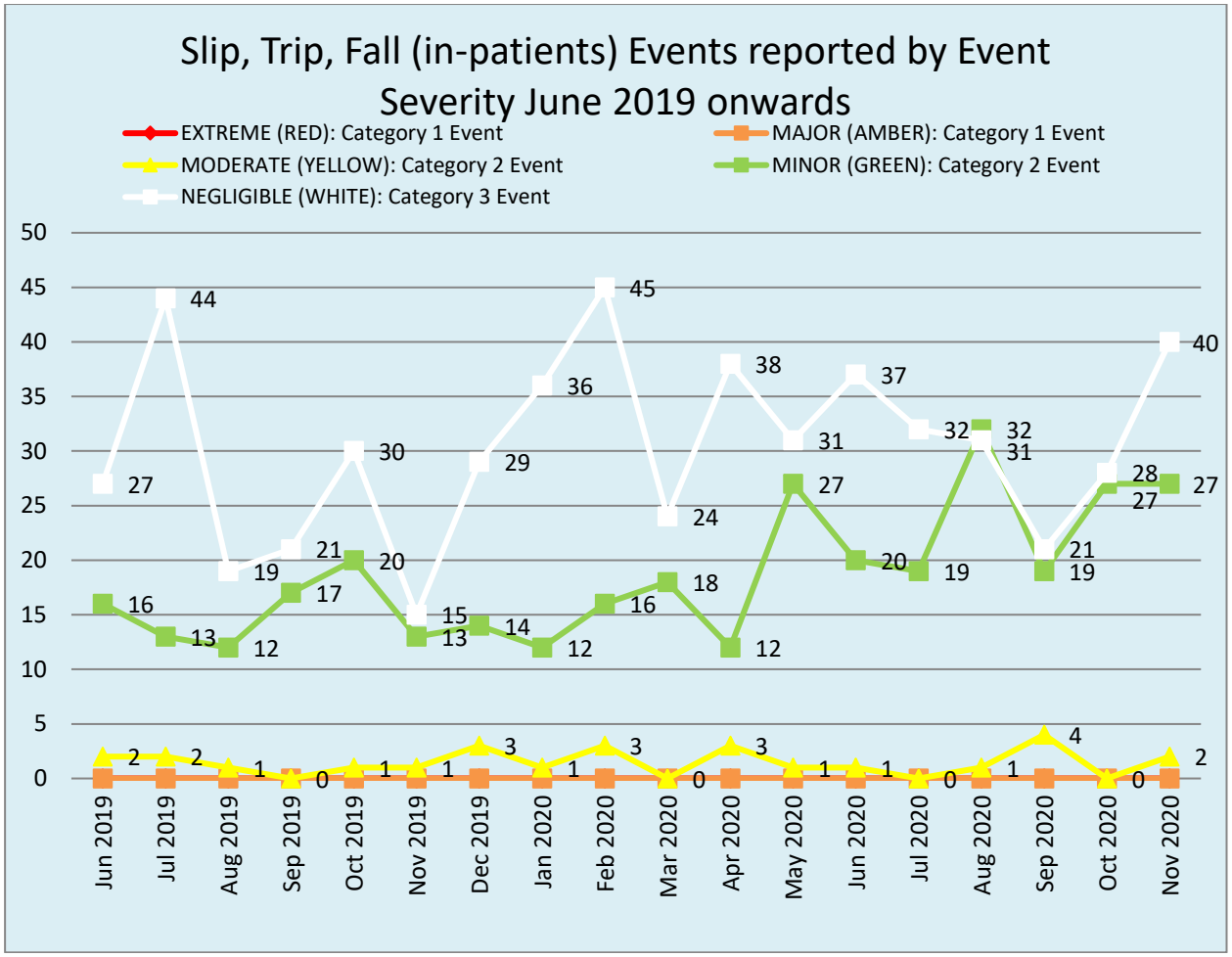
4.3.3.3 Top 5 Categories of Adverse Events

The following table shows the top five categories reported between 01.10.2020 to 31.11.2020 by service. The top five categories are Slip, Trip, Fall (inpatients only) (124 incidents); Violence and Aggression (104 incidents); Medication Adverse Event (33 incidents); Documentation/Administration (20 incidents); and Clinical Challenging Behaviour (17 incidents).

TYPE OF EVENTS REPORTED OVER 2 MONTH PERIOD

	Adults and Older People	Allied Health Professions	Area Psychological Therapy Service	Brain Injury Rehabilitation	Community Mental Health Services	ISMS	MFE (Medicine for the Elderly)	Other	Palliative Medicine	Psychiatry of Old Age	Total
SLIP, TRIP or FALL (in-patients only)	1	3	0	8	1	0	40	0	5	66	124
VIOLENCE & AGGRESSION	7	2	0	0	2	8	6	2	1	76	104
MEDICATION ADVERSE EVENT	14	0	0	1	0	4	4	0	5	5	33
DOCUMENTATION/ ADMINISTRATION	3	2	1	1	3	6	0	3	1	0	20
CLINICAL CHALLENGING BEHAVIOUR	1	1	0	0	0	1	3	0	0	11	17
Total	26	8	1	10	6	19	53	5	12	158	298

4.3.3.4 The following graph shows the monthly number of events by severity for Slips, Trips and Falls (In-Patient only).

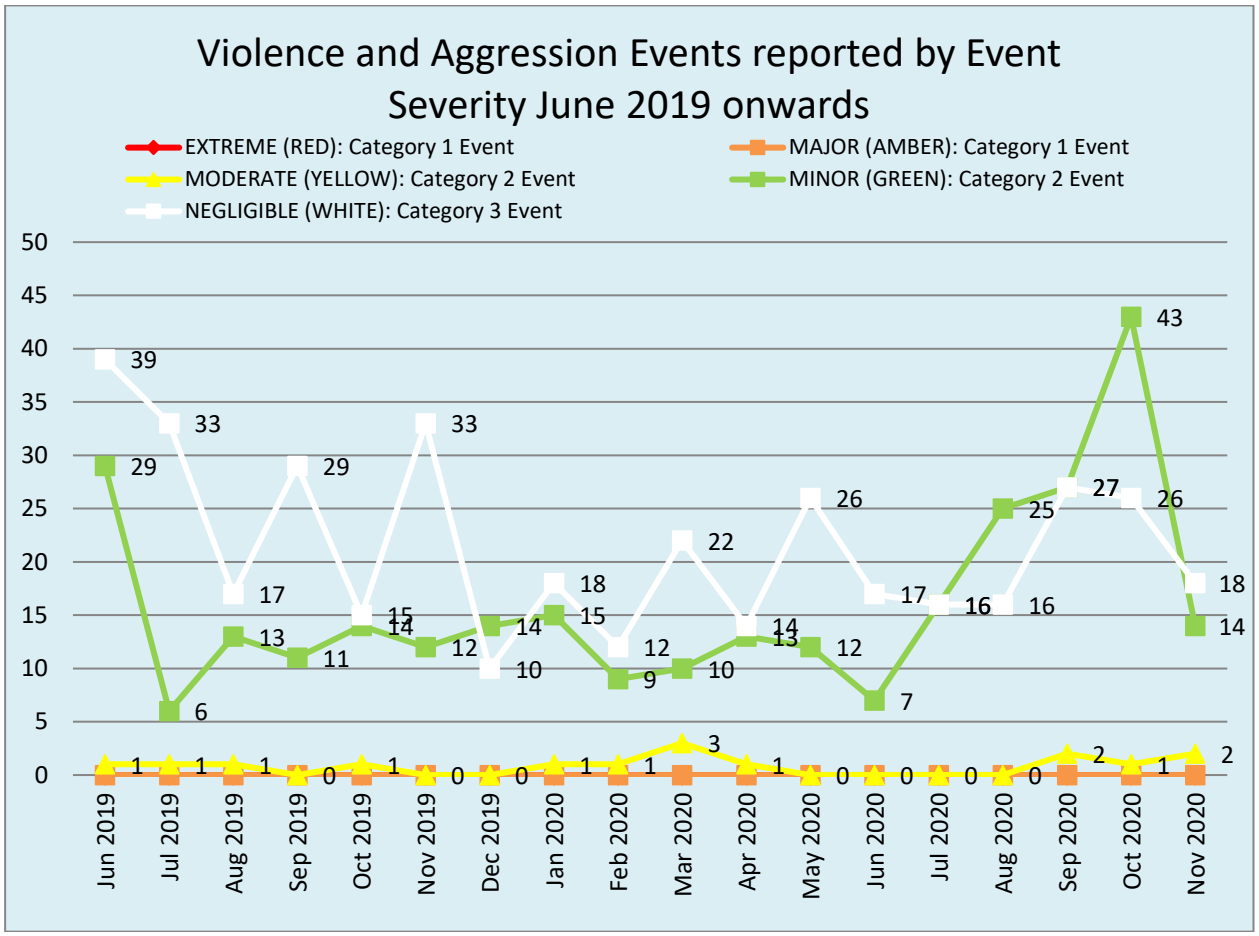


4.3.3.5 Of the 124 events, the majority (106) were across Older Peoples Services; 66 of these in Psychiatry of Old Age and 40 in Medicine for the Elderly. Work has commenced across both of these areas to explore the number of slips, trips and falls reported with the Patient Safety Team.

4.3.3.6 The clinical teams have noted that patients appear to be more frail, potentially due to the impact of COVID-19, and require significantly more rehabilitation, over a longer period of time to return them to levels of functional independence.

4.3.3.7 The number of incidents has increased over the time period and this will be continue to be monitored. Incidents with harm continue to be reviewed and in this reporting period there were only two incidents that were graded as moderate, with no incidents graded as major or extreme. The harm caused is predominantly bruising or grazing, although it should also be noted that a patient also chipped a tooth within this reporting period.

4.3.3.8 The following graph shows the monthly number of events for violence and aggression.



4.3.3.9 During this reporting period there has been a significant spike in October followed by a resultant fall in November. Analysis of these events shows that:

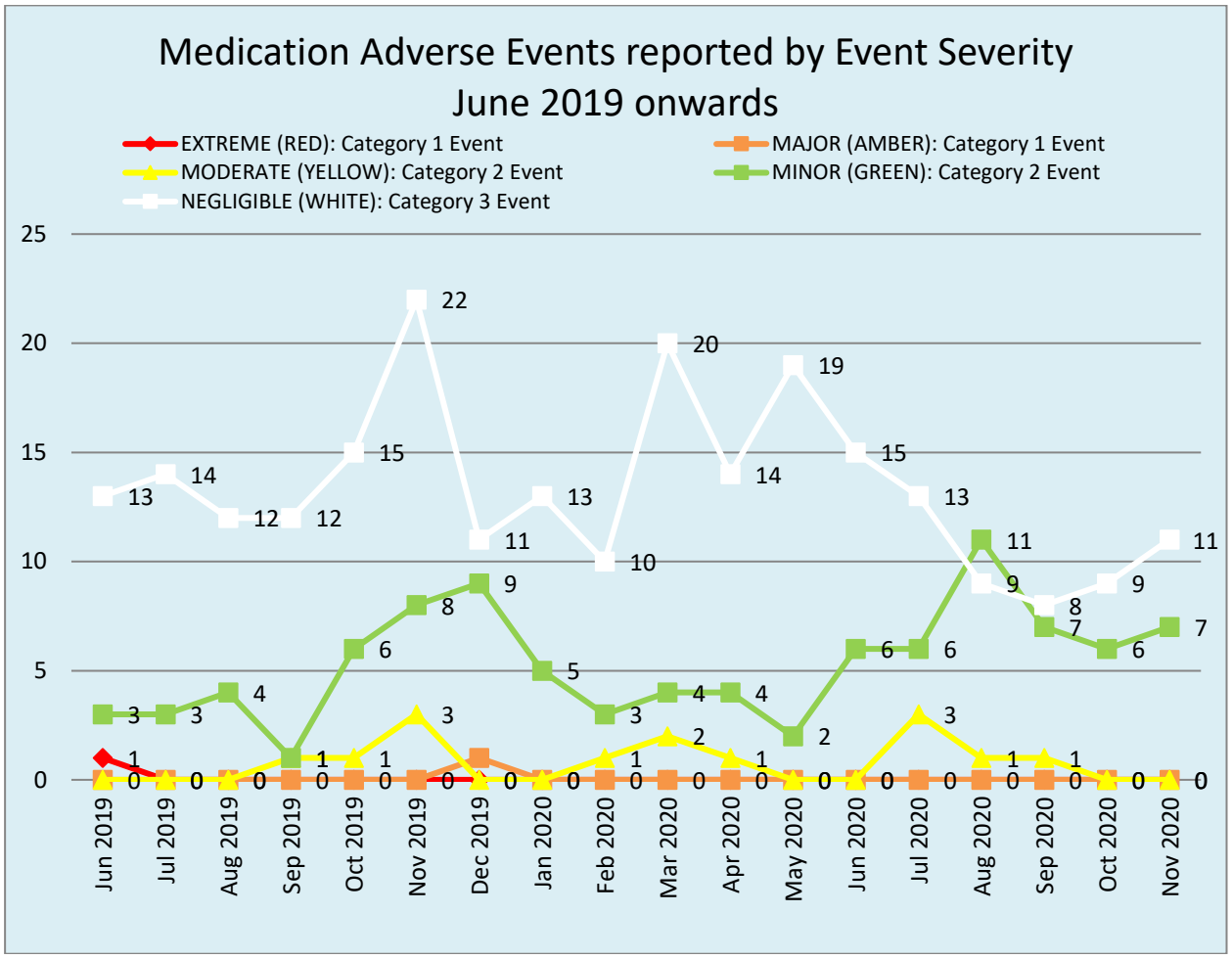
- 4 people were repeatedly involved in 56 events.
- 7 people were named in 2-5 events
- 9 people were named in only one event

A number of these patients have been discharged into November explaining the resultant fall in events.

4.3.3.10 Of the 104 incidents reported during this reporting period 76 of these were located in Psychiatry of Old Age Wards. 26 Of these were reported as incidents with harm. A review of these incidents identifies a significant percentage showing harm to staff via pinching, punching or kicking, although there is no serious or lasting effect from this harm.

4.3.3.11 The team have noted that the patient group have become younger and fitter over the past 12 months or so and this has necessitated the requirement for enhanced levels of training for staff to better support this patient group. This training has been focussed on wards 3 and 4 at Kingsway Care Centre as the vast majority of incidents are reported here (95%).

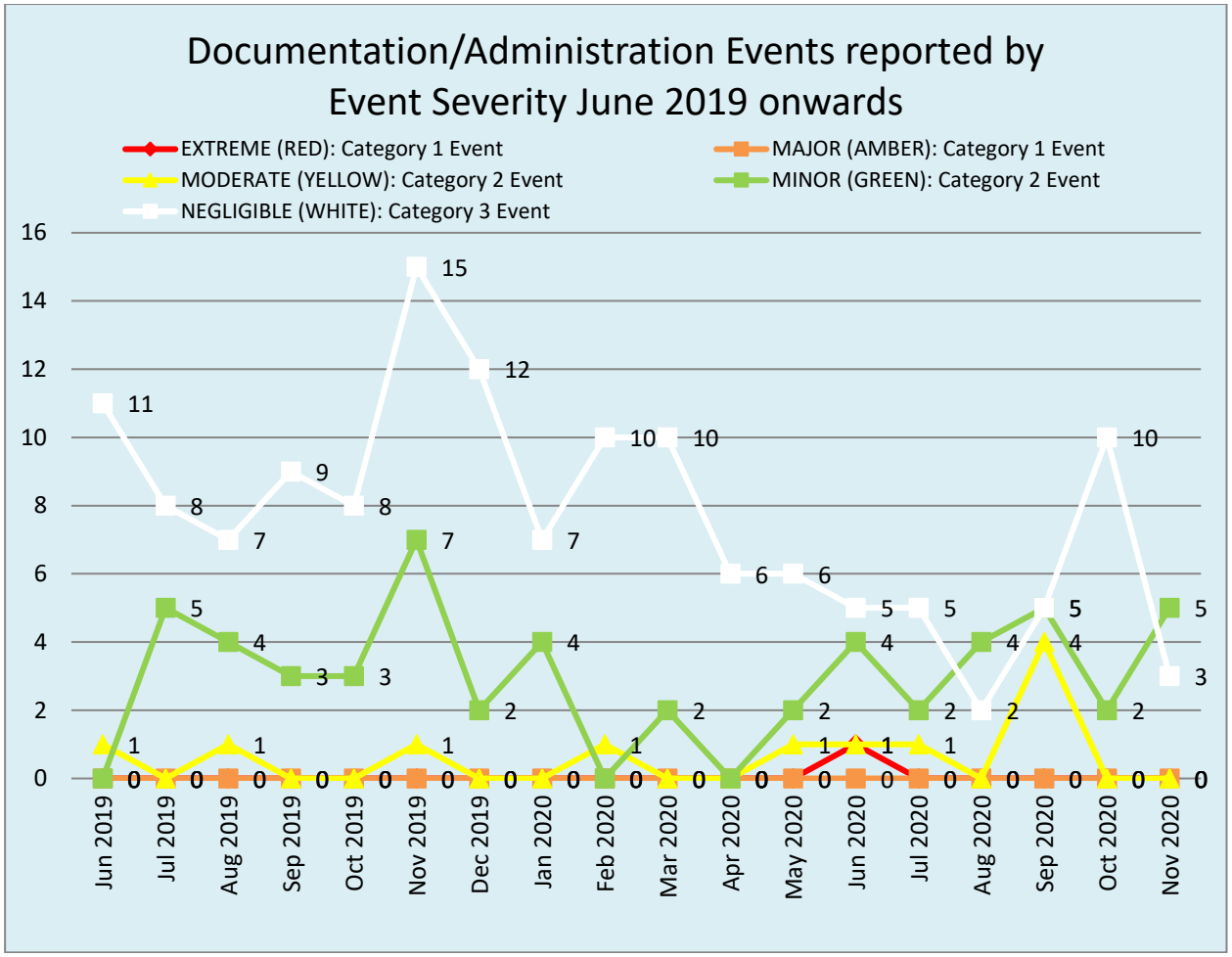
4.3.3.12 The following graph shows the monthly number of medication adverse events.



4.3.3.13 Medication adverse events are spread out over a number of different clinical teams, that is to say there is no particular theme or area of concern within one team. This, however, is closely monitored and any emerging areas of concern are discussed at the CCPG Group.

During this reporting period there were no incidents with harm reported.

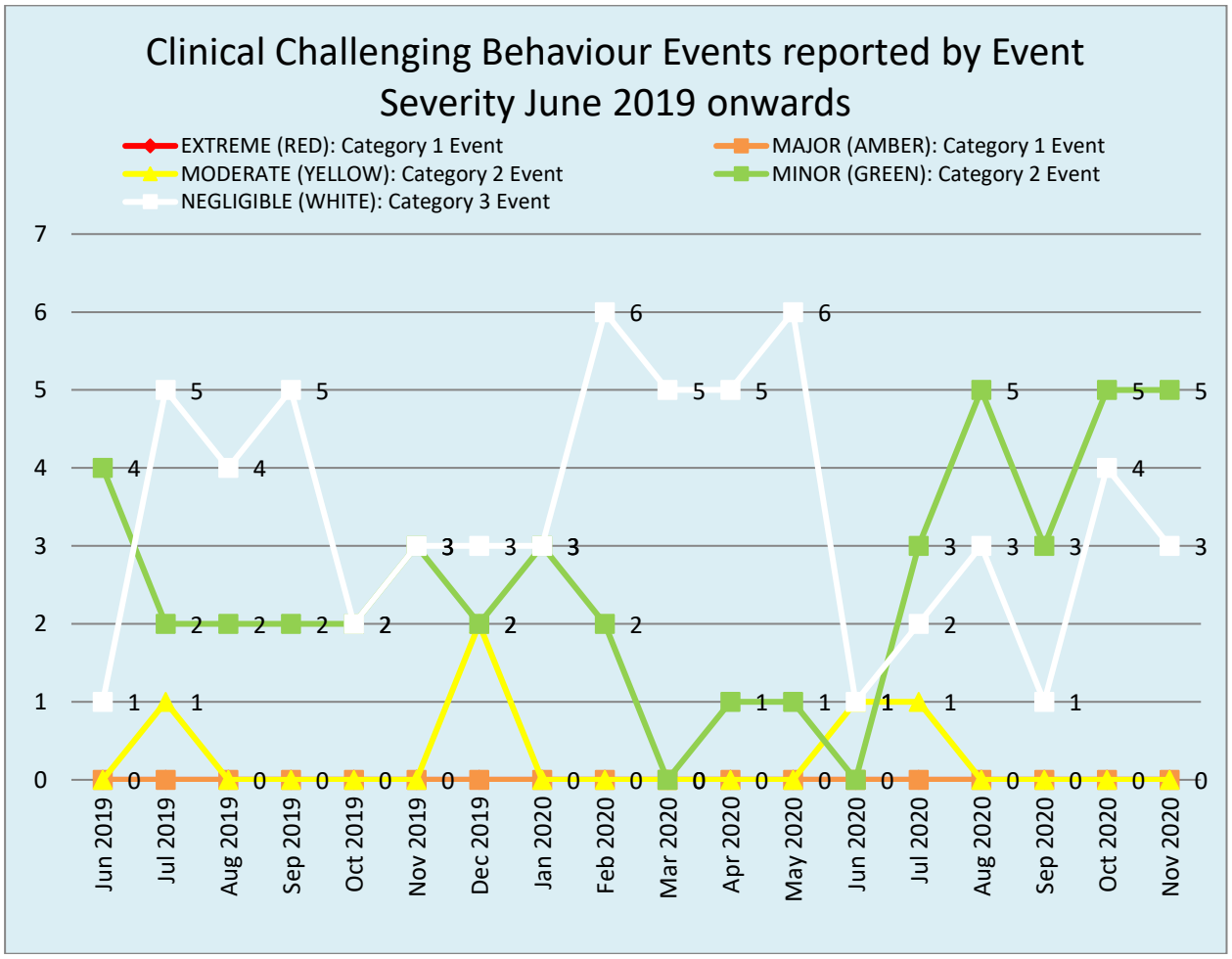
4.3.3.14 The following graph shows the monthly number of documentation/administration adverse events.



4.3.3.15 There are a range of incidents reported through documentation/administration which include breach of confidentiality, documentation error and delays reporting beyond standard targets. The delays reporting beyond standard targets relate to staff having to work additional hours to complete documentation. Staff have been reminded that this does not constitute an adverse event and therefore does not need to be reported within the Datix system.

4.3.3.16 Where breaches of confidentiality occur there is close working with the information governance team to ensure that all necessary steps have been taken to comply with GDPR regulations and also professional duty of candour. There are no single areas of concern in relation to these events and this will continue to be monitored.

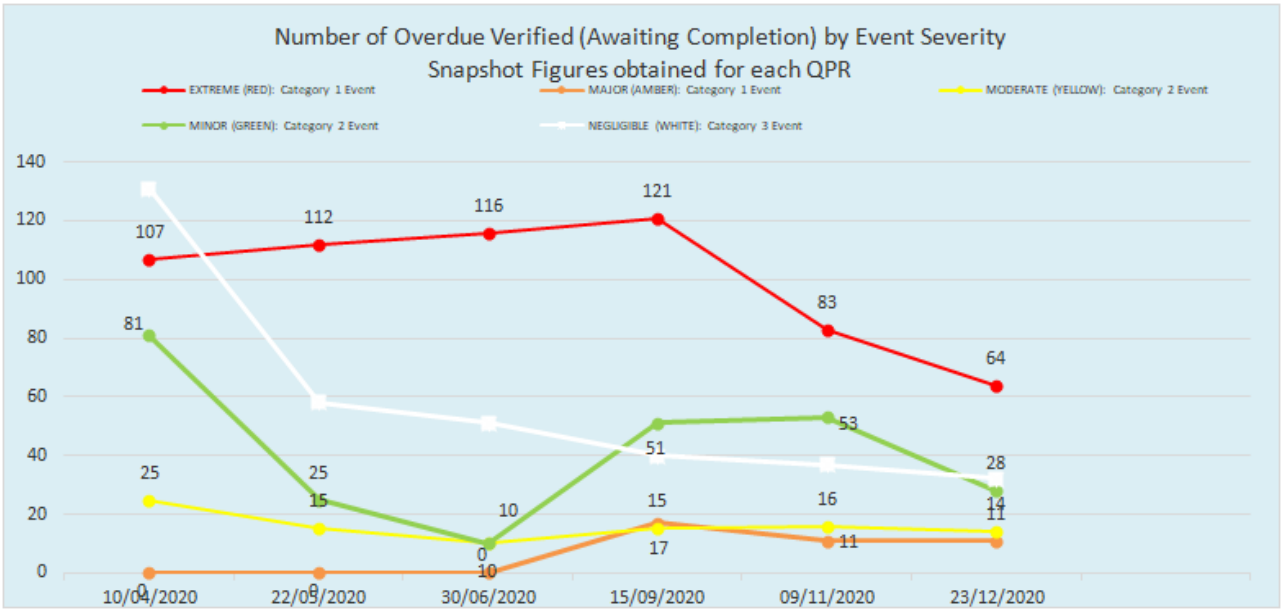
4.3.3.17 The following graph shows the monthly number of clinically challenging behaviour events.



4.3.3.18 These events are predominantly recorded in the Psychiatry of Old Age service. There is a positive reporting culture within this service and the team report being able to effectively manage the clinically challenging behaviours well.

4.3.3.19 The increase in minor incidents appears to correlate with the increase in violence and aggression events, and, as mentioned earlier the patient group are becoming younger and fitter which has led to the team receiving additional training to best manage the changing demographic of this patient group.

4.3.3.20 Number of Overdue Verified Adverse Events



4.3.3.21 This table shows a significant improvement in the number of overdue verified adverse events. It is recognised that the figures remain high and further work is required to continue with the demonstrated improvement. Additional staff have been recruited to support this work and training continues to ensure growing capacity to further reduce and maintain the positive work seen over the past three months.

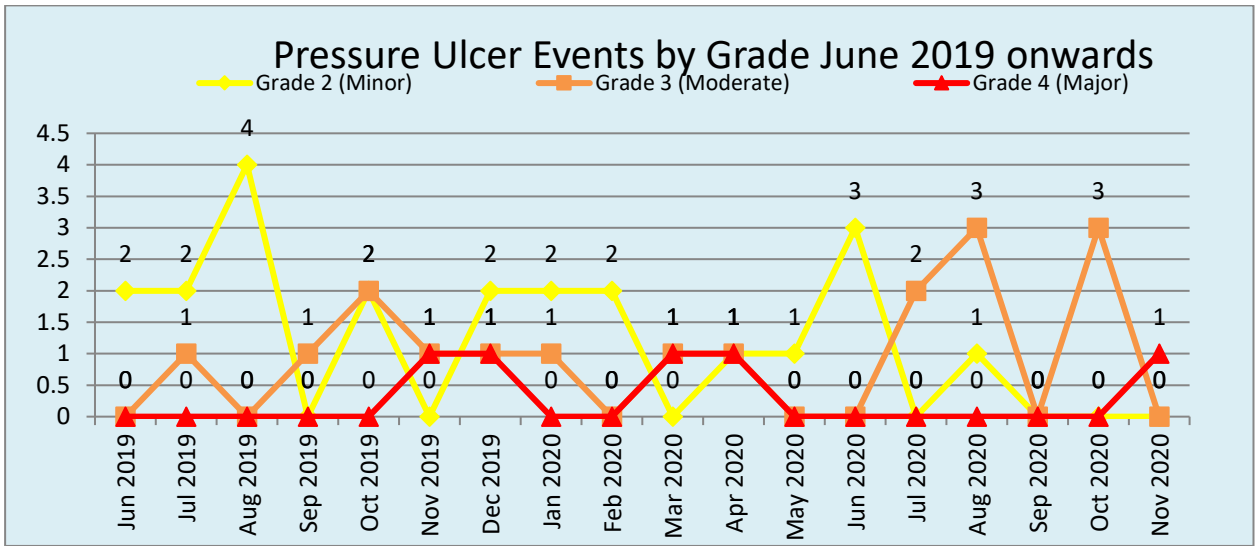
As lead Officer for Dundee HSCP I would suggest that the level of assurance provided is: Moderate

4.3.4 <u>Pressure Ulcers</u>

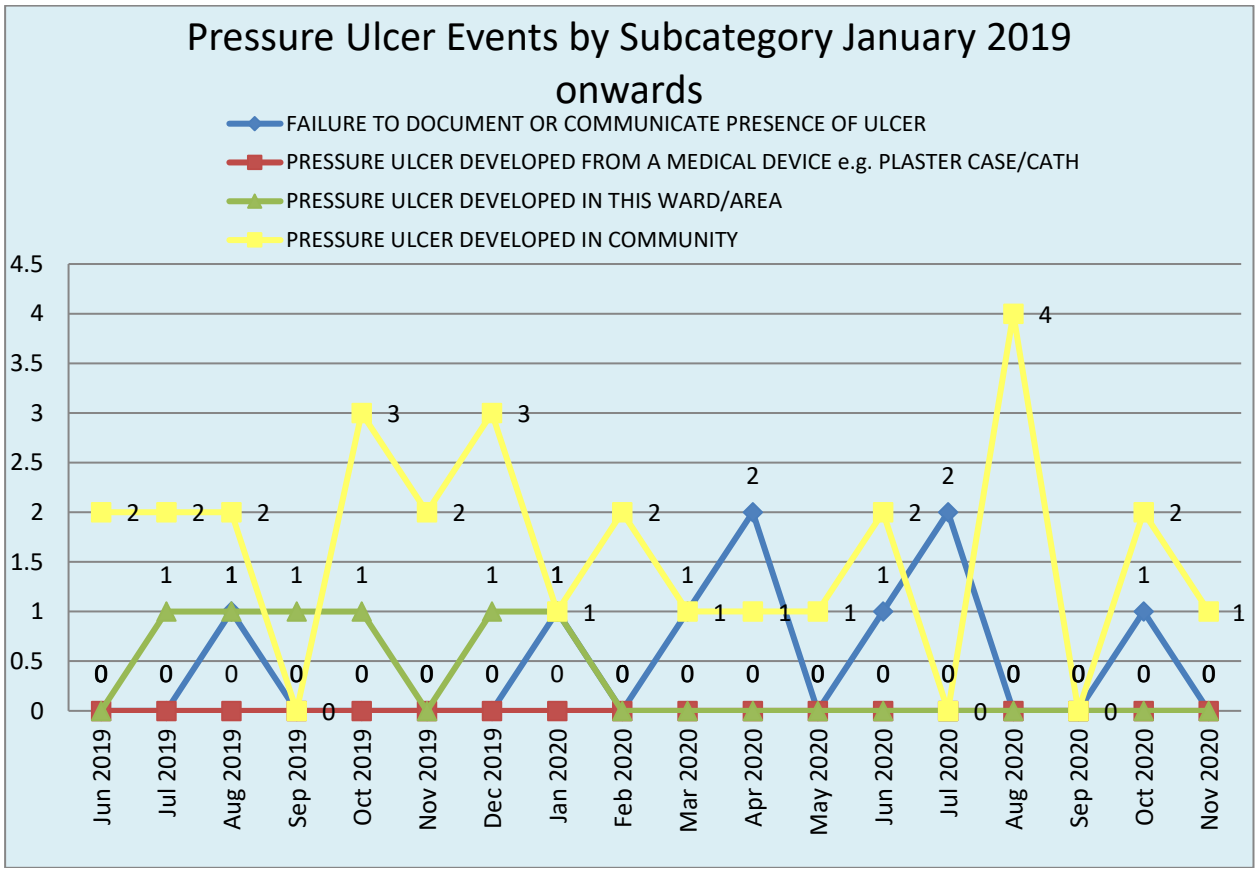
4.3.4.1 Pressure Ulcer numbers remain low across the Partnership. Reviews are completed in relation to all pressure ulcers that are recorded and from these assurance is provided that all preventable steps are taken in relation to pressure ulcer care.

4.3.4.2 The main theme apparent is pressure ulcers developing within the community setting and reviews have demonstrated that patients often do not wish to follow the advice provided by the community nursing service. Challenges also remain in relation to associated skin care bundles and there is ongoing improvement work in place.

4.3.4.3 Pressure Ulcer Incidents by Grade from June 2019



4.3.4.4 Pressure Ulcer Incidents by subcategory from June 2019



As lead Officer for Dundee HSCP I would suggest that the level of assurance provided is: Moderate

4.3.5 Complaints

4.3.5.1 Stage 1 NHS Complaints

No. of Open Cases - 4				
Directorate	**Days_Band**	**Total**	5-9 Days	10-14 Days
Total		**4**	**2**	**2**
Dundee HSCP (Health and Social Care Partnership)		**4**	2	2

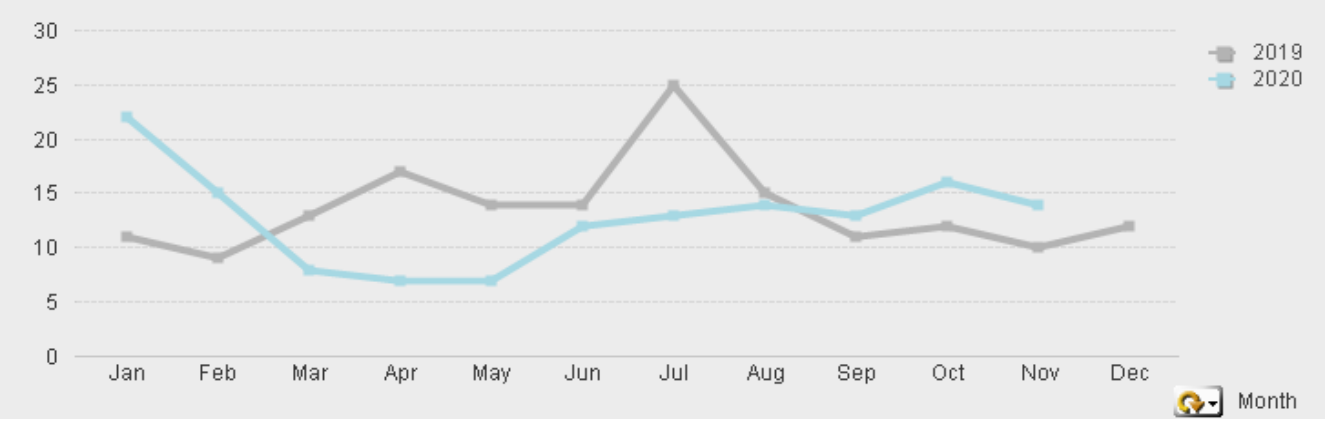
There are currently four stage 1 complaints being managed.

4.3.5.2 Stage 2 NHS Complaints

No. of Open Cases - 27										
Speciality	**Days_Band**	**Total**	5-9 Days	10-14 Days	15-20 Days	21-25 Days	26 - 30 Days	31-35 Days	36 - 40 Days	40+ Days
Total		**27**	**2**	**5**	**3**	**3**	**2**	**2**	**2**	**8**
MISSING		**3**	1	2	-	-	-	-	-	-
Adult Psychotherapy Service		**3**	-	-	-	1	1	-	1	-
General Practice		**3**	1	1	-	-	-	-	-	1
Physiotherapy		**1**	-	-	1	-	-	-	-	-
Community Mental Health Services		**11**	-	2	2	2	1	1	-	3
Eating Disorder Service		**1**	-	-	-	-	-	-	1	-
MFE (Medicine for the Elderly)		**4**	-	-	-	-	-	1	-	3
Tayside Sexual and Reproductive Health		**1**	-	-	-	-	-	-	-	1

This table shows the number of open complaints and how long they have been active. The complex nature of some of these complaints account for the length of time it is taking to resolve them.

4.3.5.3 Total Number of Complaints (NHS) 2019-2020 (to November)



4.3.5.4 The complaints for 2020 have been generally lower than 2019 through to September. 2019 saw a gradual reduction in the number of complaints over the last 6 months, while 2020 is showing a gradual increase. While, in part, this may be due to a reduction in complaints due to COVID, the overall number of complaints from September is higher for 2020 when compared to 2019.

4.3.5.5 Top Themes Recorded:

The top three themes within Health were once again, for the fourth quarter running, Attitude and Behaviour; Clinical Treatment and Communication (Oral). The top two sub themes were Disagreement with treatment/care plan and Lack of support.

4.3.5.6 Staff have been encouraged to undertake training in relation to complaints management using the Power of Apology Sessions.

4.3.5.7 A more coordinated response is being developed linking the outcomes of complaints to services, across the Partnership, to support and encourage the sharing of learning amongst all teams.

As lead Officer for Dundee HSCP I would suggest that the level of assurance provided is: Moderate

4.3.6 External Reports & Inspections

4.3.6.1 Healthcare Improvement Scotland Inspection for the Royal Victoria site in July was in relation to Care of Older People:

The recommendations were in relation to:

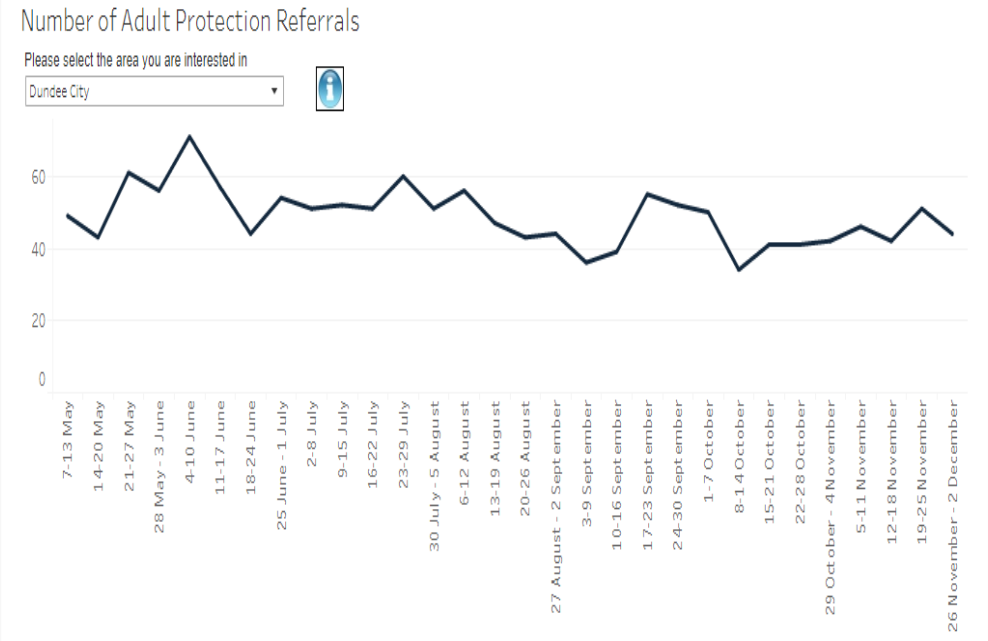
- Documentation of reassessment of MUST and oral health on transfer
- MUST screening assessment tool is completed in full
- Ensure oral hygiene assessment is completed.
- Develop person centred care planning.
- Review documentation to ensure person centred care plan can be recorded.
- Review SKIN bundle to ensure documentation captures key elements of pressure ulcer prevention, monitoring and management.
- All staff must ensure appropriate hand hygiene practice.
- Ensure environment is effectively monitored and maintained to ensure infection prevention and control practice.

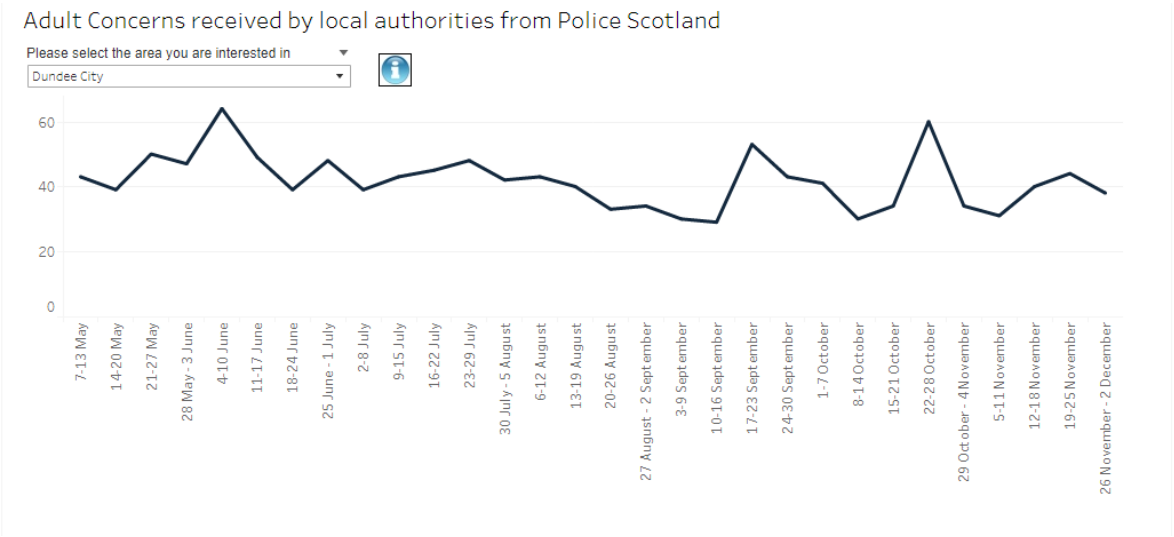
4.3.6.2 Seventeen actions have been identified and incorporated into the action plan. Ten actions are now complete. Timeframes have been adjusted to allow time for development and subsequent audit of documentation to be undertaken in relation to outstanding actions. The impact of COVID has also impacted on achievement of some actions. All actions should be complete by May 2021.

As lead Officer for Dundee HSCP I would suggest that the level of assurance provided is: Moderate

4.3.7 Adult Support & Protection

4.3.7.1 The following tables provide information relating to the trend activity carried out under Adult Support and Protection Legislation. There was a significant reduction in the numbers of concerns raised across all protection matters during the first four months of the pandemic. As lockdown eased there was an increase in referrals with numbers rising above that of pre-COVID. It should be noted that despite the increase, the numbers of cases progressing from concern to formal action remained within the normal parameters. These numbers are now returning to pre-COVID rates.





4.3.7.2 Police Scotland remains the highest referring agency. Information shows that referrals are often for welfare concerns and these are screened and, a duty to enquire progressed and actioned in the appropriate way. As a result, a low rate of original concerns progress to an Adult Support and Protection investigation. See table below.

Thu - Wed commencing	ASP Concern	Onwards	NFA /In Progress	ASP Duty to Inquire	Onwards	NFA /In Progress	ASP Investigation	ASP Case Conference	ASP Review Case Conference	ASP Core Group/ Protection Plan Meetings
10-Sep-20	39	33	6	35	2	33	1	-	-	-
17-Sep-20	55	44	11	43	3	40	1	-	-	1
24-Sep-20	52	41	11	36	4	32	2	1	4	-
01-Oct-20	50	40	10	43	6	37	-	2	-	-
08-Oct-20	34	28	6	27	3	24	1	1	2	-
15-Oct-20	41	37	4	36	2	34	3	2	2	-
22-Oct-20	60	49	11	48	3	45	-	-	2	-
29-Oct-20	42	38	4	45	-	45	1	1	-	-
05-Nov-20	46	39	7	35	4	31	1	3	-	1
12-Nov-20	43	32	10	32	4	28	2	-	1	-
19-Nov-20	51	42	9	45	4	41	2	2	1	-
26-Nov-20	44	37	6	41	2	39	-	2	-	1
03-Dec-20	49	41	8	41	6	35	2	1	1	2

4.3.7.3 The following table provides an indication of the types of concern raised through referrals for the period (Thursday-Wednesday commencing 3 December 2020). During the pandemic, regular reporting has been submitted nationally showing the impact and actions taken to ensure protection matters continue to be addressed. This report is also considered at the relevant protection committees including the Dundee Adult Support Protection Committee and the Dundee Chief Officers Group.

Breakdown of Principle Type of Concern

Thu - Wed commencing: 03-Dec-20

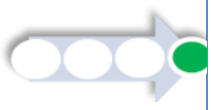
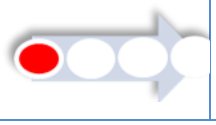
Welfare Concerns - Older People	6
Welfare Concerns - Adults	22
Suicide Ideation	4
Financial Harm	1
Physical harm	-
Actual self harm	4
Fire safety risk	3
Sexual harm	1
Domestic abuse	1
Self neglect	1
Threat of self harm	1
Suicide Attempt	2
Harassment	1
Discrimination	-
Emotional/Psychological harm	-
Neglect by carer	1
Exploitation	-
Other	1
Total	**49**

Breakdown of Reasons for NFA at Duty to Inquire

Existing support services have been informed of the concern and will manage appropriately (Least restrictive approach)	8
Conduct appropriate follow-up for community care needs (Social Work)	1
NFA Required - Inappropriate Referral to ASP	9
Advice and information given and signposted to appropriate services /support	6
The adult is currently admitted to hospital for mental health assessment / treatment	1
The adult has been admitted to hospital for medical treatment. Reported to the appropriate Social Work Team	2
After initial inquiry by a Designated Council Officer the adult declined support	1
Other	1
Concern to be passed onto GP for information and support	1
Risks remain and a Multi Agency Risk Management Meeting will be arranged	2
Council Officer has inquired and appropriate safeguards have been put in place prior to investigation	-
Adult Lives out with Dundee Area - Concern passed to Appropriate Local Authority	-
Step in Progess	9
Total	**41**

As lead Officer for Dundee HSCP I would suggest that the level of assurance provided is: Moderate

The level of assurance should be provided for each heading under assessment (2.3).

Level of Assurance		System Adequacy	Controls
Comprehensive Assurance		Robust framework of key controls ensures objectives are likely to be achieved.	Controls are applied continuously or with only minor lapses.
Moderate Assurance		Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.
Limited Assurance		Satisfactory framework of key controls but with significant weaknesses evident which are likely to undermine the achievement of objectives.	Controls are applied but with some significant lapses.
No Assurance		High risk of objectives not being achieved due to the absence of key internal controls.	Significant breakdown in the application of controls.

4.4 **Quality/Patient Care**

The principle focus of all services is a desire to achieve the six dimensions of healthcare quality. These state that healthcare must be:

- Safe
- Effective
- Patient-centred
- Timely
- Efficient
- Equitable

The work being progressed will have a positive impact on the quality of care and services for staff and the population of Dundee and Tayside.

4.5 **Workforce**

The continuing impact of COVID-19 is being felt by staff across the HSCP as they continue to support service delivery alongside supporting COVID testing and the delivery of vaccinations. Dundee HSCP continues to support staff health and wellbeing throughout this challenging time.

Nursing and AHP teams, in particular, have faced significant challenge. This has led to the development of more Tayside wide collaborative working with colleagues from acute and the other HSCP's to support mitigation of these risks.

4.6 **Financial**

N/A.

4.7 **Risk Assessment/Management**

Risks are included in the report above.

4.8 **Equality and Diversity, including Health Inequalities**

An impact assessment has not been completed. Promotion of Equality and Social Justice is one of the domains included in the GIRFE reporting assurance framework.

4.9 **Other Impacts**

There are no other directs impacts of this report.

4.10 **Communication, Involvement, Engagement and Consultation**

The Dundee HSCP has carried out its duties to involve and engage external stakeholders where appropriate.

4.11 **Route to the Meeting**

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Dundee HSCP CCPG Group, 3 December 2020.

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

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

8.0 BACKGROUND PAPERS

8.1 None.

Dr. David Shaw
Clinical Director

DATE: 8 January 2021

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

Report Author: Matthew Kendall, AHP Lead.