



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 31 JANUARY 2024
REPORT ON: DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE ASSURANCE REPORT
REPORT BY: CLINICAL DIRECTOR
REPORT NO: PAC7-2024

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 November 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 | | | | | | | | | | | | | | | |
| | | | | 6/4/23 | | | 3/8/23 | | | 5/12/23 | | | 03/01/24 | | | | | | |
| | 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 | 4 | 5 | 20 | 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 | | | | | | | | | | | | Planned Risk Exposure | | | Risk Trend (↑/→/↓) |
|----------|-----------------------------|---|-----|---|---|-----|--------|---|-----|---------|---|-----|----------|---|-----|-----------------------|---|-----|--------------------|
| | | | | Please include data from previous four reporting periods | | | | | | | | | | | | | | | |
| | | | | 6/4/23 | | | 3/8/23 | | | 5/12/23 | | | 03/01/24 | | | | | | |
| | 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 | 3 | 4 | 12 | 2 | 3 | 6 | ↓ |

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 | | | | | | | | | | | | Planned Risk Exposure | | | Risk Trend (↑/→/↓) |
|----------|-----------------------------|---|-----|---|---|-----|--------|---|-----|---------|---|-----|----------|---|-----|-----------------------|---|-----|--------------------|
| | | | | Please include data from previous four reporting periods | | | | | | | | | | | | | | | |
| | | | | 6/4/23 | | | 3/8/23 | | | 5/12/23 | | | 03/01/24 | | | | | | |
| | 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 | 3 | 5 | 15 | 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 | | | | | | | | | | | | Planned Risk Exposure | | | Risk Trend (↑/→/↓) |
|----------|-----------------------------|---|-----|---|---|-----|--------|---|-----|---------|---|-----|----------|---|-----|-----------------------|---|-----|--------------------|
| | | | | Please include data from previous four reporting periods | | | | | | | | | | | | | | | |
| | | | | 6/4/23 | | | 3/8/23 | | | 5/12/23 | | | 03/01/24 | | | | | | |
| | 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. Risks 283, 612 and 683 have reduced their risk exposure ratings in this reporting period. There is growing stability within the workforce with clinics increasing and being sustained in some areas (i.e direct access drop in and buvidal clinics). The negative media reporting is now appearing to have less of an impact on recruitment and the service do now receive more positive feedback on service provision.
- 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, this risk has reduced in this reporting period and will continue to be closely monitored.

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 | | | | | | | | | | | | | | | |
| | | | | 6/4/23 | | | 3/8/23 | | | 5/12/23 | | | 03/01/24 | | | | | | |
| | ┘ | ○ | ⊞ | ┘ | ○ | ⊞ | ┘ | ○ | ⊞ | ┘ | ○ | ⊞ | ┘ | ○ | ⊞ | ┘ | ○ | ⊞ | |
| 1283 | 4 | 3 | 12 | - | - | - | 3 | 3 | 9 | 5 | 4 | 20 | 4 | 4 | 16 | 2 | 2 | 4 | ↓ |

- a.5 This risk has reduced to 16 within this reporting period. A clinical lead post has now been appointed to (commenced on 03/01/2024) and long term sickness absence has now resolved. Support is still being provided via the North of Scotland Region and will be reviewed once the clinical lead has settled into their post.

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, and importantly has a negative impact on both patients and staff. This results in patients being unable to access Primary Care Services across the geographical location and a failure to provide continuity of service because the impact on staff, especially GPs recruitment and retention is also impacted negatively.

The PC sustainability risk level has reduced to 20 across Tayside linked to some of the more strategic and leadership actions progressing.

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 undertaken a sustainability survey with practices across Tayside which gives more detailed information on workforce and other issues impacting on this. This will be repeated at least annually and 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. There is a financial implication of this which is not yet clear.

Local actions and controls have been, and continue to be, developed and reviewed. However the increasing demand for GP and wider Primary Care team 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 recently and one additional practice has notified NHS Tayside of its intention to terminate its contract in March 2024. 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 and a wider GP strategy agreed and is working on a plan to progress this. However there has been no progress regionally with leases transferring to NHS Tayside. One further Dundee practice has received Board approval for a GP sustainability loan and a further five practices have submitted applications.

Work to develop an increasing advanced practice workforce in primary care has had positive foundations built with the regional work and local resource has been agreed for practice based staff to progress this at a local level.

Resource has been identified currently 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 and the development of roles in other primary care based teams, will contribute positively, such as the advanced district nurse role.

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 two 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.

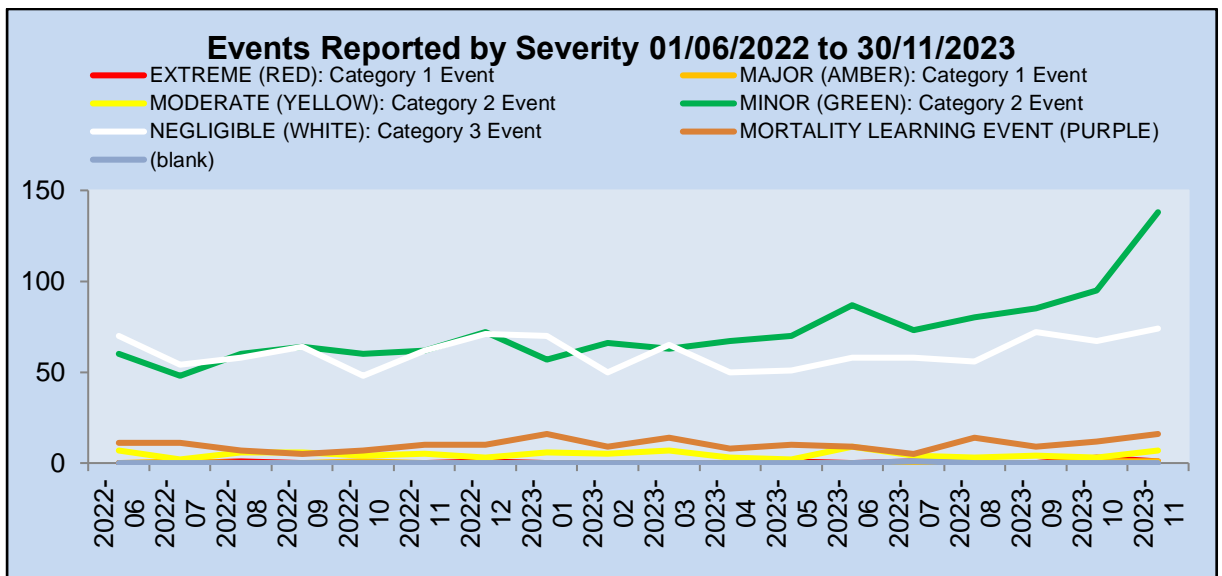
During this reporting period exception reports were presented to the CCPG Group from the following services:

- Nutrition and Dietetics
- Acute and Urgent Care

- Care Homes
- Community Services
- Inpatient and Day Care
- Psychological Therapies
- Psychiatry of Old Age
- Primary Care and Health Inclusion
- Mental Health and Learning Disability

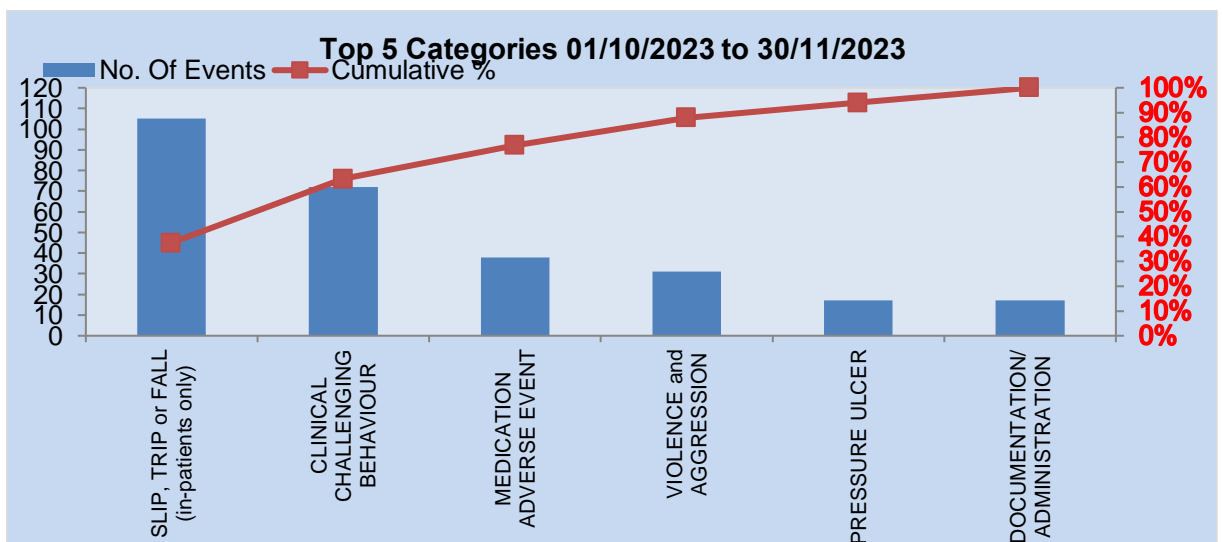
5.4 Adverse Event Management

d.1 The following graph shows the impact of the reported adverse events by month over the past 18 months. There were 418 adverse events reported in this time period (01/10/2023-30/11/2023). There is an increase in negligible and minor events as well as mortality learning events. The last reporting period had 324 events.



The ratio of events with harm to events with no harm is 1 to 3.6. There is no change in the position from the previous report.

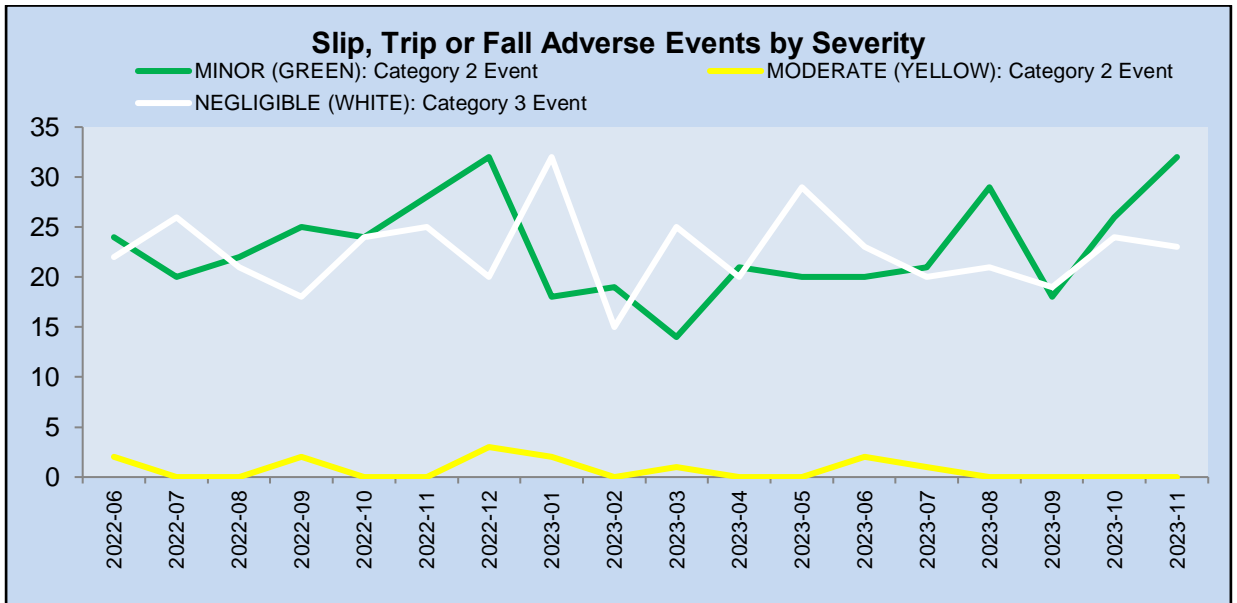
d.2 The following graph shows the Top Five Categories reported between 01/10/2023 and 30/11/2023.



These categories account for 280 of the 418 events (67%) reported within the time period. There have been marked increases in of the top three categories.

Slips, Trips and Falls

d.3 There were 105 events reported between 01/10/2023 and 30/11/2023. The following table shows slips, trips and falls by severity over the past 18 months:



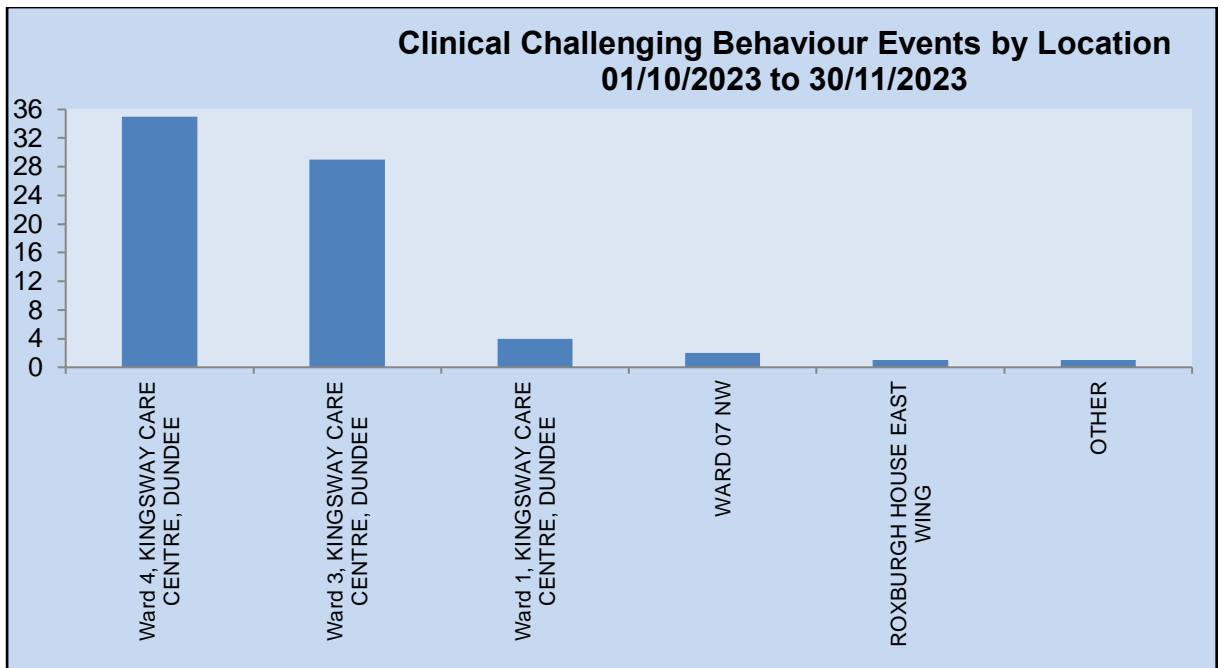
d.4 The following table shows the number of slips, trips and falls (In-patients only) by location, with the highest number of falls being across Medicine for the Elderly, Psychiatry of Old Age and Palliative Care Services.



d.5 Analysis of the slip, trip and falls data shows a small number of patients have been responsible for a high number of these incidents over an approximate 2 week period. This also coincided with an increase in clinical challenging behaviour from a similar group of patients.

Clinical Challenging Behaviour

d.6 There were 72 events reported between 01/10/2023 and 30/11/2023. The chart below shows the clinical challenging behaviour adverse events by location.



The majority of these events occur in our Psychiatry of Old Age services. There is very positive evidence of these incidents being well managed with staff being well supported too. There is an increase of 26 adverse events compared with the last reporting period with these occurring across wards 3 and 4 at Kingsway Care Centre. A small number of patients were responsible for this increase over a two week period.

Medication Adverse Events

- d.7* There were 38 events reported between 01/10/2023 and 30/11/2023. Within this there were 18 separate subcategories reported across 12 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 (15) with the most commonly occurring sub category being incorrect medicine (8).

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.

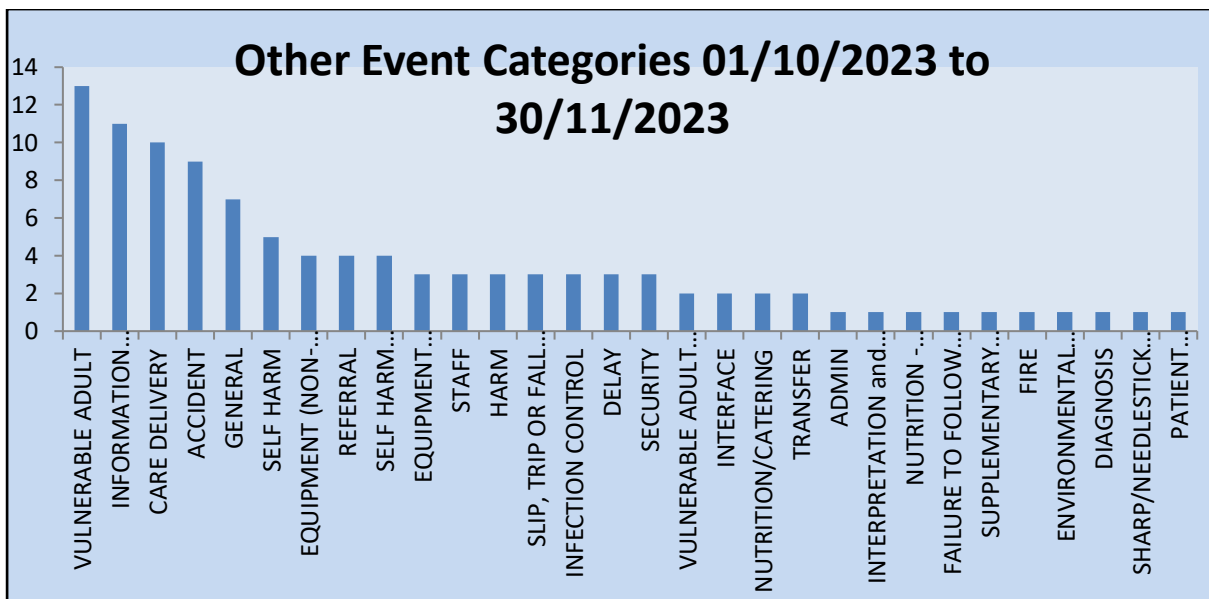
There is a focussed piece of work across community nursing currently as the numbers have increased in this area.

Violence and Aggression

- d.9* There were 31 events reported in this reporting period, this is an increase of 16. There is a marked increase in the Psychiatry of Old Age wards (21). No other service reported more than 2 events. The 31 events were across 7 different service areas across six subcategories, including physical or verbal behaviour by patients and/or others.

Other Event Categories

- d.10* There were 106 events reported outwith the top five events reported. These are listed in the chart below.



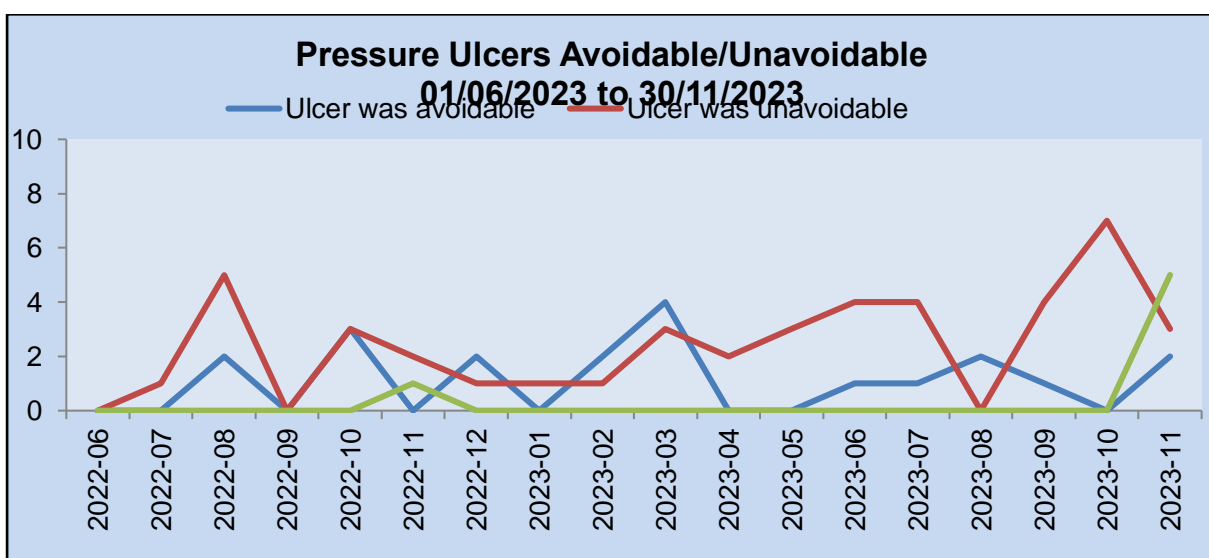
While the numbers remain low there is a slow increase in the number of vulnerable adult adverse events. This may, in part, be due to raised awareness due to the current adult support and protection inspection and training that has been conducted across the HSCP. Visibility of these incidents and the 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 153 and 109 days respectively. Once complete, a learning summary will be shared with the committee.

Pressure Ulcers

- d.12 There have been 17 pressure ulcer events reported between 01/10/2023 and 30/11/2023. 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.



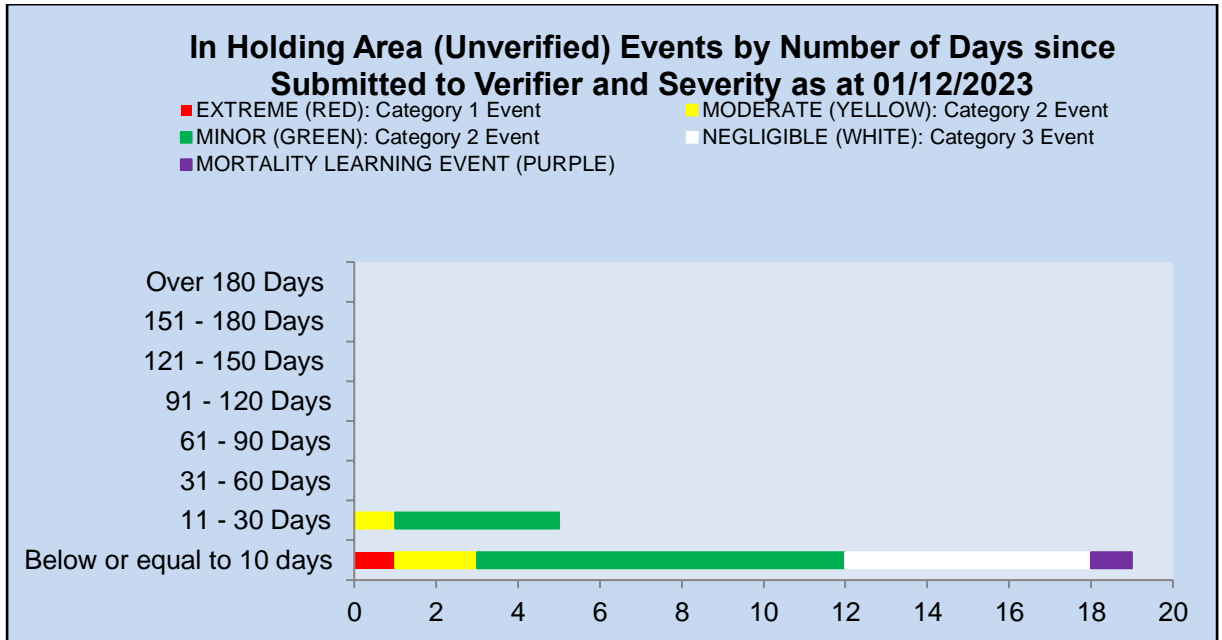
The avoidable pressure ulcers were in relation to patients who were reluctant to follow the advice of the Community Nursing service.

Adverse events management – systems and processes

d.13 Overdue Unverified Events

At the time of data extraction, there were 24 unverified events. Of these unverified events, all 24 had exceeded the timescale of 72 hours for verification.

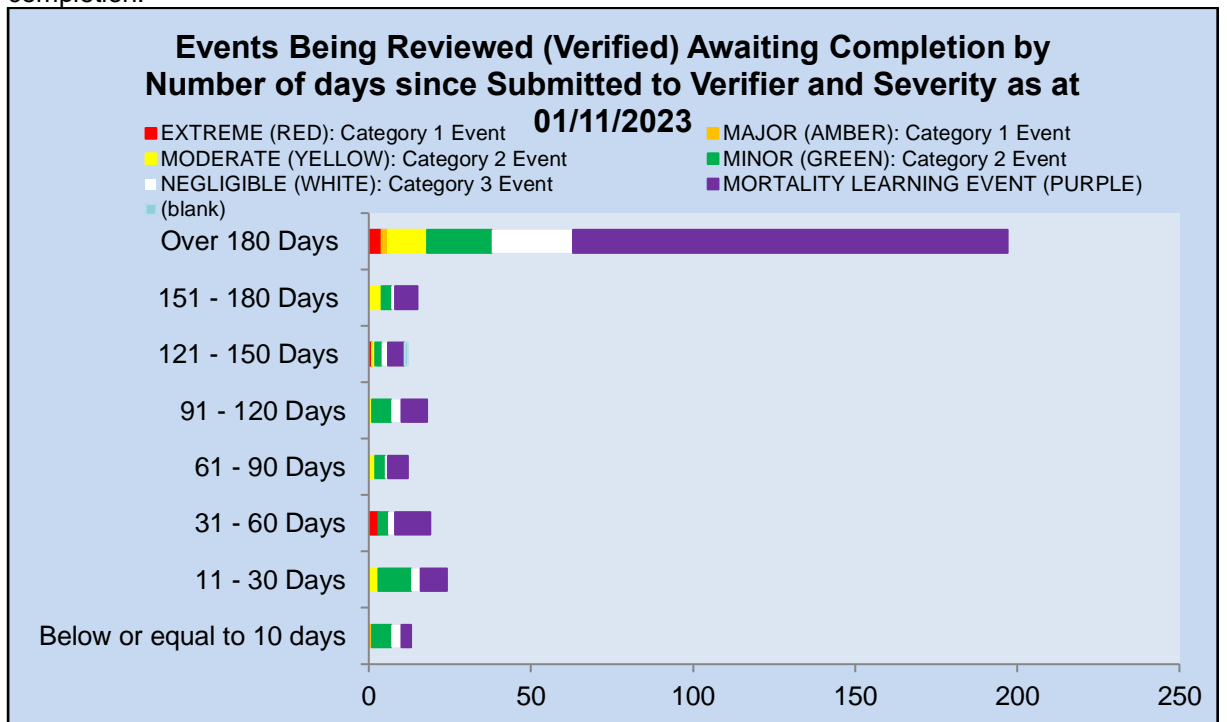
The following graph shows the unverified events by the severity and the number of days overdue. While there is an increase in the total number of adverse events unverified the number of days overdue has reduced with no events now in the 31-60 days category.



d.14 Overdue Verified Events

There are 310 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.



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 | 5 | 8 | 28 | 37 | 81 |
| Central (DDARS) | 0 | 0 | 2 | 15 | 19 | 36 |
| Community Learning Disabilities - Dundee HSCP | 0 | 1 | 2 | 22 | 9 | 34 |
| East (DDARS) | 0 | 2 | 12 | 5 | 10 | 29 |
| West (DDARS) | 2 | 1 | 5 | 7 | 10 | 25 |
| Primary Care (DDARS) | 0 | 0 | 1 | 8 | 10 | 19 |
| Psychiatry of Old Age - Older People Services (Dundee) | 0 | 1 | 1 | 3 | 9 | 14 |
| Other - Mental Health (Dundee) | 0 | 0 | 3 | 5 | 3 | 11 |
| Other (DDARS) | 0 | 0 | 0 | 0 | 9 | 9 |
| General Practice - Dundee HSCP | 0 | 0 | 2 | 2 | 5 | 9 |
| District Nursing (Dundee HSCP) | 0 | 0 | 0 | 0 | 7 | 7 |
| Allied Health Professions (Dundee HSCP) | 0 | 0 | 0 | 1 | 5 | 6 |
| Brain Injury Rehabilitation | 0 | 0 | 0 | 0 | 5 | 5 |
| Specialist Community Nursing (Dundee HSCP) | 0 | 0 | 0 | 0 | 4 | 4 |
| MFE (Medicine for the Elderly) - Older People Services (Dundee) | 0 | 0 | 0 | 0 | 4 | 4 |
| Nutrition and Dietetics (Dundee HSCP) | 0 | 0 | 0 | 0 | 3 | 3 |
| Palliative Medicine | 0 | 0 | 0 | 0 | 3 | 3 |
| Adult Psychotherapy Service - Mental Health (Dundee) | 0 | 0 | 0 | 1 | 1 | 2 |
| Area Psychological Therapy Service - Mental Health (Dundee) | 0 | 0 | 1 | 0 | 1 | 2 |
| Health (DDARS) | 0 | 2 | 0 | 0 | 0 | 2 |
| Other - Specialist Palliative Care | 0 | 0 | 0 | 0 | 2 | 2 |
| Physiotherapy (Dundee HSCP) | 0 | 0 | 0 | 0 | 1 | 1 |
| Sources of Support | 0 | 0 | 0 | 0 | 1 | 1 |
| Tayside Sexual and Reproductive Health | 0 | 0 | 0 | 0 | 1 | 1 |
| Total | 5 | 12 | 37 | 97 | 159 | 310 |

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. The complex nature of a number of these incidents, often related to death, require significant time from senior medical staff to fully review the details within the adverse events. 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:

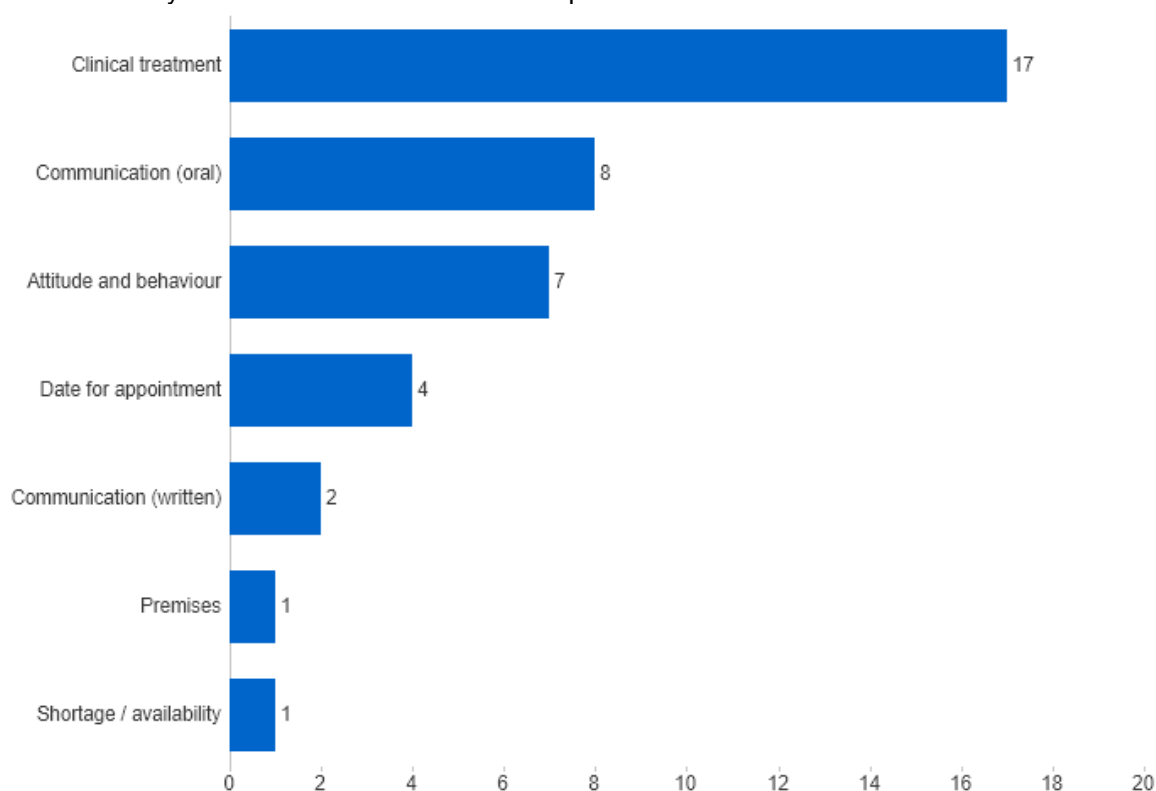
Current complaints as at 03/01/2024

| No. of Open Cases - 7 | | | | | | | |
|--|------------------|-----------|------------|------------|----------|----------|--------------|
| Clinical Care Group/Department | Days_Band | 6-10 Days | 11-15 Days | 16-20 Days | >20 Days | >40 Days | Total |
| Mental Health (Dundee) | | 2 | - | - | - | 1 | 3 |
| MISSING | | - | - | 1 | 1 | - | 2 |
| Tayside Sexual and Reproductive Health | | - | 1 | - | - | - | 1 |
| Community Nursing (Dundee HSCP) | | - | - | - | 1 | - | 1 |
| Total | | 2 | 1 | 1 | 2 | 1 | 7 |

The total number of open complaints is maintained at seven open complaints. Ongoing collaboration with the Patient Experience Team to continue to improve this position will remain in place.

Key Themes

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



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 are currently no cases with the SPSO from the Dundee HSCP.

External Reports & Inspections

- e.4 Over the course of 2023 all 3 Psychiatry of Old Age wards at Kingsway Care Centre received a Mental Welfare Commission inspection. One was unannounced and two were pre-arranged. The reports were very positive in terms of the service and supports to patients and families. There are a small amount of recommendations for each ward, and these have already been completed or are underway. The service has action plans in place relating to each visit.

Adult Support & Protection

- e.5 The report of the Joint Inspection of Adult Support and Protection in the Dundee Partnership area was published on 19 December 2023 (available in full at: <https://www.careinspectorate.com/images/documents/7393/Dundee%20adult%20support%20and%20protection%20report.pdf>).

The joint inspection team found that key processes and leadership for adult support and protection are 'effective' with 'clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweigh areas for improvement'.

There was close alignment between the areas of strength and improvement identified in the Dundee Health and Social Care Partnership's own self-evaluation submission and those identified through the inspection process.

Areas of strength evidenced through inspection activities included: the effectiveness of initial inquiries, including use of Council Officer resource; multi-agency case conferences providing effective support and protection to adults at risk; appropriate use of review case conferences and core groups to review risk and manage the implementation of protection plans; dedicated support provided by the NHS Tayside Public Protection Team; commitment of strategic leaders to including the voice and experience of adults at risk in strategic planning and development; and, strategic leaders' shared collaborative vision and 'innovative and ambitious' strategic plans.

Priority areas for improvement have been identified as being: consistent application and quality of investigations. Chronologies and risk assessments; completion of ongoing work to update ASP guidance and procedures; further work to embed quality assurance approaches already developed by partners and ensure strategic oversight of findings; and, pace of strategic change and improvement, including ensuring new initiatives are well resourced, sustainable and impact assessed.

An improvement plan is being developed by the Adult Support and Protection Committee which, following approval from the Chief Officers Group, will be submitted to the Care Inspectorate by 7 February 2024. This plan will build on the existing Adult Support and Protection Delivery Plan which was recognised by the joint inspection team as being comprehensive and already closely reflects the areas of strength and improvement contained within the inspection report (building on previous self-evaluation and quality assurance activities).

Work is also ongoing to communicate the inspection findings across the workforce and involve relevant individuals and teams in the process for improvement planning. Further reports will be submitted via single agency governance arrangements (including the IJB and HSCP) when the improvement plan is available..

6.0 POLICY IMPLICATIONS

- 6.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

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: 5 January 2024

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

Matthew Kendall
Allied Health Professions Lead

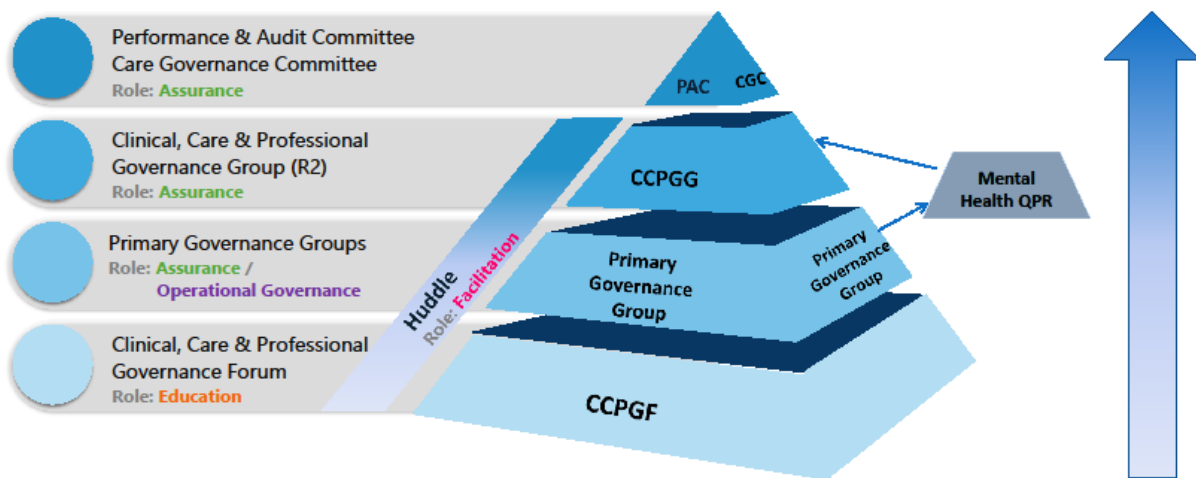
| Level of Assurance | | System Adequacy | Controls | ✓ |
|-----------------------|---|--|--|---|
| Substantial Assurance |  | A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives 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. | |

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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



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.