ITEM No …7……..

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 24 MAY 2023**

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

REPORT BY: **CLINICAL DIRECTOR**

REPORT NO: **PAC15-2023**

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 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 to 31 January 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 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: 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 the majority of 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 non-compliance 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 data set 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 Clinical and Care Risk Management

a.1 The table below shows the top six risks in the Dundee HSCP.

Title of Risk		Inherent Risk Score (without controls)	Current Risk Score (with current controls in place)
Increasing patient demand in excess of resources – DDARS		15	25
Risk that current funding would be insufficient to undertake the service redesign of the DDARS		20	20
Insufficient number of		25	16

DDARS staff with prescribing competencies			
Lack of resource to deliver the benzodiazepine dependence pathway compliant with guidelines		20	16
Negative media reporting increasing reputational, clinical and safeguarding risk		25	25
Cornhill Macmillan Centre Registered Nursing Workforce Sustainability		25	20

a.2 Five 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.

A senior service manager role has now been appointed to enhance the local leadership for this team and provide support to the two managers currently in post. They are due to commence in role in March 2023. 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. One locum consultant now in post and anticipation that there will be a slight improvement in return of substantial medical staff in April.

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.

a.4 The benzodiazepine dependence pathway is currently being considered via a National Taskforce who are considering the possible models of practice.

<u>New Risks</u>
<u>Cornhill In-Patient Unit Nursing Workforce Sustainability</u>

b.1 As a result of increasing registered nursing vacancies there is a significantly depleted workforce that has the potential to be unable to deliver safe and effective care. A number of measures have been established to manage this risk including daily safety huddle meetings, weekly contingency meetings, managers supporting clinical shifts (those who have previously and recently worked in palliative care), exploring the use of tier 3 agency staff, linking with human resources for any staff who may be able to support via the redeployment register and the mutual aid of staff from Roxburghe House, Dundee.

A new charge nurse has been appointed who is building a very positive culture within the unit with early reports of enhanced retention of staff.

<u>Occupational Therapy Workforce Sustainability – Ninewells Hospital</u>

b.2 As a result of a vacancy rate above 30% (with additional medium term sick leave), Occupational Therapy care delivery is being compromised as the team need to prioritise input to discharges and front door areas of Ninewells Hospital. This has the potential to impact on

patient care across the teams, staff stress and dissatisfaction and this contributes to reduced retention of staff.

b.3 The team have a number of actions in place to mitigate this risk:

- Rolling adverts on Jobtrain
- Service-wide priorities considered daily across teams and sites
- Exploring opportunities for international recruitment
- Escalation plans in place for each team and across Tayside
- Nurse bank health care support workers recruited to assist with routine occupational therapy tasks
- Flexible working options open to staff to support wellbeing and care delivery

Staff Resource

b.4 The sustainability of staffing continues to be a significant pressure across a wide range of teams and professions within the HSCP. Within the new risks listed above, both nursing staff and occupational therapy staff are highlighted as areas of particular concern. This is managed well on a day to day basis and support is provided between teams, between HSCPs and across professional boundaries as required. This is not sustainable in the long term and staff continue to report fatigue and impacts on their wellbeing. This links to strategic risk HSCR00b1 which describes the risk across a range of staff groups and the control measures including the development of new models of care, organisational development strategy, service redesign and the ongoing development of the workforce plan.

b.5 A number of measures have been put into place to try and support teams to meet the increasing demands being placed on them across all areas of the HSCP due to the reduction in available staff and also the increase in new levels of demand. Digital solutions have been implemented to support some pathways and also support the principles of 'active waiting' when patients are on our waiting lists. Work is prioritised on a daily basis to ensure the most acutely unwell and vulnerable are well supported. Various methods to support recruitment have been explored; international recruits, recruitment micro sites, role development and work with wider partners to support more routine work. Management are taking a supportive and flexible approach to requests for additional hours although this will become more challenging into the next financial year.

5.2 Clinical & Care Governance Arrangements

c.1 The arrangements for clinical, care & 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
- Drug and Alcohol Recovery Service
- Inpatient and Day Care
- Health Inequalities
- Psychological Therapies
- Psychiatry of Old Age
- Primary Care

Examples from the exception reports presented include:

c.2 Psychological Therapies reported on the national work they are involved with exploring additional ways to increase the number of candidates applying for posts. They also reported

on the internal opportunities being developed for existing staff to gain experience in difficult to recruit to specialities.

c.3 The Care Home report provided a comprehensive overview of the oversight measures that continue to operate following their development through the pandemic. The report provided an excellent overview of the current status for care homes and where any issues were identified, where any emerging issues were noted and where new developments were implemented. The report described a range of forums and opportunities for engagement and collaborative working including the planning for care homes with the Listening Service and a study in conjunction with University of St Andrews around adaptive interaction techniques.

c.4 The Psychiatry of Old Age Inpatient team reported ongoing concerns with regard to sustainability of registered mental health nurses on overnight shifts. This is currently being explored via a Tayside short life working group and a framework for band 4 staff development. The team are also building enhanced links with advocacy and carers' centres within Kingsway Care Centre including the development of drop in sessions for carers and a touchdown desk being made available to advocacy and carers' link workers.

c.5 The Nutrition and Dietetic Service reported that the Adult Weight Management waiting times have reduced from over 100 weeks to 48 weeks with the redesigned service and additional staff supporting this improvement.
They also reported on a series of adverse events relating to enteral feeding and the processes around this. Following review, training packages and enhanced communication have been established to support ongoing care.

c.6 The Dundee Drug and Alcohol Recovery Service (DDARS) reported on the recent flood at Constitution House, the team worked hard to maintain services during this period across the City and the restoration work was completed in February, allowing a return to Constitution House from 20 February 2023.

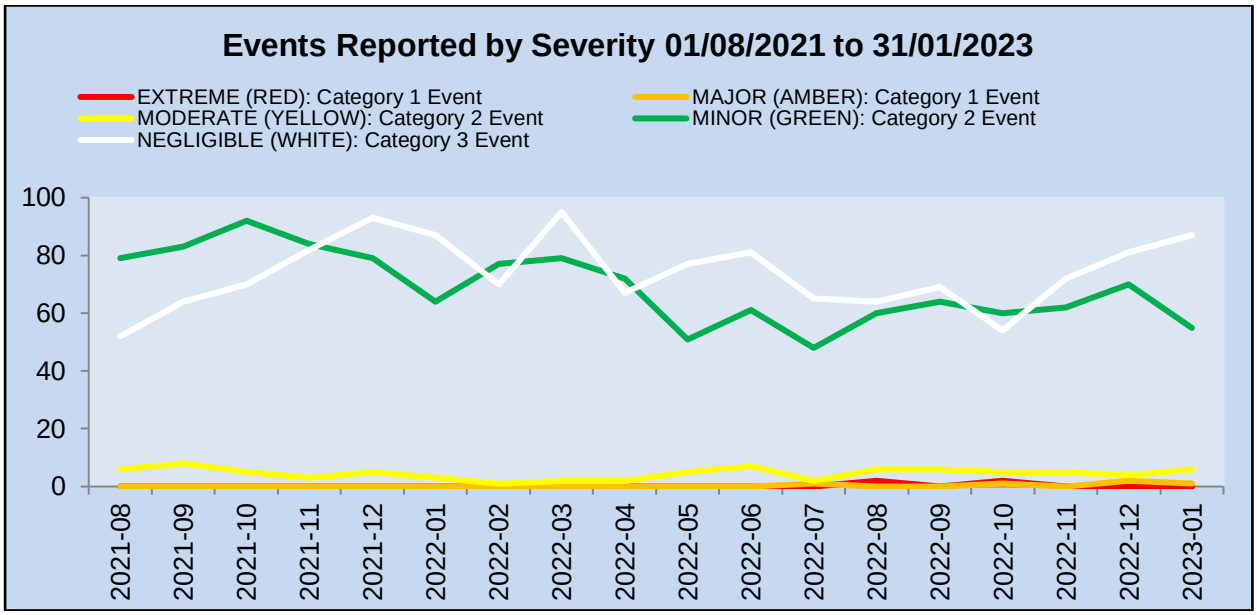
c.7 DDARS also reported the current position for their MAT Standards with Standards 1-5 all reported at Amber. Work continues on standards 6-10 in readiness for formal reporting to the Scottish Government.

Significant updates across the standards include:

- The multi-disciplinary, direct access drop in clinics (and planned requested appointments) now operate over four days of the week.
- All those currently on waiting lists were written to to advise about the new direct access and planned requested appointments and the service now has a very low historical waiting list.
- Database for those at high risk of harm is developed with data being populated and reported.
- NFOD Co-ordinator role has been successfully appointed to with a start date of 13 March 2023.
- Business case for immunisation service is currently delayed due to staff capacity (Although it should be noted this is not required for initial compliance with MAT 4).
- Work continues to identify and move patients to the shared care model. Third sector organisations are supporting DDARS to identify those who may be suitable.
- The Dundee team have pulled together and expanded a number of the national resources, developed by NHS Education Scotland, into local toolkits.

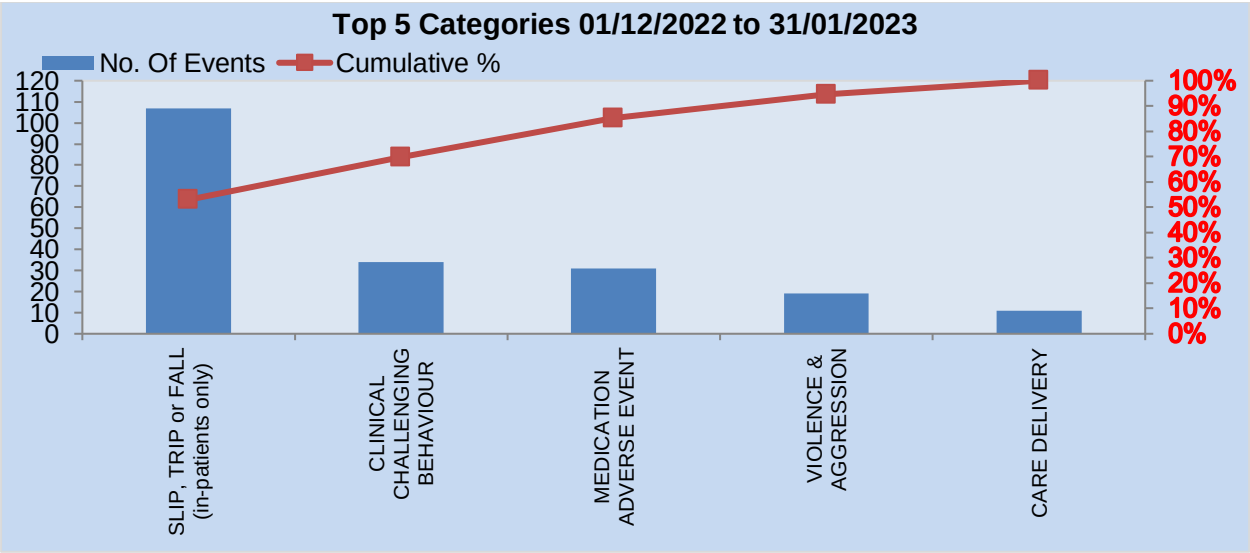
5.3 Adverse Event Management

d.1 The following graph shows the impact of the reported adverse events by month over the past 18 months.



The ratio of events with harm to events with no harm is 1 to 4. This shows a static position from the previous report. There has been an increase in the number of negligible events in this reporting period.

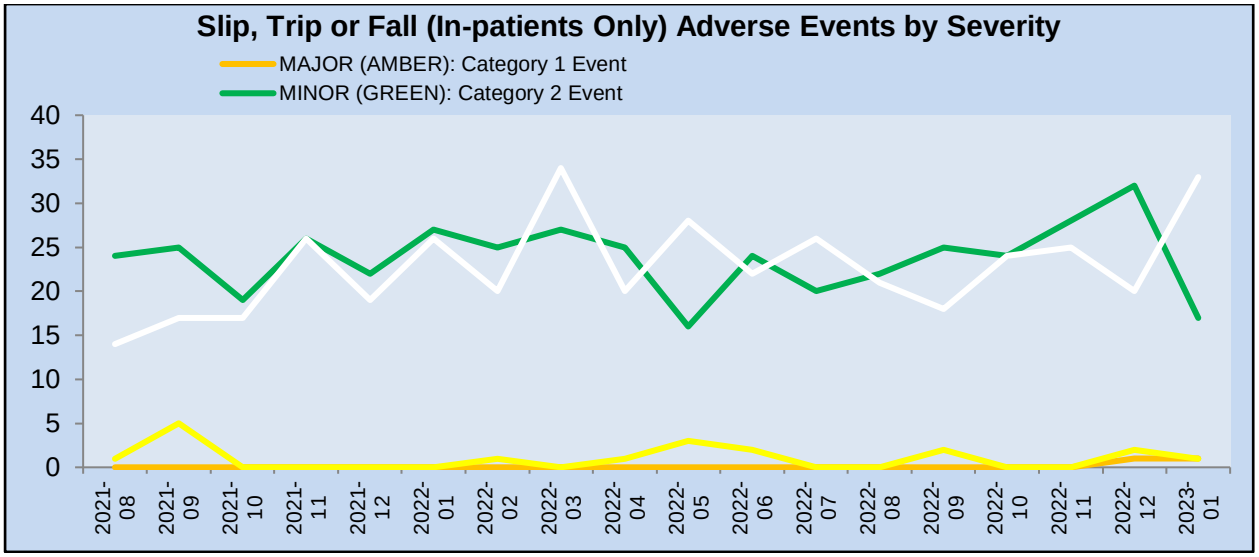
d.2 The following graph shows the Top 5 categories reported between 01/12/2022 and 31/01/2023.



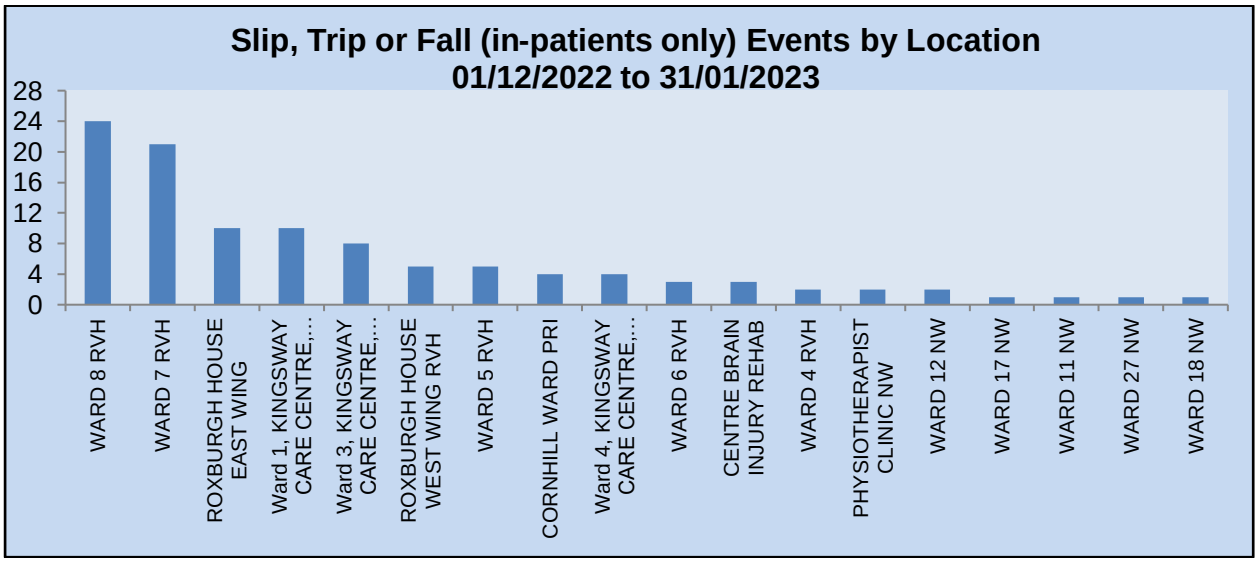
These categories account for 202 of the 306 events (72%) reported within the time period.

Slips, Trips and Falls

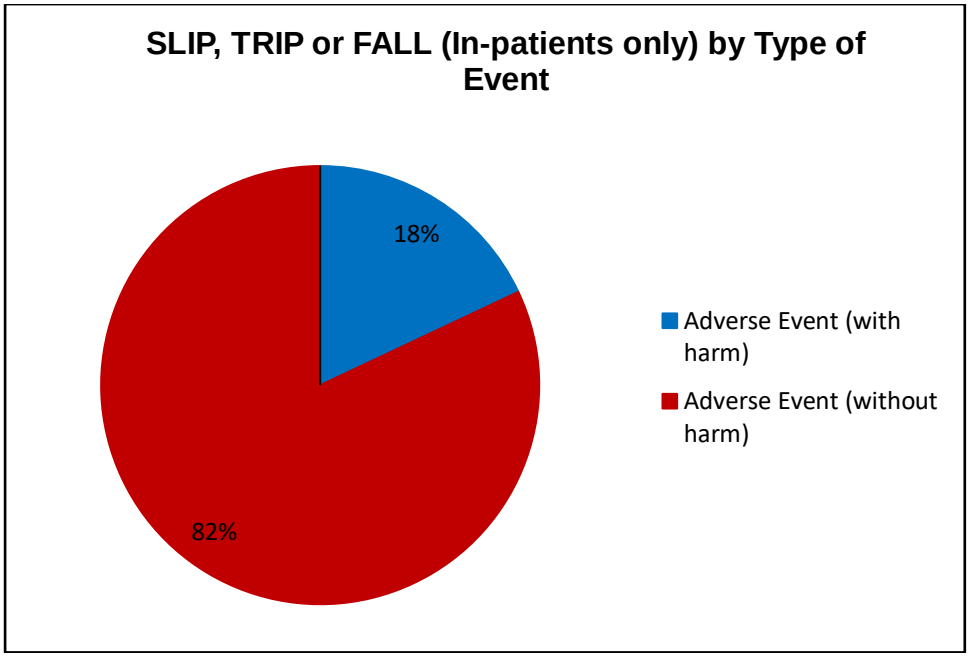
d.3 There were 107 events reported between 01/12/2022 and 31/01/2023. The following table shows slips, trips and falls by severity over the past 18 months.



d.4 There were 107 events reported between 01/12/2022 and 31/01/2023. The areas with the highest number of falls were Ward 8 RVH (24) and Ward 7 RVH (21).



d.5 The chart below shows the type of events reported. 88 of the events are reported as adverse events (without harm), 19 are reported as adverse events (with harm).



These tables show a slight increase in slips, trips and falls over this reporting period. We can see that where the majority of falls occur, there are patients with dementia and/or delirium.

These figures also include patients who have slipped out of a chair or out of their bed.

18% of patients were harmed as a result of their fall. A review of this data shows low levels of harm for patients (bruising, skin flaps, soreness) with no cases needing escalation of care through the Emergency Department or secondary care wards or departments.

A review is undertaken after each fall with falls plans being updated as required. There are no themes or patterns identified following review that require further investigation. The teams continue to monitor at a local level to ensure falls plans are developed and are in place for all patients across inpatient settings.

The Patient Safety Team is currently working with the Falls Group to support further falls management across the HSCP.

Clinical Challenging Behaviour and Violence and Aggression

d.6 Work is ongoing to support accurate reporting of these incident types. There have been good improvements across Psychiatry of Old Age and Medicine for the Elderly services and while this is variable, there are signs that this is becoming more reflective and accurate.

Frequency and levels of harm remain low (10 in this reporting period) and reviews are conducted after each adverse event to ensure staff and patient wellbeing.

Teams report increasing challenges in regard to patients being younger, fitter and stronger than previously. The teams are working closely with the violence and aggression training teams for ongoing support and education.

Medication Adverse Events

d.7 There were 31 events reported between 01/12/2022 and 31/01/2023. Within this there were 14 separate subcategories reported across ten different clinical teams. There are no clear themes or patterns identified within teams or across the HSCP. The District Nursing Service had seen a positive reduction in adverse events following consistent review of their events, although this has increased from an average of three per month to five per month in this reporting period.

d.8 There has been an emergent trend within Mental Health with regard to delays in following up people who have not attended for depot medication and other aspects of depot medication management. Although numbers are small and spread over a long period of time, education events with regard to nursing responsibilities within medicines management have been designed and the processes around depot clinics are being revisited.

Care Delivery

d.9 There were 11 adverse events reported in this reporting period. The majority of these events related to poor discharge planning and implementation across a range of establishments including the Prison Service, Acute wards and Rehab wards. On all occasions there was collaboration between discharging and receiving teams to review the adverse event. This also included the use of tabletop exercises to explore scenarios in order to reduce the chance of recurrence.

Some of these events reflect care being delivered below the standard expected. On each occasion the staff have reflected on practice undertaken and training has been provided where required.

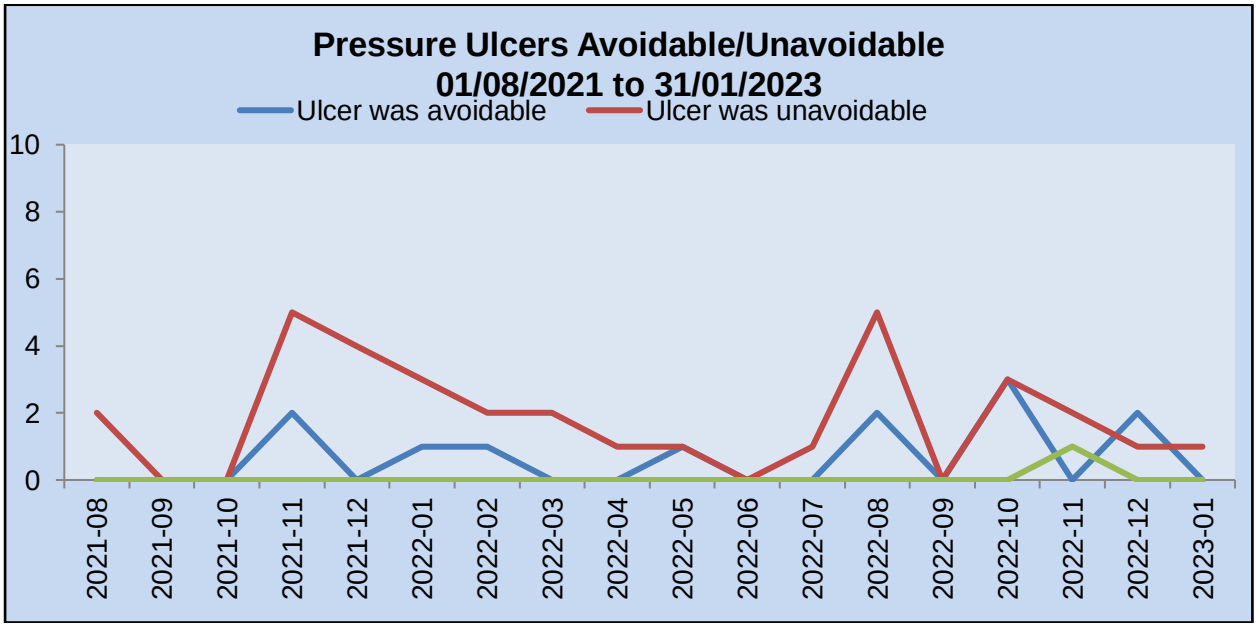
Significant Adverse Event Reviews

d.10 There is currently one significant adverse event review (SAER) commissioned in the Dundee HSCP, although this is awaiting confirmation of a Review team.

A SAER undertaken with regard to medical records management, largely pertaining to records within Mental Health & Learning Disability services is now complete. The actions arising from this, including Duty of Candour reporting, are in progress.

Pressure Ulcers

d.11 There have been four pressure ulcer events reported between 01/12/2022 and 31/01/2023, which is a reduction from the last reporting period (9). 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.



d.12 One of the avoidable pressure ulcers was noted on admission to the ward. Feedback is given to those providing care prior to admission to support reflective practice and enhanced management of pressure ulcers. The other avoidable pressure ulcer developed under the care of Community Nursing. This complex case identified a number of factors contributing to the pressure ulcer including reduced compliance with advice given and caring staff not using the recommended equipment. The Tissue Viability Service and District Nursing Service initiated a plan of care to support.

Feedback

e.1 The table below shows the number of complaints by service area and how long they have been open:

No. of Open Cases – 7							
Clinical Care Group/Department	**Days_Band**	0-5 Days	6-10 Days	>20 Days	>40 Days	>60 Days	**Total**
Mental Health (Dundee)		1	1	1	1	-	**4**
Physiotherapy (Dundee HSCP)		-	1	-	-	-	**1**
Nutrition and Dietetics (Dundee HSCP)		-	-	-	1	-	**1**
Older People Services (Dundee)		-	-	-	-	1	**1**
Total		**1**	**2**	**1**	**2**	**1**	**7**

The total number of open cases shows a significant improvement from the last two reports (22 and 12) and with four cases open longer than 20 days, compared with 12 and 4 in the last two reports respectively. Work will continue to further improve this position.

Key themes

e.2 During this reporting period the key themes for complaints have been clinical treatment, competence and failure to follow agreed procedures, with the sub-themes including co-ordination of clinical treatment, disagreement with treatment plan and lack of continuity.

Learning from Complaints

e.3 There are a number of complaints that, following investigation, identify and confirm that high quality care is provided, that correct pathways and procedures are adhered to and correct legal processes are followed. The receipt of a complaint is an opportunity to review what we have done and how we have done it, and often the complaints are not about the technical aspects of delivering care but the manner in which the care was delivered or communicated to our patients and clients.

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.

e.4 Some examples of complaints and associated actions and learning:

- A complaint was received in relation to the provision of equipment and the policy that supports decision-making. The policy is undergoing a review to ensure it reflects current legislation. This review is ongoing with health and social care staff, the Housing Department and the local authority legal team.
- A complaint was received in relation to the timely response provided from the Direct Payments Team. A review led to the implementation of different working practices with an enhanced focus on the monitoring of work and the prioritisation and timely nature of responses.
- A complaint was received in relation to posts made by a staff member on social media. While the staff member was aware of the social media policy they have been asked to reflect on their actions and review the policy.
- A number of complaints were received in relation to standards of care and on investigation these related to a failure in communication. Teams have worked hard, in complex and challenging circumstances, to develop systems for clear, concise communication and escalation processes to ensure ongoing communication throughout care provision.
- A complaint was received regarding poor communication following the death of a patient in an inpatient setting. (The circumstances relating to the death did not form part of the complaint.) A number of outcomes were implemented following review which included:

- Verification of death training
- Oral Health education
- The development of an SBAR to support enhanced communication between medical and nursing staff.
- Review and enhancement of induction for junior doctors.
- Reflection on Conduct and Professionalism for staff involved.

e.5 Compliments

Oct 2022: "*The bit that stands out for me is nurse Jayne. Jayne was incredibly responsive to our concerns, very easy to talk to and had excellent listening skills. The DECS-A service was for my Mum, but she listened to my Dad's questions and she took the questions very seriously. My Dad certainly felt supported and he got the right care. Jayne stayed with us throughout the process until Mum and Dad were happy there were no more concerns."*

Nov 2022: "My Dad who is in his 90's took unwell and was feeling dizzy and couldn't get out of bed. We called the Dr and then had a team of community district nurses to look after Dad. They were excellent; Holly, Neil and Susan did a fantastic job and also answering all of my Mums questions too. They really couldn't have been better."

Dec 2022: *"I would like to tell how exceptional Dr Din and the nurses from Victoria Hospital were to me. Dr Din actually listened to my problems and what a difference it made! After taking blood pressure tablets for 20 years, she managed to get me off the tablets. She got me admitted for a surgery at Ninewells Hospital. The operation was to remove a hernia from my left side, it was done by Dr Moses and it was successful. Three weeks before this surgery at Ninewells Hospital, a specialist told me they cannot operate on this and discharged me without any further contact or help. My local GP prescribed me antibiotics, but my problems with the hernia were going on for 2 years at that time. I am very grateful to Dr Din in Victoria Hospital for everything she and the nurses done for me. I feel some Drs do not seem to care about the elderly, but they were wonderful with me and listened to my problems. The only thing I am disappointed about is that I can no longer go back and see Dr Din because I am already discharged from the hospital and can only go back to see my GP. There are 10 Drs in my GP and I can never see the same one. It made a world of difference that Dr Din in Victoria Hospital actually listened to me."*

External Reports & Inspections

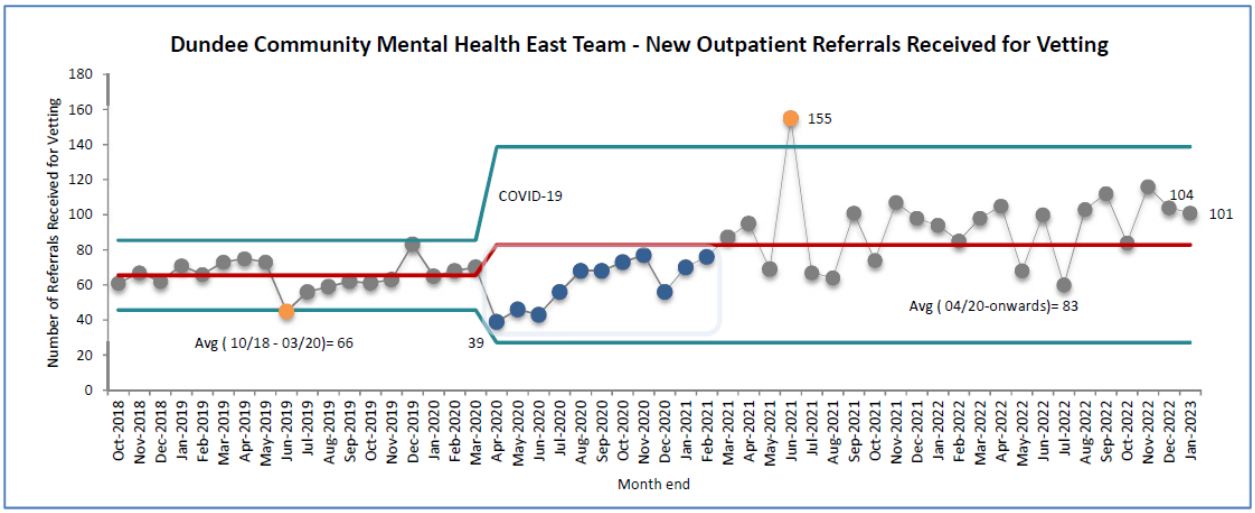
e.6 There have been no external reports or inspections for Dundee HSCP since the last assurance report.

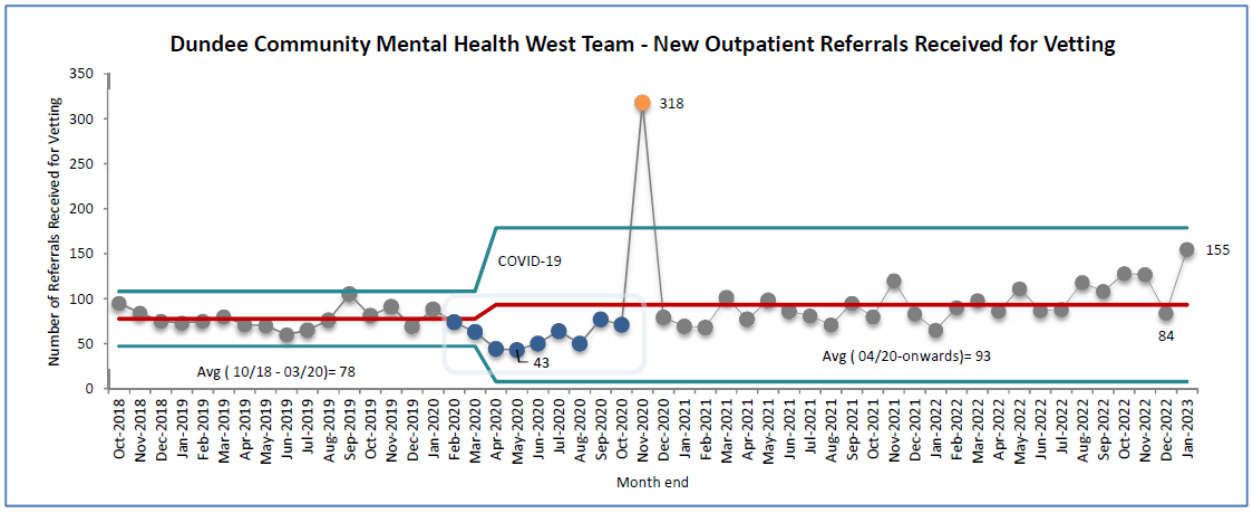
Mental Health

f.1 There are differing trends within the data below for Community Mental Health Teams (CMHT) East and West, particularly with regard to demand. CMHT West has a consistently higher level of referral than East. This same Team also has fewer Locum Consultant sessions and has been disproportionately affected by reduction in service when Locums move. The graphs outlining the numbers of people waiting indicate that three Locums per CMHT allows a 'static' position to be achieved with demand and capacity being well matched (supplemented by ANPs). Where there is fewer than this, the numbers waiting are growing month on month. There will be more detailed analysis of referrals by GP practice in coming months to determine whether the historic allocation of practices to East/West remains appropriate.

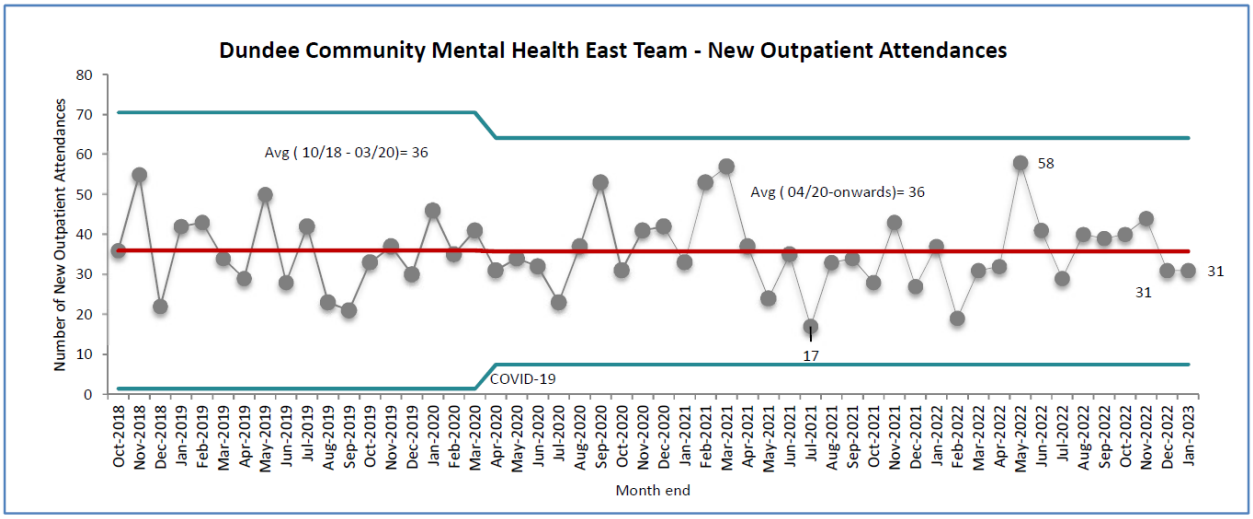
There continues to be a focus on ensuring that TrakCare data is accurate; a significant initial 'cleansing' exercise having been undertaken to ensure that incorrect or missing TrakCare codes were not resulting in wrongly inflated waiting numbers. This work continues month-on-month.

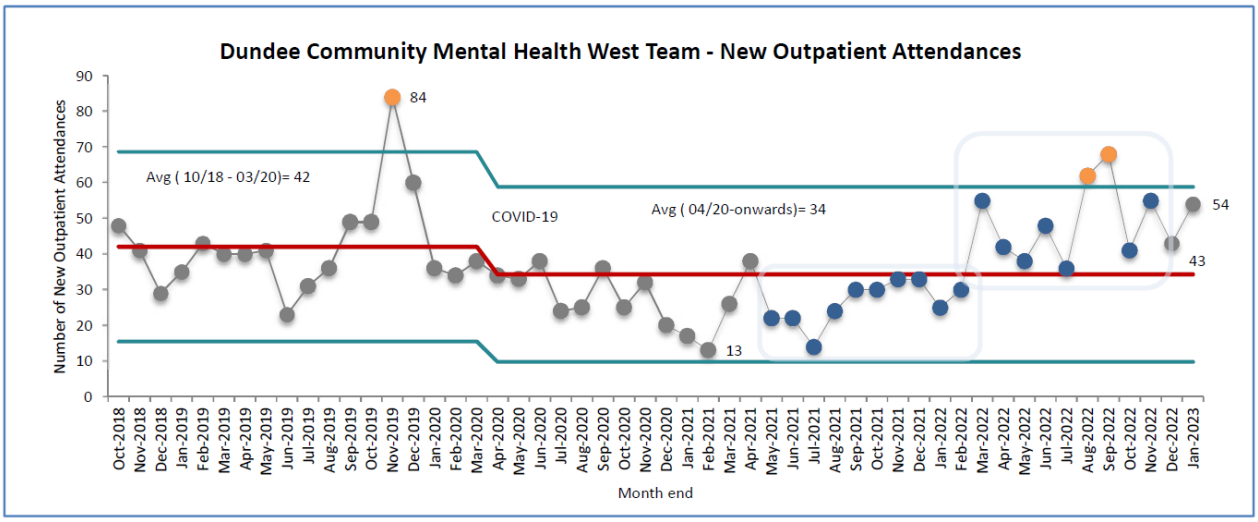
f.2 Volume of referrals received for vetting, including those vetted and returned, grouped by referral received month:



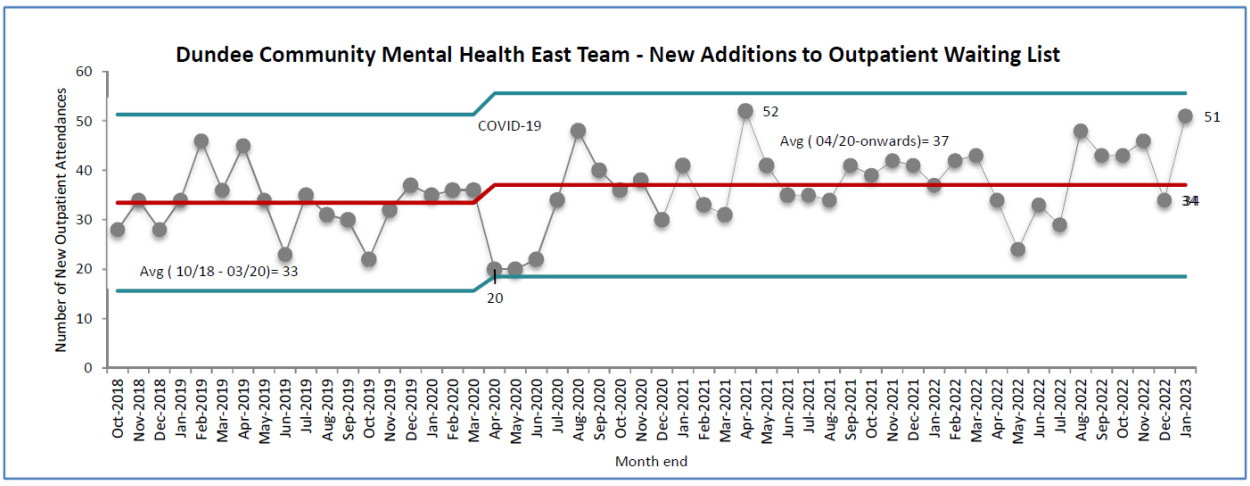


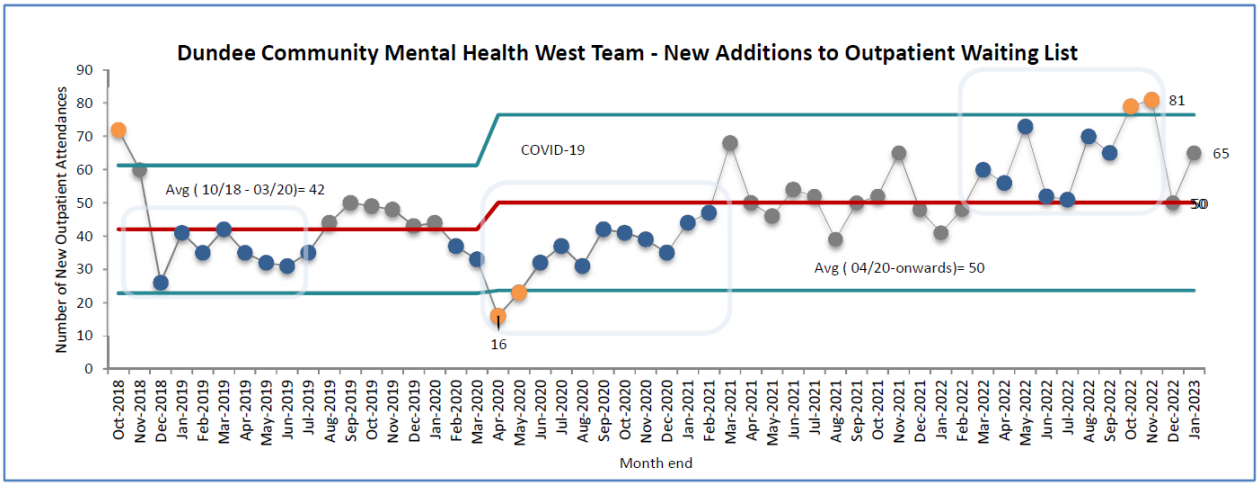
f.3 Volume of new outpatient attendances, excluding did not attends, grouped by attendance month:



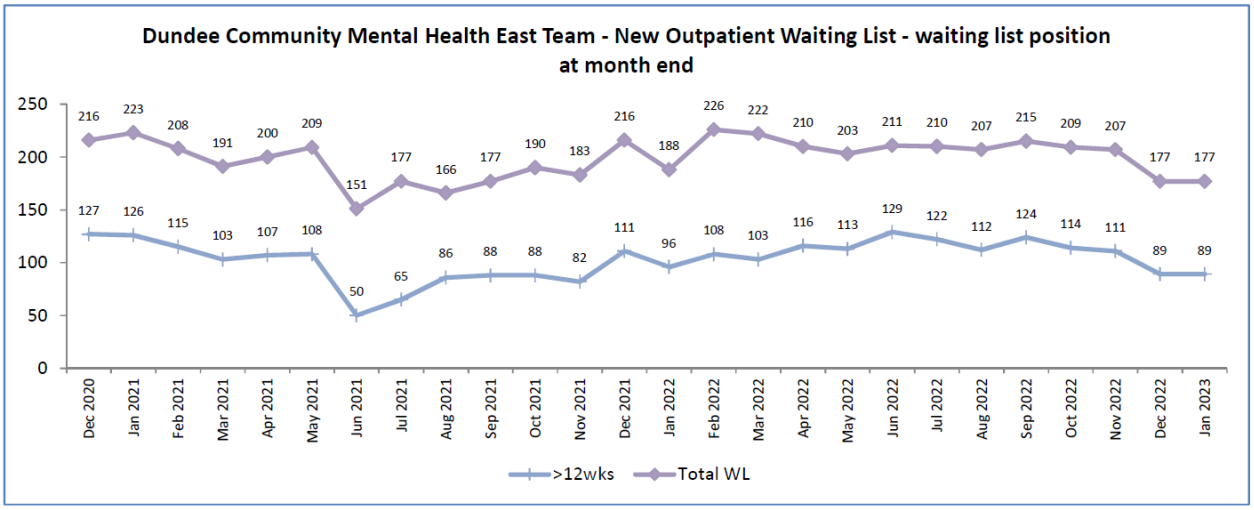


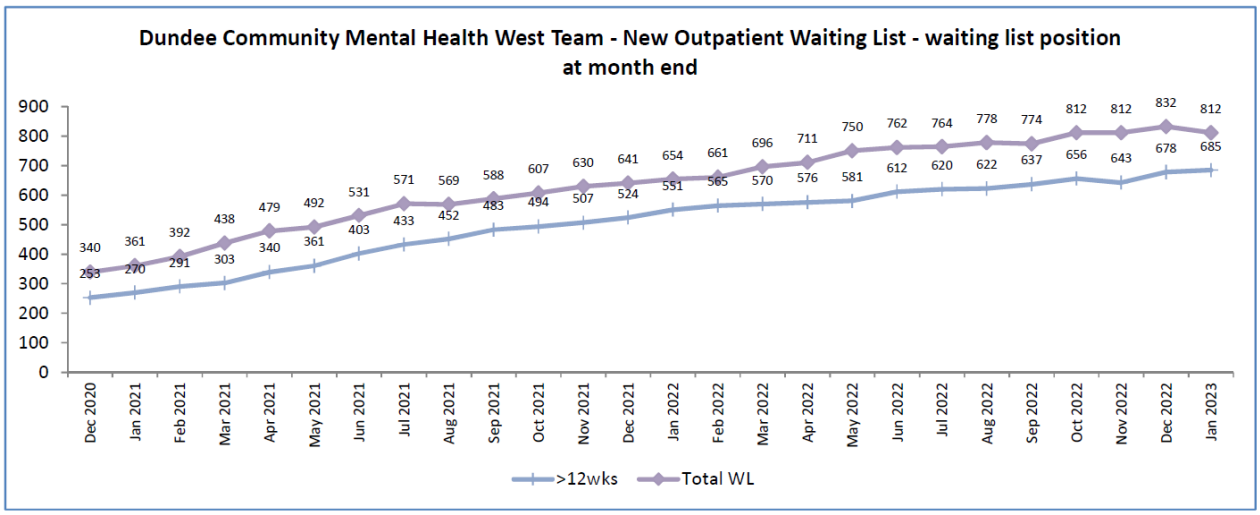
f.4 Volume of referrals added to the waiting list for a new appointment, grouped by referral month:





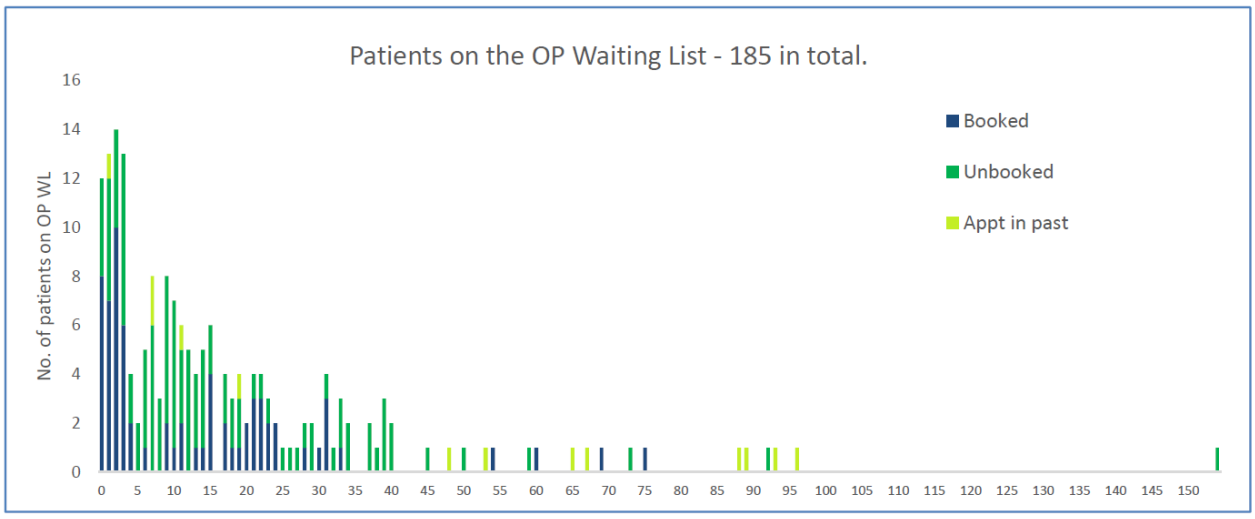
f.5 Snapshot of waiting list position at month end; total volume on waiting list and volume waiting over 12 weeks:



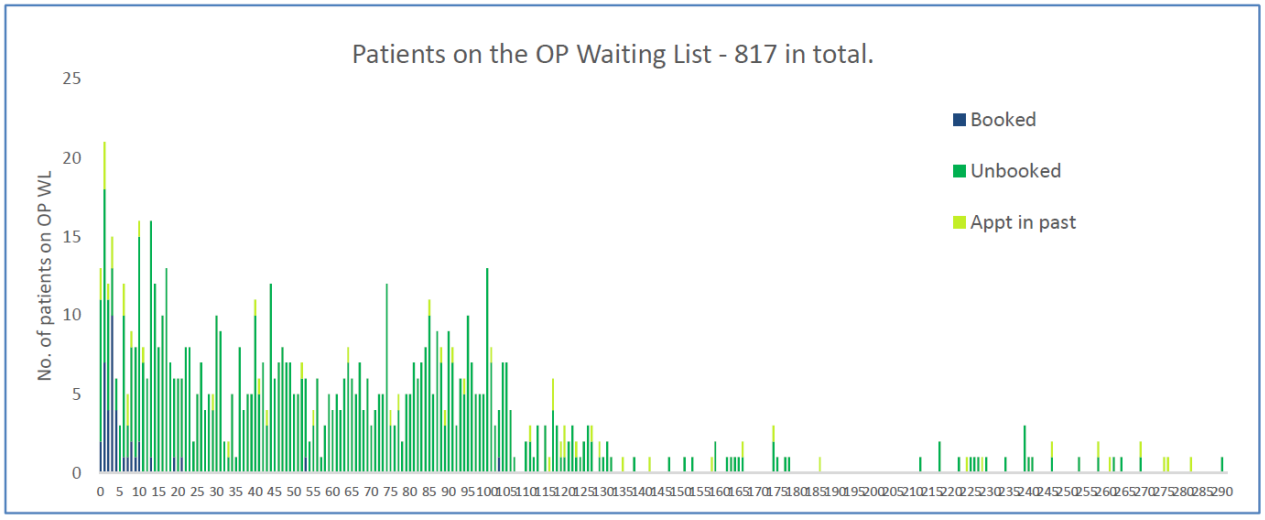


f.6 Snapshot waiting list distribution by weeks waiting at a point in time (05/02/2023) – Waiting List Type – True WL

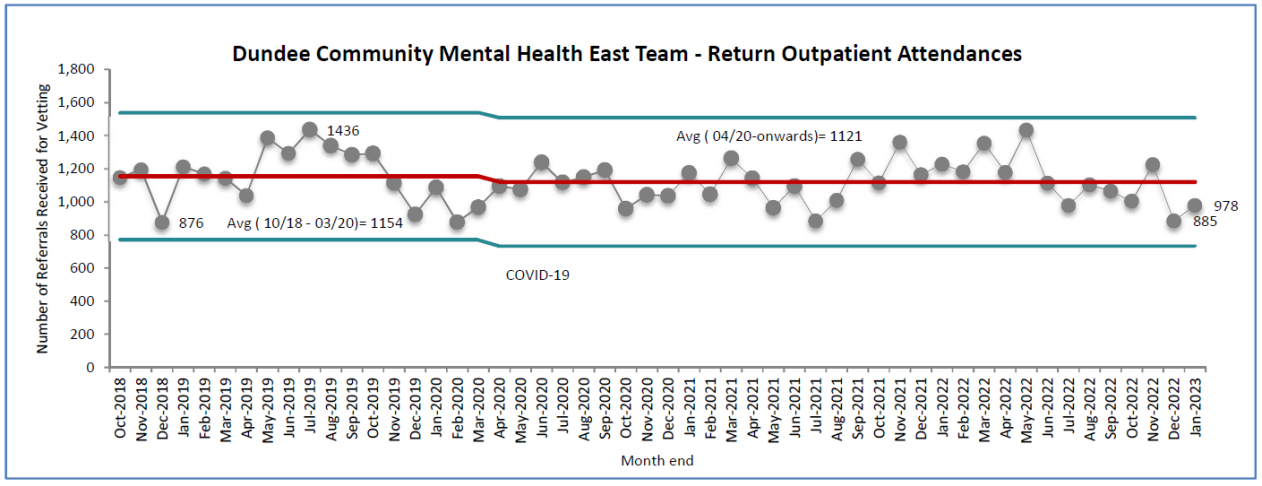
CMHT(East)

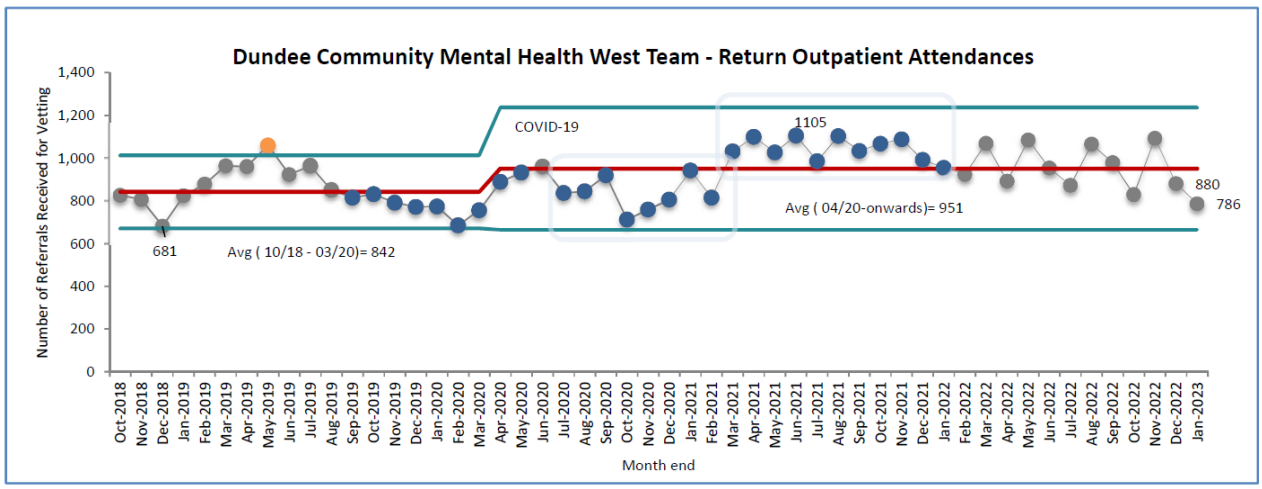


CMHT (West)



f.7 Volume of outpatient attendances, excluding did not attends, grouped by attendance month:





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 DATE: 25 April 2023
Clinical Director

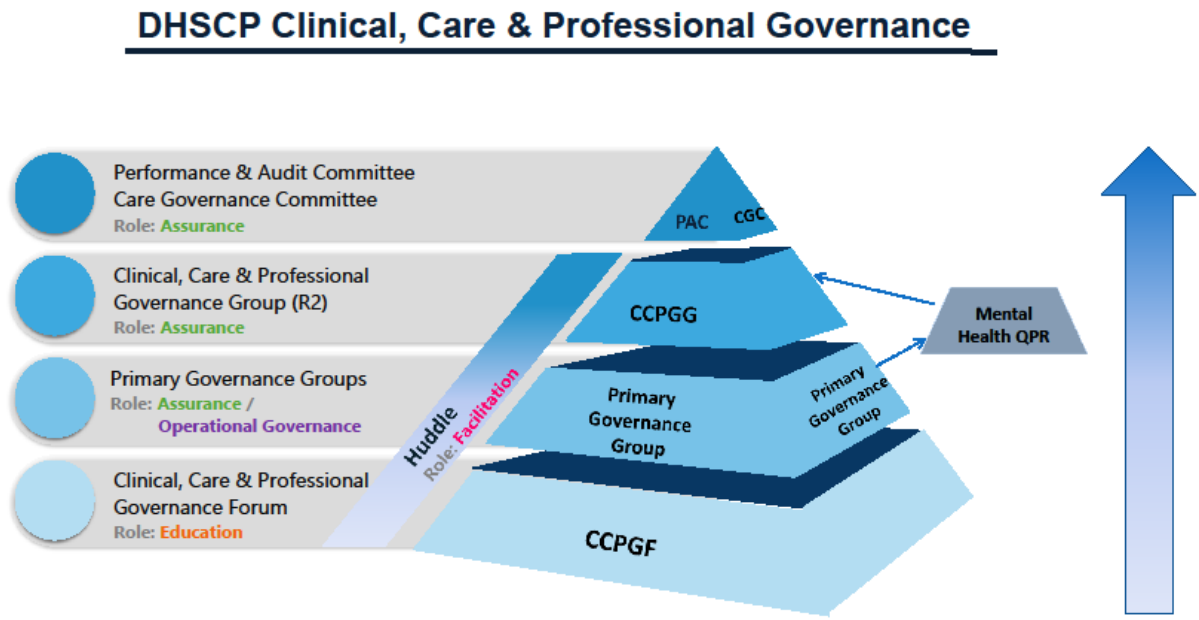
Diane McCulloch
Chief Social Work Officer / Head of Health and Community Care

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.



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.

<u>Governance Huddle</u>

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.