ITEM No …6………..

REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 25 SEPTEMBER 2024

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

REPORT BY: CLINICAL DIRECTOR

REPORT NO: PAC32-2024

1.0 PURPOSE OF REPORT

1.1 This is presented to the Performance and Audit Committee for:

- Assurance

This report relates to:

- Government policy/directive
- Legal requirement

This aligns to the following NHSScotland quality ambitions:

- Safe
- Effective
- Person-centred

This report provides evidence of the following Best Value Characteristics:

- Equality
- Vision and Leadership
- Effective Partnerships
- Governance and Accountability
- Use of Resources
- Performance Management
- Sustainability

2.0 RECOMMENDATIONS

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

2.1 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 May 2024.

2.2 As Lead Officer for Dundee HSCP 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 ASSESSMENT

4.1 Clinical and Care Risk Management

a.1 Lack of resource to deliver the benzodiazepine dependence pathway compliant with guideline, DDARS

Datix Ref	Risk Exposure – No controls			Current Risk Exposure Rating *Please include data from previous **four** reporting periods*												Planned Risk Exposure			Risk Trend (↑/→/↓)
				3/8/23			5/12/23			16/2/24			26/6/24						
	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	3	9	→

L = Likelihood C = Consequence RER = Risk Exposure Rating

Insufficient number of DDARS staff with prescribing competencies

Datix Ref	Risk Exposure – No controls			Current Risk Exposure Rating *Please include data from previous **four** reporting periods*												Planned Risk Exposure			Risk Trend (↑/→/↓)
				3/8/23			5/12/23			16/2/24			26/6/24						
	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	3	5	15	3	5	15	3	3	9	→

L = Likelihood C = Consequence RER = Risk Exposure Rating

Increasing patient demand in excess of resources – DDARS

Datix Ref	Risk Exposure – No controls			Current Risk Exposure Rating *Please include data from previous **four** reporting periods*												Planned Risk Exposure			Risk Trend (↑/→/↓)
				3/8/23			5/12/23			16/2/24			26/6/24						
	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	
233	4	5	20	5	5	25	5	5	25	5	5	25	3	5	15	3	4	12	↓

L = Likelihood C = Consequence RER = Risk Exposure Rating

a.2 Three of the top 5 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.

New staff are joining the service and are currently being inducted. There have been internal promotions, retirement and maternity leave which have increased vacancies. There have been some short-term delays for staff being in post due to completion of training and registration; however this is expected to be resolved in September. This continues to be monitored, to support retention and recruitment of new staff.

a.3 Risk 233 had shown a current risk score in excess of the inherent risk score since April 2023. This was primarily due to ongoing challenges relating to recruitment and retention into the DDARS service. This is starting to ease as noted above.

Nursing staffing levels continues to be monitored; recruitment is ongoing with further staff requesting to return to the service, after reflecting on their positive experience in the service.

Acuity and dependence levels are intensifying within the patient group requiring intensive input from staff including adult support and protection concerns. Early release from prison is also putting additional pressure on the service and staff to provide support for a high-risk, complex population.

Medical Staffing pressures with long term absence impacts on medical support for the team and also batch prescribing. Two locums remain in post and plans to advertise for substantive posts are now in place. These posts are required to maintain safe clinical services, same day prescribing, Buvidal® prescribing, support for non-medical prescribers and advanced nurse practitioners, medical trainees, GPs with special interest and the specialty doctor.

DDARS has a growing staff group who have prescribing competencies. At this time there are 9.4wte nursing staff who can prescribe and 7 trainees, which includes the primary care project staff and child and family nurses.

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.

a.4 <u>Unassigned Associate Medical Director (AMD), Tayside Sexual Health and Reproductive Health</u>

DatixRef	Risk Exposure – No controls			Current Risk Exposure Rating *Please include data from previous **four** reporting periods*												Planned Risk Exposure			Risk Trend (↑/→/↓)
										26/06/2024			16/07/2024						
	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	
1471	4	4	16							4	4	16	3	3	9	2	3	6	↓

L = Likelihood C = Consequence RER = Risk Exposure Rating

The previous AMD left their post in December 2023 and the service was without a formal assigned AMD. This had left the Clinical Lead without direct, formal and agreed support in respect of job planning, recruitment, line management of the medical team and with complex patient complaints. The Clinical Director, Dundee HSCP, now supports the service as Interim AMD and the substantive post is currently advertised.

<u>Perinatal Mental Health Team Accommodation – Mental Health (Dundee)</u>

DatixRef	Risk Exposure – No controls			Current Risk Exposure Rating *Please include data from previous **four** reporting periods*												Planned Risk Exposure			Risk Trend (↑/→/↓)
				3/8/23			5/12/23			16/2/24			26/06/2024						
	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	
1252	5	4	20	5	4	20	5	4	20	5	4	20	5	4	20	4	3	12	→

L = Likelihood C = Consequence RER = Risk Exposure Rating

The temporary accommodation at, Ward 1 Royal Victoria Hospital, is not fit for purpose. The key risks relate to:

- Unsatisfactory access to adequate clinical consulting / private meeting rooms
- Poor general environment including inconsistent ventilation/heating/noise that impacts on staff and patients
- Poor telephone communication, resulting in missed or delayed calls and text messages and interrupted conversations due to poor signals and unreliable Wi-Fi.

Significant work is ongoing with the Telecommunications team, Estates, fire officers and management and while there has been some improvement (noise pollution has been largely eliminated) the telecommunications risk that persists has the potential to impact on patient care through poor or delayed access to the team.

Workforce Risks

b.1 There are a number of risks (12, reduced from 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.

Primary Care (PC) Sustainability Risk – Strategic Risk 1374

b.2 The Sustainability Primary Care Services Risk current rating remains at 20 (Red/ Very High), having been reduced in 2023 from 25 following the implementation of some of the more strategic and leadership actions across Tayside. This risk is categorised as a Quality (of Care) Clinical risk.

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 will have a negative impact on both patients and staff. The risk arises as a result of an inability to:

- Reliably recruit, train and retain workforce
- Have appropriate premises arrangements to deliver clinical and support services, and
- Have in place adequate digital systems to support clinical care and communication between teams, patients and across the services. This risk encompasses all Primary Care contractors; Dental, Optometry, General Practice and Community Pharmacy.

A second sustainability survey was undertaken with GP practices across Tayside in February 2024 which gathered more data on workforce and general information on other issues impacting on a practice's sustainability. The preliminary analysis of the second survey indicates that 20% of Dundee practices consider their future sustainability to be a risk. The factors contributing to this included GP partner leaving/retirement, increased patient demand versus capacity and independent contractor practices noting some or significant impact on sustainability risk arising from leasing/ownership of premises.

Local actions and controls have been, and continue to be, developed, and reviewed. These actions seek to increase capacity, manage demand and address barriers by taking forward actions within the control of the HSCP.

The workstreams linked to the Primary Care Improvement Plan are mostly fully recruited to, 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.

However, the increasing demand for GP and the 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 three practices closing in a three year period. Numerous practices have had periods with closed lists and being unable to accept new registrations.

Dundee has a Premises Strategy and a wider GP strategy agreed and is working to progress this. The removal of the burden of ownership, or leasing of premises is critical to the recruitment of new GPs partners and there has been limited progress regionally and nationally for this but at 31 May 2024 there has been no progress regionally with leases transferring to NHS Tayside. One Dundee practice has received a GP sustainability loan (April 2024). However, the loan scheme for 2023/24 had been oversubscribed and Scottish Government needed to fund the completed loans before accepting any further tranche one agreements. Scottish Government are not yet in a position to say when tranche two applications would be opened.

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

The local development and further integration of urgent care teams and the development of roles in other primary care-based teams, will continue to contribute positively, such as the advanced district nurse role.

Treated/Archived Risks

b.3 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.

Closed Risks

b.4 Closed Risks are risks that have been replaced or superseded and are therefore no longer required to be managed.

There has been one risk closed within the time period.

4.2 **Clinical & Care Governance Arrangements**

b.5 The arrangements for clinical, care & professional governance (CCPG) in the Dundee HSCP are outlined in Appendix 1: Dundee HSCP Governance Structure.

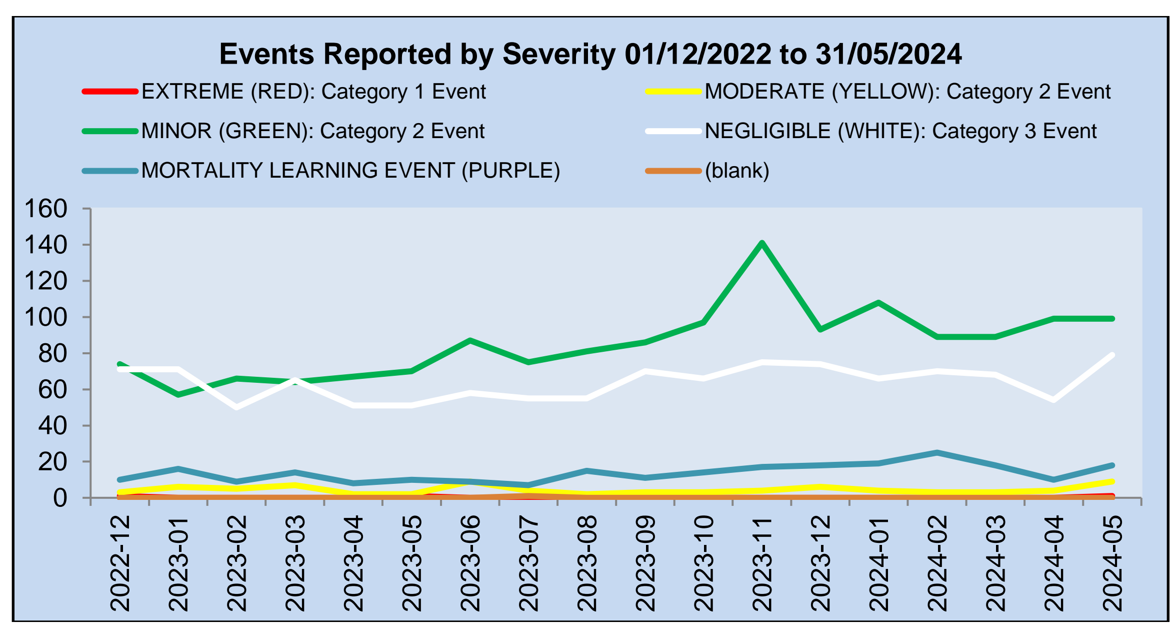
During this reporting period exception reports were presented to the CCPG Group from the following services:

- Nutrition and Dietetics – Report. No Speaker.
- Acute and Urgent Care – No Report. Verbal Update.
- Care Homes – No Report or Speaker.
- Dundee Drug and Alcohol Recovery Services – No Report. Verbal Update.
- Community Services – Report and Speaker.
- Inpatient and Day Care – Report and Speaker.
- Psychological Therapies – Report. No Speaker.
- Psychiatry of Old Age – No Report or Speaker.
- Primary Care – Report and Speaker.
- Mental Health and Learning Disabilities – Report and Speaker.

To support enhanced compliance and to meet internal audit recommendations the production and presentation of exception reports is being more closely monitored. The Clinical, Care and Professional Governance Group are also reviewing frequency of annual reports and exception reports to support management capacity.

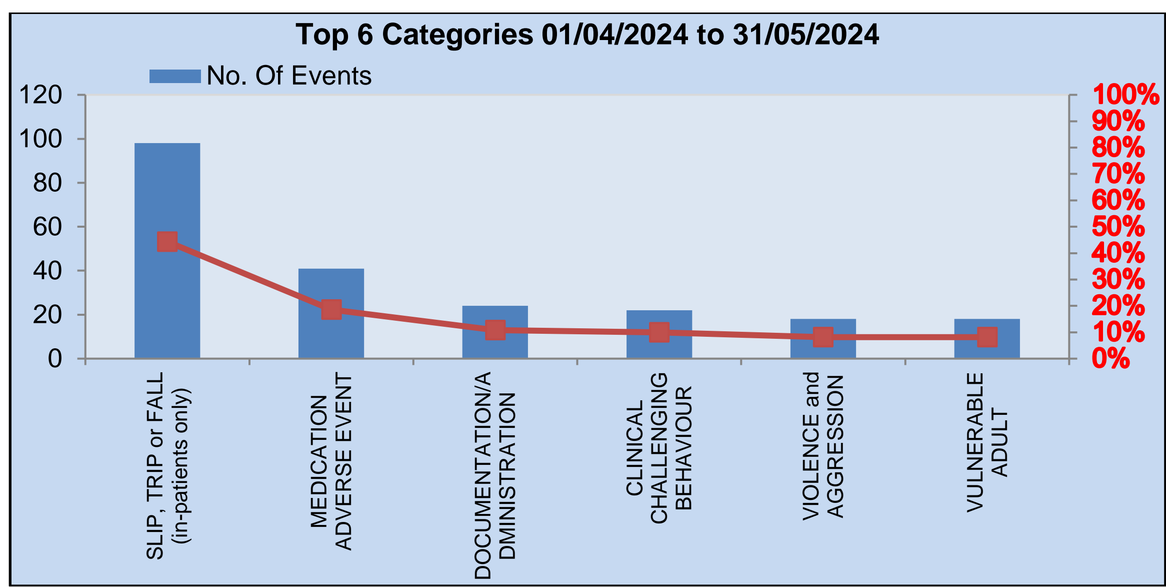
4.3 **Adverse Event Management**

c.1 The following graph shows the impact of the reported adverse events by month over the past 18 months. There were 373 adverse events reported in this time period (01/04/2024-31/05/2024). There is a reduction in negligible and minor events with a small rise in mortality learning events, the majority of these are reported through expected death categories. (17 of 28 reported adverse events).



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

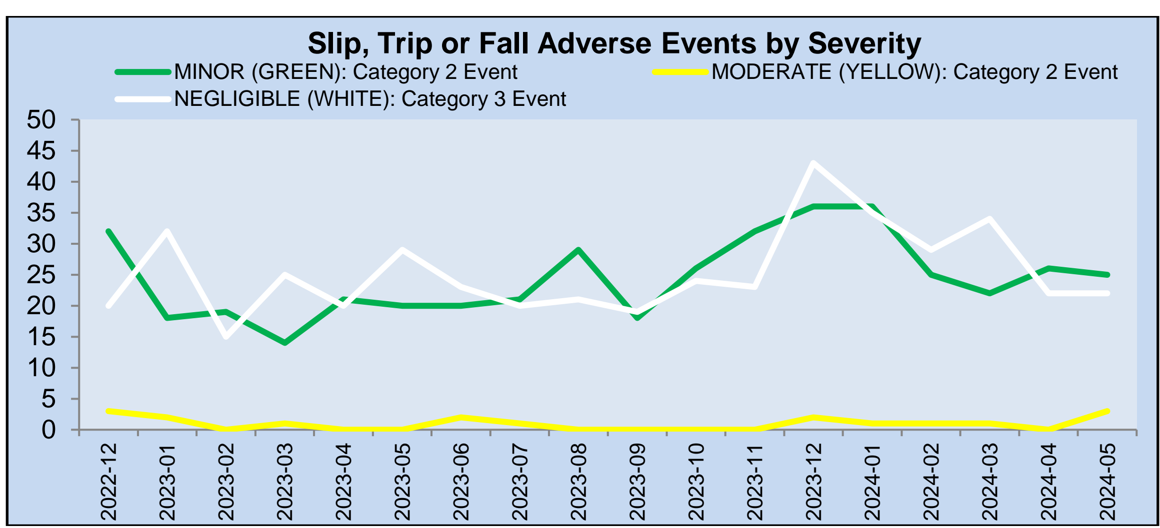
c.2 The following graph shows the Top Six Categories reported between 01/04/2024 and 31/05/2024.



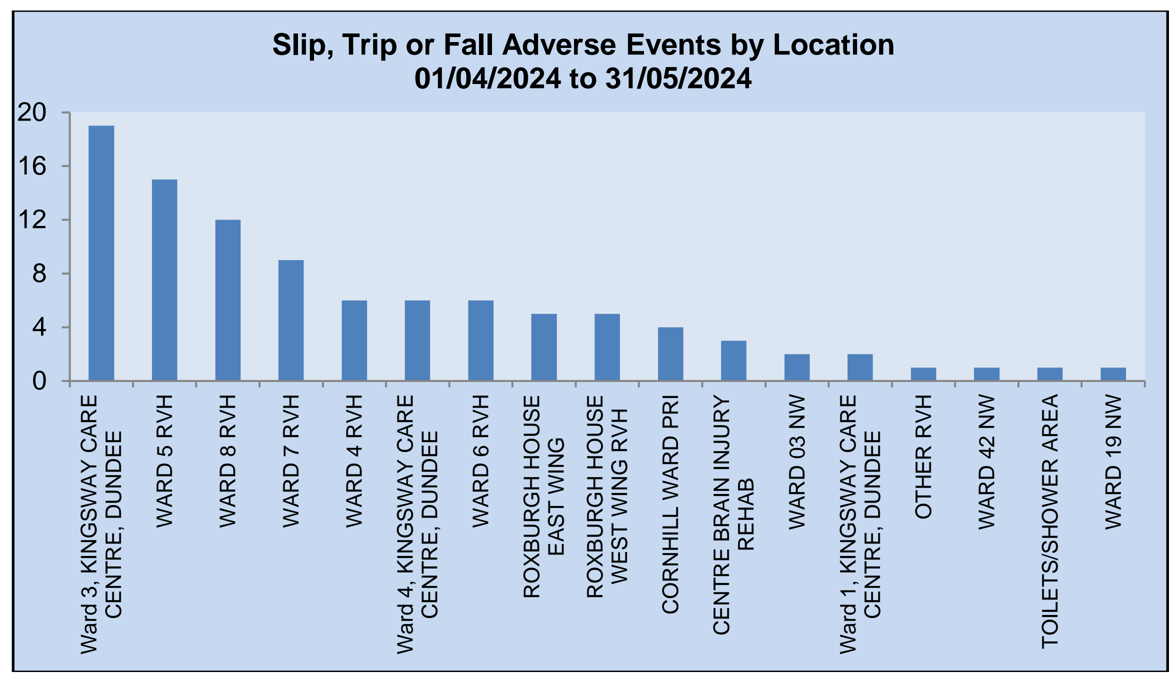
These categories account for 221 of the 373 events (59%) reported within the time period.

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

c.3 There were 93 events reported between 01/04/2024 and 31/05/2024. The following table shows slips, trips and falls by severity over the past 18 months:



c.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 Psychiatry of Old Age, Palliative Care Services and Medicine for the Elderly.



c.5 The above graph (*c.3*) shows a decrease in in-patient falls over this reporting period. A review of the adverse events shows a number of individuals were responsible for multiple events across a number of ward areas. The severity of these adverse events remains low with minimal harm to patients (bruising, skin flaps) and no harm to staff.

Medication Adverse Events

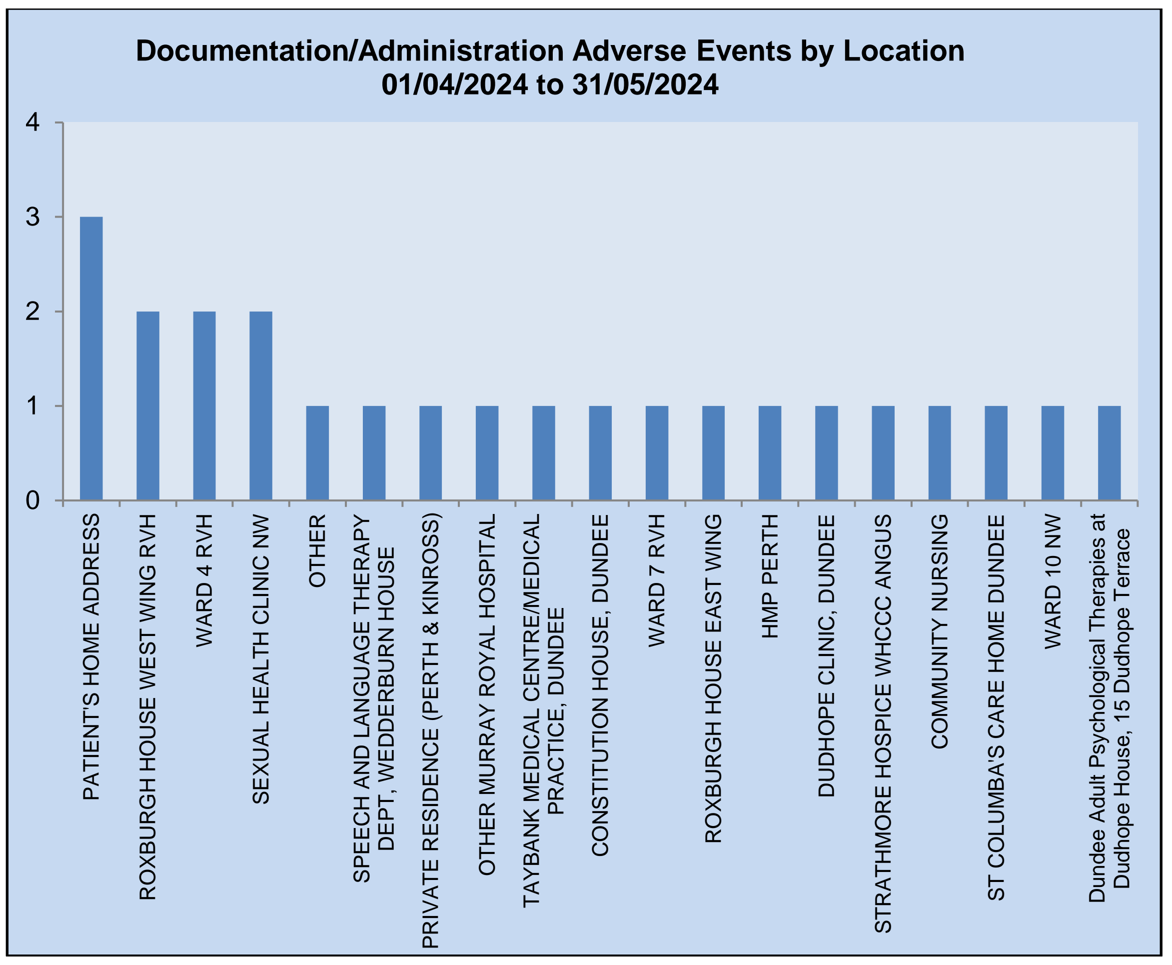
c.6 There were 41 events reported between 01/03/2024 and 31/05/2024. This is an increase from the last reporting period. Within this there were 20 separate subcategories reported across 17 different clinical teams. There are no clear themes or patterns identified within teams or across the HSCP. The majority of these events occur in the patients' homes (17) with the most commonly occurring subcategory being controlled drug incident (10), all reported through a different clinical team.

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.

A number of these incidents identified adverse events in other parts of the system that were identified via HSCP teams, e.g. discharged without correct medicine. Follow up discussions are held with teams to support learning and management of risk.

Documentation/Administration

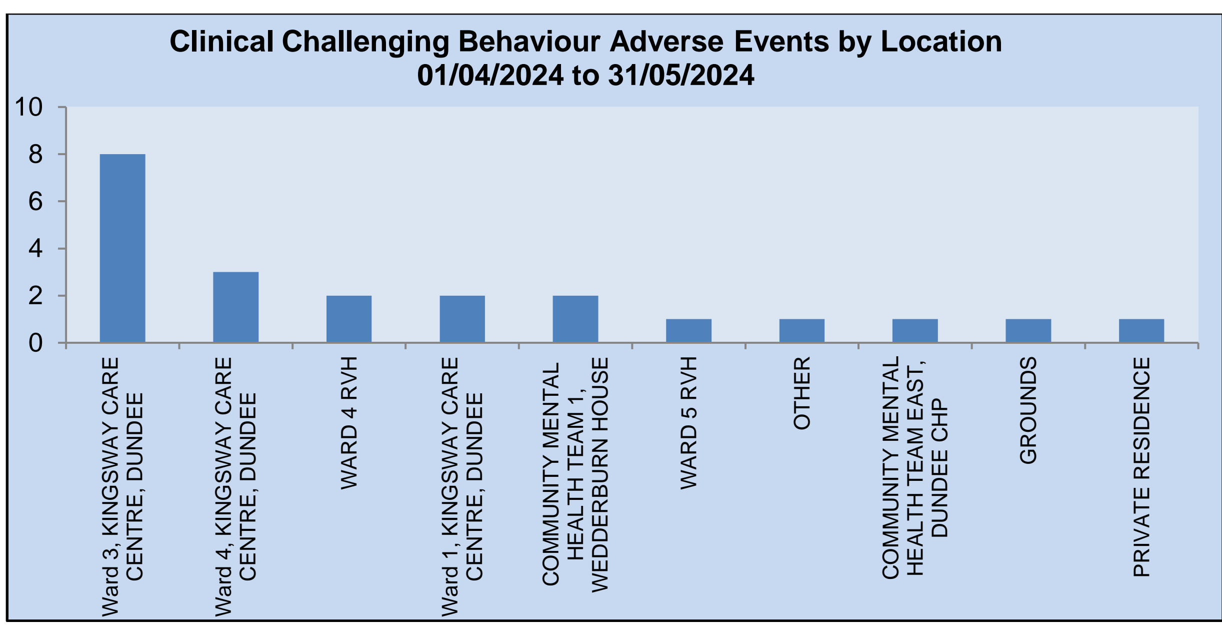
c.7 There were 24 events reported between 01/04/2024 and 31/05/2024. The chart below shows the care delivery events by location.



The high number of incidents reported this period was primarily due to documentation errors (8). They all occurred over 7 different clinical teams with no clear themes.

<u>Clinical Challenging Behaviour</u>

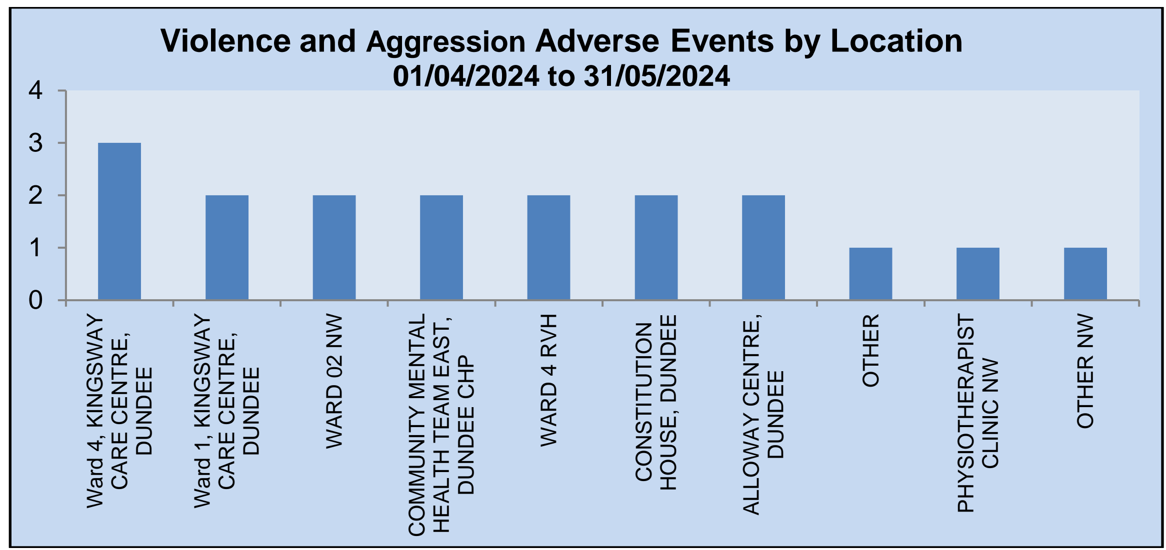
c.8 There were 22 events reported between 01/04/2025 and 31/05/2024. The chart below shows the clinical challenging behaviour adverse events by location.



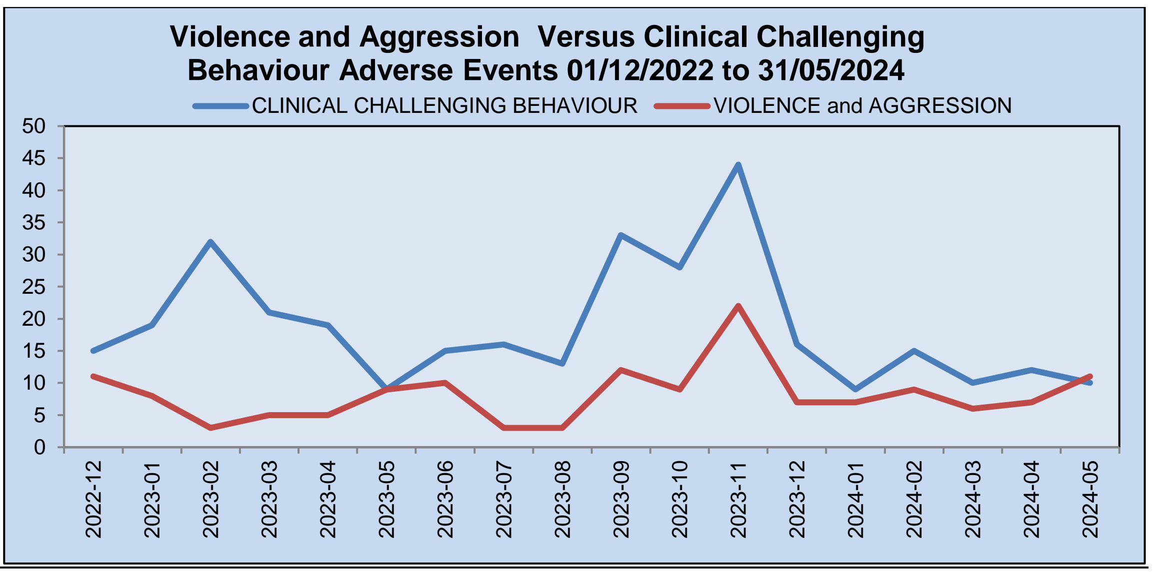
The majority of these events occur in our Psychiatry of Old Age services. There is very positive evidence of these incidents being well managed with staff being well supported.

Violence and Aggression

c.9 There were 18 events reported in this reporting period with the numbers of violence and aggression incidents, which shows a slight increase since the last report.

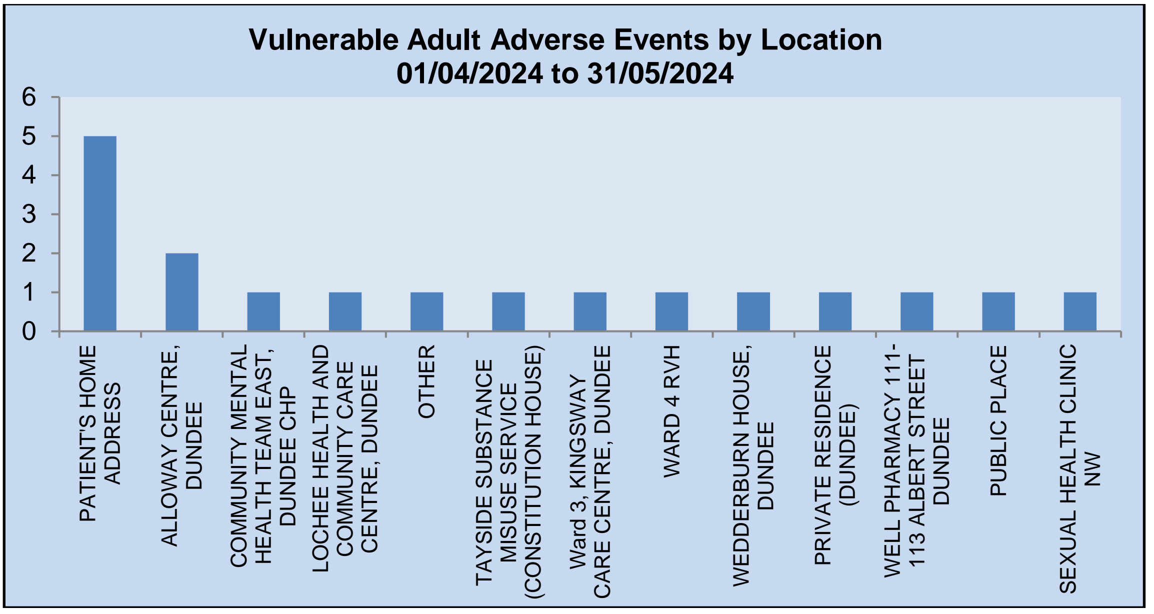


The graph below shows a comparison between number of Violence and Aggression Events compared to Clinical Challenging Behaviour events between 01/12/2022 and 31/05/2024.

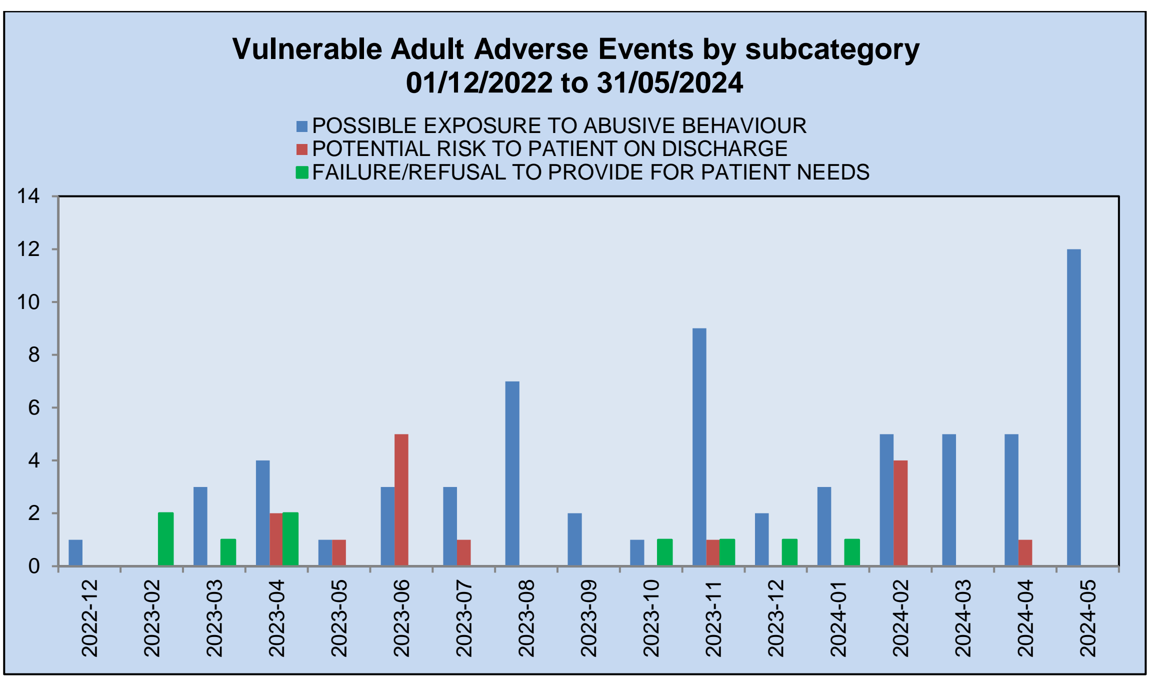


Vulnerable Adult

c.10 There were 18 events reported between 01/04/2025 and 31/05/2024. The chart below shows the Vulnerable Adult adverse events by location.

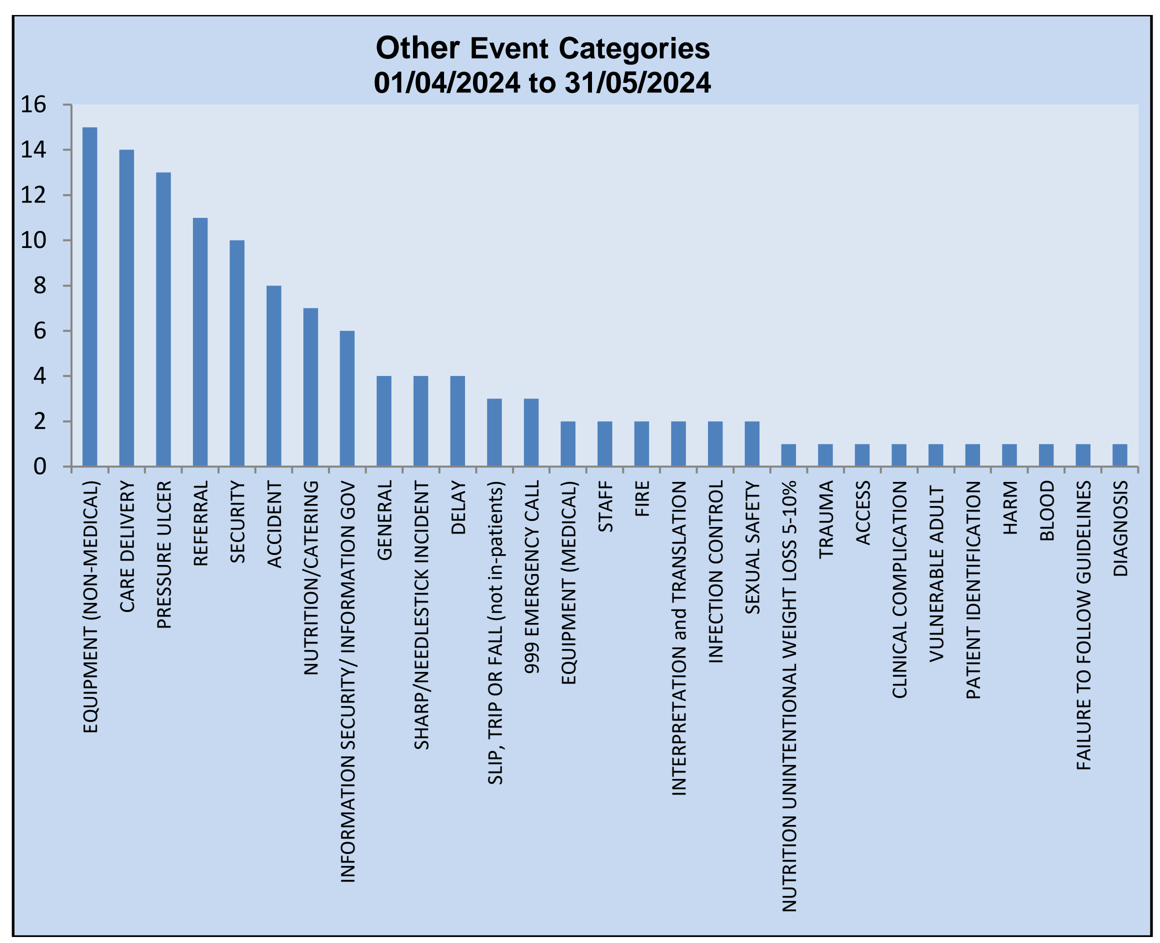


In this period the 17 events within the possible exposure to abusive behaviour subcategory cover eight different services. The graph below shows data by subcategory for period 01/12/2022 and 31/05/2024.



Other Event Categories

c.11 There were 118 events reported outwith the top six events reported. These are listed in the chart below.



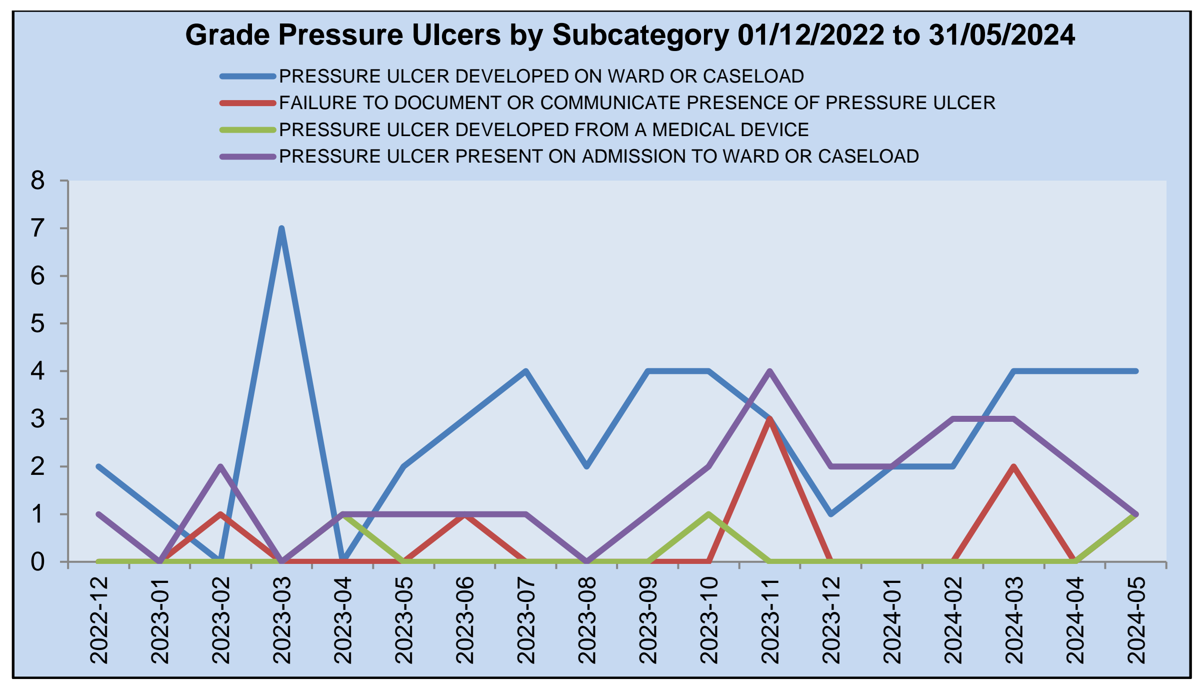
While the numbers remain low there is large increase in the number of equipment (non-medical) adverse events. The majority of these were related to heating and hot water on the RVH site. Our Estates colleagues advise that this should be fully addressed by the end of July 2024.

Significant Adverse Event Reviews

c.12 There are currently two active Significant Adverse Event Reviews in Dundee HSCP. One of these is now ready to be signed off. Once complete, a learning summary will be shared with the committee.

Pressure Ulcers & Falls

c.13 There have been 13 pressure ulcer events reported between 01/04/2024 and 31/05/2024. The number of pressure ulcers reported over the past 18 months is shown in the following graph, by subcategory.



Where pressure ulcers develop on a ward or caseload this is consistently reviewed and within community services is predominantly as a result of patients and families not following the clinical advice provided by the nursing team. The team will work with families and patients to educate and support as much as possible in these situations.

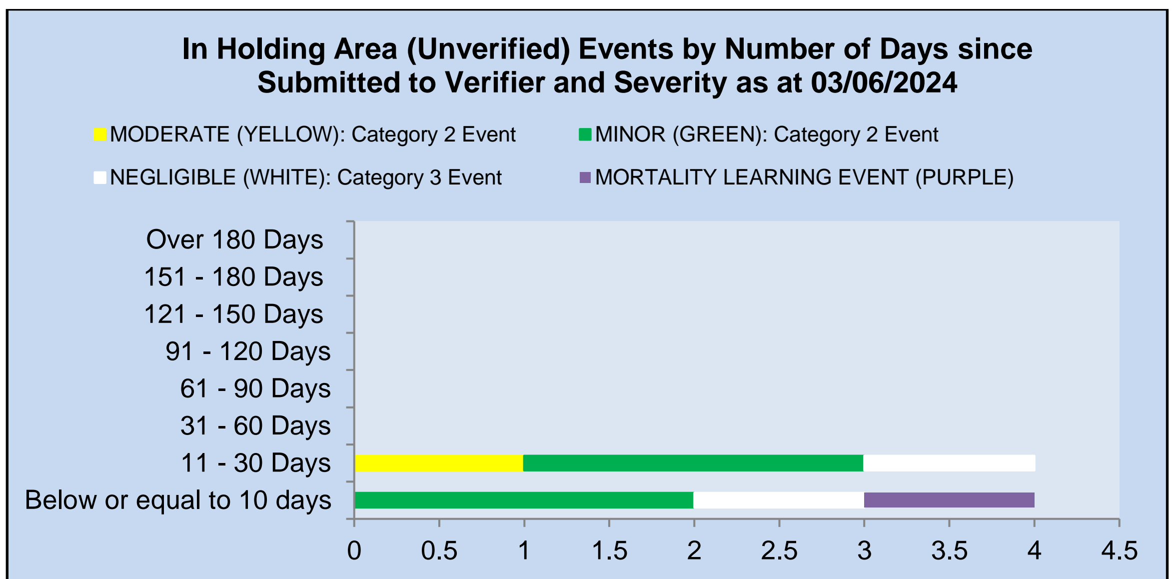
Where pressure ulcers are noted on admission to a caseload or ward work investigations are commenced to ensure all preventative steps have been taken, with all relevant services collaborating.

Adverse events management – Systems and Processes

c.14 Overdue Unverified Events

At the time of data extraction, there were 8 unverified events. Of these unverified events, 6 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.

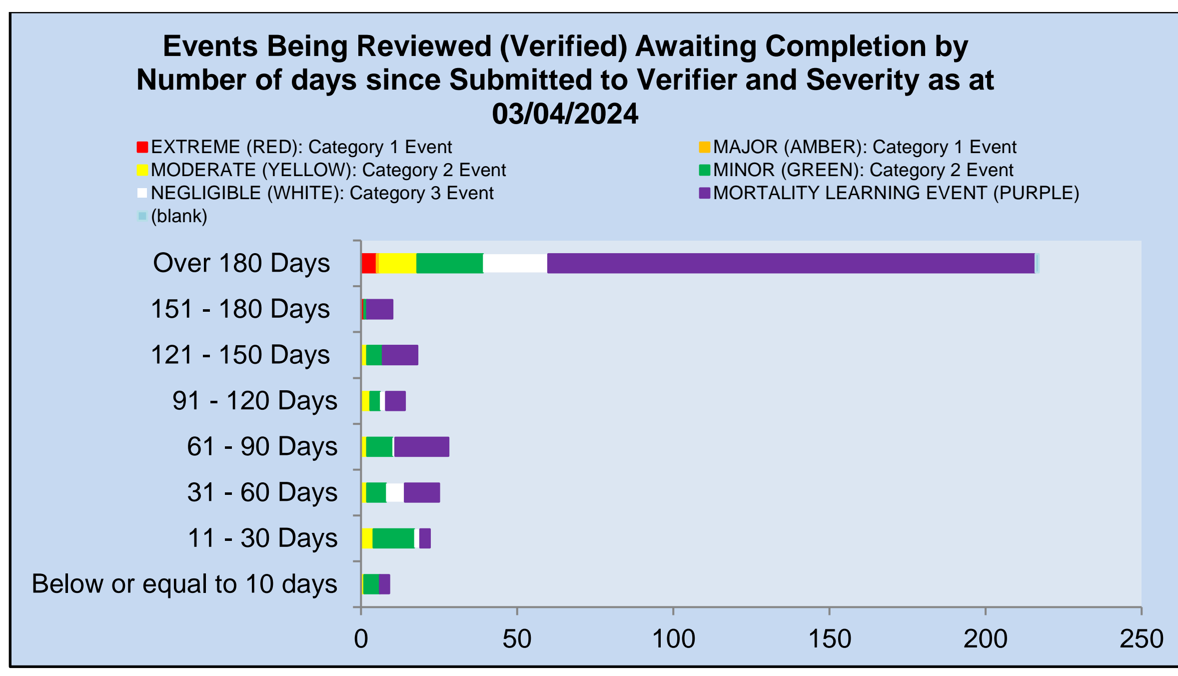


The Dundee HSCP Governance Huddle meets weekly and will review unverified adverse events and provide prompts to managers to take action for outstanding events. If an adverse event might need immediate action, the huddle will escalate to other members of the team for action and review.

c.15 Overdue Verified Events

There are 338 (343 last reporting period) 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.



c.16 The table below shows the number of overdue events by the year and department.

Department	2019	2020	2021	2022	2023	2024	Total*	Change**
Community Mental Health Services	3	5	7	26	34	16	**91** (90)	↑
Central (DDARS)	0	0	2	14	18	13	**47** (39)	↑
East (DDARS)	0	0	6	2	8	10	**26** (25)	↑
Community Learning Disabilities	0	1	1	11	9	3	**25** (37)	↓
Psychiatry of Old Age – OPS (Dundee)	0	0	0	1	9	13	**23** (12)	↑
West (DDARS)	0	0	0	4	10	5	**19** (22)	↓
Primary Care (DDARS)	0	0	1	6	7	1	**15** (17)	↓
District Nursing (Dundee HSCP)	0	0	0	0	0	14	**14** (1)	↑
Other (DDARS)	0	0	0	0	7	5	**12** (8)	↑
Other – Mental Health (Dundee)	0	0	1	5	3	1	**10** (12)	↓
Allied Health Professions (Dundee HSCP)	0	0	0	1	3	4	**8**	↑
Area Psychological Therapy Service – MH (Dundee)	0	0	1	0	1	3	**5**	↑
General Practice – Dundee HSCP	0	0	1	1	3	0	**5**	↓
Adults and Older People	0	0	0	0	0	5	**5**	↑
MFE (Medicine for the Elderly) – OPS (Dundee)	0	0	0	0	1	3	**4**	↓
General Practice – Dundee	0	0	0	0	1	3	**4**	↑
Specialist Community Nursing (Dundee HSCP)	0	0	0	0	2	1	**3**	↔
Nutrition and Dietetics (Dundee HSCP)	0	0	0	0	1	2	**3**	↔
Adult Psychotherapy Service – Mental Health (Dundee)	0	0	0	1	1	1	**3**	↑
Palliative Medicine	0	0	0	0	1	2	**3**	↓
Other – Specialist Palliative Care	0	0	0	0	0	2	**2**	↑
CMHT – Social Work – DHSCP	0	0	0	0	1	1	**2**	↑
Keep Well	0	0	0	0	0	2	**2**	↑
(blank)	0	0	0	0	0	1	**1**	↑
Occupational Therapy – AHP (Dundee HSCP)	0	0	0	0	0	1	**1**	↑
Stroke and Neuro Rehab unit RVH	0	0	0	0	0	1	**1**	↑
Connect Early Intervention in Psychosis	0	0	0	0	0	1	**1**	↑
Physiotherapy (AHP Dundee HSCP)	0	0	0	0	0	1	**1**	↑
(Risk Only) System-Wide Mental Health Risk – Dundee HSCP	0	0	0	0	0	1	**1**	↔
Other – Older People Services (Dundee)	0	0	0	0	0	1	**1**	↑
Total	**3**	**6**	**20**	**72**	**120**	**117**	**338** (316)	↑

* Figures in brackets relate to the May 2024 report ** Since May 2024 report

There has been a longstanding concern regards the overdue verified events. The focus for teams is very much on contemporary adverse events rather than historical adverse events due to the current longstanding issues with workforce availability. Other factors also contribute to these adverse events not being progressed including: awaiting toxicology results, Procurator Fiscal involvement, awaiting information from other agencies (e.g. 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.

Event Severity	2019	2020	2021	2022	2023	2024
EXTREME (RED): Category 1 Event	0(0)	1(1)	0(1)	1(1)	1(3)	1(0)
MAJOR (AMBER): Category 1 Event	0(0)	0(0)	0(0)	2(1)	0(0)	0(0)
MODERATE (YELLOW): Category 2 Event	0(0)	0(0)	0(0)	2(3)	11(14)	13(9)
MINOR (GREEN): Category 2 Event	0(0)	0(0)	2(2)	5(8)	19(19)	36(33)
NEGLIGIBLE (WHITE): Category 3 Event	0(0)	1(1)	2(4)	7(10)	8(8)	26(9)
MORTALITY LEARNING EVENT (PURPLE)	3(5)	4(7)	16(22)	55(65)	80(85)	41(31)

(blank)	0(0)	0(0)	0(0)	0(0)	1(1)	0(0)
Total	**3 (5)**	**6 (9)**	**20 (29)**	**72 (88)**	**120 (130)**	**117 (82)**

T h e total num

4.4 Feedback

d.1 Complaints

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

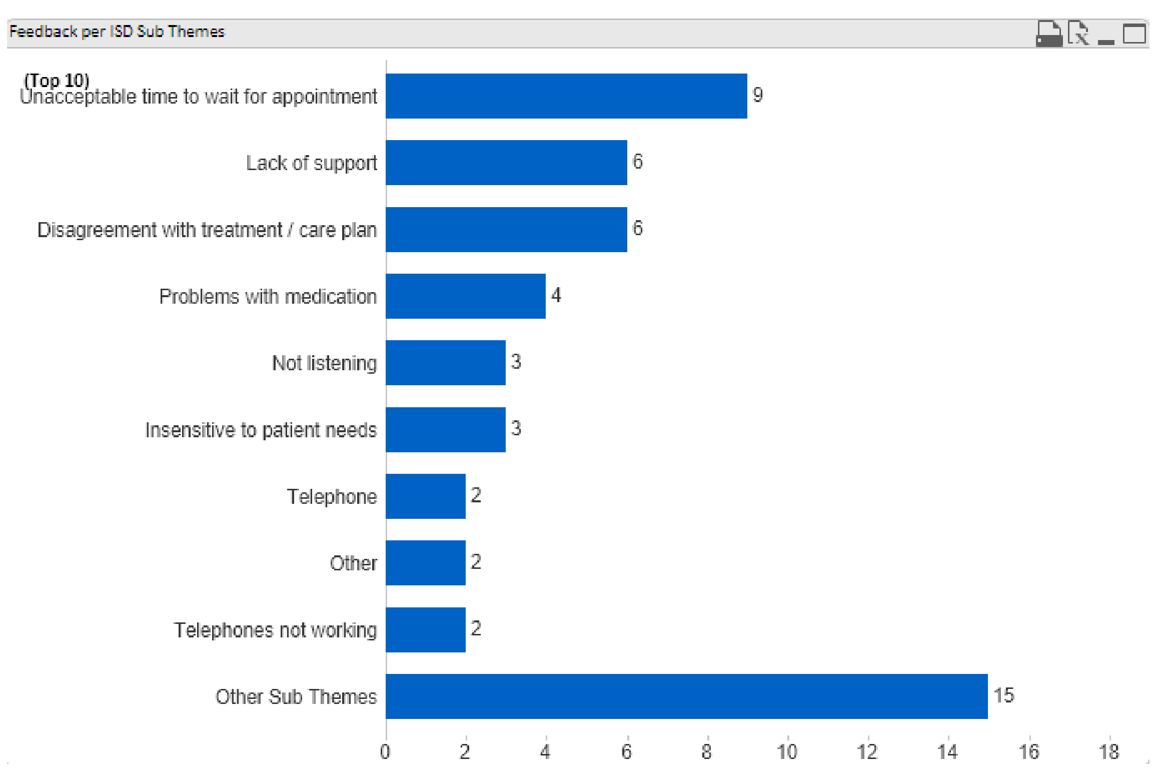
Current complaints as at 18/06/2024

Clinical Care Group/Department	Days_Band	0-5 Days	6-10 Days	11-15 Days	>20 Days	>40 Days	Total
Mental Health (Dundee)		1	-	2	4	2	**9**
Community Nursing (Dundee HSCP)		-	1	-	1	-	**2**
Allied Health Professionals (Dundee HSCP)		-	-	-	1	-	**1**
Older People Services (Dundee)		-	-	-	-	1	**1**
Total		**1**	**1**	**2**	**6**	**3**	**13**

Complaints management continues to perform well across the partnership. There are two complex complaints currently with the Mental Health team that moved over the 40 day time period (51 days and 49 days). Ongoing collaboration with the Patient Experience Team to continue to improve this position will remain in place.

Key Themes

d.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.

Learning from Complaints

d.3 Community Nursing have reviewed and updated their procedure for failed visits in the community following an incident where a patient receiving daily visits for medication administration did not answer their door. A new protocol and decision tool have been developed to enhance patient safety and improve understanding of roles and responsibilities in relation to communication and escalation.

Tayside Sexual and Reproductive Health have reviewed processes, access to electronic systems and built closer relationships with both the child protection and adult support and protection teams following a complaint that highlighted weaknesses in knowledge around Welfare Guardianship orders and appropriate access to treatment.

Scottish Public Services Ombudsman Reports

d.4 There are currently 3 cases with the ombudsman under investigation. These are across Psychiatry of Old Age, Medicine for the Elderly and Mental Health services.

External Reports & Inspections

d.5 Dundee HSCP are working closely with a Dundee Care Home as a result of local intelligence, Adult Support and Protection concerns and extremely poor Care Inspectorate inspection grades.

Adult Support & Protection

d.6 The final report of the Joint Inspection of Adult Support and Protection in the Dundee Partnership was published by the Care Inspectorate and their scrutiny partners (HMICS and HIS) on 19 December 2023. The joint inspection focused on two quality indicators: key adult support and protection processes, and leadership for adult support and protection. For both indicators the Dundee Partnership was evaluated as Effective (on a 3-point progress statement scale: 'important areas of weakness', 'effective' and 'very effective'). This grading means that the Dundee Partnership is 'effective with areas for improvement. There are clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweigh areas for improvement.'

d.7 In addition to these overall gradings, the joint inspection team identified six areas of strength and six areas for improvement. Overall the inspection report reflects positively on: assessment of concerns against the threshold for adult protection intervention; information sharing; the quality of initial inquiries and case conferences; the quality and impact of services and support to adults at risk; arrangements for carrying out Large-Scale Investigations (LSI); collaborative working, including with the third sector; learning and development activity for Council Officers; clear strategic vision and comprehensive improvement plans, including for learning and development; value placed on lived experience by strategic leaders; and, the partnership's approach to early intervention, prevention and trauma informed practice. The six key areas for improvement identified via the joint inspection were:

- The partnership needed to improve the consistent application and quality of investigations, chronology and risk assessment templates.
- Adult support and protection guidance and procedures should be updated as a matter of priority.
- Quality assurance, self-evaluation and audit activities were embedded but to varying degrees, particularly across social work services. These captured areas for improvement but the approaches were inconsistent. Greater cohesion and strategic oversight were needed to ensure they necessary change and improvement.
- The partnership's adult support and protection Lead Officer and support team should ensure they remain sighted on the quality of practice and prioritise the necessary improvements, including adherence to guidance, under its new public protection arrangements.
- The pace of strategic change and improvement needed accelerated. The partnership was aware through joint inspection in 2017 that improvement was required across key areas of practice and strategic leadership. Their own activity had reached similar conclusions, but progress was limited in key areas.
- The partnership should ensure that strategic planning and implementation of new initiatives across key processes and strategic leadership are well resourced, sustainable and impact assessed.

d.8 The areas of strength and for improvement identified by the joint inspection team were very closely aligned to those identified by the Dundee Partnership within their position statement (submitted as part of the inspection evidence gathering stage).

The Dundee Partnership submitted an improvement plan addressing these six areas for improvement on 7 February 2024. The content of the improvement plan submitted to the Care Inspectorate has been fully incorporated into the Adult Support and Protection Committee Delivery Plan. Wider feedback and findings within the inspection report have also been considered and amendments made where needed. The Health and Social Care Partnership has a Protecting People Oversight Group with a distinct workplan which addresses single agency improvement priorities.

Progress in relation to addressing improvement areas arising from the inspection will be monitored through the Adult Support and Protection Committee and Chief Officers Group.

4.5 **Mental Health**

Mental Health Key Performance Indicators

e.1 The suite of mental health measures for Dundee is intended to provide assurance and allow for scrutiny of mental health services delegated to Dundee IJB. The indicators have been developed in tandem with a suite of substance use measures being developed for the purpose of presenting information regarding performance within NHS Tayside functions. The suite of indicators is dynamic and can be improved and enhanced. Collaborative work with both Perth & Kinross and Angus HSCPs is ongoing to determine the final position for mental health key performance indicators.

Community Mental Health Team (CMHT) Activity

e.2 The following series of graphs relate to the demand, activity and waiting lists across the East and West Community Mental Health Teams. This data demonstrates that the demand on CMHT services has increased from pre-COVID levels and appears to be remaining at those increased levels.

CMHTs remain entirely dependent on Locum Consultant staffing and the differences between East and West Teams are largely resultant from a difference in stability across that staff group, as well as a historic difference in baseline staffing levels (for medics).

CMHT West's list shows an upward trend in new additions to outpatient waiting list and new referral numbers. New outpatient attendance remains steady.

High level of sickness absence and vacancies are impacting on ability to reduce waiting list due to staff absorbing caseloads where individuals are absent or there are vacant post. The focus is on safe and effective care of existing patients. Consultant cover remains steady.

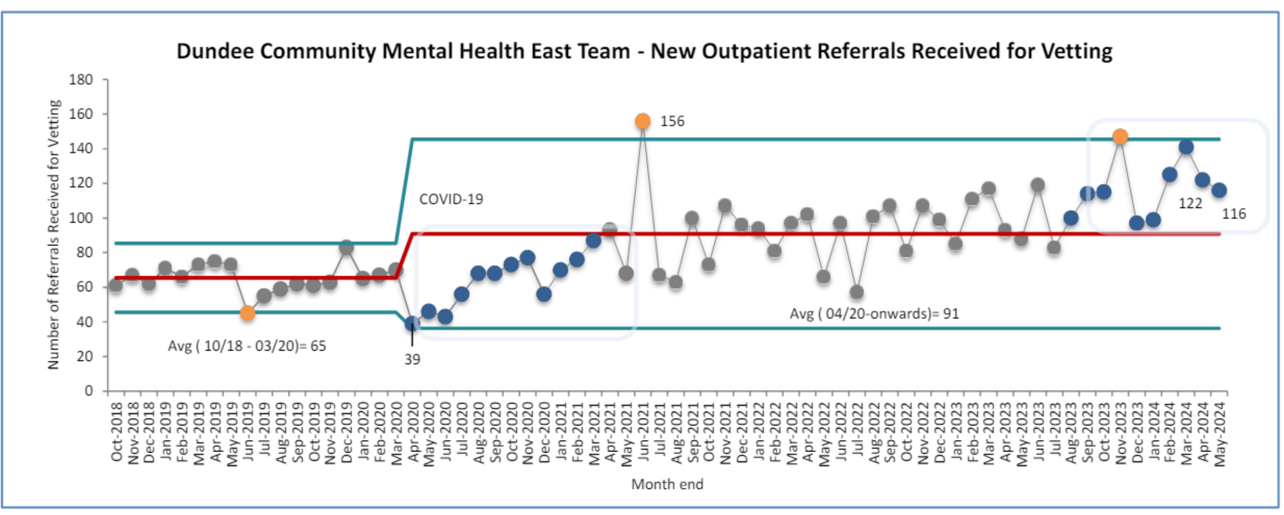
Financial challenges have impacted on ability to recruit to vacant posts however detailed planning is underway to ensure risk-based approach in place to support recruitment decisions.

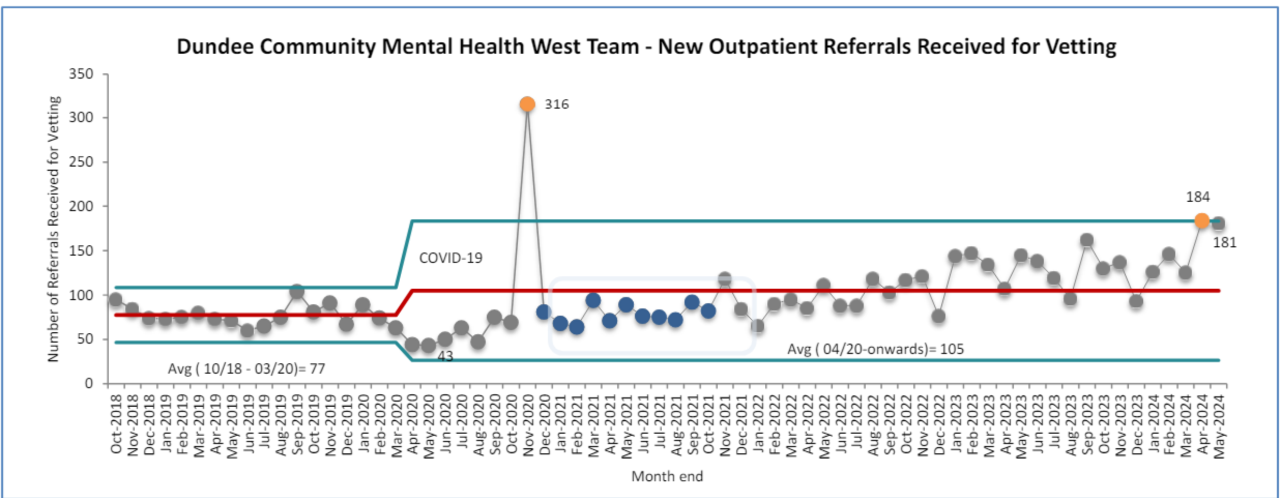
East Team continues to offer Near Me as a platform to engage with service users.

CMHT West's waiting list continues in an upward trend and may be linked with the allocation of GP practices aligned to each CMHT. West have a higher number of practices aligned to their service and demographically there are a higher number of students registered in a practice in the West. West continues to push towards seeing more new patients to reduce the waiting list number. The consultation is ongoing around review of GP allocation for CMHTs.

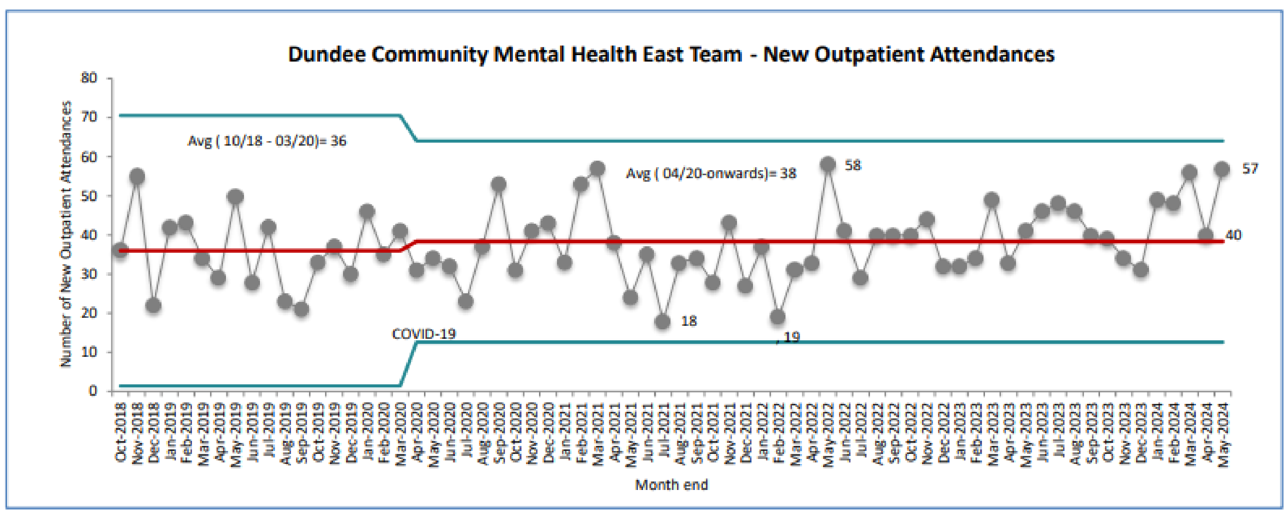
A third Locum Consultant commenced on 3 May 2024 and discussions around an additional consultant to offer remote sessions are ongoing.

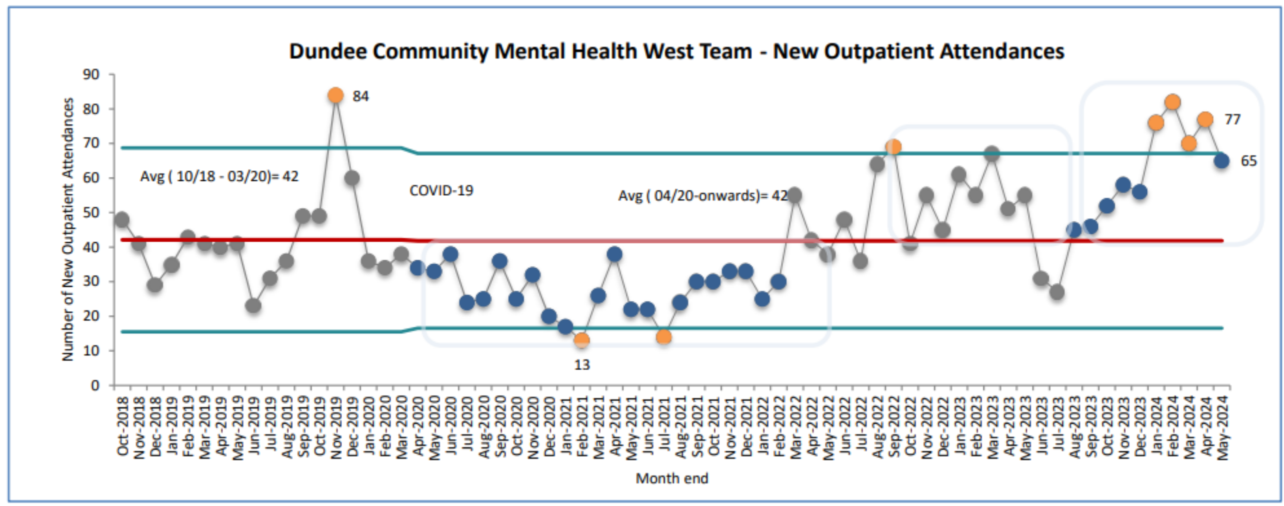
e.3 Volume of referrals received for vetting, including those vetted and returned, grouped by referral received month:



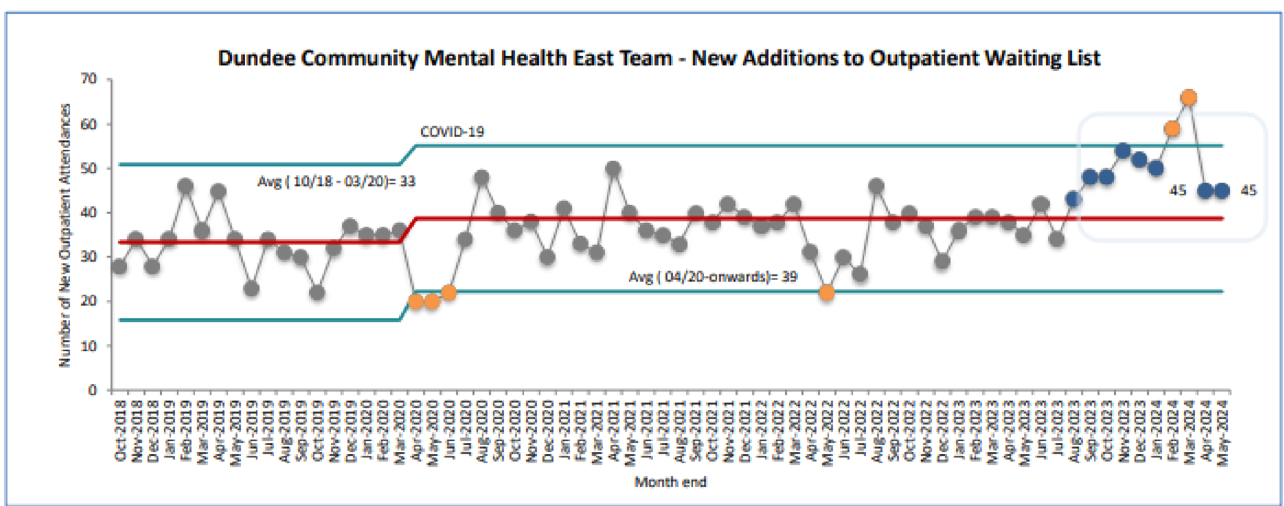


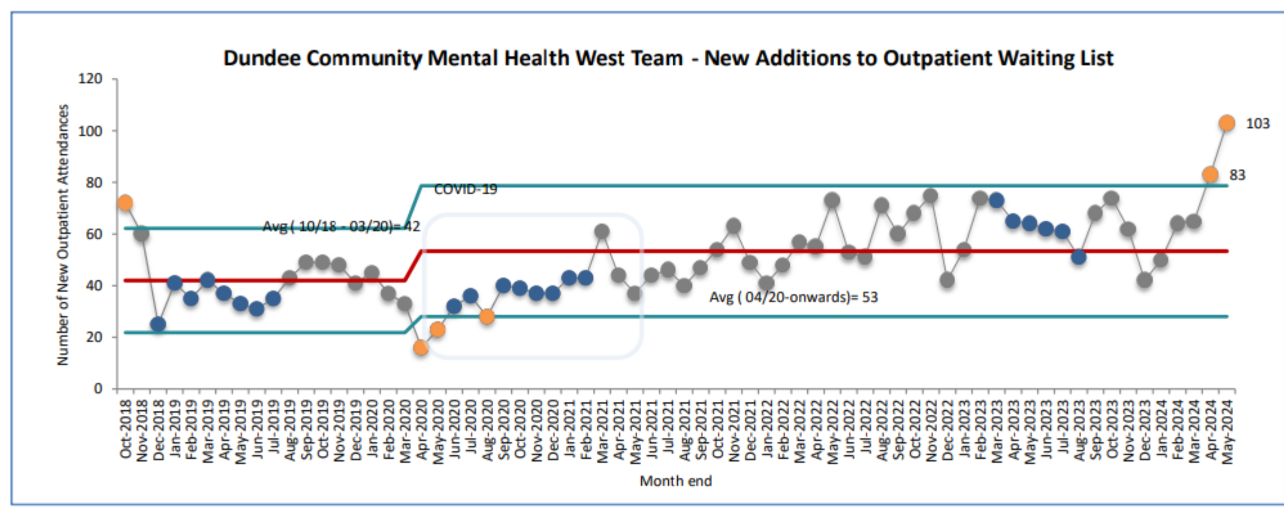
e.4 Volume of new outpatient attendances, excluding did not attends, grouped by attendance month:



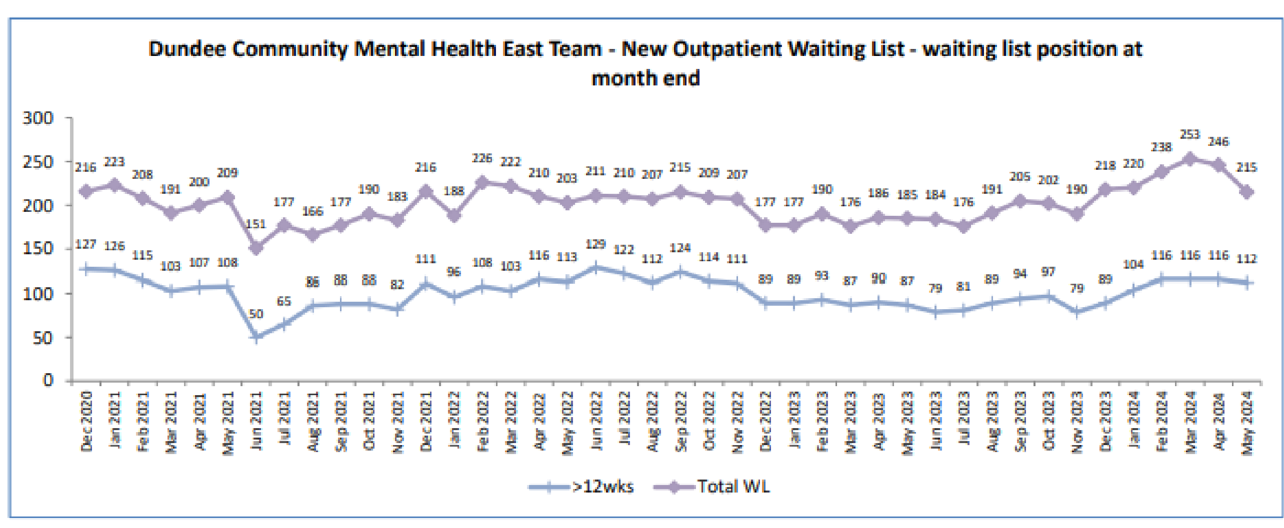


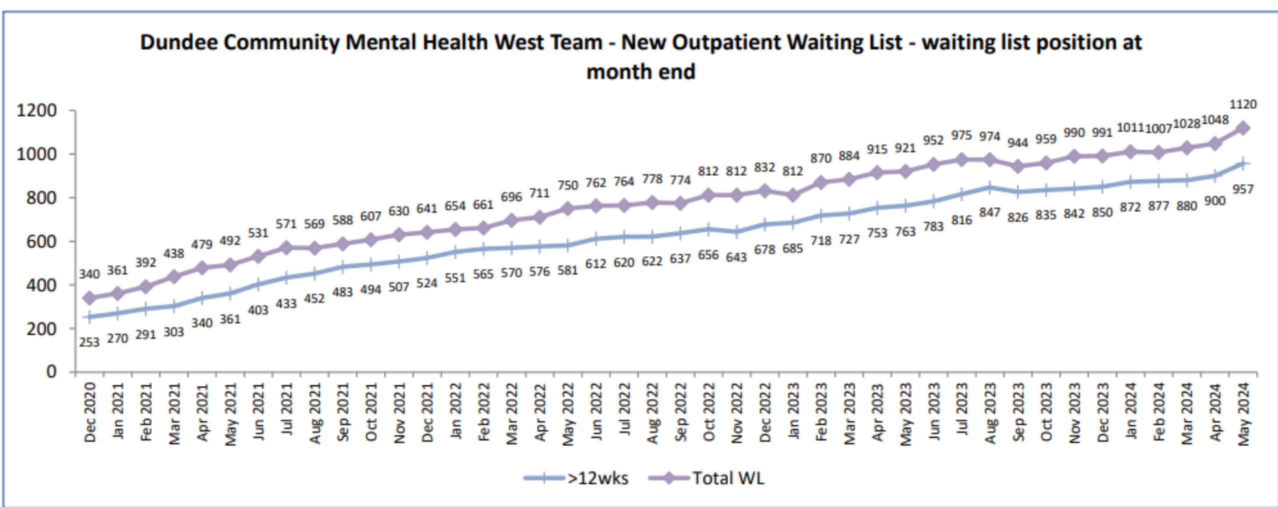
e.5 Volume of referrals added to the waiting list for a new appointment, grouped by referral month:





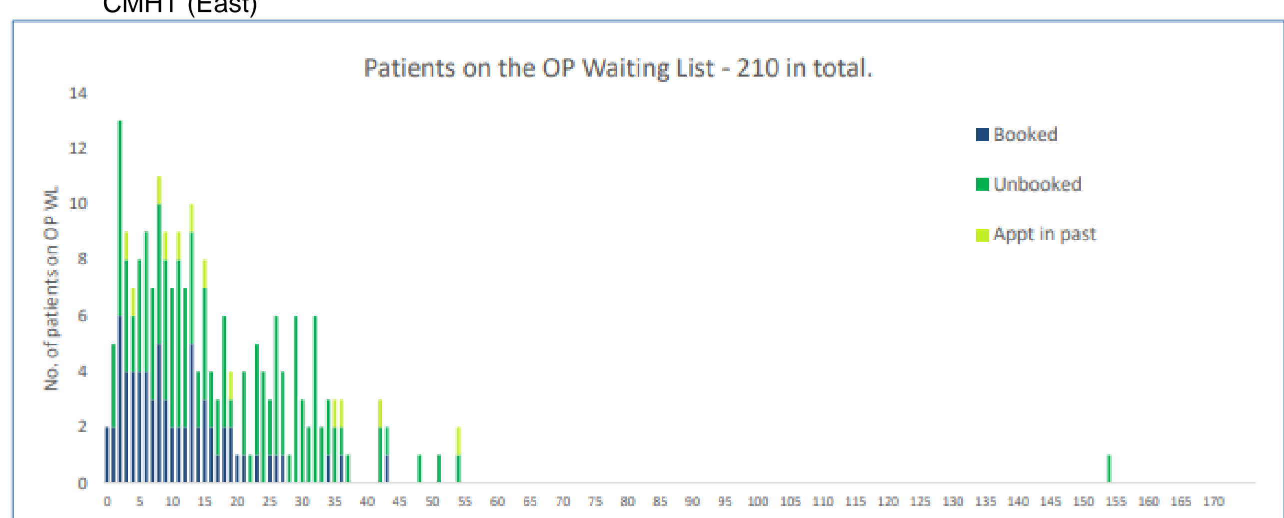
e.6 Snapshot of waiting list position at month end; total volume on waiting list and volume waiting over 12 weeks:



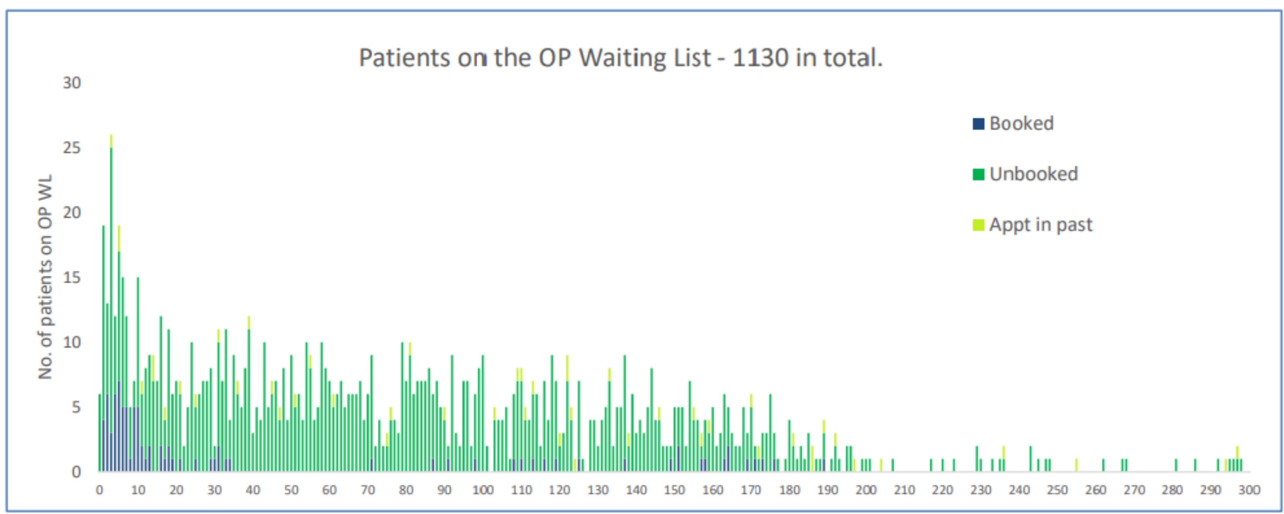


e.7 Snapshot waiting list distribution by weeks waiting at a point in time (05/06/2024) – Waiting List Type – True WL

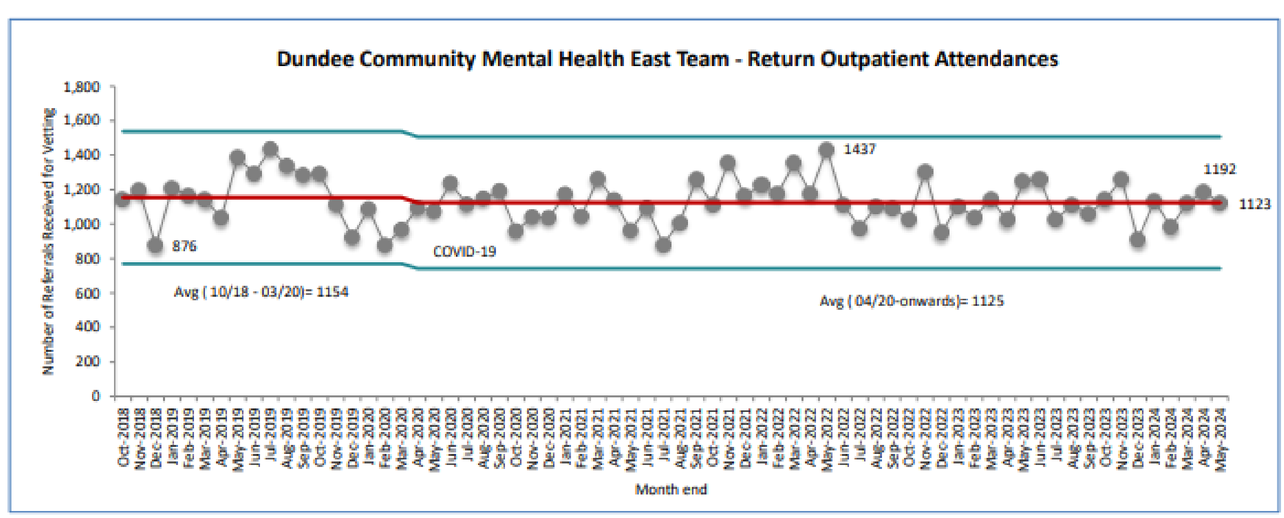
CMHT (East)

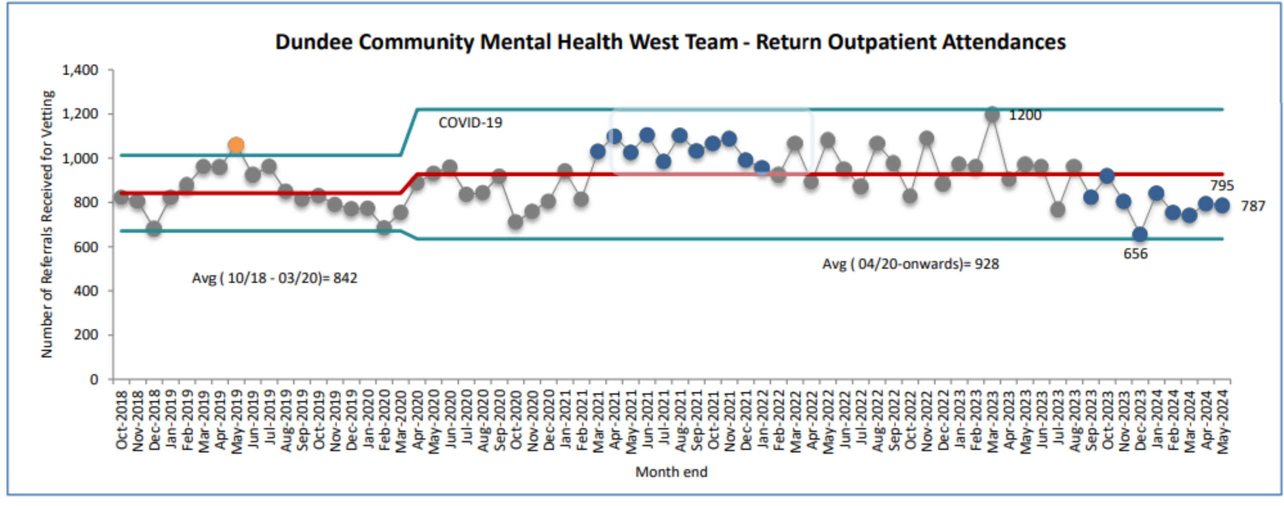


CMHT (West)



e.8 Volume of return outpatient attendances, excluding did not attends, grouped by attendance month:





5.0 POLICY IMPLICATIONS

5.1 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.

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 Appendix 1: Dundee HSCP Governance Structure

Dr David Shaw
Clinical Director

DATE: 27 August 2024

Jenny Hill
Head of Service

Angela Smith
Interim Head of Health and Community Care

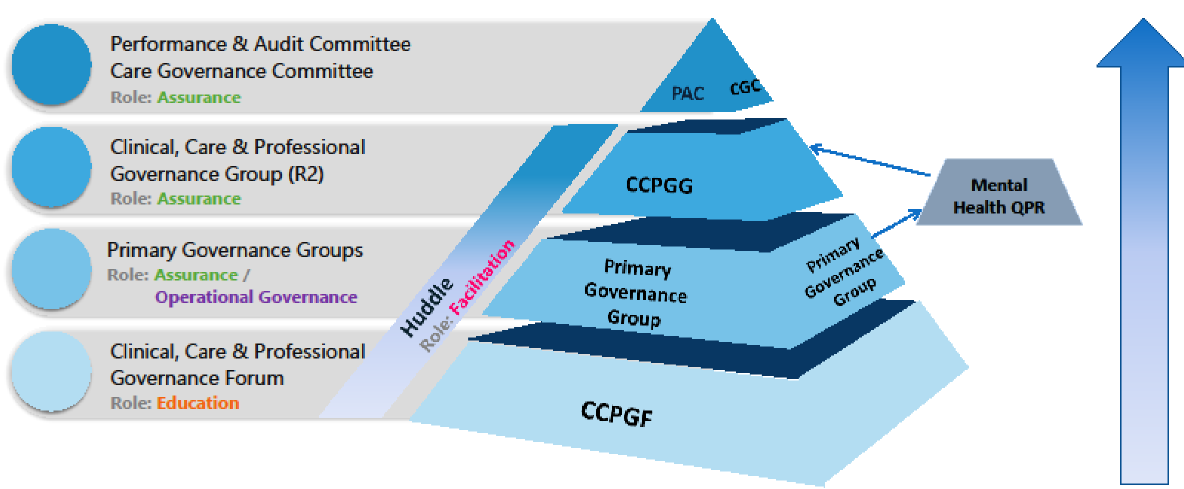
Matthew Kendall
Allied Health Professions Lead

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.	

APPENDIX 1

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 & Day Care Services (MfE, Stroke and Neurology, Palliative)
- Adult Community Services
- Acute and Urgent Care
- Mental Health & Learning Disabilities
- Psychological Therapies
- Primary Care & Health Inclusion
- Nutrition and Dietetics
- Dundee Drugs and Alcohol Recovery & Tayside Sexual and Reproductive Health Services
- Older People's mental Health and Care Homes

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.