REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 20 NOVEMBER 2024**

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

REPORT BY: **CLINICAL DIRECTOR**

REPORT NO: **PAC44-2024**

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 30 September 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 <u>Lack of resource to deliver the benzodiazepine dependence pathway compliant with guideline, DDARS</u>

Datix Ref	Risk Exposure – No controls			Current Risk Exposure Rating *Please include data from previous **four** reporting periods*												Planned Risk Exposure			Risk Trend (↑/→/↓)
				5/12/23			16/2/24			26/6/24			17/10/24						
	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

<u>Insufficient number of DDARS staff with prescribing competencies</u>

Datix Ref	Risk Exposure – No controls			Current Risk Exposure Rating *Please include data from previous **four** reporting periods*												Planned Risk Exposure			Risk Trend (↑/→/↓)
				5/12/23			16/2/24			26/6/24			17/10/24						
	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

<u>Increasing patient demand in excess of resources – DDARS</u>

Datix Ref	Risk Exposure – No controls			Current Risk Exposure Rating *Please include data from previous **four** reporting periods*												Planned Risk Exposure			Risk Trend (↑/→/↓)
				5/12/23			16/2/24			26/6/24			17/10/24						
	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	3	5	15	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 although it is noted this has slowed considerably and the team are approaching a full complement of staff.

This increase in staffing has helped however we recognise that the people using the service have an increasingly high level of complex needs and due to the Medication Assisted Treatment (MAT) programme we have had to commit significant resources to new interventions such as two Buvidal® clinics that run all day 5 days a week. Dundee continues to be one of the best performing HSCPs in Scotland in relation the MAT Standards.

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.

Currently there is one vacancy within the DDARS Nursing team, which is currently advertised. Training and induction has commenced for 4 newly qualified nurses. Work is ongoing with regard to allocating patients a named nurse, with priority for the most complex needs.

Acuity and dependence levels continue to intensify within the patient group requiring intensive input from staff including adult support and protection concerns. Housing and homelessness are proving to be an issue for our most complex patient group where mainstream housing is not adequate for their needs.

While this is not within DDARS complement of staffing, the absence of hospital liaison staff is resulting in risks attached to the management of the patients for drugs and alcohol use in acute care results in additional demands for nursing staff.

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.

There has been a significant amount of work achieved over recent years to increase the diversity of the nursing role. This has resulted in the increase of non medical prescribing and advanced nurse practitioner roles.

DDARS has seen growth in the staff group who have prescribing competencies. At this time there are 7.4wte nursing staff who can prescribe (2 previous NMPs promoted within the service to non-clinical roles) and 7 trainees, which includes the primary care project staff and child and family nurses.

Training is ongoing: 2 staff will complete training within next 4 months, 1 additional staff member within 10 months with 4 staff currently planning start dates.

The longer-term workforce plan is to have 3 non-medical prescribing staff for each team. This would result in an additional 3.6 staff (18 in total) with prescribing competencies to achieve this, based on current need.

There are currently 2 Advanced Nurse Practitioners (ANP) and 1 trainee ANP, who have been providing intensive support to individuals where there are co-occurring physical conditions. This intensive input has been integral in ensuring people access the right care at the right time ensuring positive outcomes.

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   Capacity issue due to vacancy and new staff – Dietetic Diabetes Team

Datix Ref	Risk Exposure – No controls			Current Risk Exposure Rating												Planned Risk Exposure			Risk Trend (↑/→/↓)
				*Please include data from previous **four** reporting periods*						09/03/2024			17/10/2024						
	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	
1434	5	4	20							4	4	16	4	3	12	3	2	6	↓

L = Likelihood   C = Consequence   RER = Risk Exposure Rating

The dietetic diabetes team comprises 4 staff (3.2wte). There has been rapid turnover of staff within the team which has led to a reduction in knowledge and skills which is being addressed through comprehensive induction and educational processes. There is only one full time member of staff with the knowledge and skill to comprehensively induct and educate the 2 new starts which is prolonging the process. A number of mitigations have been explored including:

- Successful international recruitment.
- Requests have been made to other health boards to support education and training. Currently there have been no offers to support due to capacity issues across Scotland.
- Investigation of clinical support from within and out with NHS Tayside.

- Following robust dietetic risk assessment has been undertaken to identify priority patient groups.
- Following robust dietetic risk assessment specific groups of patients have been identified who can self-manage with support from written or video information with minimal risk.
- Where appropriate, patient education groups are used as an alternative to one to one appointments
- Clinical admin processes have been reviewed and streamlined to protect direct patient care.
- All videos and leaflets have been uploaded to the Diabetes MCN website to enable easier access for patients and clinicians.

a.5   Capacity to Exercise Guardianship Duties (Learning Disabilities)

DatixRef	Risk Exposure – No controls			Current Risk Exposure Rating *Please include data from previous four reporting periods*						10/06/2024			17/10/2024			Planned Risk Exposure			Risk Trend (↑/→/↓)
	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	
1343	5	3	15							5	3	15	4	3	12	3	2	6	↓

L = Likelihood   C = Consequence   RER = Risk Exposure Rating

As a result of the limited capacity of the learning disability team to undertake Guardianship duties, there is a risk that people under family Guardianship scrutiny may not receive a suitable level of support and those awaiting allocation of a Local Authority Guardianship will experience delays in care.

The team have established a process for the prioritisation of renewals to ensure there are no lapses in orders and this is closely monitored by the team manager. Appropriately trained mental health officer staff are able to work additional hours on an ad hoc basis to support.

New Risks

Psychological Therapies (Pending Risk)

a.6   Risk 1543 – Breach of Referral to Treatment standards leading to implementation of enhanced support measures.

There continue to be a significant number of vacant posts within Tayside Area Psychological Therapies service – specifically clinical psychologist posts. A number of these vacant posts are impacting upon some psychological therapy specialties with regards to meeting Scottish Government waiting times / HEAT targets.

In September 2024 the Scottish Government wrote to NHS Tayside outlining that NHS Tayside Psychological therapies service has been put under "enhanced support", based on the referral to treatment time (RTT) dropping below the 90% RTT 18 week target. The most recent data shows that 72% of psychological therapies services are meeting the 18 week target. The Acting Director for Psychological Therapies has developed an action plan and will be working closely with Scottish Government colleagues to implement this.

Workforce Risks

b.1   There are a number of risks (13, increased from 12) 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. There are currently 21 GP Practices in Dundee.

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. An interim survey focussing on workforce was issued in September 2024 to monitor the position.

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 30 September 2024 there has been no progress regionally with leases transferring to NHS Tayside. In total three Dundee practices have received a GP sustainability loan (as at 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 has been one risk treated/archived with the time period, risk number 839 (Maintaining safe substance misuse services through COVID-19)(Dundee Drug and Alcohol Recovery Service).

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. This was risk number 1400 (Warfarin Monitoring in the Community Nursing Service).

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 as outlined in the table below.

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. The following table details where assurance reports have been submitted and if a member of the service was present to speak to the report or provide a verbal update.

| MEETING DATE	24 Apr 2024		20 Jun 2024		14 Aug 2024		9 Oct 24	
EXCEPTION REPORT	Report	Speaker	Report	Speaker	Report	Speaker	Report	Speaker
Learning Disability & Mental Health	N	N	Y	Y	Y	Y	Y	Y
Psychology	Y	N	N	N	Y	Y	Y	Y
DDARS & Sexual Health	N	Y	N	Y	N	N	Y	Y
Nutrition & Dietetics	Y	Y	Y	N	Y	Y	Y	Y
Community Services	Y	Y	Y	Y	Y	Y	Y	Y
Acute & Urgent Care	N	N	N	N	Y	Y	Y	Y
Inpatients & Day Care	Y	Y	Y	Y	Y	Y	Y	Y
Older People MH & Care Homes	Y	Y	N	Y	N	Y	Y	N
Primary Care	N	Y	Y	Y	Y	Y	Y	Y

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 390 adverse events reported in this time period (01/08/2024-30/09/2024). There is an increase in minor events with a small rise in mortality learning events, the majority of these are reported through expected death categories. (12 of 27 reported adverse events).

Events Reported by Severity 01/04/2023 to 30/09/2024
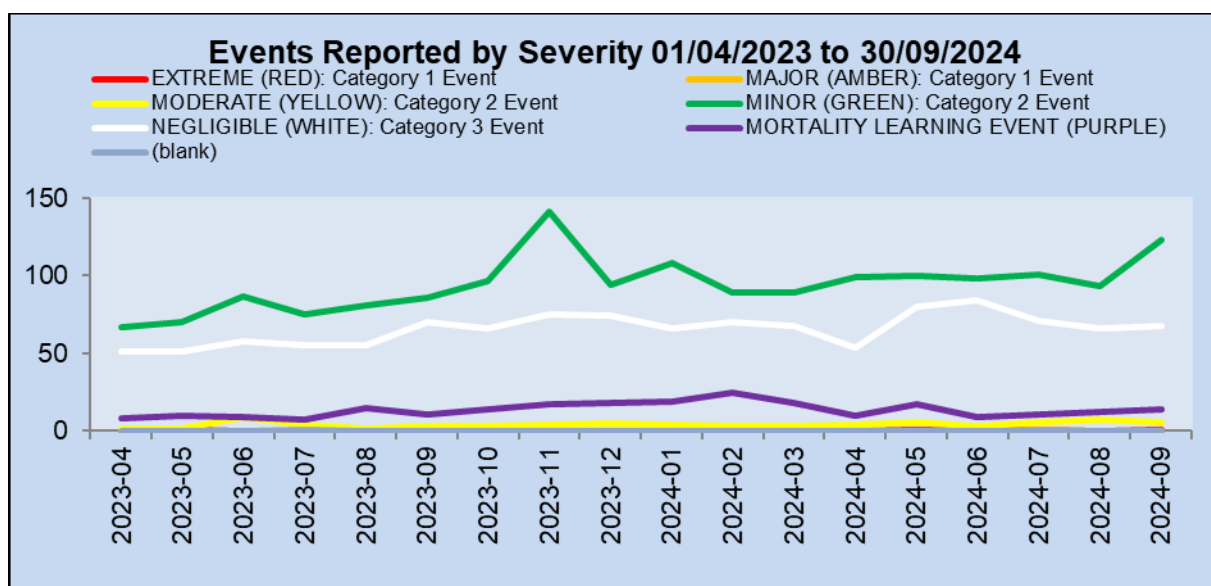
The ratio of events with harm to events with no harm is 1 to 3.6. This shows no change in position from the previous report.

*c.2*   The following graph shows the Top Five Categories reported between 01/08/2024 and 30/09/2024.
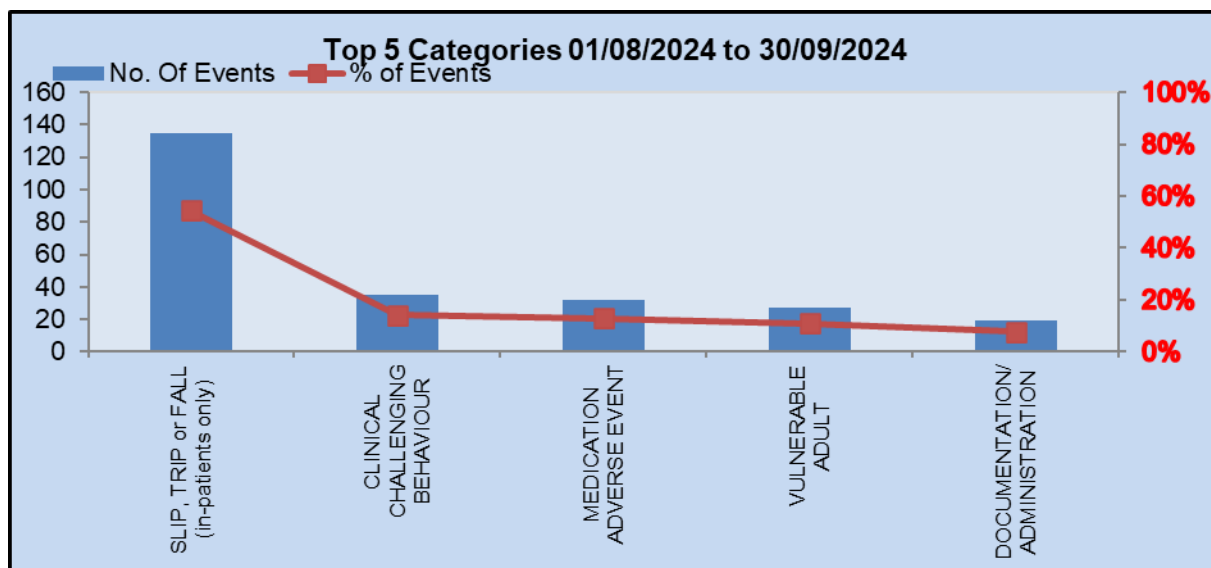
These categories account for 248 of the 390 events (64%) reported within the time period.

Slips, Trips and Falls

c.3   There were 135 events reported between 01/08/2024 and 30/09/2024. This is an increase of 42 from the last reporting period. The following table shows slips, trips and falls by severity over the past 18 months:
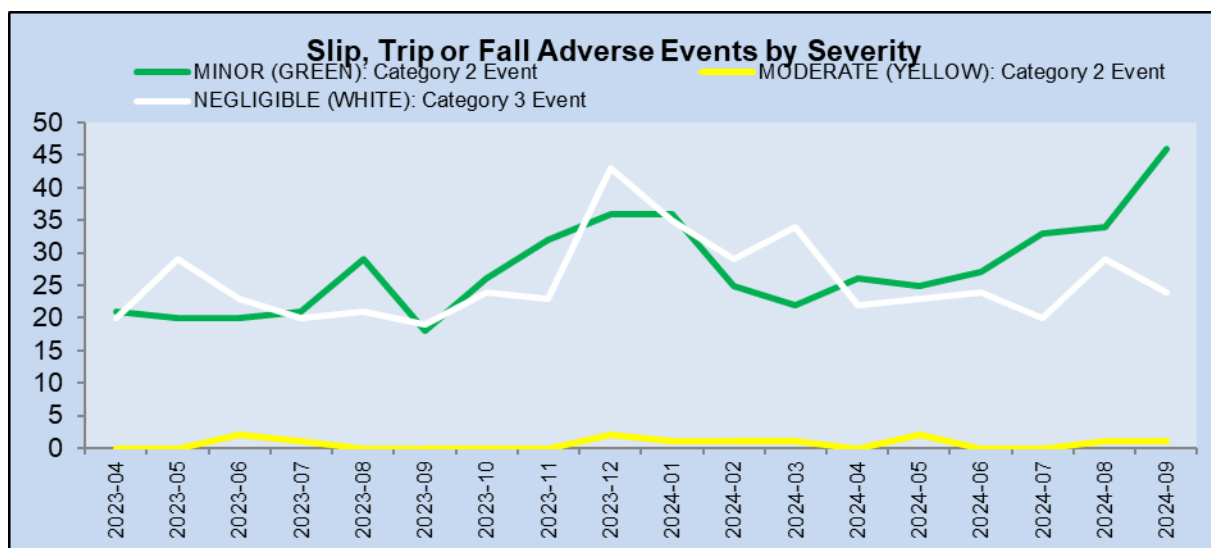

c.4   The following chart shows the number of slips, trips and falls (In-patients only) by location, with the highest number of falls being across Psychiatry of Old Age, Palliative Care Services and Medicine for the Elderly. In patient teams continue to review all falls to ensure all preventative measures are in place and that post falls reviews are undertaken. The level of harm resulting from a fall remains low.

Slip, Trip or Fall Events by Location
01/08/2024 to 30/09/2024
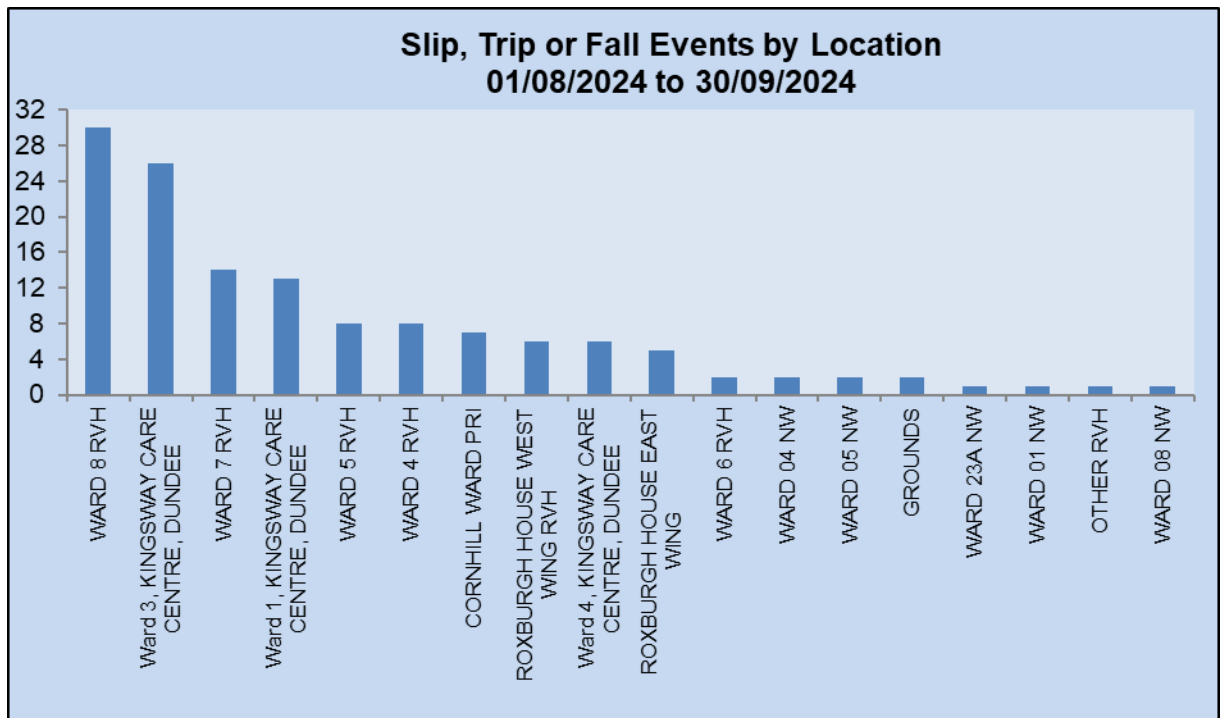
c.5   The above graph (*c.3*) shows an increase in in-patient falls over this reporting period. A review of the adverse events shows a number of individuals were responsible for multiple events across a number of ward areas. The severity of these adverse events remains low with minimal harm to patients (bruising, skin flaps) and no harm to staff. The services have made contact with the Patient Safety Team to support a falls review within in-patient services with a view to undertake a falls improvement project.

Medication Adverse Events

c.6   There were 32 events reported between 01/08/2024 and 30/09/2024. This is a decrease of 9 from the last reporting period. Within this there were 15 separate subcategories reported across 9 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 (19) with the most commonly occurring subcategory being Missed Dose by Staff (6), with (4) within District Nursing.

Medication Adverse Events by Location
**01/08/2024 to 30/09/2024**
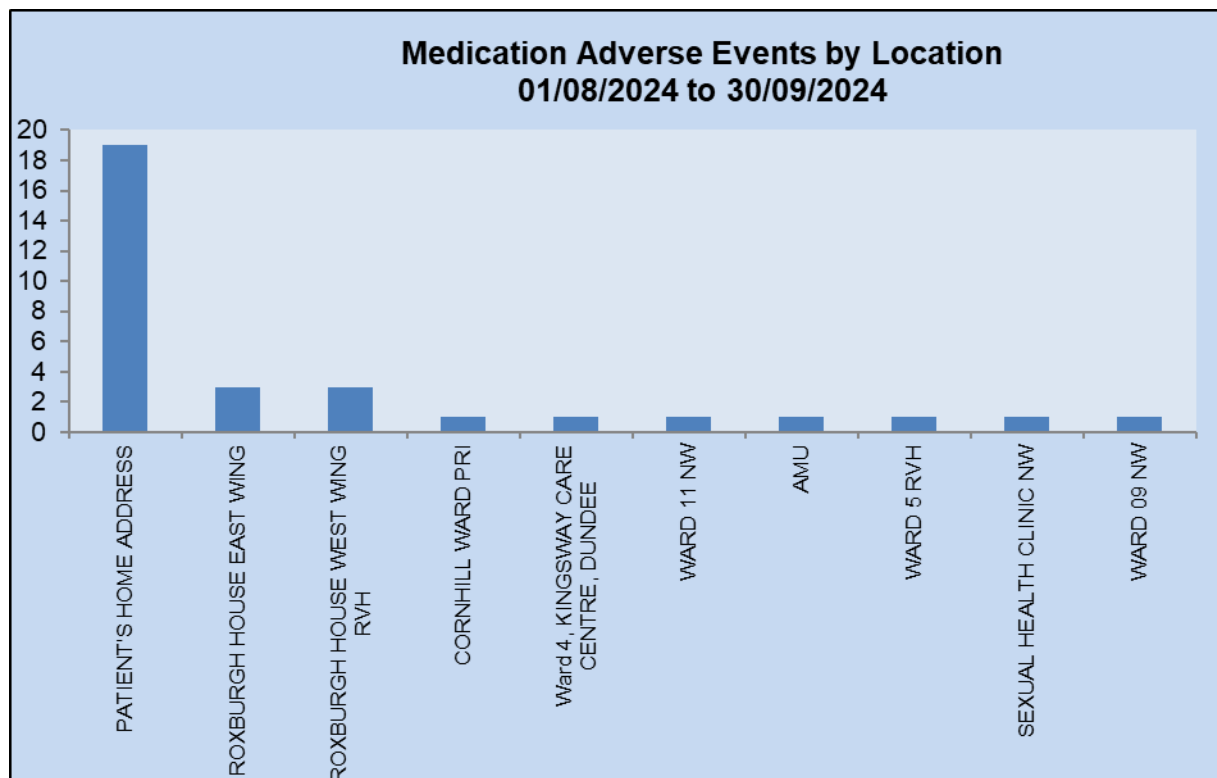
Each adverse event is followed up within the team to identify learning and any required improvements with those involved undertaking reflection. This frequently includes working closely with our pharmacy colleagues.

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.

<u>Documentation/Administration</u>

c.7   There were 19 events reported between 01/08/2024 and 30/09/2024. This shows a decrease of 5 from the last reporting period. The chart below shows the care delivery events by location.
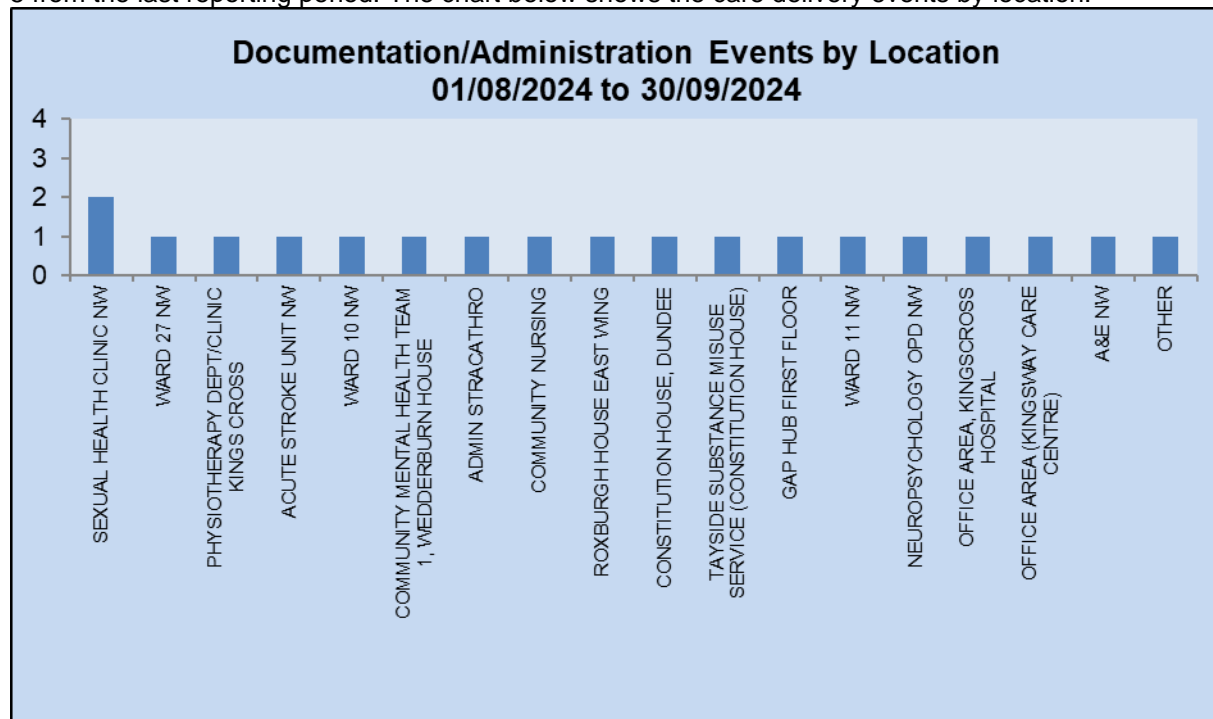
The high number of incidents reported this period was primarily due to documentation errors (7). They all occurred over 6 different clinical teams with no clear themes.

<u>Clinical Challenging Behaviour</u>

c.8   There were 35 events reported between 01/08/2024 and 30/09/2024. This is an increase of 13 from the last report. The chart below shows the clinical challenging behaviour adverse events by location.
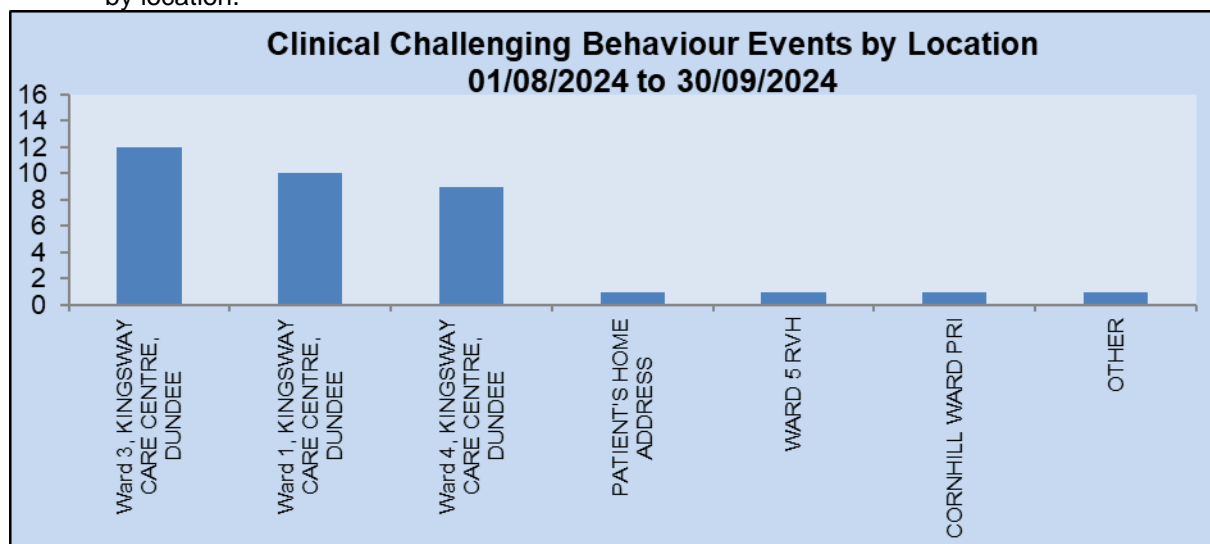
The majority of these events occur in our Psychiatry of Old Age services. There are an increasing number of patients being admitted with high levels of stress and distress. There is very positive evidence of these incidents being well managed with staff being well supported as outlined in the post incident reviews that are carried out.

The graph below shows clinical challenging behaviour adverse events over the last 18 months. The higher levels of adverse events relate to when a small number of patients are responsible for a high number of events. The most common subcategory for these events is 'From agitation/confusion'.


Clinical Challenging Behaviour Adverse Events by Severity
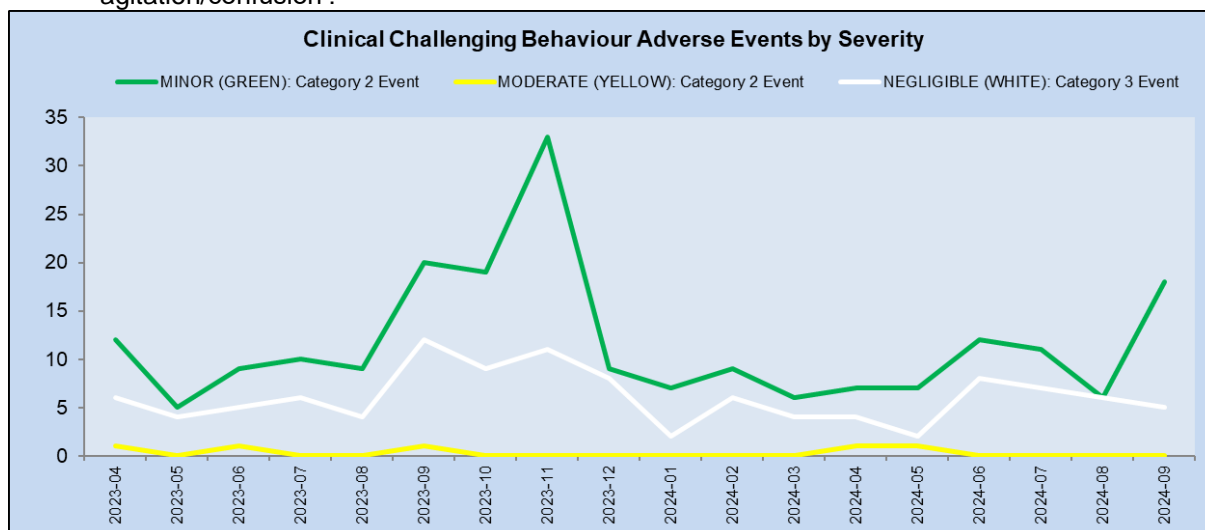
Vulnerable Adult

c.9   There were 27 events reported in this reporting period with the numbers of Vulnerable Adult incidents, which shows an increase of 9 since the last report. The high number of incidents reported this period was primarily due to possible exposure to abusive behaviour (13). They all occurred over 7 different clinical teams with the majority reported in Tayside Sexual and Reproductive Health (6).

Vulnerable Adult Events by Location 01/08/2024 to 30/09/2024
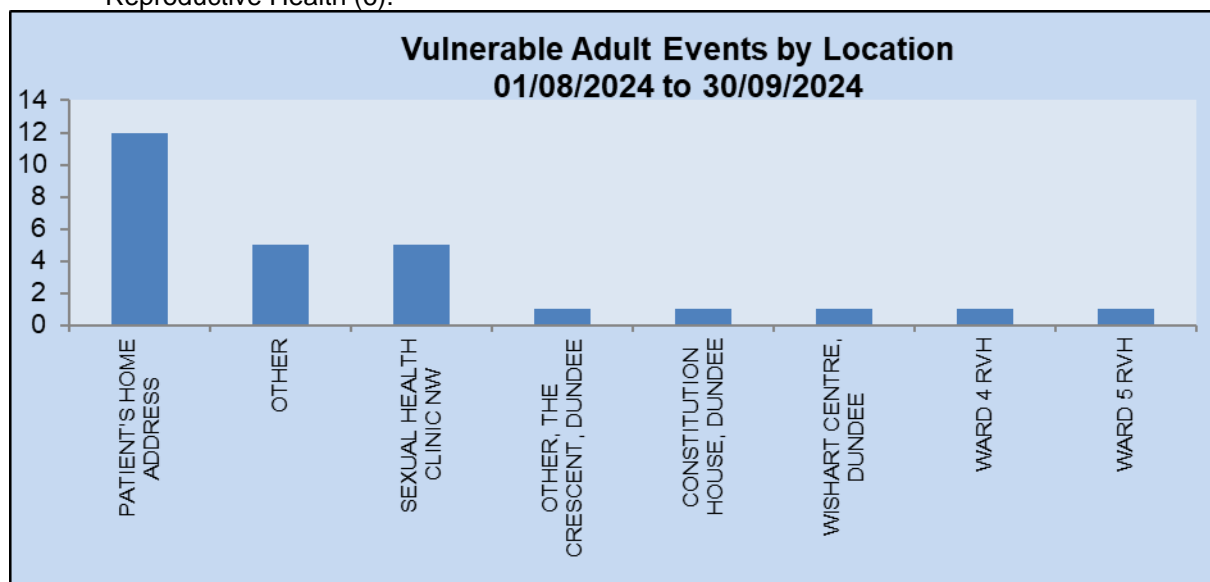
Other Event Categories

c.10   There were 115 events reported outwith the top five events reported. These are listed in the chart below.

**Other Event Categories 01/08/2024 to 30/09/2024**
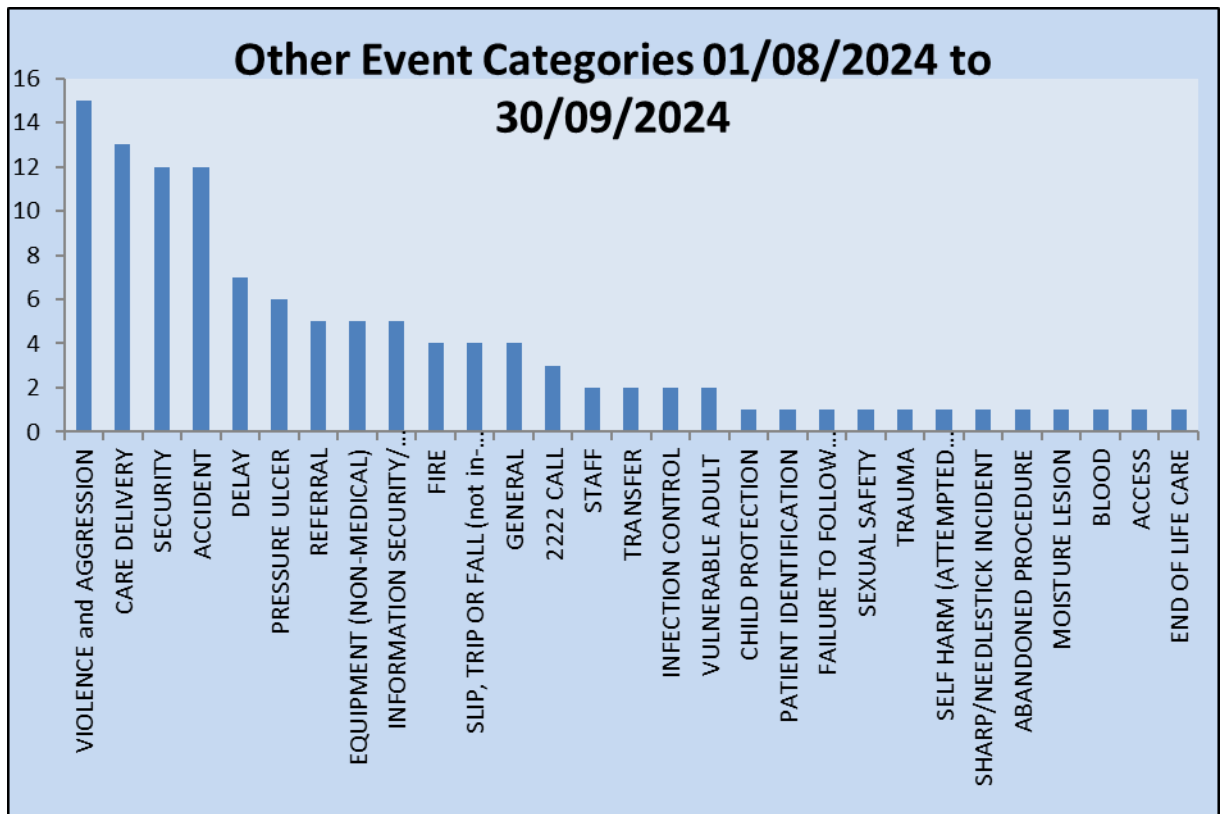
Significant Adverse Event Reviews

c.11   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.12   There have been 6 pressure ulcer events reported between 01/08/2024 and 30/09/2024. The number of pressure ulcers reported over the past 18 months is shown in the following graph, by subcategory.

Grade Pressure Ulcers by Subcategory 01/04/2023 to 30/09/2024
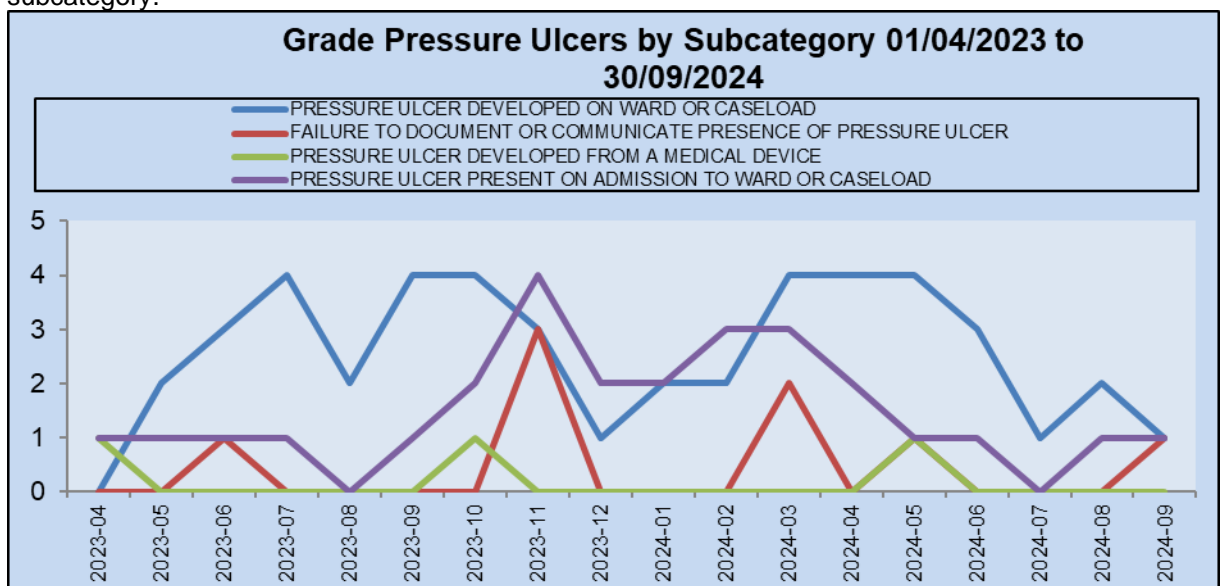
Where pressure ulcers develop on a ward or caseload this is consistently reviewed and within community services is predominantly as a result of patients and families not following the clinical advice provided by the nursing team. The team will work with families and patients to educate and support as much as possible in these situations, ensuring patient-centred care, particularly during palliative and end of life care.
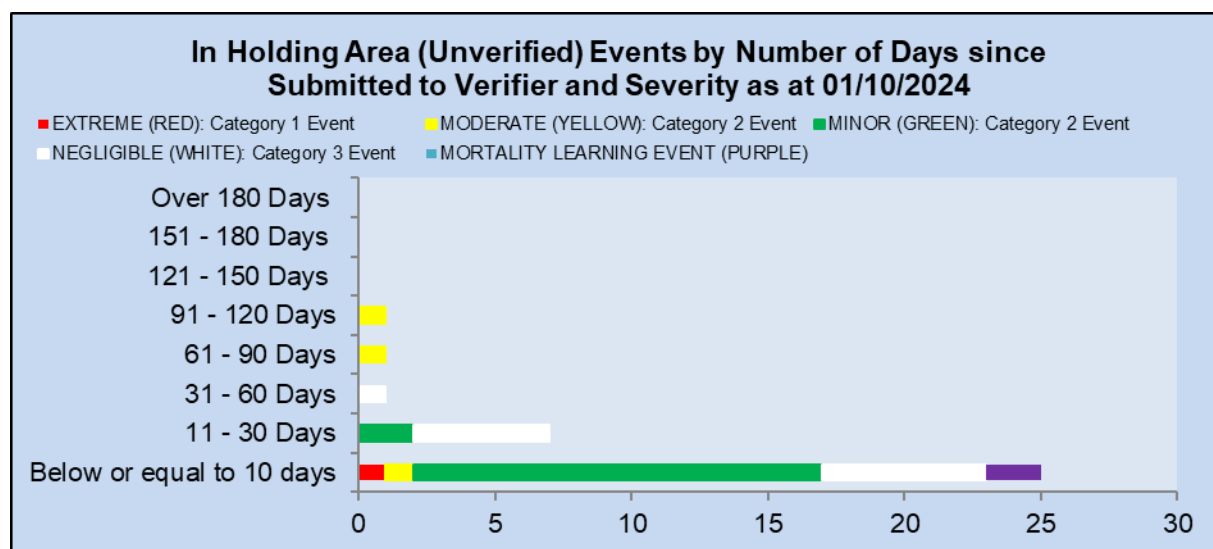
Where pressure ulcers are noted on admission to a caseload or ward, work investigations are commenced to ensure all preventative steps have been taken, with all relevant services collaborating.

Adverse events management – Systems and Processes

c.13   Overdue Unverified Events

At the time of data extraction, there were 35 unverified events. Of these unverified events, 21 had exceeded the timescale of 72 hours for verification.

The following graph shows the unverified events by the severity and the number of days overdue.

In Holding Area (Unverified) Events by Number of Days since Submitted to Verifier and Severity as at 01/10/2024

■ EXTREME (RED): Category 1 Event ■ MODERATE (YELLOW): Category 2 Event ■ MINOR (GREEN): Category 2 Event
■ NEGLIGIBLE (WHITE): Category 3 Event ■ MORTALITY LEARNING EVENT (PURPLE)
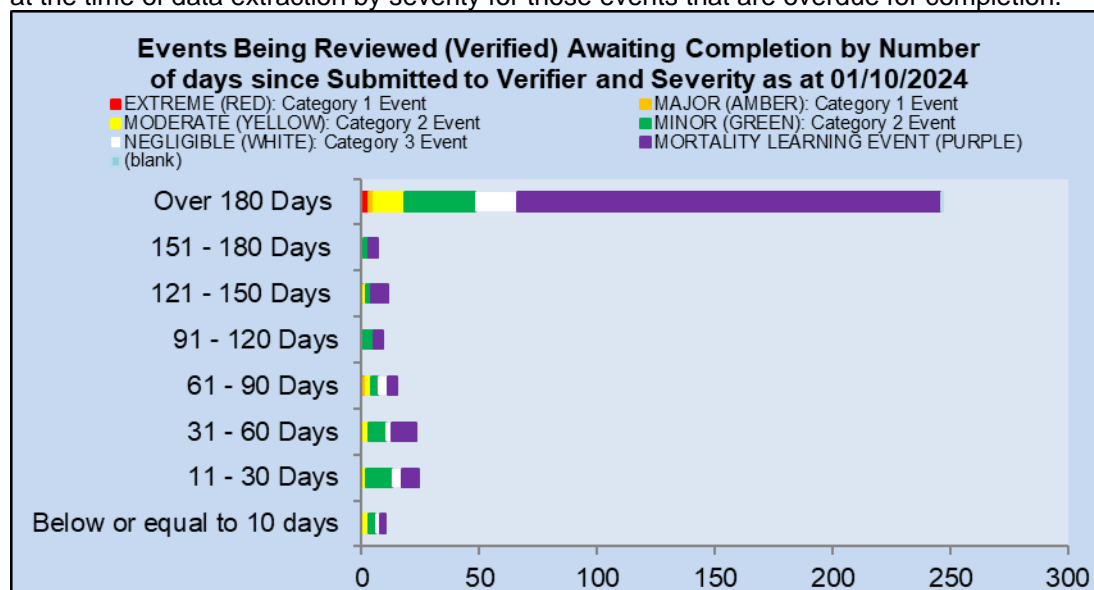
The Dundee HSCP Governance Huddle meets weekly and will review unverified adverse events and provide prompts to managers to take action for outstanding events. If an adverse event might need immediate action, the huddle will escalate to other members of the team for action and review.

c.14   Overdue Verified Events

There are 346 (338 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.

Events Being Reviewed (Verified) Awaiting Completion by Number of days since Submitted to Verifier and Severity as at 01/10/2024

■ EXTREME (RED): Category 1 Event ■ MAJOR (AMBER): Category 1 Event
■ MODERATE (YELLOW): Category 2 Event ■ MINOR (GREEN): Category 2 Event
■ NEGLIGIBLE (WHITE): Category 3 Event ■ MORTALITY LEARNING EVENT (PURPLE)
■ (blank)

c.15   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	6	23	33	25	**95(89)**	↑
Central (DDARS)	0	0	2	14	19	17	**52(48)**	↑
East (DDARS)	0	1	8	4	7	17	**37(33)**	↑
Primary Care (DDARS)	0	0	1	6	14	6	**27(16)**	↑
West (DDARS)	0	0	1	4	10	11	**26(22)**	↑
Community Learning Disabilities - Dundee HSCP	0	1	0	9	8	5	**23(23)**	↔
Other - Mental Health (Dundee)	0	0	1	5	3	3	**12(10)**	↑
Area Psychological Therapy Service - Mental Health (Dundee)	0	0	1	0	1	9	**11(6)**	↑
District Nursing (Dundee HSCP)	0	0	0	0	0	10	**10(9)**	↑
Psychiatry of Old Age - Older People Services (Dundee)	0	0	0	0	6	4	**10(27)**	↓
General Practice - Dundee	0	0	0	0	0	7	**7(8)**	↓
Allied Health Professions (Dundee HSCP)	0	0	0	1	3	1	**5(7)**	↓
Other (DDARS)	0	0	0	0	0	4	**4(14)**	↓
Stroke and Neuro Rehab unit RVH	0	0	0	0	0	3	**3(5)**	↓
Adult Psychotherapy Service - Mental Health (Dundee)	0	0	0	1	1	1	**3(4)**	↓
Palliative Medicine	0	0	0	0	1	2	**3(4)**	↓
General Practice - Dundee HSCP	0	0	1	1	1	0	**3(3)**	↔
MFE (Medicine for the Elderly) - Older People Services (Dundee)	0	0	0	0	0	2	**2(4)**	↓
Nutrition and Dietetics (Dundee HSCP)	0	0	0	0	0	2	**2(5)**	↓
Physiotherapy (Allied Health Professionals Dundee HSCP)	0	0	0	0	0	2	**2(0)**	↑
Tayside Sexual and Reproductive Health	0	0	0	0	0	2	**2(0)**	↑
Specialist Community Nursing (Dundee HSCP)	0	0	0	0	1	0	**1(5)**	↓
(Risk Only) System-Wide Mental Health Risk - Dundee HSCP	0	0	0	0	0	1	**1(1)**	↔
Other - Specialist Palliative Care	0	0	0	0	0	1	**1(1)**	↔
CMHT - Social Work - DHSCP	0	0	0	0	1	0	**1(1)**	↔
(blank)	0	0	0	0	0	1	**1(1)**	↔
Occupational Therapy - AHP (Dundee HSCP)	0	0	0	0	0	1	**1(1)**	↔
Health (DDARS)	0	1	0	0	0	0	**1(1)**	↔
Keep Well	0	0	0	0	0	0	**0(1)**	↓
Other - Older People Services (Dundee)	0	0	0	0	0	0	**0(1)**	↓
Total	**3**	**8**	**21**	**68**	**109**	**137**	**346(350)**	↓

* Figures in brackets relate to the August 2024 report   ** Since August 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	1(1)	0	1(1)	1(1)	2(1)
MAJOR (AMBER): Category 1 Event	0	0	0	2(2)	0	1(0)
MODERATE (YELLOW): Category 2 Event	0	0	0	1(2)	9(11)	15(13)
MINOR (GREEN): Category 2 Event	0	0	2(2)	5(5)	14(19)	42(36)
NEGLIGIBLE (WHITE): Category 3 Event	0	1(1)	1(2)	6(7)	7(8)	16(26)
MORTALITY LEARNING EVENT (PURPLE)	3(3)	6(4)	18(16)	53(55)	77(80)	61(41)
(blank)	0	0	0	0	1(1)	0
Grand Total	3(3)	8(6)	21(20)	68(72)	109(120)	137(117)

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 7/10/2024

Clinical Care Group/Department	Days_Band	0-5 Days	6-10 Days	11-15 Days	>20 Days	>40 Days	>60 Days	Total
Mental Health (Dundee)		2	2	-	4	-	-	**8**
Allied Health Professionals (Dundee HSCP)		1	-	1	-	2	-	**4**
General Practice - Dundee		-	-	-	1	1	1	**3**
Community Nursing (Dundee HSCP)		-	-	1	-	-	-	**1**
Dundee Drug and Alcohol Recovery Service		-	-	1	-	-	-	**1**
Older People Services (Dundee)		1	-	-	-	-	-	**1**
Corporate (Dundee HSCP)		1	-	-	-	-	-	**1**
Total		**5**	**2**	**3**	**5**	**3**	**1**	**19**

Complaints management continues to perform moderately well across the partnership. 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.
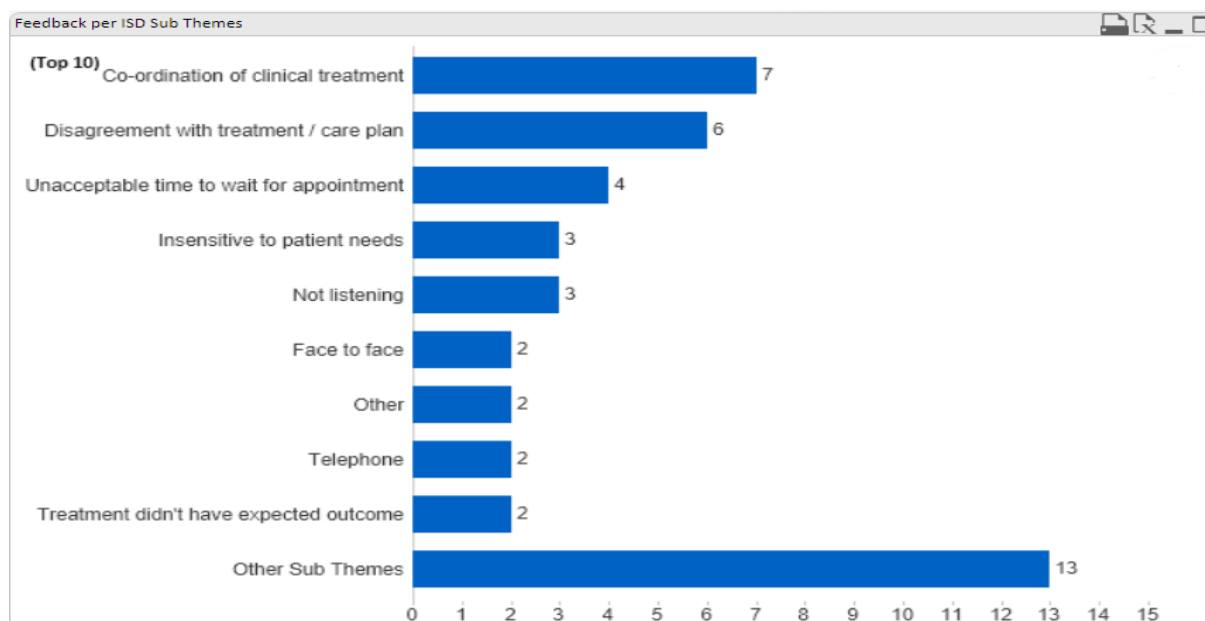
Every complaint is reviewed to understand what did happen, what should have happened and, where a difference exists, what measures can be taken to reduce the likelihood of a similar incident occurring again.

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.

<u>Learning from Complaints</u>

d.3   There is an emerging issue for patients who wish to be prescribed glucagon-like peptide-1's (GLP-1) which have been approved by Scottish Medicines Consortium but patient pathways are still to be agreed in Tayside. A short life working group to consider patients pathways in Tayside is planned. Weight Management services will monitor further complaints. Information relating to GLP-1's has been added to our patient letters and website. Communication has also been circulated to the primary care advising that referrals for anti-obesity medications will not be accepted.

<u>Positive feedback</u>

<u>Tayside Sexual and Reproductive Health Service</u>

"Had a really nice experience at the sexual health / family planning clinic today. A really lovely easy chat with the Dr and then the Health Care Support Worker as well. The procedure was quick and easy and both put me at total ease. I left knowing when it's time to go back, I'll be in safe hands."

<u>The Corner</u>

Positive Survey Monkey feedback received from young people.
No negative feedback received this month.
Total of 340 young people seen in June across drop in, counselling, young carers, strive and outreach services.

Survey Monkey YP response rates 87%. Young people are engaging in completing patient survey feedback which means service improvements can be made and team morale is boosted after sharing comments with staffing team.

<u>Health Inclusion Service</u>

GP Reception staff feedback:

"Since having the social prescribing service within the practice, we have had nothing but positive feedback from patients regarding the help they've been given and how the link worker makes them feel supported and listened to. As a staff member, it has been amazing to have the link worker around the practice as it has allowed us to better direct people we have noticed struggling with finances and other social issues. Previous to this, we would feel quite helpless when it came to these issues however knowing there is a team that can provide extra support has been great. I can't commend the team enough!!"

<u>Nutrition and Dietetic Service</u>

"I just wanted you to know that I was very pleased with their friendly and relaxed manner. It was also reassuring to find that they prepared well for my visit and their knowledge of my medical history and awareness of what I had been through was amazing. I think they are an asset to the NHS and she should be very proud."
(Email from patient, about staff member in Angus Community team).

<u>Community Care and Treatment Centre</u>

"I have been attending Community Care and Treatment Clinic for several weeks due to an animal bite on my finger, the care and professionalism from the nursing staff has been exceptional. I have seen a difference nurse at each visit and can honestly say they have been wonderful. They are knowledgeable, caring and friendly. I am always included in my treatment plan at every visit. My wound is healing well thanks to their excellent care. Nothing is ever too much trouble and the team are so friendly and welcoming. The admin team are so friendly and helpful also, making sure I get an appointment that suits me at a location of my choice. The service and staff are truly an asset to the NHS and DHSCP. Thank you all for the outstanding care."

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.

<u>External Reports & Inspections</u>

d.5   There have been no external inspections during this reporting period.

4.5   **Mental Health**

<u>Mental Health Key Performance Indicators</u>

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.

<u>Community Mental Health Team (CMHT) Activity</u>

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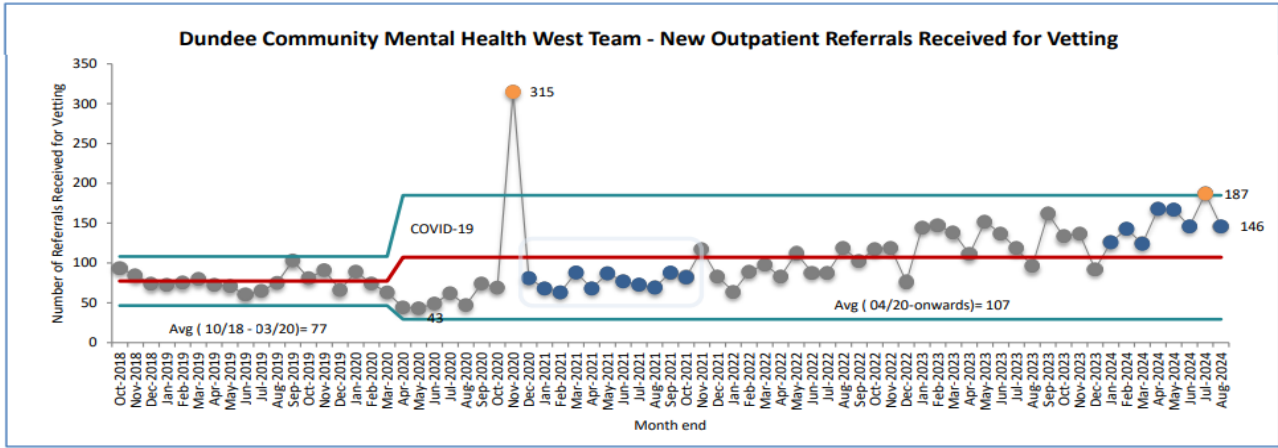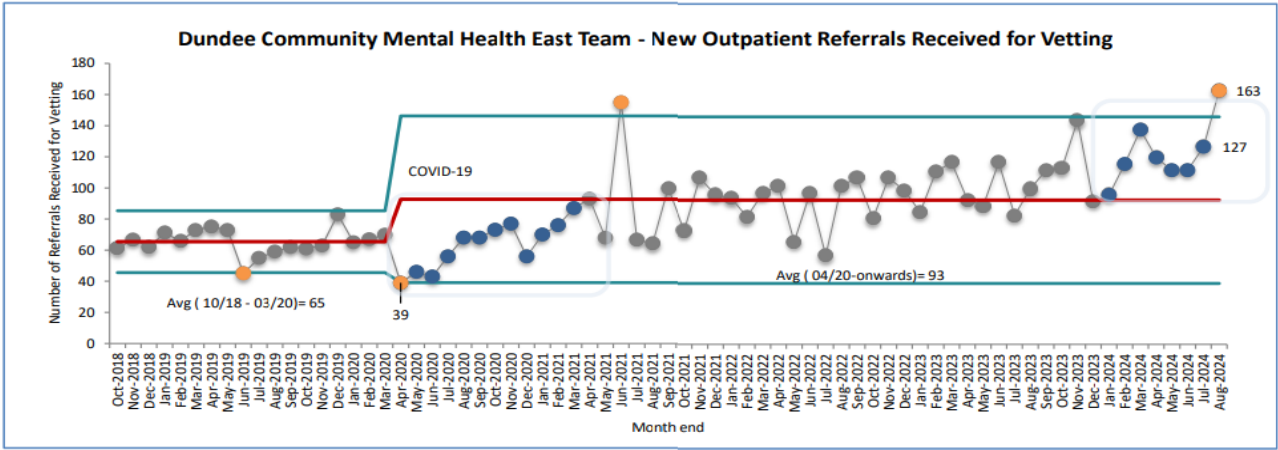
Financial challenges have impacted on ability to recruit to vacant posts however detailed planning is underway to ensure risk-based approach in place to support recruitment decisions.

East Team continues to offer Near Me as a platform to engage with service users.
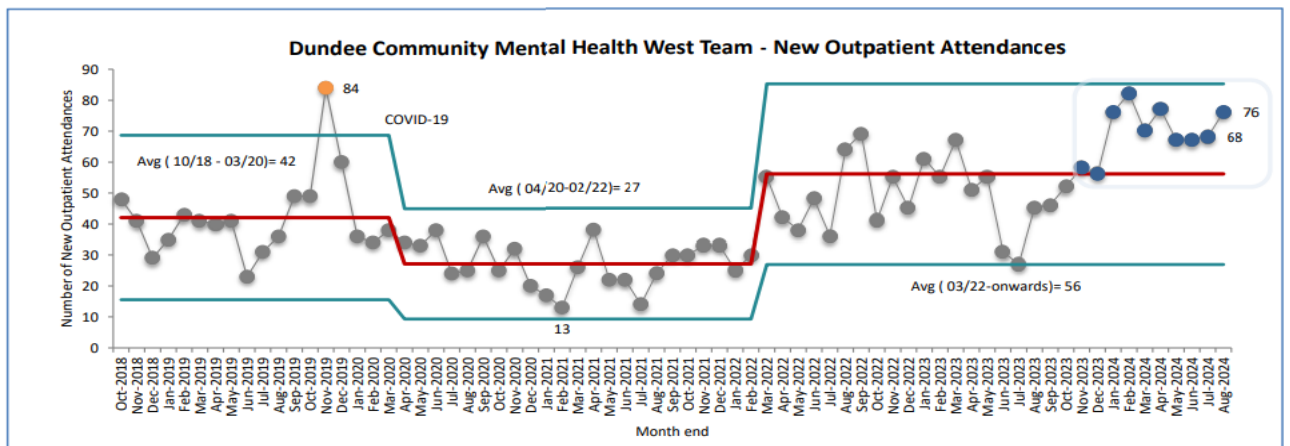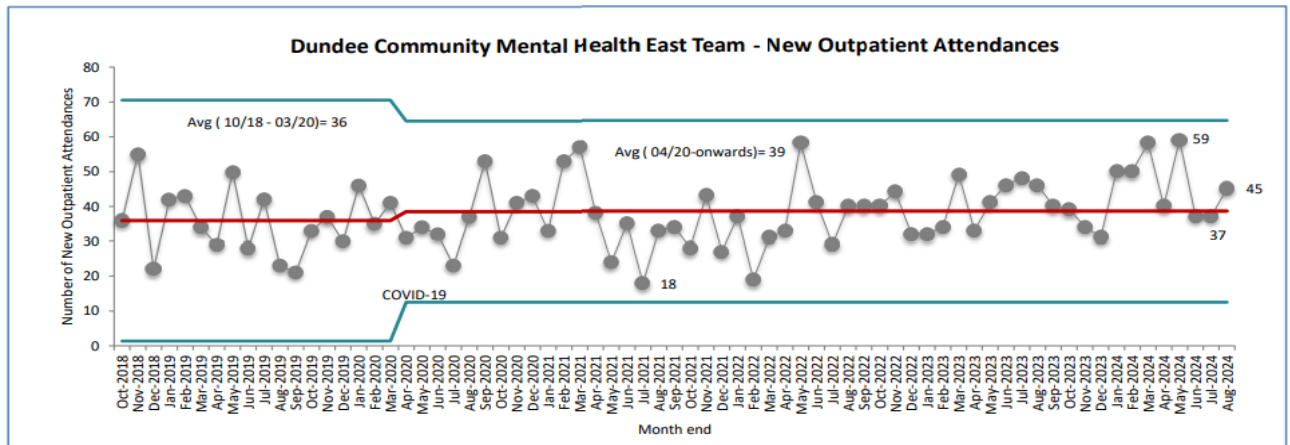
CMHT West's waiting list continues in an upward trend and may be linked with the allocation of GP practices aligned to each CMHT. West have a higher number of practices aligned to their service and demographically there are a higher number of students registered in a practice in the West. West continues 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.
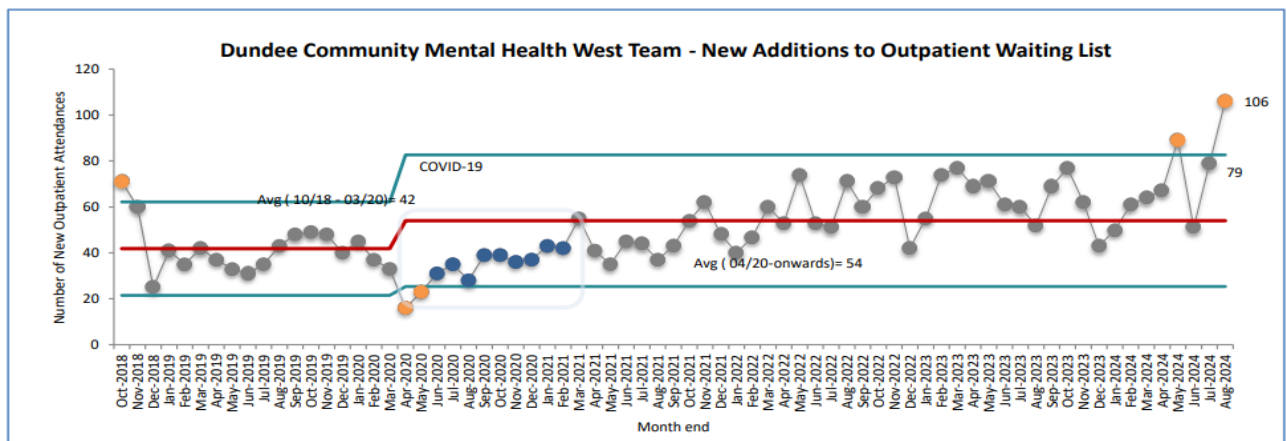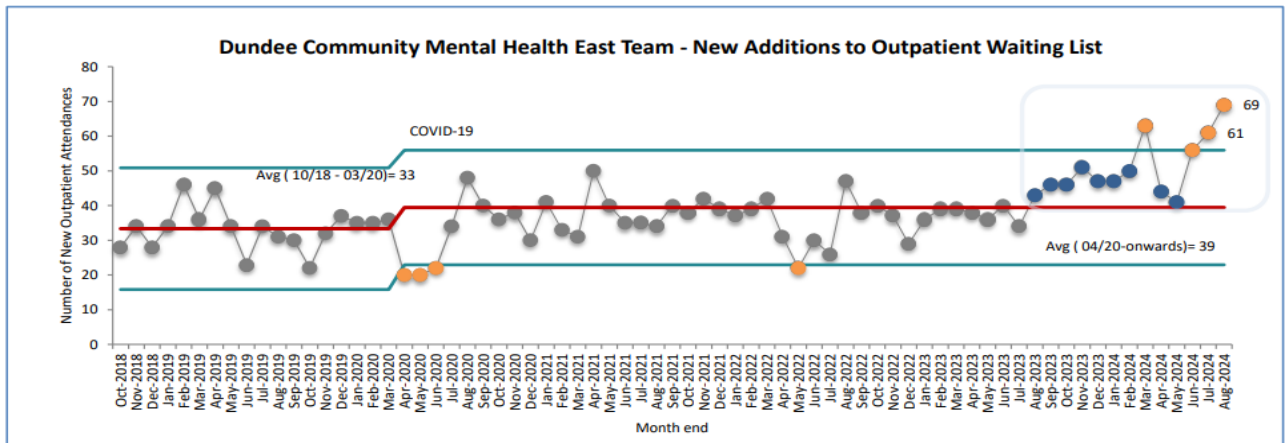
e.3   Volume of referrals received for vetting, including those vetted and returned, grouped by referral received month:
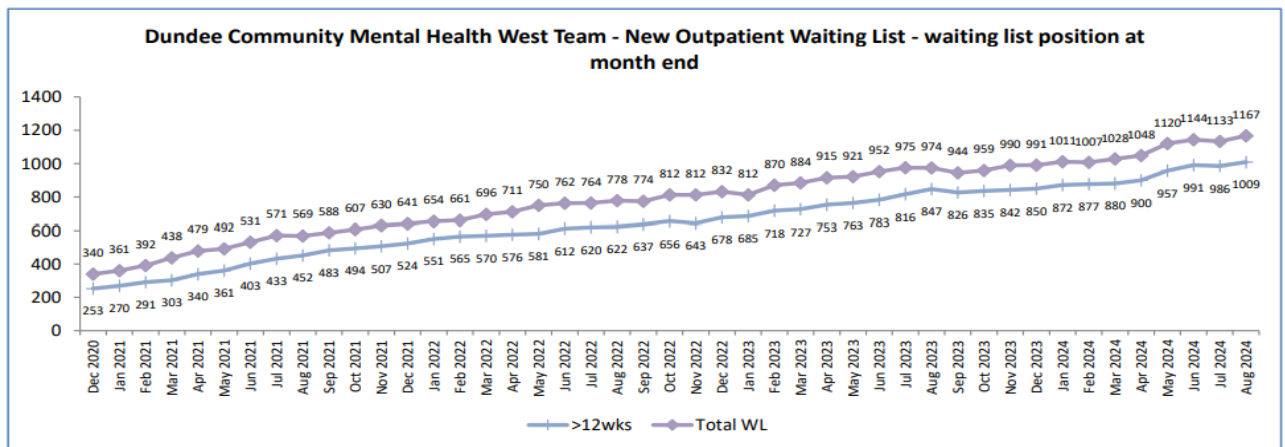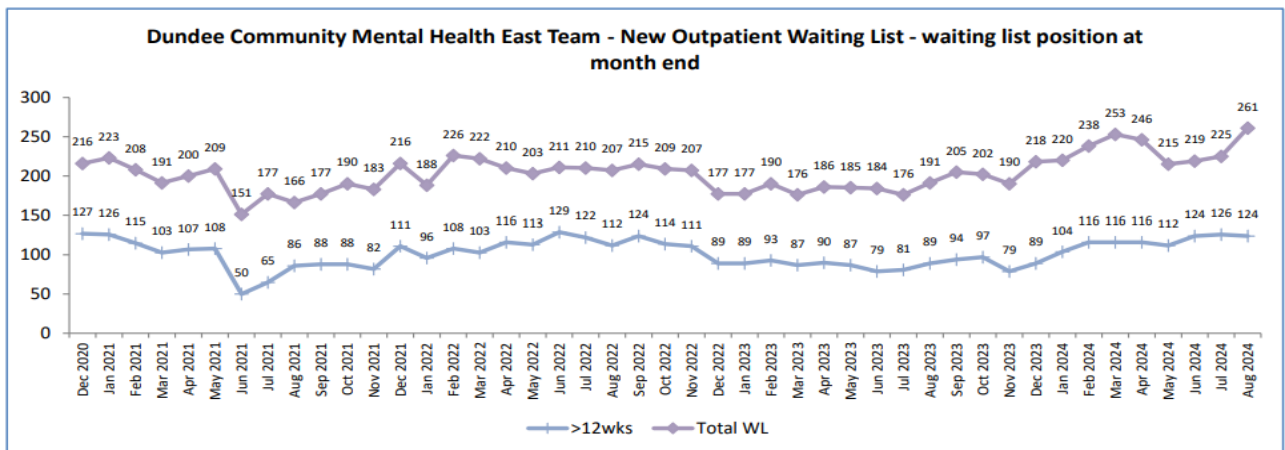
Dundee Community Mental Health East Team - New Outpatient Referrals Received for Vetting

COVID-19

Avg (10/18 - 03/20)= 65

Avg (04/20-onwards)= 93

163

127

39

Dundee Community Mental Health West Team - New Outpatient Referrals Received for Vetting

COVID-19

315

Avg (10/18 - 03/20)= 77

Avg (04/20-onwards)= 107

187

146

43

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

Dundee Community Mental Health East Team - New Outpatient Attendances

Avg (10/18 - 03/20)= 36
Avg (04/20-onwards)= 39
COVID-19
18
59
45
37

Dundee Community Mental Health West Team - New Outpatient Attendances

84
COVID-19
Avg (10/18 - 03/20)= 42
Avg (04/20-02/22)= 27
Avg (03/22-onwards)= 56
13
76
68

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

Dundee Community Mental Health East Team - New Additions to Outpatient Waiting List

Dundee Community Mental Health West Team - New Additions to Outpatient Waiting List

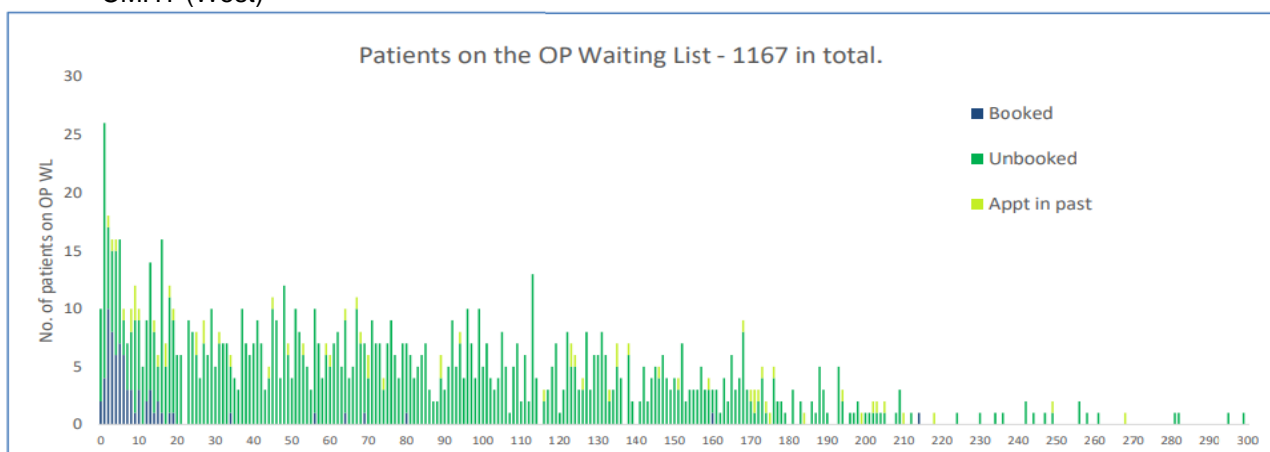*e.6* Snapshot of waiting list position at month end; total volume on waiting list and volume waiting over 12 weeks:

Dundee Community Mental Health East Team - New Outpatient Waiting List - waiting list position at month end

Dundee Community Mental Health West Team - New Outpatient Waiting List - waiting list position at month end

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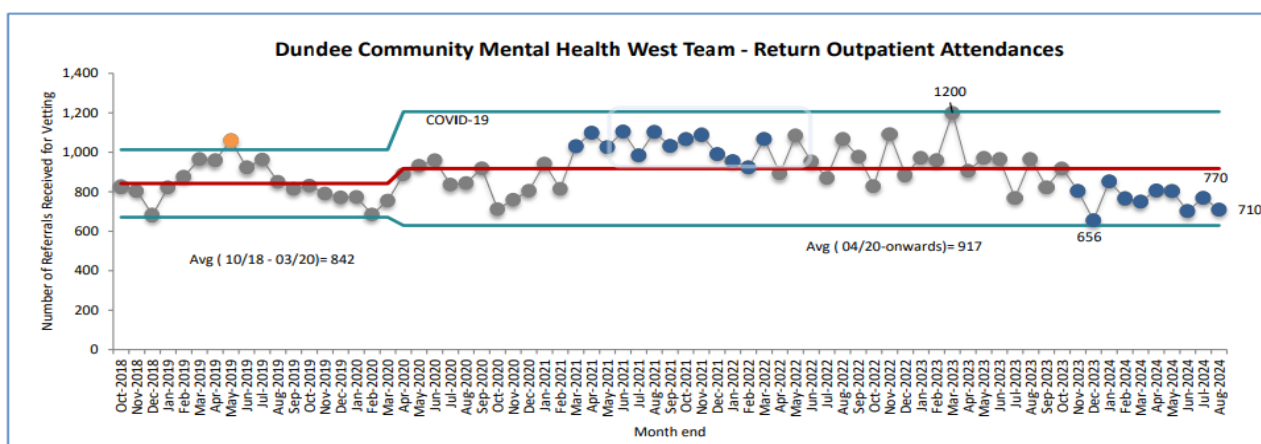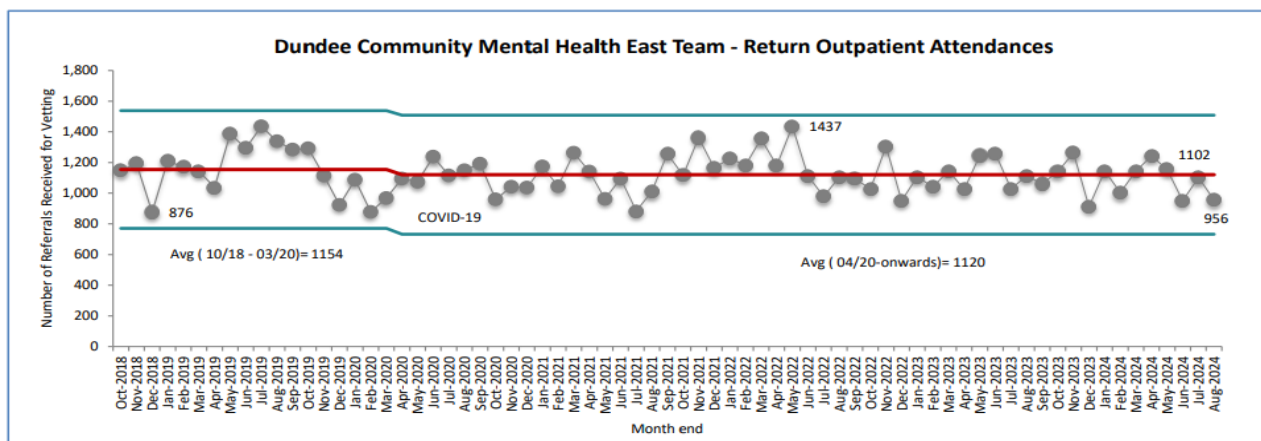
CMHT (East)

Patients on the OP Waiting List - 249 in total.

CMHT (West)

Patients on the OP Waiting List - 1167 in total.
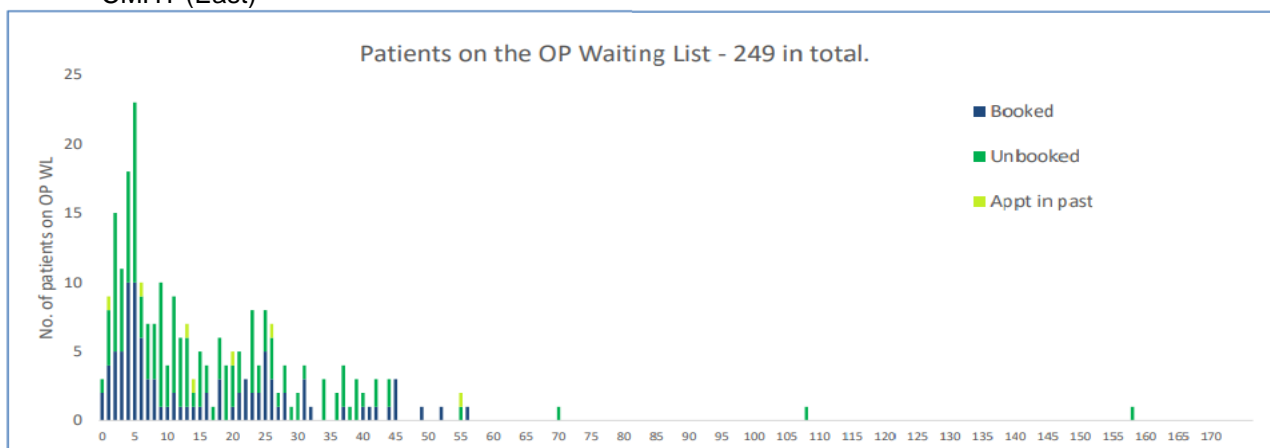
e.8   Volume of return outpatient attendances, excluding did not attends, grouped by attendance month:

Dundee Community Mental Health East Team - Return Outpatient Attendances

Dundee Community Mental Health West Team - Return Outpatient Attendances

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   DATE: 08 November 2024
Clinical Director

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.	

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
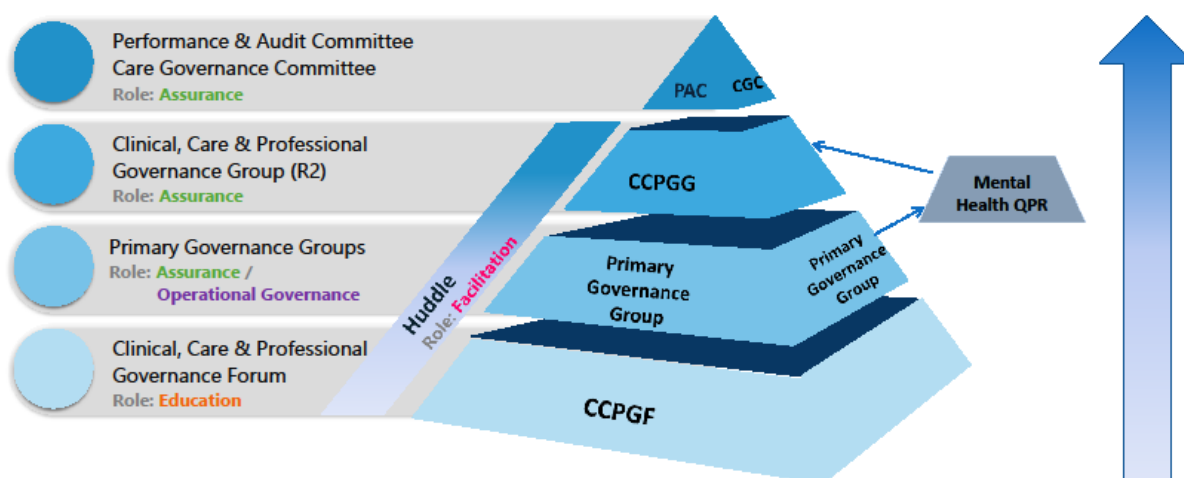
Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group is responsible for directing, collating and monitoring governance arrangements and ensuring that there are effective and embedded systems for Clinical, Care & Professional Governance in all services within Dundee 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 & 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.