



REPORT TO: DUNDEE INTEGRATION JOINT BOARD

REPORT ON: ANNUAL REPORT OF THE DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE GROUP 2021-2022

REPORT BY: CLINICAL DIRECTOR

REPORT NO: DIJB37-2022

1.0 PURPOSE OF REPORT

This annual report is to provide assurance to the Dundee IJB regarding matters of Clinical, Care and Professional Governance. In addition, the report provides information on the business of the Dundee Health & Social Care Partnership Clinical, Care and Professional Governance Group ("the Group", DHSCP CCPG Group), and to outline the ongoing planned developments to enhance the effectiveness of the group.

2.0 RECOMMENDATIONS

It is recommended that the Dundee Integration Joint Board:

- 2.1 Notes the content of this report.
- 2.2 Notes the work undertaken by the Dundee Health & Social Care Partnership Clinical, Care and Professional Governance Group from April 2021–March 2022 to seek assurance regarding matters of Clinical, Care and Professional Governance.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 Objectives and Responsibilities

- 4.1.1 Review and enquiry about risks being managed across the Dundee Health & Social Care Partnership (DHSCP) and action progressed to mitigate risk.
- 4.1.2 Review and enquiry to demonstrate there are systems to embed clinical, care and professional governance at all levels from frontline staff to the IJB and to drive a culture of continuous improvement.
- 4.1.3 Sharing and learning from best practice and innovative ways of working in relation to clinical, care and professional governance across DHSCP.

4.2 Dundee Health & Social Care Partnership Clinical, Care and Professional Governance Group

4.2.1 The Business considered by the DHSCP CCPG Group during 2021-2022 has addressed the function and remit of the Group; profiling national policy and local application of policy and guidance that affects practice. Key themes considered are outlined below:

- Service Area Reports/Updates
- The Risk Register
- Feedback
- Adverse Events
- Outcome of Inspection Reports
- Updates on Clinical Governance and Risk Management Local Adverse Event Reviews / Significant Adverse Event Reviews / Significant Case Reviews
- Exception reports relevant to the Clinical, Care and Professional Governance with reference to the 6 domains outlined in the Getting it Right for Everyone Framework, from each service.
- Processes for the introduction of new clinical, care and professional policies and procedures

4.2.2 Clinical, Care and Professional Governance Assurance Reports following each CCPG Group meeting have been timeously submitted to the Dundee HSCP Executive Management Team and to the NHS Tayside Care Governance Committee and to the Dundee Performance and Audit Committee for review and discussion and agreement on assurance levels provided.

4.2.3 The Group planned to meet on six occasions during the period 1 April 2021 to 31 March 2022 on the following dates:

- 13 May 2021
- 22 July 2021
- 23 September 2021 – Cancelled
- 18 November 2021
- 20 January 2022 – Exceptions Only Meeting
- 24 March 2022

Providing operational support and a forum for learning, the Clinical, Care and Professional Governance Forum met on the following dates:

- 22 April 2021
- 17 June 2021
- 19 August 2021
- 21 October 2021
- 16 December 2021
- 24 February 2022

Primary Governance Groups and Service Level Governance Groups provide reports into the Clinical, Care and Professional Governance Group and Forum. The service level reports tabled at the Forum encourage supportive discussion to enhance the reports provided to the CCPG Group.

Assurance reports are provided to a range of committees and/or boards with information taken from the range of governance groups mentioned above in line with the reporting timeframes set by each committee/board. The primary areas for this reporting are via:

- NHS Tayside Care Governance Committee
- Dundee Health and Social Care Partnership Performance and Audit Committee
- Dundee Integration Joint Board

These assurance reports were produced in:

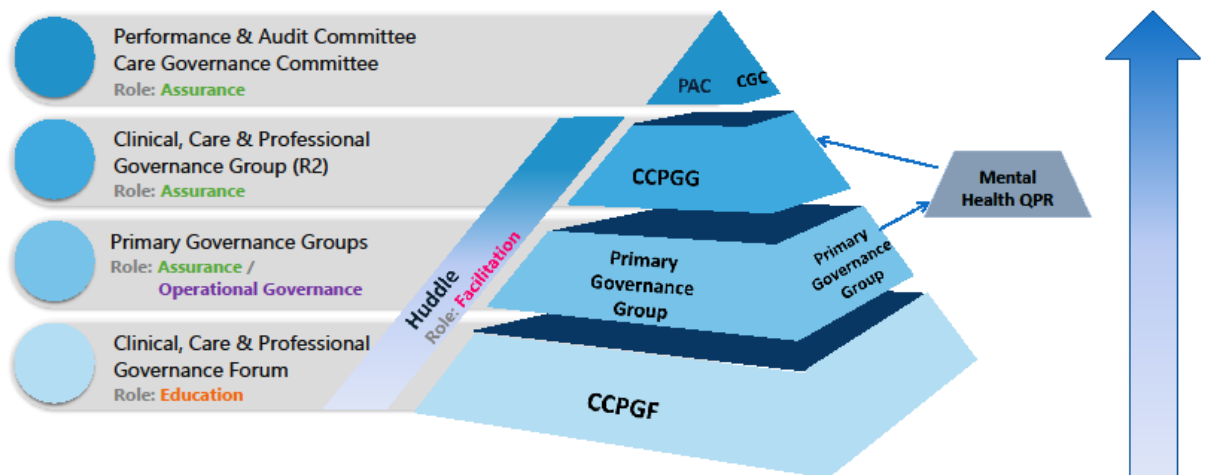
- June 2021

- August 2021
- October 2021
- December 2021
- February 2022
- April 2022

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 HSCP CCPG Group

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 and Third Sector representative.

Management structures across Dundee HSCP have been redesigned during this reporting period, and continue to be reviewed, 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 the Getting it Right for Everyone (GIRFE) Governance Framework. 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 developed through the CCPG Group.

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 and contemporary issues, for example Dundee Drugs Commission review and Trust and Respect Report.

Primary Governance Groups (PGG)

There are currently nine PGGs:

- In Patient Services (MfE, POA, CBIR, Palliative)
- Adult Community Services
- Acute and Urgent Care
- Mental Health and Learning Disabilities
- Older People's Mental Health / Care Homes
- Psychological Therapies
- Health Inequalities
- Nutrition and Dietetics
- Dundee Drugs and Alcohol Recovery Services

Each Primary Governance Group will meet monthly and the remit of the Primary Governance Group is to:

- Provide assurance to the Clinical, Care and Professional Governance Group on the systems and processes for clinical, care and professional governance activities.
- Develop, prioritise, implement, monitor and review the annual work plan for clinical, care and professional governance activities.
- To create the learning environment and conditions within services by dedicating time to allow staff to share learning, tools and other resources and encourage the dissemination of good practice.
- Ensure that clinical and care leadership underpins service assurance processes and that clinical and care leaders are supported to share tools and resources to spread good practice.
- Encourage an integrated approach to quality improvement across services.
- Ensure appropriate actions in relation to clinical, care and professional governance and quality activities are taken in response to internal reports and external reports from bodies such as NHS Healthcare Improvement Scotland, Care Inspectorate, Audit Scotland, Mental Welfare Commission and Scottish Public Services Ombudsman.
- Ensuring that there is a robust reporting and assurance mechanism for the 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 this reporting period have included: Qlikview, Risk Management System, Datix system report building and scorecard development.

Summary Assurance Statement





The year April 2021 to March 2022 has been one of the most challenging across the Health and Social Care system, due to the COVID-19 pandemic. The response from staff has been incredible and high quality services have continued to be delivered safely and effectively.

There have, of course, been challenges and the infrastructure that has been built, and continues to evolve, has supported the HSCP and its staff to manage and mitigate risk in a proactive and productive manner.

Learning, and the sharing of learning, remains a key focus within the HSCP, and while this has developed well over the year it remains an area where further improvements will be made. This is instrumental in supporting the HSCP move towards substantial levels of 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, where Controls are applied continuously or with only minor lapses”.

The current “reasonable” levels of assurance demonstrate that a generally sound system of governance, risk management and control is in place. Some issues do persist (timeous management and administration of risks, complaints and adverse event; ongoing workforce availability) and there is evidence of some non-compliance (attendance at governance groups, provision of governance reports at all groups) and there is identified scope for improvement across a range of services and governance domains. Despite all of the challenges faced this year, all of the above have shown an improving picture, with the HSCP being in a strong position to move towards substantial assurance through 2022-2023.

All assurance reports presented to the Care Governance Committee, the Performance and Audit Committee and the Integration Joint Board have provided reasonable assurance.

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.

4.2.4 During the financial year ending 31 March 2022 membership of the Group comprised:

Clinical Director (Chair)
Head of Health and Community Care Services (Vice Chair)
Head of Health and Community Care Services
Associate Nurse Director
Associate Medical Director
Associate Locality Managers
Mental Health and Learning Disability Manager
Clinical Lead, Psychology Services
Lead Allied Health Professional (DHSCP)
Lead Nurse (DHSCP)
Clinical Governance Lead (DHSCP)
Senior Officer – Business Planning and Information Governance (DHSCP)

4.3 Schedule of Business Considered During the Period April 2021 to 31 March 2022

4.3.1 13 May 2021

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability Service Report
- Noted Psychology Service Report
- Noted Frailty / Older People's Service Report
- Noted Dundee Drug and Alcohol Service Report
- Noted Nutrition and Dietetics Report
- Noted Community and Specialist Service Report
- Noted Health Inequalities Report

Focussed discussion on Dundee Drug and Alcohol Service staffing risks – nursing staff.

Focussed discussion on making more active links between service and strategic risks as outlined in the internal audit report.

Adult and Older People's Service working with Stirling University to undertake a thematic review relating to adverse events reports regarding fires in people's homes.

COVID-19 – Updates provided on current challenges relating to COVID-19. Focus on staffing, wellbeing, infection rates, vaccination rates and remobilisation plans.

Review of governance structures across the Dundee HSCP with a view to strengthen reports to care governance committee and performance and audit committee. Pyramid model shared with teams. Support provided to chairs of primary governance groups to facilitate implementation of groups across HSCP.

Infection Prevention and Control Committee Report presented. Group maturing well with broadening representation, including care homes. Focus on comprehensive reporting across all HSCP services.

Report provided on the Primary and Secondary Care Interface group which seeks to address challenges across the boundaries of primary and secondary care.

Dundee HSCP Analysis report presented highlighting areas for improvement including consistent reporting of adverse events (types and severity), overdue adverse events and timely management of the risk register.

Complaints Report presented

- Increasing number of complaints

- Absence of key staff leading to increased delays responding to complaints.
- SPSO report presented for awareness.

Verbal report provided on the work of the Drugs Commission detailing subgroup infrastructure and reporting arrangements.

Care Home Gradings Report presented.

4.3.2 22 July 2021

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability Service Report
- Noted mental Health Service Report
- Noted Dundee Drug and Alcohol Service Report
- Noted Nutrition and Dietetics Service Report
- Noted Community and Specialist Services Report
- Noted In-Patient and Day Care Service Report
- Noted Primary Care Report

COVID-19 – Exceptions and emerging risks noted. Significant staffing issues have been noted although improvement now being seen.

Clinical, Care and Professional Governance Forum Report Presented

- Development of score cards for governance being progressed.
- Education provided on use of the Qlikview system for waiting times and clinical activity.

Primary Governance Groups

- All groups remain active despite challenges of COVID-19.
- Draft terms of reference developed to support groups.

Clinical Lead for Governance appointed following resignation of previous lead.

Update verbal report provided on the work of the Getting it Right for Everyone Group with a focus on structure and governance arrangement across the HSCPs and the development of a more risk management-based approach to assurance reporting.

Infection and Prevention Control Report provided.

Mental Health Risk Register – It was noted that work has commenced to strengthen the Tayside approach to mental health risks with a subgroup leading on work for this purpose.

Remote consultations for group working was discussed in relation to information governance challenges. A range of teams currently working with information governance team to determine the way forwards.

Digital Strategy consultation shared with group for comment.

Annual Assurance Framework and action plan noted.

Report of Professional Nursing Registration provided demonstrating excellent compliance across the profession.

Dundee HSCP Analysis report presented with a focus on risk management and pending risks. The excellent data provided in relation to adverse events was noted.

Complaints report and SPSO reports noted.

Inspection Report on Registered Services was presented.

Drugs Commission report update provided to group – self-evaluation work complete. Local service pressures have been escalated to relevant committees.

Update provided on the Strang Report (Mental Health). Focus on leadership and performance and culture.

Noted a new group has been established, Clinical Policy Governance Group, with representatives from Dundee HSCP in attendance.

4.3.3 23 September 2021

Meeting Cancelled due to COVID-19.

The CCPG Forum, Primary Governance Groups and the Governance Huddle continued to meet, where able, during this period. Information was collated to ensure a comprehensive report was provided to the appropriate Committee's detailing the levels of assurance provided in the Dundee HSCP.

4.3.4 18 November 2021

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability Service Report
- Noted Mental Health Service Report
- Noted Dundee Drug and Alcohol Service Report
- Noted Nutrition and Dietetics Service Report
- Noted Palliative Care Report
- Noted Psychiatry of Old Age In Patient and Community Services Report

GIRFE Update

- Working Group reviewing framework – those present agreed to provide feedback to take into the group. Noted a workshop is planned for wider consultation.

Mandatory Training

- Noted some teams were finding maintenance of mandatory training a challenge. Group agreed for this to be monitored through the Forum, with exceptions reported back to the group as required.

Complaints Report

- Noted increase in number of complaints across the HSCP.
- Noted the work which has been undertaken to address outstanding complaints within the HSCP and to improve complaints handling, monitoring and reporting.

Dundee HSCP Analysis Report Presented for adverse events and risks.

Infection Prevention and Control Report noted.

Significant Adverse Event Review Process Presentation delivered to members.

Dundee HSCP iMatters Report noted.

Significant Adverse Event Review Learning Summary Presented to Group.

Community Learning and Development Plan 2021-2024 Presented. Key Priorities: Building Stronger Communities; Addressing health inequalities; Improving outcomes for young people; Improving outcomes for adults.

Allied Health Professions Documentation Rationalisation Report noted.

- Paperwork presented for Arts Therapy Documentation
- Paperwork presented for Podiatry Documentation

4.3.5 20 January 2022

Full Meeting cancelled due to COVID-19.

Professional Leads (Chief Social Work Officer, Lead Nurse, Associate Medical Director, Allied Health Professions Lead) and Heads of Service met to discuss key emerging issues, key risks and actions required to support pandemic response, remobilisation and areas to highlight via Care Governance Committee and Performance and Audit Committee reports.

4.3.6 24 March 2022

Clinical, Care and Professional Governance Exception Reporting

- Palliative Care Report noted
- Community Services Report noted.
- Care Homes Report noted
- Mental Health and Learning Disability Report noted.

Discussion regarding remobilisation and challenges and opportunities presented.

Staff Wellbeing – Continued focus on supporting the management of staff wellbeing recognised.

New Policy – Adverse Event Management – noted.

Risk Presented: Mental Health Records – Displacement of Case Files.

Dundee Health and Social Care Partnership Workforce Plan noted.

Strategic Risk Profile Report presented.

- Report noted and discussed
- Noted significant impact of COVID-19 on a number of risks.
- Noted improved links between strategic and service risks recorded.

Care Home Inspection Reports

- Group noted new framework implemented over past year
- Group noted very positive outcomes for Dundee Care Homes

Infection Control Report

- NHS Tayside Report and action plan for next 12 months noted

4.4 Assurance Statement

4.4.1 As Chair of the Dundee HSCP Clinical, Care and Professional Governance Group during the financial year 2021-2022, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings has supported the fulfilment of the Group's objectives and responsibilities.

4.4.2 I would like to offer my thanks to the commitment and dedication of fellow members of the Group. Significant work goes into the preparation of the written reports and I am grateful to all those who have attended and contributed to each of the meetings.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 CONSULTATIONS

The Chief Finance Officer, Heads of Service – Health & Community Care, Clinical Director, Allied Health Professions Lead and the Lead Nurse were consulted in the preparation of this report.

7.0 DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	✓
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

8.0 BACKGROUND PAPERS

None.

Vicky Irons
Chief Officer

DATE: 19.05.2022

Diane McCulloch
Head of Health & Community Care

Krista Reynolds
Lead Nurse

David Shaw
Clinical Director

Matthew Kendall
AHP Lead