



REPORT TO: DUNDEE INTEGRATION JOINT BOARD

REPORT ON: ANNUAL REPORT OF THE DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE GROUP 2022-2023

REPORT BY: CLINICAL DIRECTOR

REPORT NO: DIJB32-2023

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 2022–March 2023 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 (Dundee HSCP) 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 Dundee HSCP.

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 2022-2023 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 five occasions during the period 1 April 2022 to 31 March 2023 on the following dates:

- 18 May 2022
- 27 July 2022
- 28 September 2022
- 23 November 2022
- 8 February 2023

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

- 21 April 2022
- 23 June 2022
- 25 August 2022
- 27 October 2022
- 15 December 2022
- 23 February 2023 – Cancelled

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:

- April 2022
- August 2022
- October 2022

- December 2022
- February 2023
- April 2023

4.2.3.2 Strategic Risks

The Dundee HSCP Strategic Risk Register is regularly presented to the NHS Tayside Strategic Risk Management Group and is available to Dundee City Council Risk and Assurance Board through the Pentana system.

Operational Risks are reviewed by the Clinical, Care and Professional Governance Group, with any significant areas of concern which may impact on the ability of the IJB to deliver its Strategic and Commissioning Plan reported to the PAC through the Clinical, Care and Professional Governance Group's Chairs Assurance Report.

Operational Risks which should be escalated are identified through Senior Management meetings, the Clinical, Care and Professional Governance forum and through reports to the IJB and PAC.

The strategic risks aligned with clinical, care and professional governance include: Staff Resource, Dundee Drug and Alcohol Recovery Service, Primary Care, Mental Health Services with a number of other risks demonstrating significant crossover with the clinical, care and professional governance agenda, for example: National Care Service, Restrictions on Public Sector Funding, Cost of Living Crisis and the Impact of COVID-19.

Significant work has been undertaken seeking to mitigate each of these risks. The fundamental challenges in seeking to recruit and retain our workforce continue to impact on a number of our risks and while these pressures continue there are successes, in some areas, with recruitment to leadership posts, key clinical posts and the development of new models of service delivery.

Work will continue through Workforce Planning Leads to further develop and implement our recruitment and retention strategies.

Primary Care

Practice sustainability remains a key risk in Dundee practices with ongoing concerns regarding termination of contracts and practice notifying of their intention to do so through 2023. A significant number of practices have had closed lists in this year which creates pressures on nearby practices. Recruitment and retention of GPs and the wider team to support primary care remains challenging and is impacting on service delivery and care. The NHS Tayside risk for the sustainability of primary care remains at 25. An internal audit review of the risk has highlighted a number of actions to be progressed at both local and regional level.

Dundee Drug and Alcohol Recovery Service

The concerns for 2022-2023 were foremost focused on working to put systems in place to meet the initial 5 (out of 10) Medically Assisted Treatment (MAT) Standards. This was a transformational change process against the backdrop of high levels of demand, a flood in our main base and the need to change so many things so quickly. This has paid off in terms of the creation of new processes that focus on patient-centred care informed by those with lived experience.

The Key priorities for 2023-24 will include working on all 10 MAT Standards and working to move the DDARS service out of Constitution House which will have to be achieved over several phases to ensure the teams move into accommodation that is fit for purpose to allow DDARS and our partners to provide trauma-informed patient-centred care.

Increased senior leadership within this team will allow for an enhanced focus on improvement work across the service.

Mental Health

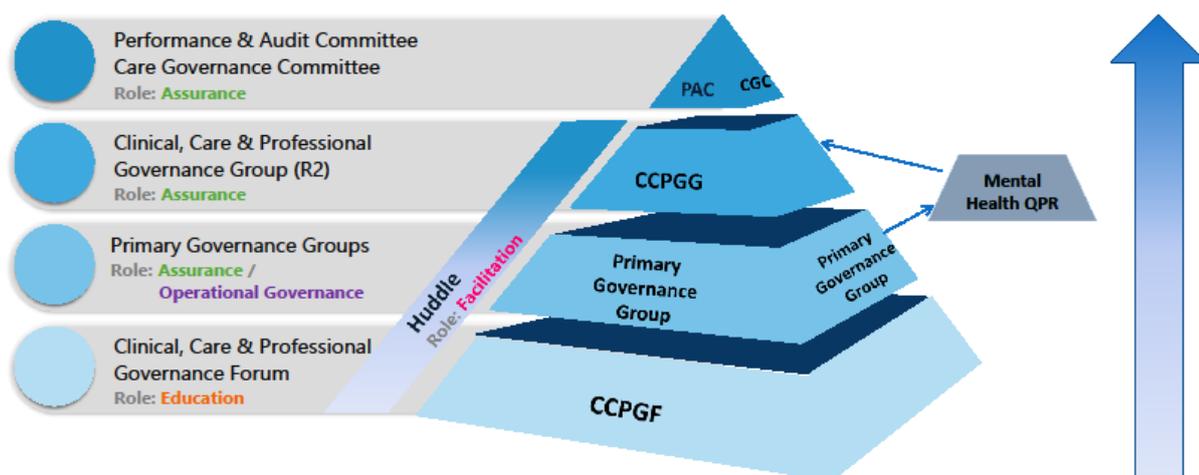
The overarching concerns within mental health and learning disability services during 2022-23 related to; the provision of adequate levels of staffing due recruitment challenges, with the most significant risk relating to the limited availability of psychiatry resources, and the recommendations arising from the Independent Inquiry into Mental Health Services in Tayside.

During 2023-24 priority focus will be given to new models of support to support mental health and wellbeing in a more timely manner. This will include the opening of a community wellbeing centre, continued focus to extend mental health and wellbeing support within in primary care and continued collaborative work through the Tayside Mental Health and Learning Disabilities Whole System Change Programme.

4.2.3.3 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



4.2.3.4 DHSCP CCPG Group

Dundee Health & 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 and professional governance in all services within Dundee Health & 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 DHSCP 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.

4.2.3.5 Primary Governance Groups (PGG)

There are currently 11 PGGs:

- In Patient Services and Day Care Services
- Community Services
- Acute and Urgent Care
- Mental Health
- 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, the 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 HSCP.
- Undertake the management, escalation or cascading of issues/risks/concerns as appropriate.
- Collate, review and analyse core and service-specific datasets to inform exception reports to the CCPGG, reflecting the 6 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:
 - Emerging issues of concern
 - 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/Feedback
- 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. 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.

4.2.3.6 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 Dundee 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.

4.2.3.7 Clinical, Care and Professional Governance Forum

The forum is used as an education forum for managers and lead governance staff across the Dundee 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.

4.2.3.8 Summary Assurance Statement

The year April 2022 to March 2023 continued to be one of the most challenging across the health and social care system, due to the remobilisation post-COVID-19 pandemic and the changing demands of the population. 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, although it should be noted this has improved significantly over the course of this reporting period) 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 2023-2024.

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 2023 membership of the Group comprised:

Clinical Director (Chair)
Head of Health and Community Care Services (Vice-chair)
Head of Health and Community Care Services
Community Nurse Director
Associate Medical Director
Associate Locality Managers
Mental Health and Learning Disability Manager
Clinical Lead, Psychology Services
Allied Health Professional Lead (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 1 April 2022 to 31 March 2023

4.3.1 18 May 2022

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability Service Report
- Noted Mental Health 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 Report
- Noted Health Inequalities Report
- Noted In Patient and Day Care Report
- Noted Primary Care Report

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

COVID-19 – Updates provided on current challenges relating to COVID-19. Focus primarily on remobilisation plans with a request for these to be reflected in exception reports at future meetings including impact of deconditioning and delays in care.

Staff wellbeing was discussed in relation to catering facilities on the Royal Victoria Site which had been absent since the start of the pandemic.

NHS Tayside Business Board Critical Report was shared for the group's awareness and use.

Report provided on the adverse event management policy that has been reviewed via the clinical policy governance group. The useful appendices to support governance activity were brought to members' attention, especially with reference to supporting adverse event reviews.

Infection Prevention and Control Committee Report presented. Group maturing well with broadening representation. Focus on comprehensive reporting across all HSCP services. Current level of assurance provided is moderate.

Verbal updates provided on feedback from Care Governance Committee and the Performance and Audit Committee including: good overview of governance is provided; request for information regarding Medication Assisted Treatment Standards; complaints performance in particular around overdue complaints in the mental health service; delays in biochemistry results post-mortem and the good links to national work to address, commended on the deep dive work undertaken in relation to adverse events in the District Nurse Service.

Mental Health Risks were discussed in relation to the development of 8 new risks for Mental Health services across Tayside to support whole system working and governance.

Clinical, Care and Professional Governance Annual Report was presented for members to comment on prior to submission.

Information Governance: Allied Health Professions documentation rationalisation process presented to the group. Excellent progress being made with work reporting into the Clinical Policy Governance Group.

Dundee HSCP Workforce Plan presented to the group.

New framework for Newly Qualified Practitioners in social care presented to the group for awareness and to engage with staff for support to implement.

Paper presented on Newly Graduated Practitioners in Nursing and the new processes to be implemented.

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.

Presentation on Care Opinion provided by Dundee Enhanced Community Service.

Fair Work in Social Care report presented to the group.

Verbal report provided on the work of the Drugs Commission.

Verbal report provided on the Listen, Learn, Change paper noting governance arrangements, leadership, scrutiny and key themes.

4.3.2 27 July 2022

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability Service Report
- Noted Mental Health Service Report
- Noted Psychology Report
- Noted Dundee Drug and Alcohol Service Report
- Noted Nutrition and Dietetics Service Report
- Noted Community Services Report
- Noted In-Patient and Day Care Service Report
- Noted Primary Care Report
- Noted Health Inequalities Report
- Noted Acute and Urgent Care Report
- Noted Care Home Report

COVID-19 – Exceptions and emerging risks noted. Significant staffing issues have been noted with increasing absences a common theme alongside staff exhaustion.

Presentation provided on Ukrainian Refugees and the services put in place to support their relocation in Dundee. Noted significant impact this is having across a range of services. Situation remains very fluid but noted good resilience planning in place.

Primary Care reported on current pressures across a number of GP practices reflecting closure of one practice and the closure of lists for other practices.

Discussions commenced on the Getting it Right for Everyone Framework and how this might support reporting for hosted services. Work will progress through the GIRFE Group.

Report received on the Docman system and risk of missing information. Mitigation in place and being led both regionally and nationally.

Clinical, Care and Professional Governance Forum Report presented.

Infection and Prevention Control Group Minute provided for information.

Dundee Drugs Commission Report and initial response has been tabled to be heard at the Dundee IJB.

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 with the number of overdue unverified events showing an improving picture.

Complaints report noted. Future reports to include compliments and report to be renamed feedback report.

Care Home Forum membership and leadership discussed to further strengthen engagement and oversight across Care Homes.

4.3.3 28 September 2022

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability Service Report
- Noted mental Health Service Report
- Noted Psychology Report
- Noted Dundee Drug and Alcohol Service Report
- Noted Nutrition and Dietetics Service Report
- Noted Community Services Report
- Noted In-Patient and Day Care Service Report
- Noted Primary Care Report
- Noted Health Inequalities Report
- Noted Acute and Urgent Care Report
- Noted Care Home Report

Presentation provided on the Promotion of Equality and Social Justice. Comprehensive discussion ensued on how to build support through communities and seek to help those with the greatest needs using inequalities informed practice.

Care Governance Committee updated provided outlining new reporting timetable for the HSCP.

Getting It Right for Everyone update provided on the work progressing regards the sharing of information across the HSCPs for hosted services.

Verbal report provided on the Drugs Commission progress with a number of short life working groups developing to lead the various workstreams.

Verbal update provided on the work related to Trust and Respect Report.

Verbal report provided regarding the Primary Care Improvement Plan and the Scottish Government review of funding for this work. The impact and associated risks were highlighted.

Risk Management processes within the HSCP were discussed with the intention of reviewing the current meeting structures to afford greater levels of support to service leads in managing risks.

A number of services continue to report significant risk in relation to recruitment and the unavailability of workforce across a range of professions and grades.

Professional leads reported on work progressing regarding workforce planning and development of processes to support the Health and Care (Staffing) Act.

Dundee HSCP Workforce Plan presented to the group.

Care Home Inspection Report Noted.

Feedback report presented with members asked to note very positive comments included in most recent report and to encourage staff to continue to report this.

Dundee HSCP Analysis report presented.

4.3.4 23 November 2022

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
- Noted Psychology Report
- Noted Health Inequalities Report
- Noted Community Services Report
- Noted Urgent and Acute Care Report
- Noted In Patient and Day Care Report
- Noted Primary Care Verbal Report

Public Health report presented outlining the impact of deprivation on health and the connections between deprivation, despair, drug statistics and suicides and mental health in impoverished areas.

GIRFE Update – Ongoing discussions regarding Lead Agency (Hosted) reports with some sharing of reports now in place.

Updates from Performance and Audit Committee and Care Governance Committee reports demonstrating reasonable levels of assurance being provided with good quality reports continuing to be provided.

Drugs Commission Report presented outlining focus of work now towards Medication Assisted Treatment Standards and local implementation.

Trust and Respect Report update outlined final submission to the Independent Oversight and Assurance Group is due in December.

Primary Care Improvement Plan update provided demonstrated good progress being made although also highlighting a number of gaps in some areas due to staff availability.

Risk Management report noted with overview provided on a number of new risks and confirmation of the formation of a new risk management group to commence in early 2023.

Professional updates highlighted work related to packages of care and delayed discharges supporting patient flow. International recruitment was being progressed across a number of professions. Standards of proficiency were being published for community nursing staff in 2023. Significant workforce planning activity across newly-qualified social work staff ongoing.

Inspection Grading Report presented highlighting excellent collaboration between HSCP and Care Home team with proactive management of arising issues.

Dundee HSCP Analysis Report Presented for adverse events and risks with new tab included reflecting the work from the governance huddle regards incomplete adverse events.

Safe Staffing Update provided outlining work being undertaken across professions.

Infection Prevention and Control Report noted.

4.3.5 08 February 2023

Clinical, Care and Professional Governance Exception Reporting

- Community Services Report noted.
- Care Homes Report noted
- Mental Health and Learning Disability Reports noted.
- Psychology Report noted.
- Drug and Alcohol Recovery Service Report Noted.
- Nutrition and Dietetics Report noted.
- Health Inequalities Report noted.
- Acute and Urgent Care Report noted.
- In Patient and Day Care Report noted.
- Older People's Mental Health Report Noted
- Care Home Report noted.
- Primary Care verbal report noted.

Getting it Right for Everyone Update – Key piece of work is progressing relating to key performance indicators for mental health. New appointments to chair of the CGC noted.

Focussed discussion held regarding the development of a Tayside-Wide Mental Health Clinical, Care and Professional Governance Group which is being led within GIRFE.

Governance huddle shared the newly developed newsletter which aims to share simple, key messages to staff to support governance activity.

Drugs Commission Report update shared.

Trust and Respect Report presented. Agreement made for future updates to be provided within exception reports.

Primary Care Improvement Plan Update Report noted.

Emerging risk presented in relation to Palliative Care Services outlining level of risk and mitigations in place. Exception report to be provided to Care Governance Committee to inform them of emerging status.

Verbal update provided on first Risk Management meeting held in January 2023. Agreement reached to support continuation of Risk Management meeting.

Allied Health Professions Professional Update: Significant ongoing work with national teams supporting the safer staffing agenda. Group updated regarding the work for some AHP staff to now complete fit notes in place of medical staff and the governance processes around this.

Nursing Professional Update: Group updated regarding the work for nursing staff to now complete fit notes in place of medical staff and the governance processes around this. Update provided in relation to transforming nursing strategy.

Social Work Professional Update: National Social Work Agency Group has been established to consider implications of the National Care Service on social work. The SSSC Codes of Practice have been reviewed.

Commissioned Services Grading and Update Report Noted. It was recognised the exception reports that covered commissioned services provided excellent triangulation of the exceptions identified and resultant actions.

Care Home Inspection report noted.

Feedback Report noted with positive performance in relation to meeting standards for complaints.

Dundee HSCP Analysis Report Presented.

Equality and Social Justice Report presented with a key focus on cost of living crisis, access to appropriate support, local decision-making structures.

4.4 Assurance Statement

4.4.1 As Chair of the Dundee HSCP Clinical, Care and Professional Governance Group during the financial year 2022-2023, 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: 6.6.2023

Diane McCulloch
Head of Health & Community Care

Jenny Hill
Head of Health & Community Care

Krista Reynolds
Lead Nurse

David Shaw
Clinical Director

Matthew Kendall
Allied Health Professions Lead