



**REPORT TO:** DUNDEE INTEGRATION JOINT BOARD – 20 AUGUST 2025

**REPORT ON:** ANNUAL REPORT OF THE DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE GROUP 2024-2025

**REPORT BY:** CLINICAL DIRECTOR

**REPORT NO:** DIJB54-2025

## **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).

## **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 2024–March 2025 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 2024-2025 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 Exception Reports/Updates
- The Risk Register
- Feedback
- Adverse Events
- Outcome of Inspection Reports
- Updates on Clinical Governance and Risk Management Local Adverse Event Reviews (LAERs) / Significant Adverse Event Reviews (SAERs) / Significant Case Reviews (SCRs)
- Exception reports relevant to Clinical, Care and Professional Governance with reference to the 6 domains outlined in the Getting it Right for Everyone (GIRFE) Framework and the newly developed Clinical Governance Framework, which has replaced the GIRFE 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 NHS Tayside Clinical Governance Committee (CGC) and to the Dundee Performance and Audit Committee (PAC) for review and discussion and agreement on assurance levels provided. From January 2025 the Clinical Governance Quality Assurance Meeting (CGQAM) was established. Governance reports from the CCPG Group will now be presented to CGQAM prior to be reported or represented at the Clinical Governance Committee. The CGQAM will:

- Provide assurance to NHS Tayside Clinical Governance Committee and subsequently NHS Tayside Board that robust clinical, care and professional governance and clinical risk management systems and processes are in place and effective throughout the whole healthcare system for NHS Tayside.
- Provide a forum for members to monitor and review clinical governance arrangements and to support sharing of learning and improvements.
- Identify areas of good practice, emerging concerns, risks and/or issues of importance which require escalation and presentation to the NHS Tayside Clinical Governance Committee by the relevant Division/HSCP or service.
- Support the implementation of the Clinical Governance Framework across NHS Tayside.
- Oversee the quality and safety of healthcare provided across Tayside health systems and the impact on patient experience.
- Ensure there are established mechanisms in place to assess the effectiveness, performance and outcomes of improvement activity, operationally and organisationally.
- Monitor and review clinical outcomes, patient safety indicators, and quality metrics.
- Monitor compliance with national and local clinical guidelines and standards.
- Approve the development and implementation of local guidance relating to Complaints, Adverse Events and Duty of Candour including monitoring of performance against agreed measures.
- Ensure appropriate actions in relation to clinical governance and quality activities are taken in response to internal reports and external reports from bodies such as NHS Healthcare Improvement Scotland, Audit Scotland, Mental Welfare Commission and the Scottish Public Services Ombudsman.

4.2.3 The Group met on seven occasions during the period 1 April 2024 to 31 March 2025 on the following dates:

- 24 April 2024
- 19 June 2024
- 14 August 2024
- 09 October 2024
- 04 December 2024
- 29 January 2025
- 26 March 2025

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

- 30 May 2024
- 25 July 2024
- 26 September 2024
- 12 December 2024
- 27 February 2025

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 and to provide support and challenge for the management of clinical, care and professional governance.

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 Clinical Governance Committee
- NHS Tayside Clinical Governance Quality Assurance Meeting
- Dundee Health and Social Care Partnership Performance and Audit Committee
- Dundee Integration Joint Board (IJB).

These assurance reports were produced in:

- April 2024 – Clinical Governance Committee
- May 2024 – Performance and Audit Committee
- June 2024 – Clinical Governance Committee
- August 2024 – Clinical Governance Committee
- September 2024 – Performance and Audit Committee
- October 2024 – Clinical Governance Committee
- November 2024 – Performance and Audit Committee
- December 2024 – Clinical Governance Committee
- January 2025 - Performance and Audit Committee
- January 2025 – Clinical Governance Quality Assurance Meeting
- February 2025 – Clinical Governance Committee
- February 2025 – Clinical Governance Quality Assurance Meeting

4.2.3.2 Strategic and Service 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 Ideagen system.

Strategic Risks are reviewed by the Clinical, Care and Professional Governance Group and the risk management subgroup, 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 Assurance Report.

Service 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,
- Primary Care Sustainability,
- Environment and Buildings and associated costs
- The introduction of the Health and Care (Staffing) (Scotland) Act 2019.

Also a number of other risks demonstrate significant crossover with the clinical, care and professional governance agenda, for example:

- National Care Service,
- Restrictions on Public Sector Funding,
- Cost of Living Crisis,
- Unable to maintain IJB Spend

Significant work has been undertaken seeking to mitigate each of these risks and the associated service level risks. The fundamental challenges in seeking to recruit and retain our workforce continue to impact on several of our risks. 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.

A new risk management group has been established this year to allow more time to be dedicated to understanding and managing strategic and service clinical, care and professional risks across the HSCP. This group has an overview of both strategic and operational risks and support managers identify, record and mitigate the risks they own.

#### Primary Care

There are continued challenges around sustaining primary care services, arising from recruitment, inadequate infrastructure including IT and location, and inadequate funding to fully implement the Primary Care Improvement Plan (PCIP).

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 is scored at 20.

If there continues to be huge pressure on general practice due to increasing demand and complexity of health needs, together with the increase in GP vacancies due to retirement and recruitment and retention issues, then we will be unable to meet the health needs of the population.

If GP practices' requests for lease assignation cannot be considered as a result of a lack of an agreed process for practices, HSCPs and NHS Tayside regarding leases acquisition, including defining the necessary governance arrangements, then this will have a negative impact on GP partner recruitment and retention.

### Dundee Drug and Alcohol Recovery Service (DDARS)

A key priority for 2024-2025 was foremost focused on working to put systems in place to meet all ten of the Medication Assisted Treatment (MAT) Standards. The MAT standards have continued to push the Drug and Alcohol services through a transformational change process against the backdrop of high levels of, and ever changing, demand.

The types of drugs used in Dundee continue to evolve with Cocaine and Benzodiazepines as well as Alcohol showing high levels of prevalence. This means the ADP has funded the development of a psycho-stimulant pathway and DDARS and other services are looking to improve the Alcohol Pathway. This has successfully led to the creation of new processes that focus on patient-centred care informed by those with lived experience.

Dundee HSCP has performed well against the MAT standards throughout the year being one of Scotland's best performing HSCPs.

Increased senior leadership within this team has allowed for an enhanced focus on improvement work across the service. This has supported a significant reduction in the overall risk level for the service over the past four months with improvements in workforce availability.

### Mental Health

The overarching concerns within mental health and learning disability services during 2024-2025 related to the provision of adequate levels of staffing due to recruitment challenges, with the most significant risk relating to the limited availability of psychiatry resources.

The opening of the Hope Centre has been a hugely positive development, as have the significant developments seen across Primary Care Mental Health Services with continued collaboration across a range of services and agencies.

Senior leadership across the Mental Health and Learning Disability Team has improved with appointment to some key posts (Consultant in Eating Disorders, Director of Psychology, Senior Manager) with recruitment processes in place for ongoing recruitment into 2025-2026.

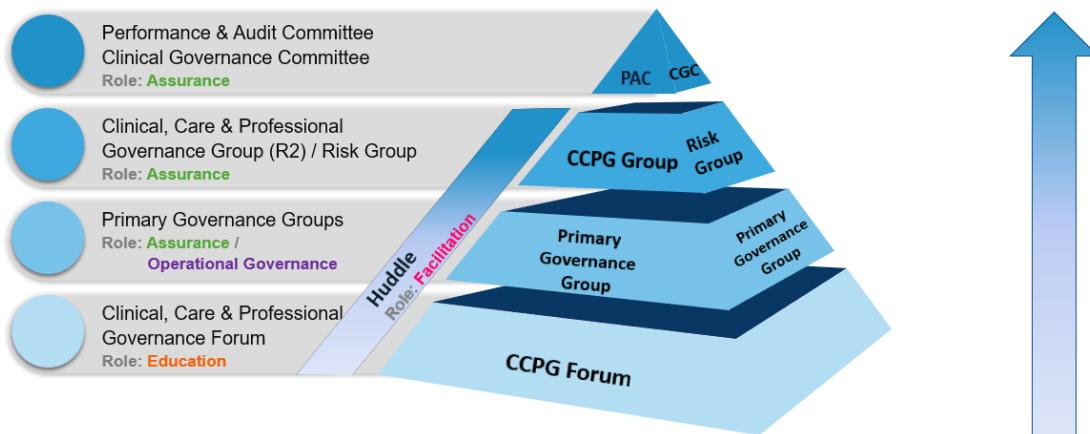
### Workforce Availability

The availability of our workforce has remained a significant risk throughout this year. The number of risks varies but had reached 23 separate operational risks across the full range of professional and staffing groups. While this can be transient for some teams we have had some service areas with significant workforce risks for the entirety of the financial year. There does appear to be an improving picture associated with workforce risks with the number of risks currently reduced to 12.

#### 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 and the Risk Management 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 Heads of Health and Community Care Services, Nurse Director, Associate Medical Director, Associate Locality Managers, Lead Allied Health Professional, Lead Nurse, Clinical Governance Lead, Senior Officer – Business Planning and Information Governance, and Chief Social Work Officer.

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, which this year has been replaced by the Clinical 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.

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.

Next year will see the development of annual assurance reports from each Primary Governance Group providing a more comprehensive report with more detailed analysis and exploring trends over the course of a full 12-month period. Each Primary Governance Group will continue to provide an exception report at each meeting, when not providing an annual assurance report.

Further assurance is sought with a range of reports/discussions relating to topics such as professional registration, The National Care Service and Safe Staffing legislation.

The Risk Management Group meets every two months to provide a forum for more detailed review of risk management. The membership is the same as the CCPG Group. The Group will review new risks, any risk with a risk exposure rating of 20 or more, any risk that requires frequent review and there is a timetable for each risk to be fully reviewed and presented to the group on a cyclical basis.

#### 4.2.3.5 Primary Governance Groups (PGG)

There are currently 9 PGGs:

- In Patient and Day Care Services
- Community Services
- Acute and Urgent Care Services
- Mental Health & Learning Disabilities Services
- Older People's Mental Health & Care Homes
- Psychological Therapies
- Primary Care and Health Inequalities
- Nutrition and Dietetics Service
- Dundee Drugs and Alcohol Recovery Services

There will be an addition to the Primary Governance Groups in 2025-2026 with the formation of the Specialist Services Primary Clinical Governance Group bringing together 6 smaller teams currently housed within the mental health and learning disabilities group. This will help to provide better alignment with similar services and a stronger voice through the Clinical, Care and professional Group. The 6 services are: Connect Early Intervention in Psychosis, Tayside Adult Autism Consultancy Team, Perinatal Mental Health Team, Maternity & Neonatal Psychology, Infant Mental Health, Personality Disorder

Each Primary Governance Group will meet every 6-8 weeks, 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, and more latterly the new Clinical 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.

#### 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 at risk, or who require support to manage clinical, care and professional governance activities. 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 themes 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. This reporting period, subjects have included: Qlikview, Risk Management System, Datix system report building, falls management in in-patient environments and scorecard development.

#### 4.2.3.8 Summary Assurance Statement

The year April 2024 to March 2025 continued to be challenging across the health and social care system, due to increasing challenges linked to finance across the Health and Social Care Sector as well as the changing health demands of the population. The response from staff, through very challenging periods, has been incredible and high-quality services have continued to be delivered safely and effectively. There have of course been challenges, and the governance 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 development of new reporting proforma paperwork has supported managers in bringing the wealth of information required in providing assurance through the CCPGG.

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. Leadership capacity has had a notable impact on regular attendance at the CCPGG and the change in recruitment to these posts should now see an improvement in this area. Despite all of the challenges faced this year, there continues to be good evidence of safe, high-quality services being delivered across the Health and Social Care Partnership, and where problems present there is good evidence of a responsive, robust and comprehensive process to investigate and manage the identified issues.

All assurance reports presented to the Care Governance Committee, the Performance and Audit Committee and the Integration Joint Board have provided Reasonable assurance. Reports to the newly formed Clinical Governance Quality Assurance Group have also received Reasonable levels of assurance for reports submitted in January and February 2025.

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 2025 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 / Service Managers  
Mental Health and Learning Disability Manager  
Clinical Lead, Mental Health & Learning Disabilities  
Allied Health Professional Lead (DHSCP)  
Lead Nurse (DHSCP)  
Clinical Governance Lead (DHSCP)  
Clinical Governance Facilitator (DHSCP)  
Lead Officer – Strategic Planning and Business Support (DHSCP)

#### **4.3 Schedule of Business Considered During the Period 1 April 2024 to 31 March 2025**

##### **4.3.1 24 April 2024**

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability and Mental Health Service No Report
- Noted Psychological Therapies Service Report
- Noted Dundee Drug and Alcohol Recovery Service Report
- Noted Nutrition and Dietetics Report
- Noted Community Services Report
- Noted In Patient and Day Care Report
- Noted Primary Care / Health Inclusion Reports
- Noted Acute and Urgent Care No Report
- Noted Older People's Mental Health / Care Home Report

Getting It Right For Everyone group feedback provided including resource pack shared.

Governance Huddle encouraged more use of the DATIX Dashboards to view and manage adverse events and risks. Refresher courses to reduce open old incidents and categorisation errors.

Update provided on the MACH initiative in DDARS and Mental Health evolving and recognised further development in improving access links and pathways.

Risk updates provided on: ligature risk, update indicates the issue is being actively addressed, service waiting on further detail through a comprehensive report; Kingsway Care Centre environment.

New and Emerging Risks discussed around capacity issues in Diabetic Team; Unassigned Associate Medical Director in Tayside Sexual Health; Fire Safety Audit Actions in Stroke/Neuro.

Allied Health Professionals transitioning to Safe Care Staffing Tool. Nursing updated progress on Excellence in Care and Safe Staffing.

Medical Professional Update: updated guidance with an aim to refresh and modernize the approach to professional standards and communication. Annual report update is to be presented at the next CCGP.

Annual reports noted for Hosted Services including Inpatient Mental Health, Psychology and Sexual & Reproductive Health. Discussed the value in cross-partnership learning with a suggestion to invite representatives.

Improvement noted for the Commissioned Services Grading and Update Report. Weekly RAG status report is in place.

Feedback Report discussed with several long-standing complaints remain open within Social Work and Mental Health. Care Opinion: GP surgeries are not covered under the licence due to their status as independent contractors.

Dundee HSCP Analysis Report presented: Improved position with risk management. Overdue incomplete adverse events are increasing.

Care Inspector Report noted.

#### 4.3.2 19 June 2024

##### Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability and Mental Health Service Report
- Noted Psychological Therapies Service No Report
- Noted Dundee Drug and Alcohol Recovery Service report (Verbal)
- Noted Nutrition and Dietetics Service Report
- Noted Community Services Report
- Noted Acute & Urgent Care No Report
- Noted In-Patient and Day Care Service Report
- Noted Primary Care Report
- Noted Psychiatry of Old Age Service Report
- Noted Older People's Mental Health / Care Home No Report

Risk updates provided on: ligature risk, phase one will be undertaken in the coming months with subsequent phases to follow. No Clinical Lead due to retirement within Sexual Health, controls in place.

New Risk meetings have been set up to support current, new/emerging risks and improve data flow and clarity.

Update provided on Waiting Times challenges in Mental Health Services. Improvement work with ADHD services will assist with these challenges.

Verbal update provided on almost full complement of recruited staff in DDARs. Early Release work discussed with capacity to manage risk. Work ongoing within service around drug death reviews.

Safe Staffing Group continues to support implementation.

Commissioned Services Grading & Update report shared with the group.

Care Opinion update, all team services have been mapped. Dates organised for rollout to all staff for online training. Complaints report noted.

Dundee HSCP Analysis report presented, increase in overdue verified events. Risk Management and pending risks were highlighted.

Strategic Risk Register Meeting noted.

Protecting People oversight Gorup noted.

#### 4.3.3 14 August 2024

##### Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability and Mental Health Service Report
- Noted Psychological Therapies Service Report
- Noted Dundee Drug and Alcohol Recovery Service No Report
- Noted Nutrition and Dietetics Service Report
- Noted Community Services Report
- Noted Acute & Urgent Care Report
- Noted In-Patient and Day Care Service Report
- Noted Primary Care Report
- Noted Older People's Mental Health / Care Home No Report (Verbal)

Risk updates provided on: ligature risk, phase one progressing.

Update provided on MAT Standards with positive scoring across the standards.

New and Emerging Risks noted in relation to Pancreatic Enzyme Replacement Therapy and was presented at CGC.

Perinatal Mental Health Risk relating to accommodation has been mitigated.

Community Mental Health noted significant levels of staff absence within nursing teams, Contingency Management, action plan in place. Waiting times and capacity issues remains.

Hope Point has been in operation for one year, with over 1000 people supported in the service.

Psychological Therapy Service reported significant number of vacant posts, which impacts on long waiting times. Mitigation continues to focus on demand/capacity on services with longest lists and vacant posts. Positive ongoing work within Primary Governance Group to align governance reporting with the new Psychological Therapy Standards.

Nutrition and Dietetic noted a significant improvement in recruitment.

Professional updates included: Major Trauma Service restructure; Morse implementation; Short Life Working Groups through Scottish Government re Nutrition & Dietetics and Primary Care and Acute Performance Planning and review Quality Performance Review meetings.

NMC Independent Culture review noted, and a transformation programme was introduced to help implement the recommendations.

External Inspection noted for Kingsway Care Centre, action plan complete.

Safe Staffing continues implementation with services.

Commissioned Services Grading & Update Report noted highlighted positive report on grading.

Dundee HSCP Analysis report presented, increase in overdue verified events.

#### 4.3.4 09 October 2024

##### Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability and Mental Health Service Report

- Noted Perinatal & Infant Mental Health Service Report
- Noted Psychological Therapy Services Report
- Noted Dundee Drug and Alcohol Recovery Service Report
- Noted Nutrition and Dietetics Service Report
- Noted Community Services Report
- Noted Acute & Urgent Care Report
- Noted In-Patient and Day Care Service Report
- Noted Primary Care / Health Inclusion Report
- Noted Older People's Mental Health / Care Home No Report

Updates from Performance and Audit Committee and Care Governance Committee reports with assurance level suggested Reasonable. Interest in Primary Care sustainability regarding GP practices and impact.

Discussed Primary Care reporting in relation to governance and reporting route.

Positive feedback from a Risk Management session provided by the Risk Management team in the Clinical, Care and Professional Governance Forum.

Significant Adverse Event Review, Local Adverse Events and Complaint processes discussed to support Tayside-wide future process.

Update provided on guidance supporting MAT 9 standard for Substance Use and Mental Health. Scottish Government requesting benchmark on specific outcomes.

Dundee HSCP Analysis report presented with a focus on increasing Adverse Events and using the DATIX system to support assurance for reporting.

Paper presented regarding Emergency Care in Treatment / RESPECT standard operating procedure. The group supported and agreed this approach.

New and Emerging Risks noted in relation to health and safety regarding damp working conditions in buildings within Community Nursing, Pending breach of Psychological Therapies Standards.

Update provided on elevated level of relocation for Learning Disability Beds, processes are ongoing with the support for Allied Health Professionals.

Perinatal & Infant Mental Health report difficulties in recruitment and retention with high complex caseloads.

Sexual Health reported rollout of new electronic patient system / Morse with The Corner – Young people services. Extended hours/triage for Sexual Health to meet patients' needs.

Short Life Working Group set up within Nutrition and Dietetics to support complaints around no access to weight management drugs.

Review of AHP services within Community Independent Living Services with a wider workforce plan to ensure model is correct for Inpatient and Community Services.

Acute & Urgent Care provided an update on Risks across all services due to delays in HR processes delaying progression of change in terms. The DECaHT nursing team has demonstrated a positive turnaround in practice following the identification of significant issues relating to practice. These concerns have been thoroughly addressed and have now been mitigated.

Welfare Commission Report noted.

Kingsway Care Centre's Mental Welfare Commission Report noted and was very positive. Ligature work progressing, phases 2 & 3 ongoing.

Professional Updates included: Capacity and band staff issues within AHPs; AHP Clinical Effectiveness and Improvement Day success; Scottish Government Rehabilitation Standards responses required from all Health Boards; EPR/MORSE implementation for AHPs approved.

Noted new Executive Nurse Director in post.

CSWO Report in draft noted.

Feedback Report noted.

Care Inspection Report Noted

#### 4.3.5 04 December 2024

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability and Mental Health Service Report
- Noted Psychological Therapy Services No Report
- Noted Dundee Drug and Alcohol Recovery Service Report
- Noted Nutrition and Dietetics Service Report
- Noted Community Services Report
- Noted Acute & Urgent Care Report
- Noted In-Patient and Day Care Service Report
- Noted Primary Care / Health Inclusion Report
- Noted Older People's Mental Health / Care Home Report

Getting it Right for Everyone update – suggestions to be stepped down and replaced by another meeting.

Approval of Reasonable assurance given by Performance and Audit Committee and Care Governance Committee.

Clinical Governance Quality Assurance Meeting teams of reference to be shared with the Group.

New and Emerging Risks noted: Pending Psychological Therapies risk; Prescribing Risk within DDARS; Bariatric Evacuation Risk within Wards 4 & 5 RVH Stroke & Neuro Rehab unit.

Mental Health Referral to Treatment rates and staffing update – level of risk and will be monitored. Transformative work is ongoing.

Psychological Therapy services reported good news, Heat target is 90%, previously 70% with achieved number of 80.7% of people seen and receiving treatment.

Dundee Drug and Alcohol Recovery Service update - Early Release Programme Emerging Risk. Vulnerable / high risk service users back within the Community requiring prescription delivery. Regular meetings have taken place with representatives from all services involved. Monitoring will continue.

Sexual Health provided an update on understanding waiting times.

Improvements noted in Nutrition and Dietetics, pressures remain however, RAG reduced due to vacancy reductions.

Acute & Urgent Care noted several vacancies throughout, thoughts to consider redesign within AHP Leadership and Management within the partnership. Parking at Wallacetown for DECaHT service risk becoming an issue due to the volume of traffic for the Vaccination Service.

Royal Victoria Hospital Ward 8 have been nominated for a START award.

Kingsway Care Centre update – positive news regarding inspection preparation in relation to HIS looking at Inpatient Mental Health environments.

Primary Care Angus HSCP presented the new Dietetic Greenbook relating to documentation which was received well with positive feedback. Approved by group.

Medical update provided on Responsible Officers Advisory Group Process.

Commissioned Services Grading & Update Report noted.

Strategic Risk Report Noted

#### 4.3.6 29 January 2025

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability and Mental Health Service Report
- Noted Psychological Therapy Services No Report
- Noted Dundee Drug and Alcohol Recovery Service No Report
- Noted Nutrition and Dietetics Service Report
- Noted Community Services Report
- Noted Acute & Urgent Care Report
- Noted In-Patient and Day Care Service Report
- Noted Primary Care / Health Inclusion Report
- Noted Older People's Mental Health / Care Home Report

Governance Framework introduced through presentation.

Getting it Right for Everyone changed to Clinical Governance Quality Meeting. Work ongoing to align with new structure for our Governance.

New and Emerging Risks noted: Royal Victoria Hospital Mortuary Fridge; Controlled Drug cupboards within Roxburghe House.

Mental Health & Learning Disabilities updates – service shortlisted for a STAR award. Issues continue around capacity with FOISA requested coming in at around 2/3 per week.

Nutrition and Dietetic updates – Pancreatic Enzyme Replacement Therapy worldwide shortage, situation being well managed. Issues remain around Weight Management Service with increased waiting lists and times, short-term measures in place to address this with a proposal for recommendations in discussion.

Community Nursing updates - Two Community Nursing Advanced Nurse Practitioners are finalists for the STAR Awards for the work they have been doing around Frailty Management. Increase in mould/damp issues over the winter period, Estates continue to support dealing with these issues. Care Inspectorate inspecting two of the mainstream services.

Kingsway Care Centre updated union representation carried out Health & Safety Walkabout regarding issues around respiratory symptoms; funding secured for a Meeting Centre for dementia patients within Royal Victoria Hospital.

Updates provide around Pushing up the Daisies group, under the legislation, families can choose.

Professional Supervision Framework presented in support of GPN Governance. The group agreed to accept the recommendations.

Workforce Group agreed Safe Staffing to come through Primary Governance Reports.

Dundee Clinical, Care & Professional Governance Forum report noted.

#### 4.3.7 26 March 2025

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability and Mental Health Service Report
- Noted Psychological Therapy Services No Report
- Noted Dundee Drug and Alcohol Service No Report
- Noted Nutrition and Dietetics Service Report
- Noted Community Services Report
- Noted Acute & Urgent Care Report
- Noted In-Patient and Day Care Service Report
- Noted Primary Care / Health Inclusion Report
- Noted Older People's Mental Health / Care Home Report

Clinical Governance Quality Assurance Meeting now feeds into the Clinical Governance Committee.

Dundee HSCP Analysis Report presented: improved position on historical events being closed; noted Clinical Challenging Behaviour show a significant decrease specifically within Psychiatry of Old Age, feedback indicated the implementation of "floor walkers" and proactive strategies.

New and Emerging Risks noted: Excellica Scotland falling into administration; Funding for Early Intervention in Psychosis service; Capacity & Demand in CTAC service for transitions from children's to adult services; Capacity to undertake timely M&M reviews.

Mental Health updates – new & emerging challenge for staff around Violence & Aggression incidents, being monitored closely; Complaints pattern improved in March 25 around waiting times for ADHD; Articulation in terms of risk relating to CMHT Waiting times and a need to manage more prominently in terms of reporting.

Sexual Health reported several complaints about pressures around car parking at Ninewells.

Nutrition & Dietetics reported an increase in Datixs coming through regarding home enteral tube feeding, meetings held with relevant services to mitigate and manage.

Community Nursing noted issues across services relating to staff absences; Capacity and Demand issues with Phlebotomy waiting lists; Accommodation availability of clinical space remains an issue.

Care homes reported challenges with National Care Home contract being negotiated.

Mental Health services within Inpatient & Community noted receptionists won Gold at the STAR awards.

Draft Mental Welfare Commissioning Report for Kingsway Care Centre, Ward 1 noted.

Sources of Support Interim Team Leader and permanent Team Leader have been invited to attend the King's Garden Party in Edinburgh in recognition of their work with the Scottish Community Link Working Network.

Allied Health Professional Update: AHP modelling Day to look at AHP models across Tayside; Real Time staffing tool being used very well with some teams moving across to SafeCare creating hybrid position as the process continues.

Nursing Professional Update: Work ongoing in terms of Significant Adverse Event Reviews signoff procedure.

Medical Professional Update: Appraisals for the year has now completed; Contract with Primary Care department to provide GP support for GPs facing difficulties.

External Inspection Ward 4 Mental Welfare Commission reported seven recommendations, action plan in place.

Commissioned Service Grading & Update Report noted.

Complaints Report update: New Dundee City Council complaint system due to go live 1<sup>st</sup> April 2025 with reporting ready to go.

Draft Clinical Governance Committee report noted.

#### **4.4 Assurance Statement**

- 4.4.1 As Chair of the Dundee HSCP Clinical, Care and Professional Governance Group during the financial year 2024-2025, 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 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 CONSULTATIONS**

The Chief Officer, Chief Finance Officer, Head of Service – Health & Community Care, Clinical Director, Allied Health Professions Lead and 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.

Dave Berry  
Chief Officer

DATE: 22 July 2025

Christine Jones  
Acting Chief Finance Officer

Jenny Hill  
Head of Health & Community Care

Angie Smith  
Head of Health & Community Care

Krista Reynolds  
Lead Nurse

David Shaw  
Clinical Director

Matthew Kendall  
Allied Health Professions Lead

Niki Walker  
Clinical Governance Facilitator