ITEM No …5……..

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 20 MAY 2026**

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

REPORT BY: **CLINICAL DIRECTOR**

REPORT NO: **PAC17-2026**

1.0 PURPOSE OF REPORT

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

- Assurance - Reasonable

This report relates to:

- Emerging issue
- Government policy/directive
- Legal requirement
- Local policy

This aligns to the following NHSScotland quality ambitions:

- Safe
- Effective
- Person-centred

2.0 RECOMMENDATIONS

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

2.1 Provide their view on the level of assurance this report provides and therefore the level of assurance regards clinical and care governance within the Health and Social Care Partnership. The timescale for the data within this report is to 31 March 2026.

2.2 As Lead Officer for Dundee HSCP I would suggest that the level of assurance provided is: Reasonable; due to the following factors:

- There is evidence of a sound system of governance throughout Dundee HSCP.
- The identification of risk and subsequent management of risk is articulated well throughout services.
- There is ongoing scope for improvement across a range of services, in relation to the governance processes, although this is inextricably linked to the ongoing difficulties with recruitment and retention of staff.
- There is evidence of noncompliance relating to a fully comprehensive governance system across some teams, i.e. contemporary management of adverse events and risks.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 BACKGROUND

4.1 This report will highlight key risks, mitigations and impact. The report will also include recent improvement activity and any issues that require escalation.

4.2 The role of the Dundee HSCP Clinical, Care and Professional Governance Group (CCPGG) is to provide assurance to the Dundee Integration Joint Board (IJB), NHS Tayside Board (through the Clinical Governance Committee) and Dundee City Council, that there are effective and embedded systems for Clinical, Care and Professional Governance in all services within Dundee HSCP.

Each service attends DHSCP CCPGG and presents an annual Quality Assurance Report. The Quality Assurance Report is based on the Clinical Governance Framework with the primary drivers focusing on ensuring that:

- Clearly defined governance function and roles are performed.
- Values of openness and accountability are promoted and demonstrated through actions.
- Staff are supported and developed.
- All actions are focused on the provision of high quality, safe, effective, and person-centred services.

Exception reports are presented at each CCPG Group highlighting emerging issues.

4.3 Strategic Risks and Service Risks are reported to DHSCP Risk Management Group bi-monthly and are subject to scrutiny by the group.

5.0 ASSESSMENT

a.1

Service	Escalation, Emerging concerns, and Positive areas to note
Community Mental Health & Learning Disabilities	• Clinical and management capacity continue to be the main risks associated with Mental Health and Learning Disability services. • Management capacity is a chronic risk as it has taken a significant period to agree a structure. It is further impacted by delays in HR processes and high levels of absence. • The organisational change process for the Model of Care Transformation work across Tayside may further impact on recruitment to essential leadership posts, further reducing available leadership across mental health and learning disability teams. <u>Risk (1749): Absence of MH clinical lead</u> There is no Clinical Lead currently in post, creating a significant risk to effective clinical leadership, governance, and representation for Dundee in Tayside-wide planning and decision-making. The impact of this may include: • Lack of specialist clinical representation in key Tayside discussions (e.g., Model of Care transformation, Governance redesign), increasing the likelihood of decisions that are misaligned with local service needs and strategy. • Reduced operational capacity within the management team, creating gaps in handling complaints, adverse events, and other core governance responsibilities. • Delays in Morbidity and Mortality (M&M) reviews and adverse event learning, with a previously raised formal risk now heightened by the scale of outstanding work. There are currently 139 outstanding adverse events, increasing the likelihood of delayed learning and potential failure to implement timely improvements. • Increased governance vulnerability, as delays may impact compliance, quality assurance, and organisational oversight Actions taken to mitigate potential impact include: • Temporary clinical leadership support has been commissioned through a retired consultant psychiatrist working three sessions per week to provide clinical input and support progression of M&M reviews.

Service	Escalation, Emerging concerns, and Positive areas to note
	• Improvement support is being provided by a limited-capacity improvement advisor to assist with reviewing and progressing adverse event actions. • Operational mitigations are in place, with all adverse events being reviewed at the point of occurrence, and immediate actions being progressed through established management processes. • Dedicated project management time assigned to review and strengthen systems relating to adverse event management, mortality learning reviews, and reporting processes—aiming to improve timeliness, data flow, and governance oversight. • The service is actively exploring options with senior management to re-establish and support the Clinical Lead role to ensure sustainable clinical leadership capacity.
Early Intervention Psychosis Team	• Substantive funding for the team has not been secured, and an additional charitable foundation bid is currently being explored. • The associated risk rating has escalated from amber to red, reflecting the increasing urgency in finding a sustainable solution • Through the model of care the sustainability of community models encompasses EIP at a PAN Tayside level and requires prioritisation to sustain current service provision and support to the expansion of the service across Tayside **Impact on Patients/Service:** • Workforce insecurity and risk of losing specialist staff. • Impaired long-term planning for high-risk patient group. **Mitigation/Work Underway:** • Ongoing discussions at leadership level; funding security remains unresolved. • Positive Practice & Compliments Across Services
Dundee Drug & Alcohol Recovery Service	• DDARS continues to record six risks. The majority are showing a reducing risk exposure rating score, reflecting ongoing mitigating activity. In addition, one risk (1129) is to be transferred to the Alcohol and Drugs Partnership to link in with national work regarding the Benzodiazepine Pathway. Data from the drug and alcohol suite of indicators informs us that: • Suspected near-fatal overdoses reported by the Scottish Ambulance Service and Police Scotland have risen from 192 in Q4 2023/24 to 270 in Q2 2025/26. In response, the Tayside Overdose Prevention Group has set up a working group to refresh communication, harm-reduction approaches, and training to strengthen the near-fatal overdose response. • The proportion of people who started treatment within 21 days of referral has remained high, consistently ranging between 89% and 94%. The waiting times standard has been met in the past four quarters. • The number of referrals for alcohol treatment has gradually increased since Q2 24/25, rising from 453 at Q2 24/25 to 580 at Q2 25/26. The number of individuals starting alcohol treatment has remained steady. • The number of unplanned discharges where the service user disengaged decreased by 16% between Q4 23/24 and Q2 25/26 (from 353 to 297). Due to limitations in system reporting it is not possible at this time to determine if this was due to relapse, due to

Service	Escalation, Emerging concerns, and Positive areas to note
	the person receiving an alternative positive intervention or due to the person completing detox and leaving the service prior to a fully planned discharge. Future IT developments are being considered that might allow improved reporting. <u>Quality Improvement Summary</u> • There has been an improvement in the time taken to receive toxicology and post-mortem results, which is helping the team progress both historical and new morbidity and mortality reviews. Management and administrative time has now been allocated to support this work, although capacity to lead the reviews remains a challenge. • The implementation of the national Medication Assisted Treatment (MAT) Standards continues to be a key aspect of the work of all ADPs across Scotland during 2025. The annual national benchmarking report on MAT implementation was published on 17th June 2025 providing an assessment on progress with local implementation of all 10 standards, demonstrating the considerable progress made in Dundee since 2022. The next report will be in a similar timeframe in 2026, and the Partnership anticipate continued progress on all 10 standards. • During 2025 Dundee continued to offer fast access to treatment (essentially no waits were recorded) and a range of treatment options. Those who have experienced a non-fatal overdose were quickly identified and supported to access treatment, and increasing numbers have chosen to be supported by the shared-care arrangements with Primary Care. The Primary Care Project won a Scottish Healthcare award for the management of substance use issues (the wider DDARS team were also a finalist in this category). Partners continue to prioritise Independent Advocacy and harm reduction support to all those accessing MAT. • The ADP has undertaken a review of the Alcohol Pathway for Dundee, including an overall review of the harm as well as the detox and rehabilitation processes. A revised multi-agency pathway is now being developed. This work is being taken forward by a multi-agency group. • A Cocaine brief intervention training has been developed and has been rolled out in a few pilot areas to begin with. This strategy along with the Public Health Needs assessment for Cocaine and local data is helping to inform what is needed to provide the best evidence-based support for people using Cocaine. A new report detailing the best practice in treating people with Cocaine use problems is being incorporated into future plans to address this issue. • The Residential Rehab Pathway in Dundee is undergoing an independent review commissioned by the ADP. This will report soon, with recommendations of how the Partnership can continue to develop both the use of residential rehabilitation providers as well as supporting individuals to have similar support in their own community in Dundee. • Dundee Recovery Network continues to develop, with more involvement from those with lived experience contributing to Local Community Planning Partnerships, to the work within local communities and to the projects funded through the ADP 'Decentralised fund'. Dundee Recovery Network is moving towards being constituted, and Recovery Month received funding from the ADP which led to a range of more ambitious events being run to celebrate people's recovery. • The Multi-Agency Consultation Hub (MACH) continues to facilitate joint decision-making and supporting individuals affected by substance use and mental health (SUMH). The MACH was discussed at a national mental health transformation conference facilitated by Health Improvement Scotland and many areas were

Service	Escalation, Emerging concerns, and Positive areas to note
	keen to hear how Dundee has developed the model and solved issues like information governance.
Primary Care and Health Inequalities	A draft comprehensive sustainability plan is under review and will be finalised for approval. This plan focuses on: • **Premises**: Reviewing current buildings and exploring opportunities for improved space, co-location, or refurbishment. • **Workforce:** GP practices seek to recruit and continue to support training GPs. Consideration is given to job design and supporting career development to improve retention, including in the wider MDT roles. • **Collaborative Working:** Enhancing cross-practice and multi-agency partnerships to share resources, reduce duplication, and improve service delivery. **Positive recognition:** • The **Primary Care Drugs Redesign Project won a national award**, receiving "significant recognition" for innovation and quality improvement. • Hint and Support Teams received **STAR award nominations**—public recognition of excellent patient-centred practice. • The **Continuity of Care Project** involving six GP practices shows proactive, forward-thinking work with plans to share early learning across Tayside.
Psychological Therapies	In September 2024 the Scottish Government wrote to NHS Tayside confirming that NHS Tayside Psychological Therapies Service was one of seven mainland Boards being placed in "enhanced support," consequent to referral to treatment time (RTT) performance being below the 90% RTT 18-week target. Performance has since shown improvement. In April 2025, RTT performance was 71.4% with 425 of the 595 patients commencing treatment within 18 weeks of referral. November 2025, performance had increased to 78.4% with 684 patient commencing treatment within the 18-week standard. December 2025 performance had further increased to 82.6%, exceeding the national average performance of 80.7%. This improvement reflects both progress since April and the gradual impact of new staff who took up post in late 2025. The total number waiting over 18 and over 52 weeks continues to follow a small but consistent downward trend. Waiting times remain most significantly influenced by the higher volume specialities, particularly Clinical Neuropsychology and adult services (Adult Psychological Therapies and Psychology within CMHTs). Adult services are balanced in terms of demand and new patients seen each month but are not impacting on the total volume of people waiting. New staff scheduled to start will support test of change work in reducing demand and enabling overall waiting list reductions. Further actions underway to impact performance include: • Agreement to recruit limited number of additional staff despite saving target (2.6wte have commenced work in late July/August) • Allocating all additional staff to areas of greatest need; replacement and additional posts are with HR for advertising.

Service	Escalation, Emerging concerns, and Positive areas to note
	• Tests of change in Clinical Health Psychology to ensure full matched care model being used and only those requiring specialist and enhanced psychological care are placed on waiting list. • Recruitment of 2.0wte psychologists to Clinical Neuropsychology (December 2025). The impact of this will become measurable over the coming weeks. • Further advertisement of Clinical Neuropsychology post that involves more integrated working (beginning with certain neurology sub-specialities) • Successful recruiting of 3.6wte specialist trainees who qualified in September 2025, 2.0wte of whom took up post towards the end of 2025. • Ongoing participation of the Psychology Director in whole system Neurology redesign work, resulting in 10 of the 13 longest waits being appointed and removed from the waiting list, where patients have been reviewed in the 'Joint Neuroscience Clinic' with colleagues from older people's services, clinical neuropsychology, older people psychology and neurology supporting a short life working group exploring new clinical pathways. • There are 18 aggregated specialities under this target. 9 are meeting the standard consistently. 3 are currently performing well meeting the target in 80-90% of cases. The remaining 6 are the highest volume specialties (including adult psychological therapies, neuropsychology, community mental health and clinical health psychology). • With the recruitment referenced above and current recruitment in process for Doctoral level posts showing positive signs for success 3 of these specialist areas are predicted to meet the standard by June 2026. • Neuropsychology posts remain hard to fill.
Urgent & Unscheduled Care	**Positive work noted:** • **Completion of AHP service redesign**, with senior posts filled—stabilising the workforce and improving leadership. • **New social work team lead** in the Integrated Discharge Team—improving coordination of patient transitions.

a.2 New Current Risks

There were no new current risks added to the system in this reporting period:

b. Workforce Risks

b.1 There are a number of risks (10, this is an increase of 1 since last reporting period) pertaining to workforce availability across a wide spectrum of professions, including nurses, medical staff, allied health professions and social care staff. The vast majority of teams are affected to some degree, often with mitigations impacting on those teams who are able to recruit staff. Work continues to enhance recruitment and retention, with international recruits now being widely employed.

A number of these risks have now been closed with recruitment to the vacant posts permitting this. The table below outlines the existing workforce risks across the HSCP, including those recently closed.

The open risks are reliant on successful recruitment and/or new models of care being agreed and implemented, for example risk 1129. In a number of these risks, which have been open for a number of years, while the staffing resource has increased, the expectation from staff within that service has also increased, maintaining the overall risk exposure rating.

There is an ongoing concern regarding workforce availability across multiple professions within the HSCP. The number of recorded service level risks has increased to ten (an increase of three since the last reporting period), reflecting significant and widening pressures across nursing, medical,

AHP, and social care staffing groups. Most teams are now affected, with mitigations often resulting in additional strain on those services that are able to recruit.

Work continues to enhance recruitment and retention, with international recruits now being widely employed. Staff wellbeing remains a priority for the HSCP.

ID	Clinical Care Group/Locality	Title	Rating (initial)	Rating (current) as at 3rd April 25	Rating (current) as at 3rd June 25	Rating (current) as at 4th August 25	Rating (current) as at 1st October 25	Rating (current) as at 5th January 26	Rating (current) as at 2nd April 26	Risk Trend	Rating (Target)
233	Dundee Drug and Alcohol Recovery Service	Increasing patient demand in excess of resources	20	15	15	15	15	15	15	→	12
612	Dundee Drug and Alcohol Recovery Service	Insufficient numbers of ISMS staff with prescribing competencies	25	15	15	15	15	12	12	→	9
1129	Dundee Drug and Alcohol Recovery Service	Lack of resource to deliver the benzodiazepine dependence pathway compliant with guidelines	20	16	16	16	16	16	16	→	9
1086	Mental Health (Dundee)	recruitment of clinical staff	15	12	12	12	12	12	12	→	8
1341	Mental Health (Dundee)	Staffing for delivered services	15	12	12	12	12	12	12	→	9
1772	Community Learning Disabilities Nursing - Dundee HSCP	LD Liaison vacancy	12						8		3
933	CBIR	Consultant medical staff	9	6	6	6	6	6	6	→	2
1434	Allied Health Professionals (Dundee HSCP)	Capacity issue due to vacancy and new staff --Diabetes Team	20	12	12	12	12	9	9	→	6
1740	Tayside Sexual and Reproductive Health	Medical Staffing	9					9	9	→	3
1741	Tayside Sexual and Reproductive Health	Medical Staffing	12					12	12	→	3

b.2 Clinical & Care Governance Arrangements

MEETING DATE	26-Mar-25		21-May-25		16-Jul-25		10-Sep-25		05-Nov-25		14-Jan-26		25-Feb-26	
EXCEPTION REPORT	**Report**	**Speaker**	**Report**	**Speaker**	**Report**	**Speaker**	**Report**	**Speaker**	**Report**	**Speaker**	**Report**	**Speaker**	**Report**	**Speaker**
Learning Disability & Mental Health	Y	Y	Y	Y	N	N	Y	N	N	Y	N	N	N	N
Psychology	N	N	N	N	N	N	N	N	N	Y	Y	N	Y	Y
DDARS & Sexual Health	N	N	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y
Nutrition & Dietetics	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N
Community Services	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Acute & Urgent Care	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Inpatients & Day Care	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y
Older People MH & Care Homes	Y	Y	Y	Y	Y	N	Y	N	N	N	N	N	Y	N
Primary Care	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y
Specialist Services /Perinatal MH Team/ Maternity & Neonatal Psychology	n/a	n/a	n/a	n/a	Y	Y	Y	Y	n/a	n/a	**n/a**	**n/a**	Y	Y

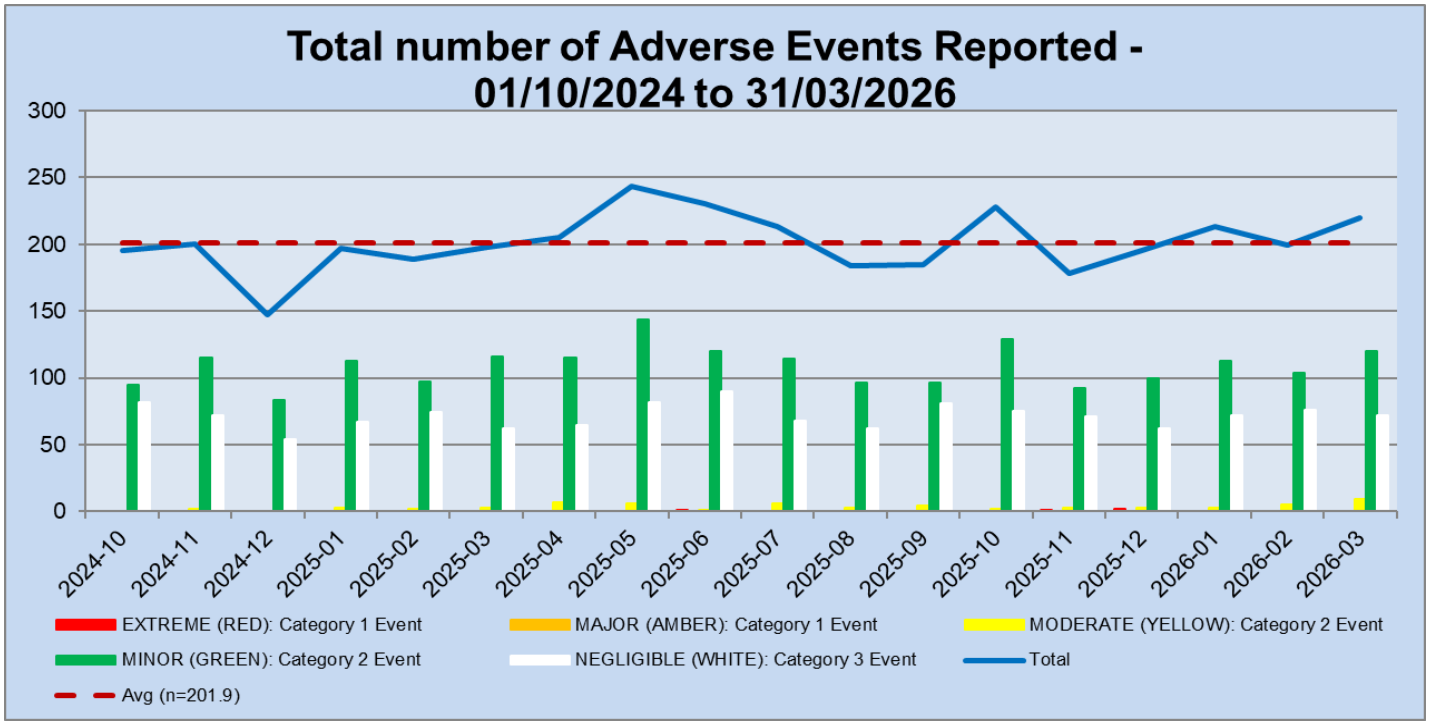
b.3 During this reporting period, exception reports were presented to the CCPG Group from the following services as outlined in the table above.

A Director and Deputy Director of Psychology have now been appointed so attendance at this meeting will now improve.

The leadership capacity for mental health and learning disability services continues to be challenging. Primary governance groups continue to run with communication to the Core Management team for support, as required. Recruitment for additional leadership capacity is currently underway.

c. Adverse Event Management

c.1 Dundee CCPG Forum regularly discusses the themes from adverse events reported, with a view to learning from adverse events and supporting quality improvement. The forum scorecards include good evidence of scrutiny and management of frequently reported adverse events.



A weekly governance huddle is well-established and supports review and management of adverse events, providing an overview of adverse events across the HSCP and early identification of changes in reporting patterns.

Current Themes

There are no current themes requiring escalation.

Category 1 Adverse Events

There have been no Category 1 events recorded for the time period.

Significant Adverse Event Reviews (SAERs)

c.2 There are currently five active Significant Adverse Event Reviews in Dundee HSCP.

132774	Awaiting level 2 sign off
180810	Under review
217481	Draft report bring circulated for comment
240162	Lead Reviewer Identified. Review to commence
252328	Briefing Note Part 1 & 2 present.

DHSCP meet weekly to review adverse events. This group also commissions Significant Adverse Event Reviews and monitors progress of ongoing reviews. 80% of SAERs currently breach the 140

days target for completion. There are multi-faceted reasons for this including identification of review teams and the complexities of the adverse events being investigated.

c.3 The table below shows the number of overdue events by the year and department.

Department	2020	2021	2022	2023	2024	2025	2026	Total*	Change**
Community Mental Health Services	1	0	7	23	21	28	10	**90(97)**	↓
Primary Care (DDARS)	0	2	5	12	7	10	1	**37(40)**	↓
General Practice - Dundee HSCP	0	0	1	3	0	20	9	**33(29)**	↑
West (DDARS)	0	2	0	5	11	9	6	**33(31)**	↑
District Nursing (Dundee HSCP)	0	0	0	0	0	4	25	**29(29)**	↔
East (DDARS)	0	1	0	1	4	11	4	**21(30)**	↓
Central (DDARS)	0	0	0	2	4	9	3	**18(21)**	↓
Nutrition and Dietetics (Dundee HSCP)	0	0	0	0	0	11	6	**17(13)**	↑
Community Learning Disabilities - Dundee HSCP	0	0	4	3	0	5	5	**17(17)**	↔
Other - Mental Health (Dundee)	0	0	2	1	4	4	2	**13(12)**	↑
Psychiatry of Old Age - Older People Services (Dundee)	0	0	0	3	3	1	3	**10(15)**	↓
Area Psychological Therapy Service - Mental Health	0	1	0	0	0	7	2	**10(13)**	↓
Other - Specialist Palliative Care	0	0	0	0	0	4	4	**8(5)**	↑
Stroke and Neuro Rehab Unit RVH	0	0	0	0	1	2	4	**7(4)**	↑
Physiotherapy (Allied Health Professionals Dundee HSCP)	0	0	0	0	1	0	5	**6(3)**	↑
Allied Health Professions (Dundee HSCP)	0	0	1	1	0	2	1	**5(7)**	↓
Other (DDARS)	0	0	0	0	0	3	1	**4(7)**	↓
Adults and Older People	0	0	0	0	0	1	3	**4(2)**	↑
Palliative Medicine	0	0	0	0	0	1	2	**3(3)**	↔
Specialist Community Nursing (Dundee HSCP)	0	0	0	0	0	1	2	**3(1)**	↑
Health Inclusion Team, Dundee HSCP Primary Care Services	0	0	0	0	0	1	1	**2(2)**	↔
MFE (Medicine for the Elderly) - Older People Services (Dundee)	0	0	0	0	0	0	2	**2(3)**	↓
Speech and Language Therapy (Allied Health Professions, Dundee HSCP)	0	0	0	0	1	0	0	**1(1)**	↔
(Risk Only) System-Wide Mental Health Risk - Dundee HSCP	0	0	0	0	1	0	0	**1(2)**	↓
Learning Disability - Social Work - DHSCP	0	0	0	0	1	0	0	**1(1)**	↔
Tayside Sexual and Reproductive Health	0	0	0	0	0	0	1	**1(1)**	↔
CMHT - Social Work - DHSCP	0	0	0	1	0	0	0	**1(1)**	↔
Occupational Therapy - Allied Health Professions (Dundee HSCP)	0	0	0	0	0	1	0	**1(1)**	↔
Occupational Therapy (Dundee HSCP)	0	0	0	0	0	1	0	**1(0)**	↑
Adult Psychotherapy Service - Mental Health (Dundee)	0	0	0	0	0	0	0	**0(1)**	↓
(blank)	0	0	0	0	0	0	0	**0(1)**	↓
Total	**1**	**6**	**20**	**55**	**59**	**136**	**102**	**379(393)**	↓

* Figures in brackets relate to the end of November 2025 report
** Since end of November 2025 report

There has been a longstanding concern regards the overdue verified events, specifically for Mortality and Morbidity Review part 2 following a death of a patient. The focus for teams is very much on contemporary adverse events rather than historical adverse events, due to the current longstanding issues with workforce availability. Other factors also contribute to these adverse events not being progressed, including awaiting toxicology results, Procurator Fiscal involvement, awaiting information from other agencies (e.g. Police Scotland) and awaiting responses from other services in NHS Tayside.

There has been a renewed focus on these through our Clinical, Care & Professional Governance Group. Mental Health & Learning Disability Services and Dundee Drug and Alcohol Recovery Services have established adverse incident review groups to further support this work.

Event Severity	2020	2021	2022	2023	2024	2025	2026
EXTREME (RED): Category 1 Event	1(1)	0(0)	1(1)	0(0)	0(0)	4(1)	0
MAJOR (AMBER): Category 1 Event	0(0)	0(0)	0(0)	0(0)	1(1)	0(0)	0
MODERATE (YELLOW): Category 2 Event	0(0)	0(0)	1(1)	7(8)	7(7)	19(26)	11
MINOR (GREEN): Category 2 Event	0(0)	0(0)	2(3)	8(12)	6(15)	41(74)	47
NEGLIGIBLE (WHITE): Category 3 Event	0(0)	0(0)	0(1)	4(5)	3(6)	8(36)	19
MORTALITY LEARNING EVENT (PURPLE)	0(1)	6(9)	16(22)	36(43)	42(49)	64(71)	25
Total	1	6	20	55	59	136	102

d. Feedback

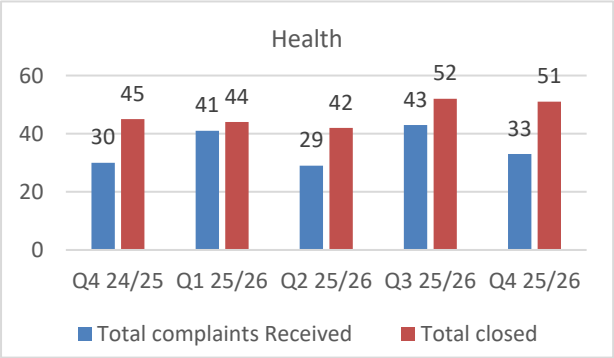
d.1 Complaints

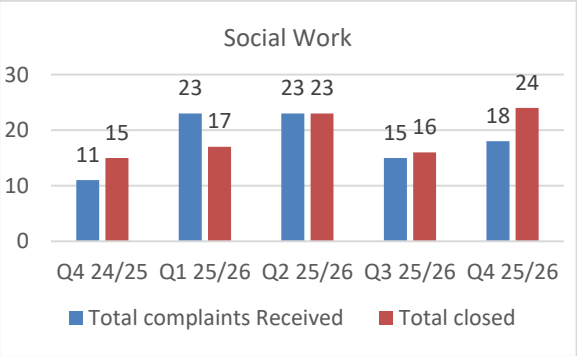
All teams are asked to report on their complaints through the CCPG Group and Forum to ensure the sharing of learning across the Health and Social Care Partnership.

d.2 Performance for number of complaints received, number of complaints closed, and the percentage closed within timescales are shown below.

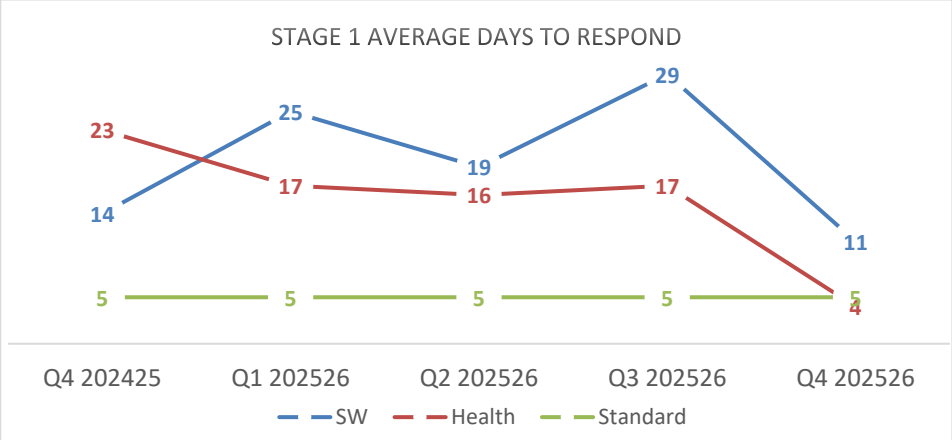
- Stage 1 complaints response standard is within 5 working days.
- Stage 2 complaints response standard is within 20 workings days.

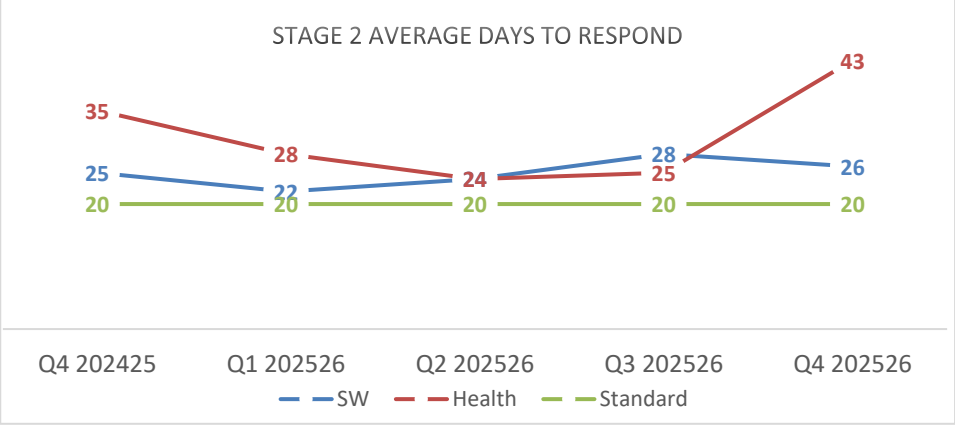
Number of complaints received & closed quarterly





Average days to respond to complaints:





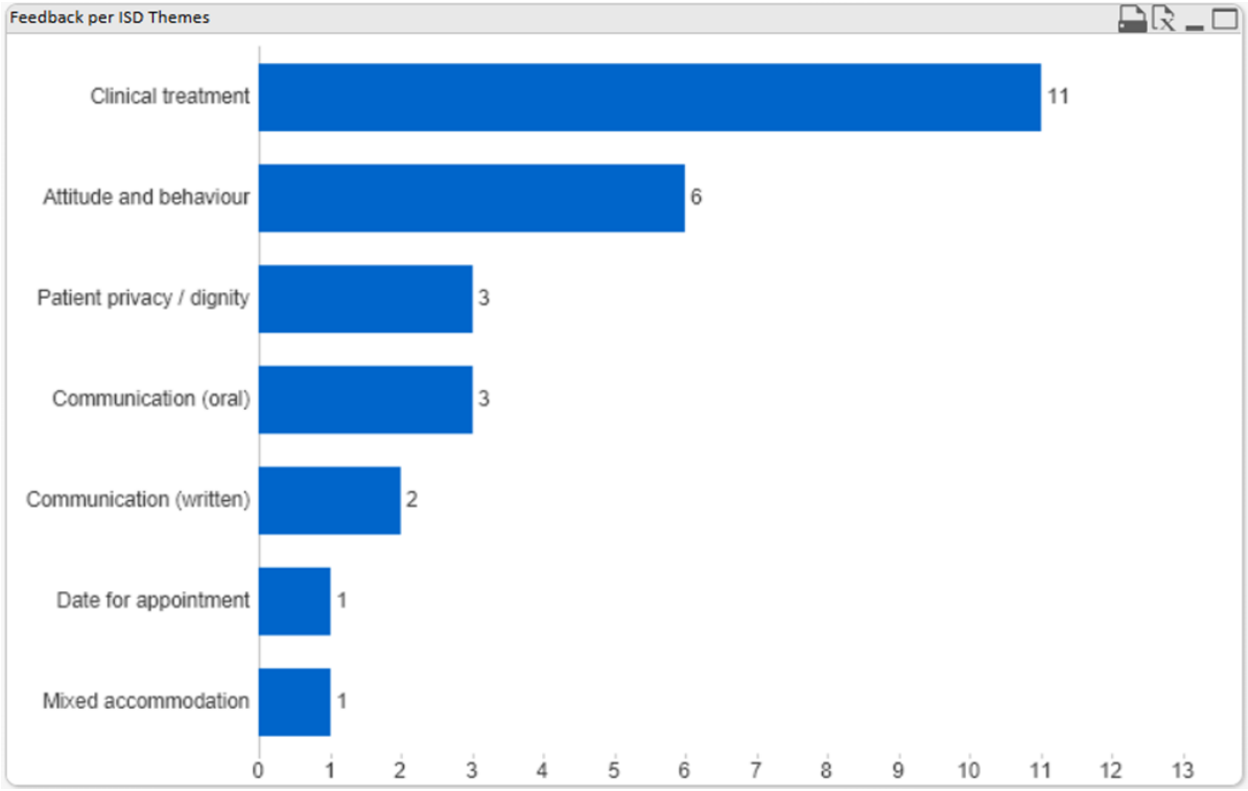
Complaints closed within timescale

Stage 1	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26
SW	44%	57%	30%	20%	73%
Health	62%	80%	67%	58%	75%

Stage 2	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26
SW	0%	57%	40%	22%	67%
Health	25%	48%	45%	33%	40%

Stage one and two complaints are showing an improving position through Q4.

Key themes for complaints received during the reporting period:



d.3 Positive feedback

Regular feedback is provided from teams into governance forums. Below shows the information provided by The Corner in their latest annual assurance report:

Feedback from 1264 Young People accessing services in 2025:

1. **What is your Gender**

74% Female

23% Male

2% Other

2. **My Visit has helped me?**

100% Agree

3. **I feel better than I did when I came in?**

100% Agree

4. **I felt listened to and involved in making decisions about my situation?**

100% Agree

5. **How did you hear about our service?**

38% Friend/Family

6% Corner Website/Social Media

2% Publicity

15% Other Health Care services

1% Pharmacy

4% Corner staff in School/College

10% School staff/Guidance teacher

19% Other

'Amazing service, lovely environment'

'I felt very happy about today and got the right stuff that I needed'

'Felt comfortable, listened too and feel much better than when I came in'

'Extremely glad I came in feel a lot better now. Very friendly and helpful'

'Helped a lot gave me peace of mind didn't judge'

'Very helpful, great information shared, thank you again!'

'Was happy coming in all staff are lovely! :)'

'I had a great experience, I felt very listened to and had good conversations. These helped to make me feel calm and not panic.'

'It has helped me a lot and I feel very relieved.'

'I feel so re-assured and the process made me feel very comfortable'

'Very helpful and stress free'

'I know a lot more than I did when I first came in.'

'Lovely people very supporting <3'

The development of the Care Opinion feedback system continues across the HSCP. This will provide additional direct patient feedback for teams to reflect upon.

d.4 Scottish Public Services Ombudsman Reports

No cases within the reporting period.

d.5 External Reports & Inspections

<table>
<tr><th>Service</th><th>Audits/Inspections</th></tr>
<tr><td>Psychiatry of Old Age</td><td>The Mental Welfare Commission for Scotland Inspection at Kingsway Care Centre, Ward 4 in October 2024. The final report was published in March 2025.

There are seven recommendations within the SMART action plan. Six of the seven recommendations have been actioned:

• MDT documentation completion
• Use of updated MDT document templates
• Guardianship / power of attorney notification system
• Consultation with welfare proxies
• Locked door policy awareness
• Involvement of patient and relatives in care planning

One of the seven recommendations is still in progress: this is ongoing with temporary screening in place. The teams have been successful in securing funding from the Charitable foundation to upgrade the garden spaces.

• Garden fencing improvements</td></tr>
<tr><td>Mental Health – Joint Inspection for Adult Services</td><td>The inspection report for the Dundee Health and Social Care Partnership was published on 10 March 2026. Overall, ten quality indicators were considered in the inspection process and grades of Good or above were awarded for all aspects:

<table><tr><th>Key Area</th><th>Evaluation</th></tr><tr><td>Key performance outcomes</td><td>Good[1]</td></tr><tr><td>Experiences of people who use our services</td><td>Good</td></tr><tr><td>Delivery of key processes</td><td>Good</td></tr><tr><td>Strategic planning, policy, quality and improvement</td><td>Very Good[2]</td></tr><tr><td>Leadership and direction</td><td>Good</td></tr></table>
Overall, the inspection report reflects very positively on work undertaken over the last ten years within integrated community-based services to strengthen access to mental health and wellbeing supports, with subsequent positive impact on service user outcomes and experiences. Benchmarked against the four Partnership areas inspected through the lens of people living with mental illness, Dundee achieved the highest evaluations.

The joint inspection team highlighted 7 key strengths and 4 key areas for improvement. An action plan has been developed to address the area for improvement.

The full report (DIJB13-2026) was presented to Dundee IJB on 15 April 2026. An overview of progress will be provided to the IJB before the end of 2026.</td></tr>
</table>

6.0 POLICY IMPLICATIONS

6.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

7.0 RISK ASSESSMENT

The content of this report relates to the following risk from the IJB Strategic Risk Register:

Risk	IJB 2 Workforce Capacity There is a risk of insufficient capacity and capability within the health and social care workforce to deliver the IJB's strategic priorities and shifts.
Risk Level	12 (High)
Risk Appetite	Within
The report demonstrates:	
	An increase in risk level
	A reduction in risk level
x	**The effectiveness of current controls** The measures in place to support the mental health workforce challenges support safe, effective and person centred care. Planned recruitment will support this further.
	The identification and implementation of additional controls
	The presence of a new / emerging risk

8.0 CONSULTATIONS

8.1 The Chief Finance Officer, Chief Officer, Locality Managers and the Clerk were consulted in the preparation of this report.

9.0 BACKGROUND PAPERS

None

Dr David Shaw
Clinical Director

DATE: 24 April 2026

Angela Smith
Interim Head of Health and Community Care

Matthew Kendall
Allied Health Professions Lead

Niki Walker
Clinical Governance Facilitator

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.	