

REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 24 SEPTEMBER 2025

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

REPORT BY: CLINICAL DIRECTOR

REPORT NO: PAC31-2025

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 July 2025.

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	Current or Emergent Concern
<p>Community Mental Health & Learning Disabilities</p>	<p>Clinical and management capacity continue to be the main risks associated with Mental Health and Learning Disability services.</p> <p>Learning Disabilities Within Learning Disabilities, capacity to support transitions from child to adult services and capacity to exercise guardianship duties are the key risks.</p> <p>The team have prioritised transition cases to manage this risk with support from across the mental health teams to also support, but there is a risk that demand will outstrip capacity over the coming months leading to increased pressure on families and unpaid carers.</p> <p>The capacity to support guardianship duties is being further explored through a capacity and demand improvement group.</p> <p>Mental Health Risks are identified in relation to the operational management of the Perinatal Mental Health Team as the management currently sits outwith the DHSCP structure due to limited capacity. The Nurse Director for Mental Health continues to support this team.</p> <p>A formal risk has now been raised regards the inability to undertake timely Morbidity and Mortality reviews and implement recommendations with the potential of failing to learn from these adverse events. Additional time has been realised by commissioning a retired consultant psychiatrist to work three sessions per week and utilising a limited amount of time from a single improvement advisor to support this work. There are currently 123 outstanding adverse events. Some mitigation exists in all events being considered when they happen, and any required immediate actions progressed through operational management systems.</p> <p>Tayside Eating Disorder Service have appointed to a consultant psychiatrist post after a three-year period of mitigating the medical risks associated with this vacancy.</p>

	<p>Community Mental Health Team (CMHT)</p> <p>Referral rates continue to rise with no sign of plateauing. For CMHT West, the pre-COVID average of 65, which increased to 109 from April 2020 onwards, for the last two months has had an average of 150. For CMHT East, those same rates are 65, 94 and 120, i.e. nearly double the pre-COVID rate. Referrals for assessment and treatment of ADHD account for a very significant proportion of the increased referral rate. The ultimate solution to the difficulties being experienced will lie in the redesign of Community Mental Health Services.</p>
<p>Dundee Drug & Alcohol Recovery Service</p>	<p>DDARS continues to record six risks. The majority are showing a reducing risk exposure rating score, and one risk (1129) is to be transferred to the Alcohol and Drugs Partnership to link in with national work regarding the Benzodiazepine Pathway.</p> <p>Significant delays in receiving postmortem and toxicology are impacting on the ability to identify key learning for the organisation. This minimises the ability to implement any potential changes to practice that could mitigate any risks to patient care.</p> <p>A key risk for the service currently relates to the required activity to manage adverse events, in particular Morbidity and Mortality reviews. The required demands relating to this includes on a weekly basis - 1 wte administrator, 1 day Medical/Nurse team leader report collation and analysis per patient. 1.5-2 days of a manager chairing reviews and managing adverse event system. Within each mortality review required their needs to be attendance from Service Manager, Nurse Team Leader, Consultant/Medical staff, Pharmacy, Administration, and Police to ensure that a robust review has been undertaken.</p>
<p>Urgent and Unscheduled Care</p>	<p>Indicators of concern have become apparent within Dundee Enhanced Care at Home Team (DECaHT) over recent month which relates to the triage process, culture and case load management, with variations in the quality of nursing assessments. An independent quality of care review has been commissioned and is underway to enable accurate understanding of the challenges. New leadership was in place immediately prior to the initial visit and had identified similar themes with initial measures progressing to address these issues. Further work will be identified and monitored following completion of the review. Early improvement work had already been identified and implemented consistent with areas highlighted in the initial feedback and by the Team Lead, and a longer-term action plan will be developed upon receipt of the completed reports.</p>
<p>Nutrition & Dietetics</p>	<p>Ongoing risk 1105 is in relation to significant increased demand for Adult Weight Management Service, where referrals have seen a 700% increase from pre-COVID levels. The waiting list and waiting times continue to increase. Waiting time for tier 3 interventions is approximately 2 years. Waiting time for tier 2 service has reduced due to the ongoing review and redesign.</p> <p>In addition to the increase in demand the service is managing long term sickness absence and vacancies. Recruitment to band 6 posts is extremely challenging. A fixed term band 5 will be recruited to address the issue.</p> <p>Service redesign including the delivery of a dietetic support worker-led tier 2 weight management intervention, close working with partners and waiting list validation have supported increased capacity. It is however recognised that additional funding and a pause on referrals will be required to address current waiting lists and long-term service provision, and this is currently being explored through the Dundee HSCP management team.</p>
<p>Primary Care and Health Inequalities</p>	<p>A draft comprehensive sustainability plan is under review and will be finalised for approval. This plan focuses on:</p>

	<ul style="list-style-type: none"> • 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. <p><u>Governance Structure Development</u></p> <p>The formal governance structure required to oversee, prioritise, and measure the impact of sustainability initiatives has not yet been fully established.</p> <p><u>Barriers to Risk Reduction</u></p> <p>Key barriers include ongoing national GP shortages, limited availability of suitable practice premises, and the complexity of implementing large-scale changes in a short timeframe.</p> <p>Indicators show an overall increasing demand for primary care services when considering the whole MDT resulting in waiting lists for some services and longer waits for access to routine monitoring appointments. The additional demands are placing staff under increasing pressure. Staff are working at full capacity to deliver day to day activities, with little or no scope to consider further service development.</p>
<p>Psychological Therapies</p>	<p>In September 2024 the Scottish Government wrote to NHS Tayside outlining 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.</p> <p>Performance in April 2025 was 71.4% with 425 of the 595 patients commencing treatment within 18 weeks of referral. The total number waiting over 18 and over 52 weeks has a small but consistent downward trend. Waiting times are impacted 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 be used for some test of change work to reduce demand, allowing total numbers waiting to reduce.</p> <p>Actions being taken to impact performance include:</p> <ul style="list-style-type: none"> • Agreement to recruit limited number of additional staff despite saving target (2.6wte have commenced work in late July/August) • All additional staff will be allocated to areas of greatest need; replacement and additional posts are with HR for advertising. • 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. • Advertise Clinical Neuropsychology posts that involve more integrated working (beginning with certain neurology sub-specialities) • Work to retain current specialist trainees due to qualify September 2025 • Psychology Director participating in Neurology whole system change work.

Community Services	<p>Community Treatment and Care Services (CTACS)</p> <p>Increasing referrals (Transfer of Chronic Disease Monitoring from GP Practices and Reshaping Diabetes Pathway), reduced admin capacity and rescheduled appointments due to adverse weather (320) have led to an increase in waiting times, particularly for Phlebotomy Services. The new Cardiovascular DES is anticipated to generate additional workload for the team. The changeover to the new Laboratory Information Management System (LIMS) planned for later this year will also result in a period of reduced capacity, and this will also have an impact on waiting times.</p> <p>Actions have been taken to reduce the impact of this, including ongoing recruitment, monitoring of clinics to ensure full utilisation and additional sessions (recognising that lack of available clinic space limits the ability to deliver these). Blood Bikes Scotland has increased its support to the service, reducing the need for healthcare support workers to deliver samples to Laboratory Services. Work is ongoing to identify funded service capacity to allow mapping with demand on an ongoing basis. Performance data is reported through the Primary Care Improvement Group.</p>
Inpatient & Day Care	Services on the Royal Victoria Hospital site have recorded risks for concerns around the health environment. Risks are assessed on a regular basis, with support from Estates colleagues.
Older People's Mental Health / Care Homes	There are ongoing risks regarding the health environment due to the poor integrity of the roof on Kingsway Care Centre. This is assessed on a regular basis with Estates colleagues.

a.2

Service	Quality Improvement
Community Mental Health Team	Alloway Centre has completed the 15 Steps Challenge – Quality from a patient's perspective. An action plan is to be developed based on the recommendations. There was a level of dedication apparent from all members of the team in relation to the standards of care that they were striving to deliver in a challenging environment. It is an ageing building with several challenges, yet with the potential to create a more welcoming, trauma-informed environment if funding can be obtained.
Hope Point	<p>Hope Point is delivered through partnership working between Penumbra and Dundee Health and Social Care Partnership.</p> <p>Hope Point, Dundee Wellbeing Support, opened in August 2023. Designed to provide immediate support to people experiencing emotional distress, Hope Point is open 24/7 and people can seek support in person, by phone or by text. Support is delivered exclusively by peers. The model of care, the name and physical design of the rooms in which people are supported was fully co-produced with the people of Dundee.</p> <p>Hope Point has established excellent working relationships with services providing mental health care and treatment to ensure that people truly experience the principle of 'no wrong door', receiving support at the point of greatest need whilst being actively helped to navigate to the resources that will best meet their needs.</p> <p>A dedicated pathway for Police Scotland colleagues is in place to ensure that people who require a compassionate and supportive response to distress as opposed to Police intervention can be directed to receive immediate help. In March 2025, Hope Point and Distress Brief Intervention partners were awarded 'Policing Partner of the Year' at the Tayside Division, Divisional Commander's Annual Awards & Recognition ceremony for "delivering an outstanding level of performance in support of individuals in distress and experiencing</p>

	<p>mental health concerns".</p> <p>The original design of Hope Point included accommodation with support and this is now available, however the demand for this to date has been negligible. This will be kept in place as more detailed operationalisation of the pathway may result in more frequent use.</p> <p>During the financial year 2024/25, Hope Point supported 1078 individuals with a total of 6015 supports carried out via drop-in, phone and text. The evaluation of the support received is overwhelmingly positive. People report feeling welcome, heard and understood. The most recent Flash Report outlines that 100% people feel valued and respected by the Hope Point Team. Importantly, 100% of people considered they would reach out for support again in the future if it was required. The best evaluations come from those who access the support. Within a model driven by the philosophy of "There is Always Help. There is Always Hope", the following two quotes say it all:</p> <p><i>"I have never experienced something as that has helped me as much as Hope Point has."</i></p> <p><i>"Talking to you made me realise that I was not alone, and my feelings were not unusual or weird."</i></p> <p>Hope Point's report on the first two years of operation will be published on 28th August 2025.</p>
Community Services	Community Nursing workshops held to further develop locality working, updating on the recent successful tests of change for weekend and evening working. Final work is to be carried out following the implementation of the Morse system.
AHP Design Sprint	<p>A system-wide design sprint was held for four allied health professions, seeking to identify the best way to utilise the AHP resources across Tayside. There was excellent participation from the HSCPs and Acute. The AHP leadership team are developing an action plan for implementation.</p> <p>Key themes included: professional identity & visibility, wellbeing and retention, referral pathways & access, sustainable services & skill mix, advancing practice and data & outcomes.</p>
Discharge without Delay	Boards and HSCPs across Scotland are working together to develop a consistent approach to developing the key principles required for successful management of capacity and flow as part of the national DWD Collaborative. This work is continuing to support good performance in Dundee against the local and national delayed discharge targets with a consequent positive impact on planned care activity and improved outcomes for frail older people.

a.3 New Current Risks

There were two new current risks added to the system in this reporting period:

- Medicine for the Elderly relating to Dundee Enhanced Care at Home Team (DECaHT) – quality of care
- Mental Health Service relating to Hub Spoke Model – Patient Assessment Liaison Mental Health Service (PALMS) Development.

b. Workforce Risks

- b.1 There are a number of risks (8, this is a decrease 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. Staff wellbeing remains a focus for the HSCP.

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.

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ID	Clinical Care Group/Locality	Title	Rating (initial)	Rating (current) as at 10th Feb 25	Rating (current) as at 3rd April 25	Rating (current) as at 3rd June 25	Rating (current) as at 4th August 25	Risk Trend	Rating (Target)
233	Dundee Drug and Alcohol Recovery Service	Increasing patient demand in excess of resources	20	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	→	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	→	9
999	Mental Health (Dundee)	Specialist psychiatrist time in Tayside Eating Disorders Service	15	9	9	9	9	→	6
1086	Mental Health (Dundee)	recruitment of clinical staff	15	12	12	12	12	→	8
1341	Mental Health (Dundee)	Staffing for delivered services	15	12	12	12	12	→	9
933	CBIR	Consultant medical staff	9	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	→	6
877	Tayside Sexual and Reproductive Health	SRH Consultant Role	16	9	9	9	Treated/Archived 29/07/2025		

b.2 Clinical & Care Governance Arrangements

MEETING DATE	24-Apr-24		20-Jun-24		14-Aug-24		09-Oct-24		04-Dec-24		29-Jan-25		26-Mar-25		21-May-25		16-Jul-25	
EXCEPTION REPORT	Report	Speaker																
Learning Disability & Mental Health	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N
Psychology	Y	N	N	N	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	N
DDARS & Sexual Health	N	Y	N	Y	N	N	Y	Y	Y	Y	N	N	N	Y	Y	Y	N	N
Nutrition & Dietetics	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Community Services	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Acute & Urgent Care	N	N	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Inpatients & Day Care	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N
Older People MH & Care Homes	Y	Y	N	Y	N	Y	Y	N	Y	N	Y	Y	Y	Y	Y	Y	Y	N
Primary Care	N	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	N
Specialist Services /Perinatal MH Team/ Maternity & Neonatal Psychology	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.

The arrangements for clinical, care & professional governance in the Dundee HSCP are outlined in Appendix 1: Dundee HSCP Governance Structure.

To support enhanced compliance and to meet internal audit recommendations, the production and presentation of exception reports is being more closely monitored. The CCPG Group are also reviewing frequency of annual reports and exception reports to support management capacity. The following table details where assurance reports have been submitted and if a member of the service was present to speak to the report or provide a verbal update.

b.4 Key Elements Reported in CCPG Group

Community Services

- An engagement event was held for Community Treatment and Care Services (CTACS) across Tayside regarding the requirement to provide services to children and young people. Further consultation, engagement and training will be required in line with the NHST Tayside organisational change processes to progress this.
- Physiotherapy and Occupational Therapy leadership structures within adult services are being redesigned to drive enhanced effectiveness across pathways.
- There is an ongoing risk in relation to damp and mould in Ardler Clinic. Concerns have been raised with regard to staff health and absence due to respiratory conditions – this is being monitored.

Mental Health and Learning Disability

- Community Mental Health Team (CMHT): Referral rates continue to rise with no signs of plateau. For CMHT West, the pre-COVID average of 65 which increased to 109 from 4/20 onwards, for the last two months has an average of 150. For CMHT East, those same rates are 65, 94 and 120, i.e. double the pre-COVID rate.
- Locum Psychiatry provision has stabilised again with the return of a second psychiatrist to CMHT West.
- From Datix analysis: Cluster of violence and aggression incidents: Small number of patients (Police already involved and behavioural management plan in place) involving verbal aggression over the phone, there have been three other in-person violence and aggression incidents within the clinic setting and one home-based incident. Weapons were involved in two of these (no bodily harm to anyone but property damage in one).

Psychological Therapies

- The Psychological Therapies Clinical Care and Professional Governance Group (PCCPGG) has a new Chair and has reconfigured to allow the Specialist Services Group to form. Where there is crossover (for example, around the Psychological Therapies Specification reporting) between the two groups, the Chair of the Specialist Group will also participate in PCCPGG. The gap in reporting evident above is resultant from this and work being undertaken to modernise the agenda in line with required reporting.

Psychiatry of Old Age (POA) In-patient and Community Services

- Community teams are now fully staffed and staff levels across the wards are improving.
- Kingsway Care Centre (KCC) building has a great number of issues for repair, especially concerning the roof. Due to recent heavy rain, it has been necessary to take some rooms out of use. Twelve desks are currently inaccessible for community staff. Ongoing Health and Safety review of the building.
- Anti-ligature work has now been completed in four rooms in Ward 4, KCC.

Primary Care

- The lease process remains unclear. A Paper has been drafted for Executive Leadership Team to seek clarity and support moving this forward.
- Accommodation remains an issue for supporting clinical services across a number of areas, in terms of reduced availability and poor condition. Concerns have been raised about the

potential impact on CTACS services if sufficient space cannot be found to house additional clinics.

Nutrition and Dietetics

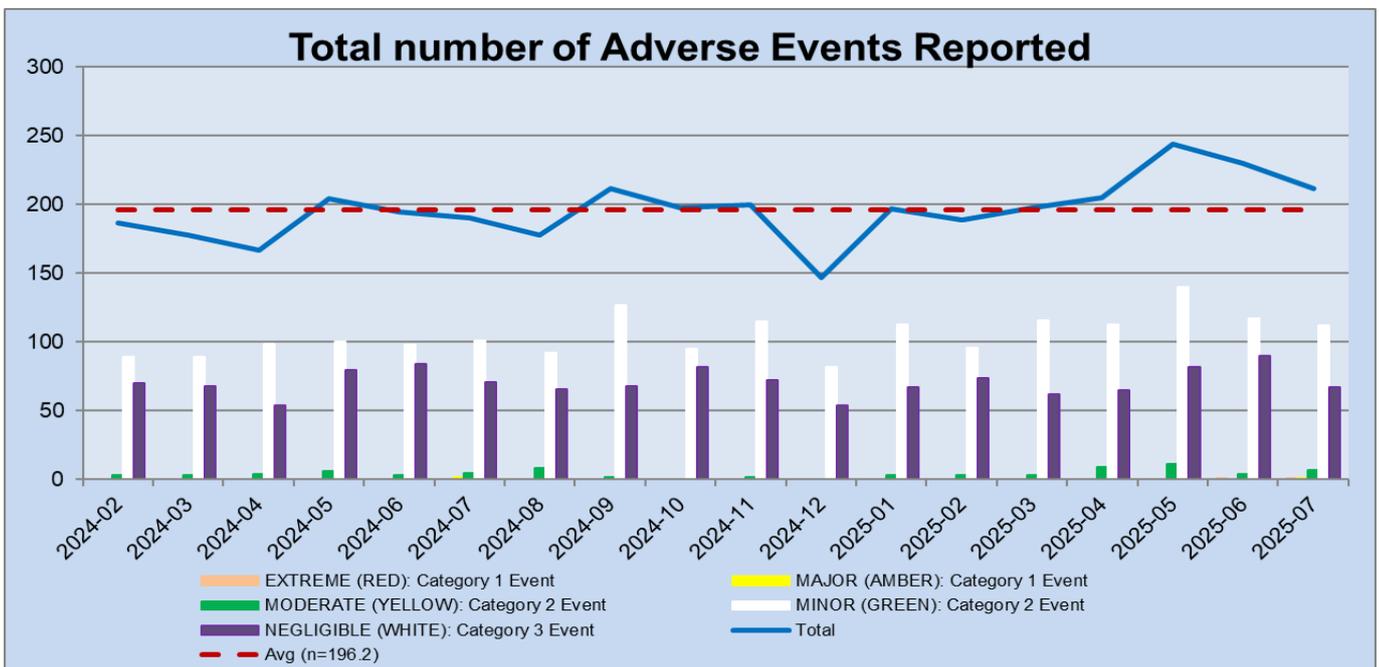
- The Adult Weight Management waiting list continues to grow with referral rates 700% higher than pre-COVID levels. Significant redesign has occurred across the service and a paper has been compiled to seek additional funding to reduce this waiting list.
- The Paediatric service, which requested mutual aid 18 months ago is now fully staffed and delivering well across all aspects of paediatric dietetic care.
- Challenges have presented with the provision of the home enteral tube feeding contract, with potential for patients to be left without feed. Work is ongoing across the whole system to address and mitigate and although not completely resolved the situation has significantly improved.

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.

There has been a rise in adverse events in April and May 2025 following several adverse events related to the provision of home enteral feeding. This has affected adult and paediatric services and relates to both an international shortage of products and the implementation of a new pathway for the prescribing and provision of supplements. Work is ongoing with primary care, Procurement and supplement providers to address the identified issues.



Significant Adverse Event Reviews (SAERs)

c.2 There are currently five active Significant Adverse Event Reviews in Dundee HSCP. One of these is now ready to be signed off. Once complete, a learning summary will be shared with the committee.

132774	Awaiting level 2 sign off
189452	Final Stage Sign off 23/07/2025
180810	Under review
217481	Draft report bring circulated for comment
240162	Lead Reviewer Identified. Review to commence

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

Department	2020	2021	2022	2023	2024	2025	Total*	Change**
Community Mental Health Services	2	2	14	29	27	23	97(87)	↑
Primary Care (DDARS)	0	2	6	14	8	8	38(36)	↑
West (DDARS)	0	2	1	7	18	7	35(35)	↔
East (DDARS)	0	3	3	2	12	14	34(32)	↑
Central (DDARS)	0	1	1	5	20	4	31(31)	↔
Community Learning Disabilities - Dundee HSCP	0	0	4	4	1	7	16(18)	↓
District Nursing (Dundee HSCP)	0	0	0	0	0	20	20(18)	↑
Psychiatry of Old Age - Older People Services (Dundee)	0	0	0	6	7	5	18(16)	↑
Area Psychological Therapy Service - MH (Dundee)	0	1	0	0	8	5	14(12)	↑
Other - Mental Health (Dundee)	0	0	3	3	4	2	12(11)	↑
Other (DDARS)	0	0	0	0	6	6	12(8)	↑
Other - Specialist Palliative Care	0	0	0	0	0	3	3(7)	↓
General Practice - Dundee HSCP	0	0	1	3	0	23	27(6)	↑
Nutrition and Dietetics (Dundee HSCP)	0	0	0	0	0	15	15(5)	↑
Allied Health Professions (Dundee HSCP)	0	0	1	2	2	2	7(5)	↑
MFE (Medicine for the Elderly) - OPS (Dundee)	0	0	0	0	0	3	3(5)	↓
Specialist Community Nursing (Dundee HSCP)	0	0	0	0	0	0	0(3)	↓
Adult Psychotherapy Service - Mental Health (Dundee)	0	0	1	0	1	1	3(3)	↔
General Practice - Dundee	0	0	0	0	1	0	1(2)	↓
(Risk Only) System-Wide Mental Health Risk - Dundee HSCP	0	0	0	0	2	0	2(2)	↔
Palliative Medicine	0	0	0	0	0	1	1(2)	↓
(blank)	0	0	0	0	2	0	2(2)	↔
Adults and Older People	0	0	0	0	0	4	4(2)	↑
Speech and Language Therapy (AHPs, Dundee HSCP)	0	0	0	0	1	0	1(1)	↔
Learning Disability - Social Work - DHSCP	0	0	0	0	1	1	2(1)	↑
CMHT - Social Work - DHSCP	0	0	0	1	0	0	1(1)	↔
Physiotherapy (Allied Health Professionals Dundee HSCP)	0	0	0	0	1	0	1(1)	↔
Health Inclusion Team, Dundee HSCP PCS	0	0	0	0	0	1	1(1)	↔
Corporate Services (Dundee)	0	0	0	0	1	0	1(1)	↔
Stroke and Neuro Rehab unit RVH	0	0	0	0	1	1	2(1)	↑
Total	2	11	35	76	124	156	404(355)	↑

* Figures in brackets relate to the end of March 2025 report

** Since end of March 2025 report

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

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

Event Severity	2020	2021	2022	2023	2024	2025
EXTREME (RED): Category 1 Event	1(1)	0(0)	1(1)	1(1)	0(0)	2(0)
MAJOR (AMBER): Category 1 Event	0(0)	0(0)	0(0)	0(0)	1(1)	0(0)
MODERATE (YELLOW): Category 2 Event	0(0)	0(0)	1(1)	8(7)	11(11)	29(10)
MINOR (GREEN): Category 2 Event	0(0)	0(0)	4(4)	12(13)	29(32)	49(31)
NEGLIGIBLE (WHITE): Category 3 Event	0(1)	0(0)	1(6)	5(6)	8(8)	26(15)
MORTALITY LEARNING EVENT (PURPLE)	1(3)	11(13)	28(33)	49(57)	75(74)	50(25)
(blank)	0(0)	0(0)	0(0)	1(1)	0(0)	0(0)
Total	2	11	35	76	124	156

d. Feedback

d.1 Complaints

Complaints management continues to perform moderately well across the partnership. Ongoing collaboration with the Patient Experience Team to continue to improve this position will remain in place.

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.

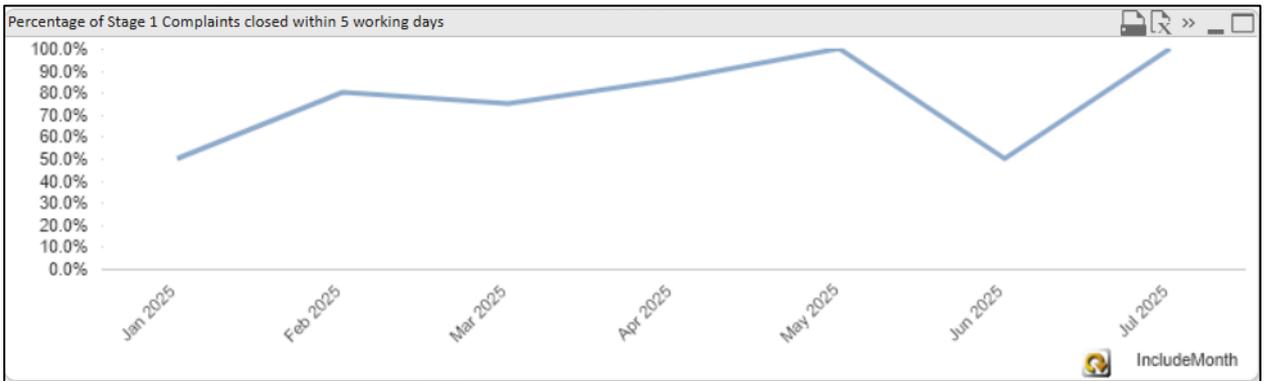
d.2 Performance for number of complaints received, number of complaints closed, and the percentage closed within timescales.

- Stage 1 complaints are within 5 working days.
- Stage 2 complaints are within 20 workings days.

The complaints performance update for 1 January to 31 July 2025 for DHSCP is:

Month	New cases received
Jan 2025	10
Feb 2025	21
Mar 2025	13
Apr 2025	15
May 2025	9
Jun 2025	11
Jul 2025	5
Total	84

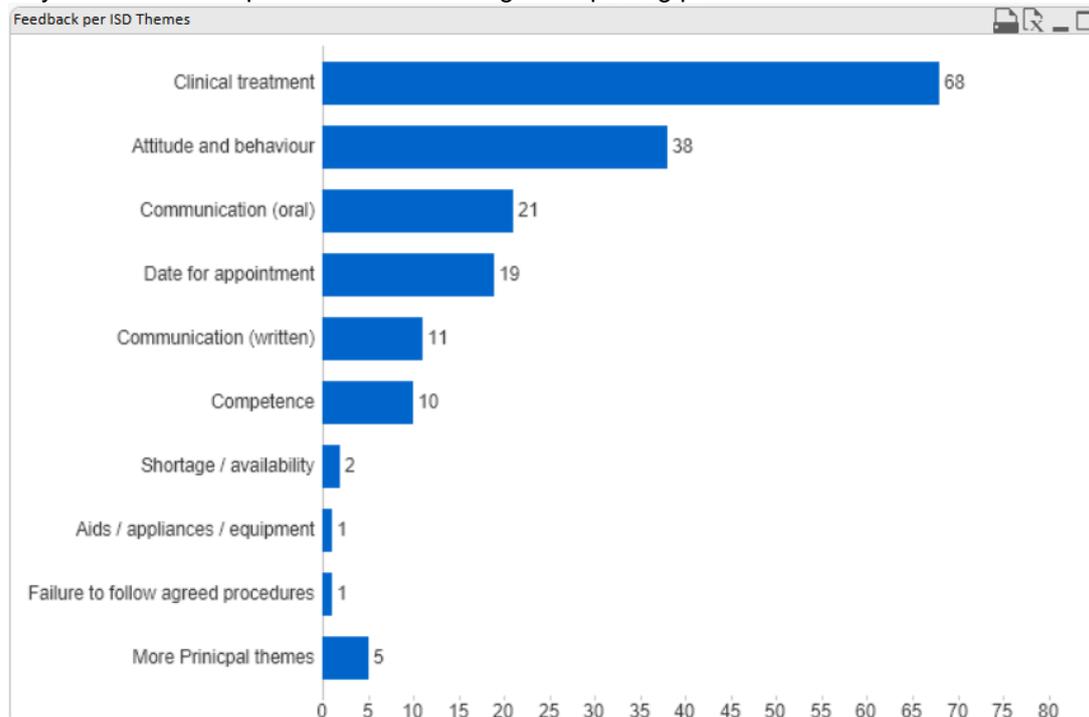
Performance of stage 1 complaints closed within 5 working days:



f stage 2 complaints closed within 20 working days:



Key themes for complaints received during the reporting period:



d.3 Positive feedback

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

There are currently no cases with the Ombudsman under investigation.

d.5 External Reports & Inspections

Service	Audits/Inspections
<p>Psychiatry of Old Age</p>	<p>The Mental Welfare Commission for Scotland Inspection at Kingsway Care Centre, Ward 4 in October 2024. The final report was published in March 2025.</p> <p>There are seven recommendations within the SMART action plan (see Appendix 3). Six of the seven recommendations have been actioned:</p> <ul style="list-style-type: none"> • 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 <p>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.</p> <ul style="list-style-type: none"> • Garden fencing improvements

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

Risk 1 Description	The risk of not providing sufficient assurance through governance assurance routes will reduce confidence in the ability of the HSCP to deliver safe, quality care.
Risk Category	Governance
Inherent Risk Level	Likelihood (2) x Impact (4) = Risk Scoring (8)
Mitigating Actions (including timescales and resources)	Systems in place for all operational teams to provide exception reports to the clinical, care and professional governance group. 'Getting It Right' Group established to support development of reporting framework for HSCP.
Residual Risk Level	Likelihood (2) x Impact (4) = Risk Scoring (8)
Planned Risk Level	Likelihood (1) x Impact (3) = Risk Scoring (3)
Approval Recommendation	The risk level should be accepted with the expectation that the mitigating actions are taken forward.

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

9.1 Appendix 1: Dundee HSCP Governance Structure

Dr David Shaw
Clinical Director

DATE: 28 August 2025

Jenny Hill
Head of Service

Angela Smith
Interim Head of Health and Community Care

Matthew Kendall
Allied Health Professions Lead

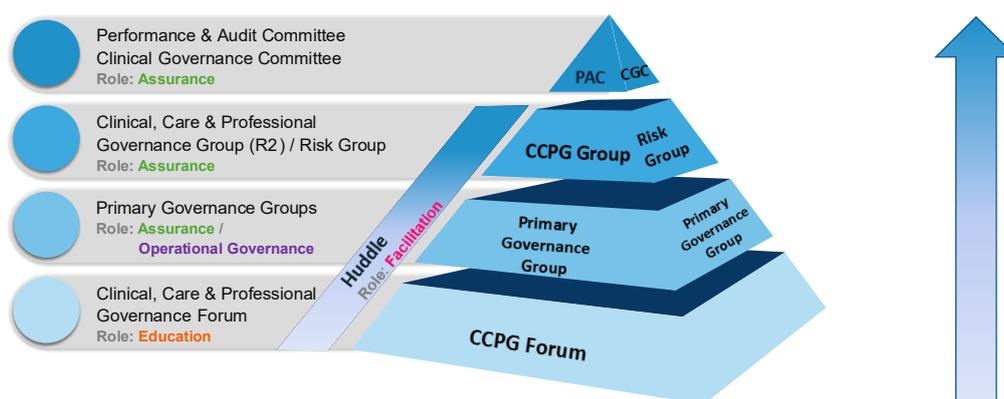
Niki Walker
Clinical Governance Facilitator

Level of Assurance		System Adequacy	Controls	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>

Dundee HSCP Governance Structure

Dundee HSCP governance structures are outlined in the diagram below. The following narrative explains how each of the aspects functions to provide assurance to NHS Tayside and the Dundee IJB.

DHSCP Clinical, Care & Professional Governance



Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group is responsible for directing, collating and monitoring governance arrangements and ensuring that there are effective and embedded systems for Clinical, Care & Professional Governance in all services within Dundee Health and Social Care Partnership. It is chaired by the Clinical Director, and membership, as referenced in the terms of reference, extends to Head of Health and Community Care Services, Associate Nurse Director, Associate Medical Director, Associate Locality Managers, Lead Allied Health Professional, Lead Nurse, Lead Pharmacist, Clinical Governance Lead, Senior Officer – Business Planning and Information Governance, NHS Business Support Representative.

Management structures across Dundee HSCP have been redesigned over the past three months and the members of the CCPG Group will be updated to reflect this and the Primary Governance Group Structure which sits beneath the CCPG Group.

At each CCPG Group meeting each Primary Governance Group will present an exception report highlighting key areas of concern across the six domains listed in GIRFE. They will also reference exceptional pieces of work undertaken, current challenges and future potential issues identified through triangulation of data reviewed through Primary Governance Group meetings.

Each Primary Governance Group will produce an annual report in line with the reporting programme.

A range of additional reports are also reviewed at the CCPG Group, which includes DHSCP Analysis Report (Adverse events and Risks), Complaints, Infection Prevention and Control and Inspection Reports.

Primary Governance Groups (PGG)

There are currently nine PGGs:

- In Patient & Day Care Services (MfE, Stroke and Neurology, Palliative)
- Adult Community Services
- Acute and Urgent Care
- Mental Health & Learning Disabilities
- Psychological Therapies
- Primary Care & Health Inclusion
- Nutrition and Dietetics
- Dundee Drugs and Alcohol Recovery & Tayside Sexual and Reproductive Health Services
- Older People's Mental Health and Care Homes

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

- Provide assurance to the Clinical, Care and Professional Governance Group on the systems and processes for clinical, care and professional governance activities.
- Develop, prioritise, implement, monitor and review the annual work plan for clinical, care and professional governance activities.
- To create the learning environment and conditions within Services by dedicating time to allow staff to share learning, tools and other resources and encourage the dissemination of good practice.
- Ensure that clinical and care leadership underpins Service assurance processes and that clinical and care leaders are supported to share tools and resources to spread good practice.
- Encourage an integrated approach to quality improvement across Services.
- Ensure appropriate actions in relation to clinical, care and professional governance and quality activities are taken in response to internal reports and external reports from bodies such as NHS Healthcare Improvement Scotland, Care Inspectorate, Audit Scotland, Mental Welfare Commission and Scottish Public Services Ombudsman.
- Ensuring that there is a robust reporting and assurance mechanism for services which are hosted within the partnership but do not solely operate within Dundee Health and Social Care Partnership.
- Undertake the management, escalation or cascading of issues/risks/concerns as appropriate.
- Collate, review and analyse core and service specific datasets to inform exception report to the CCPGG, reflecting the six domains described in the

Getting It Right for Everyone – A Clinical, Care and Professional Governance Framework.

- The exception report should include, but is not limited to:
 - Emergent issues of concern identified
 - Adverse Events:
 - Recurring themes, Major and Extreme Incidents
 - Incidents that trigger Statutory Duty Of Candour
 - All Red Adverse Events
 - Adverse Event Reviews, Significant Case Reviews
 - Complaints
 - Risks
 - Inspection Reports and Outcomes
 - Changes to standards, legislation and guidelines
 - Outcomes of care
 - Adherence to standards
 - Sharing of learning

A representative from each PGG will represent the group at the Dundee HSCP CCPG Group and present and talk to the exception report and, where required, the annual report. The representative will act as a conduit between the PGG and CCPG ensuring effective communication between groups.

Due to the recent redesign of the management structure, there have been changes in the organisation of the PGGs. The Governance team, alongside the professional leads in the HSCP are working closely with the new chairs of these PGGs to support development of these groups.

Governance Huddle

There is a weekly governance huddle attended by the professional leads and the governance team. A high level review of all adverse events is undertaken with the intention of identifying themes or patterns and triangulating knowledge of service pressures, governance scorecards and service data to identify services who may be struggling, who require support to manage adverse events or who may display a change in their current performance in relation to managing adverse events. This allows for early support to be provided to teams from both a governance and managerial perspective to undertake early management of developing potential risks.

The huddle is open to managers to attend to gain an enhanced overview of the governance arrangements across the HSCP. Managers can also attend to discuss specific aspects of clinical, care and professional governance as required.

The huddle will also undertake work to review risk management, complaints process and quality and any other governance-related theme as required.

Clinical, Care and Professional Governance Forum

The forum is used as an education forum for managers and lead governance staff across the HSCP. The format allows for review of scorecard data, encouraging discussion around works of excellence and challenging areas, with managers peer-reviewing one another and sharing learning across a range of themes.

Each forum will also have a dedicated educational element to improve knowledge and understanding of governance systems and processes across the HSCP. Subjects to date have included: Qlikview, Risk Management System, Datix system report building and scorecard development.