

REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 26 NOVEMBER 2025
REPORT ON: DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE ASSURANCE REPORT
REPORT BY: CLINICAL DIRECTOR
REPORT NO: PAC44-2025

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 30th September 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 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>Community Mental Health Team (CMHT) Referral rates continue to rise with no sign of plateauing. For CMHT West, the pre-COVID average of 65 per month, now has an average of 150. For CMHT East, those same rates are 65 and 120, i.e. nearly</p>

	<p>double the pre-COVID rate.</p> <p>Patients are informed in writing of the acceptance of the referral. This notification can be either the offer of an appointment or to inform them that they have been placed on a waiting list. Contained within this letter is information about how to access mental health support in hours via the duty worker and out of hours including NHS24 for both statutory and third sector agencies. This letter also includes a Recovery Road Map QR code with access to local third-sector support services.</p> <p>Referrals for assessment and treatment of ADHD account for a very significant proportion of the increased referral rate.</p> <p>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 months 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</p>

	<p>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) • Recruitment in September 2025 to an additional 7.2wte posts at Doctoral Level. • 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

	<p>list.</p> <ul style="list-style-type: none"> • 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. <p>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 specialities (including adult psychological therapies, neuropsychology, community mental health and clinical health psychology). With the recruitment referenced above 3 of these specialist areas are predicted to meet the standard by Nov 2025, March 2026 and June 2026.</p> <ul style="list-style-type: none"> • Neuropsychology posts remain hard to fill.
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) and reduced administrative capacity 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	<p>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.</p>
Older People's Mental Health / Care Homes	<p>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.</p>

a.2 New Current Risks

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

- Community Learning Disabilities Nursing – As a result of limited resources and staffing, the service will be unable to carry out the full volume of health checks required to comply with Scottish Government guidance.

b. Workforce Risks

- b.1** There are a number of risks (7, 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.

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.

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	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
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	Treated/Archived 29/07/2025			
999	Mental Health (Dundee)	Specialist psychiatrist time in Tayside Eating Disorders Service	15	9	9	9	Treated/Archived 03/09/2025		

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		10-Sep-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	Y	N
Psychology	Y	N	N	N	Y	Y	Y	Y	N	N	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	N	N	Y	Y
Nutrition & Dietetics	Y	Y	Y	N	Y	Y	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	Y	Y
Acute & Urgent Care	N	N	N	N	Y	Y	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	Y	Y
Older People MH & Care Homes	Y	Y	N	Y	N	Y	Y	N	Y	N	Y	Y	Y	Y	Y	Y	Y	N	Y	N
Primary Care	N	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	N	Y	Y
Specialist Services /Perinatal MH Team/ Maternity & Neonatal Psychology	n/a	n/a	Y	Y	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.

Psychology Services have been absent for some considerable time. While informal updates have been provided by the acting psychology director on an informal basis, due to their attendance at the meeting as Clinical Lead, there has been no formal report provided. The governance leads for HSCP have been working with the Deputy Director of Psychology to support their attendance at forthcoming CCPG Groups which also includes support to provide the relevant exception and annual reports.

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 has been undertaken to support this considerable shift with implementation due to commence in December 2025.
- Physiotherapy and Occupational Therapy leadership structures within adult services are being redesigned to drive enhanced effectiveness across pathways. 6 of the 7 clinical leadership posts are now in post.
- 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.
- Silver Health and Safety award attained by two specialist nursing service (CTAC/COPD) and all Community Nursing Teams

Mental Health and Learning Disability

- There is currently an external joint inspection of Adult Mental Health Services by Care Inspectorate and Healthcare Improvement Scotland. A planning group is established to manage the process. A draft report is due in February 2026.
- Community Mental Health Team (CMHT): Referral rates continue to rise with no signs of plateau. For CMHT West, the pre-COVID average of 65 per month, now has an average of 150. For CMHT East, those same rates are 65 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).

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 is in place.
- 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.
- Challenges with the paediatric and adult nutritional supplement supply to patients following contract changes and national shortages of feed are resolving. There has been a reduction in the number of adverse events reported. We continue to monitor the situation.

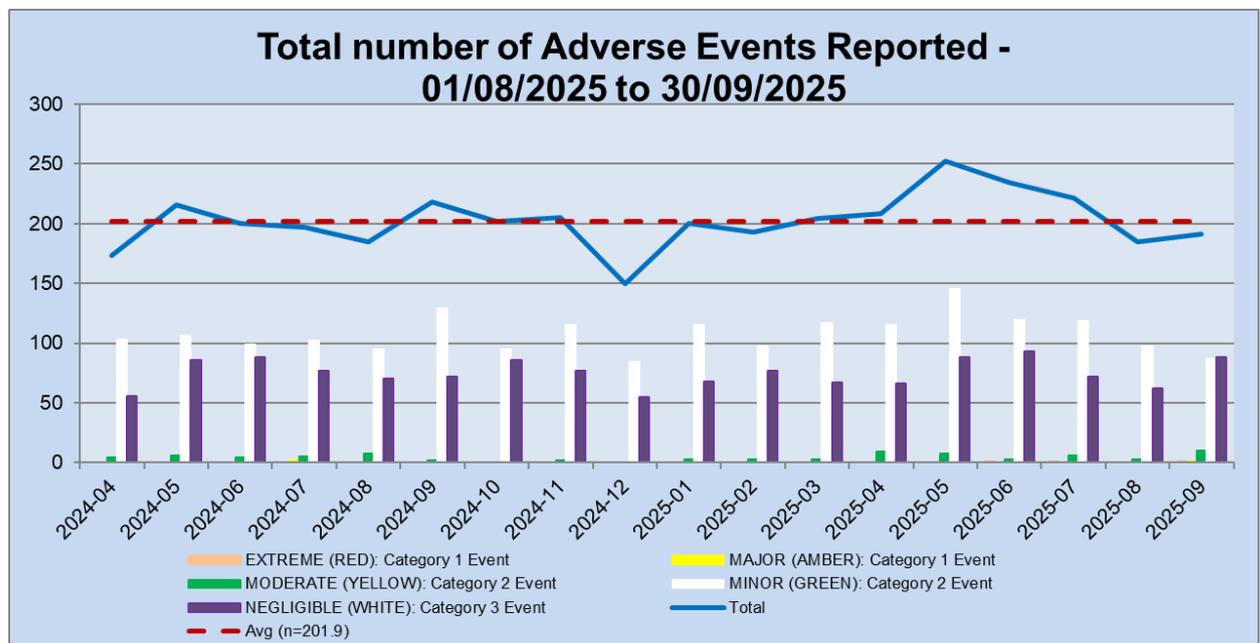
Dundee Drug and Alcohol Recovery Service

- All 10 Medication Assisted Treatment Standards are now Green in RAGB Report for Dundee HSCP.

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

Parenteral Nutrition

Patients within NHS Tayside are currently not receiving the expected standard of care regarding Parenteral Nutrition (PN), resulting in adverse impacts on clinical outcomes and recovery times following surgery. Ongoing Datix reports continue to highlight serious concerns around the safe and timely administration of PN in surgical services. Key issues include:

- Delays in securing appropriate line access
- Increased incidence of extravasation
- Inappropriate indications for PN
- A clear need for enhanced staff education on PN administration

Without targeted intervention, patients will continue to face significant delays in meeting their nutritional needs, leading to deterioration in nutritional status and avoidable harm. To address these concerns, a Quality Improvement (QI) team has been established with the following objectives:

- Ensure PN is used only when clinically appropriate and aligned with ESPEN guidelines
- Strengthen multidisciplinary collaboration in PN decision-making
- Improve the quality and consistency of documentation, data, and referrals
- Enhance staff knowledge and confidence in PN management
- Improve patient outcomes through standardised practices and timely reviews

While these objectives fall within the remit of the QI group, a critical barrier remains with the lack of timely access to appropriate vascular access. This issue lies outside the scope of the current QI initiative and continues to impact on nutritional care delivery.

The root cause is the absence of an agreed pathway for Peripherally Inserted Central Catheter (PICC) line insertion across NHS Tayside. Radiology services are unable to provide a responsive service due to high demand and competing priorities. Moreover, reliance on Interventional Radiology (IR) for PICC placement is neither cost-effective nor sustainable, as it diverts resources from other essential IR services.

Best practice recommends a dedicated ward-based PICC service, which would enable timely line placement and prevent delays in meeting patients' nutritional requirements. Establishing such a service would significantly improve care delivery and align with national standards.

Additionally, there is currently no dedicated resource to support the growing demand for education on PN practices within surgical services. Addressing this gap is essential to ensure safe, effective, and consistent PN management across the organisation.

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 four active Significant Adverse Event Reviews in Dundee HSCP.

132774	Awaiting level 1 sign off
180810	Awaiting level 1 sign off
217481	Draft report being circulated for comment
240162	Lead Reviewer identified. Review to commence

DHSCP meet weekly to review adverse events. This group also commissions Significant Adverse Event Reviews and monitors progress of ongoing reviews. 75% 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	Total*	Change**
Community Mental Health Services	2	2	13	29	27	23	96(97)	↓
Primary Care (DDARS)	0	2	6	13	7	10	38(38)	↓
West (DDARS)	0	2	0	5	17	9	33(35)	↓
General Practice - Dundee HSCP	0	0	1	3	0	27	31(27)	↑
East (DDARS)	0	3	1	1	8	14	27(34)	↓
Central (DDARS)	0	1	1	5	12	7	26(31)	↓
Psychiatry of Old Age - OPS (Dundee)	0	0	0	6	6	10	22(18)	↑
Community Learning Disabilities - Dundee HSCP	0	0	4	4	1	9	18(16)	↑
District Nursing (Dundee HSCP)	0	0	0	0	0	17	17(20)	↓
Nutrition and Dietetics (Dundee HSCP)	0	0	0	0	0	16	16(15)	↑
Other (DDARS)	0	0	0	0	6	6	12(12)	↔
Other - Mental Health (Dundee)	0	0	3	3	4	2	12(12)	↔
Area Psychological Therapy Service - MH(Dundee)	0	1	0	0	3	5	9(14)	↓
Allied Health Professions (Dundee HSCP)	0	0	1	2	2	2	7(7)	↓
Adult Psychotherapy Service - MH (Dundee)	0	0	1	0	1	1	3(3)	↔
Other - Specialist Palliative Care	0	0	0	0	0	3	3(3)	↔
MFE (Medicine for the Elderly) - OPS (Dundee)	0	0	0	0	0	3	3(3)	↔
(Risk Only) System-Wide Mental Health Risk - Dundee HSCP	0	0	0	0	2	0	2(2)	↔
Stroke and Neuro Rehab unit RVH	0	0	0	0	1	1	2(2)	↔
Health Inclusion Team, Dundee HSCP PCServices	0	0	0	0	0	2	2(1)	↑
Physiotherapy (Allied Health Professionals Dundee HSCP)	0	0	0	0	1	1	2(1)	↑
CAMHS (Child and Adolescent MH Services (in-patients) Regional)	0	0	0	0	0	1	1(0)	↑
CMHT - Social Work - DHSCP	0	0	0	1	0	0	1(1)	↔
Learning Disability - Social Work - DHSCP	0	0	0	0	1	0	1(2)	↓
General Practice - Dundee	0	0	0	0	1	0	1(1)	↔
Psychiatry of Old Age - Older Peoples' Services (Angus)	0	0	0	0	0	1	1(0)	↑
Speech and Language Therapy (AHPs, Dundee HSCP)	0	0	0	0	1	0	1(1)	↔
Adults and Older People	0	0	0	0	0	1	1(4)	↓
(blank)	0	0	0	0	1	0	1(2)	↓
Palliative Medicine	0	0	0	0	0	0	0(1)	↓
Corporate Services (Dundee)	0	0	0	0	0	0	0(1)	↓
Total	2	11	31	72	102	171	389(404)	↓

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

** Since end of July 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
EXTREME (RED): Category 1 Event	1(1)	0(0)	1(1)	1(1)	0(0)	2(2)
MAJOR (AMBER): Category 1 Event	0(0)	0(0)	0(0)	0(0)	1(1)	1(0)
MODERATE (YELLOW): Category 2 Event	0(0)	0(0)	1(1)	8(8)	11(11)	26(29)
MINOR (GREEN): Category 2 Event	0(0)	0(0)	4(4)	12(12)	23(29)	53(49)
NEGLIGIBLE (WHITE): Category 3 Event	0(0)	0(0)	1(1)	5(5)	7(8)	36(26)
MORTALITY LEARNING EVENT (PURPLE)	1(1)	11(11)	24(28)	46(49)	60(75)	53(50)
(blank)	0(0)	0(0)	0(0)	0(1)	0(0)	0(0)
Total	2	11	31	72	102	171

d. Feedback

d.1 Complaints

Complaints management for stage 2 complaints has seen a reduction in performance across the Partnership in this reporting period. Closer collaboration with the Patient Experience Team to improve this performance is being developed which will also include review of internal processes to support complaints management.

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.

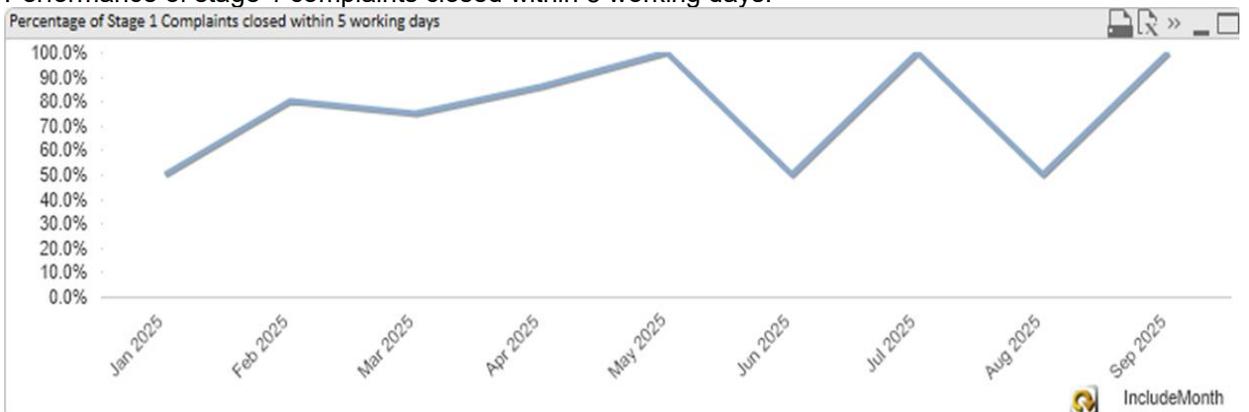
d.2 Performance for number of complaints received, number of complaints closed, and the percentage closed within timescales are shown below.

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

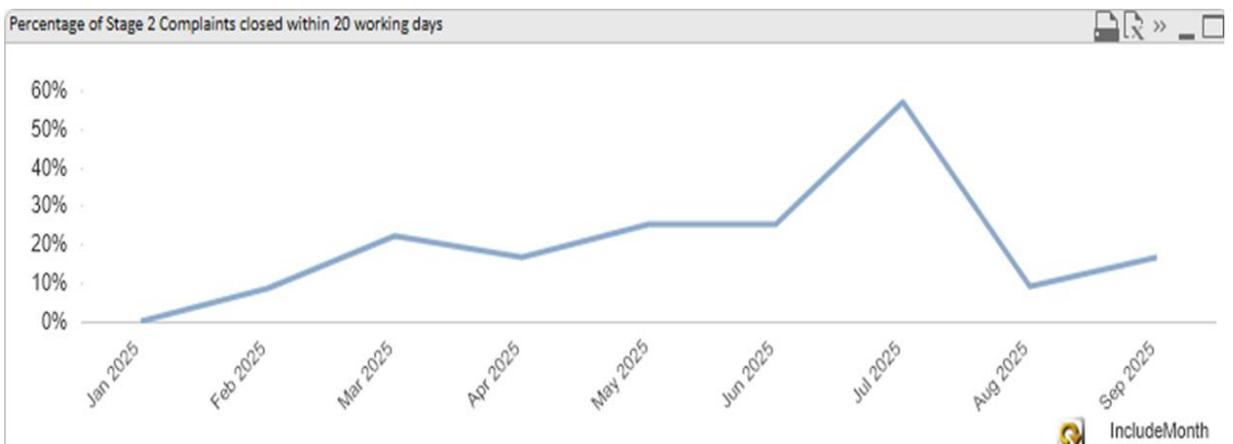
The complaints performance update for 1 January to 30 September 2025 for DHSCP is:

Month	New cases received
Jan 2025	10
Feb 2025	21
Mar 2025	13
Apr 2025	16
May 2025	10
Jun 2025	15
Jul 2025	14
Aug 2025	9
Sep 2025	5
Total	113

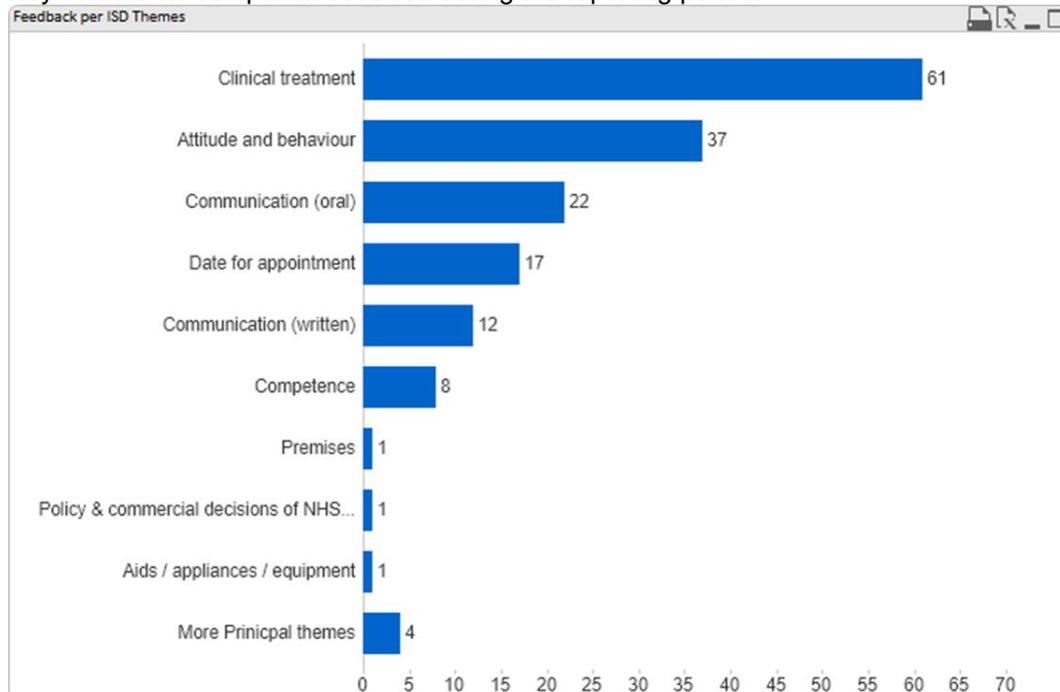
Performance of stage 1 complaints closed within 5 working days:



Performance of 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

One case was referred to the Ombudsman for review from the Community Nursing Service. No further action was taken by the ombudsmen with them reporting they were highly satisfied with the care demonstrated from the community nursing team.

d.5 External Reports & Inspections

Service	Audits/Inspections
Psychiatry of Old Age	<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. 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
Mental Health	<p>A joint inspection of adult services in the Dundee Health and Social Care Partnership commenced in September 2025. This will focus on adults living with mental illness and their unpaid carers.</p> <p>A draft inspection report is due in Mid February 2026.</p>

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

None

Dr David Shaw
Clinical Director

DATE: 28 October 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"/>

This page is intentionally left blank