ITEM No …5………..

REPORT TO:	**PERFORMANCE & AUDIT COMMITTEE – 4TH FEBRUARY 2026**
REPORT ON:	**DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE ASSURANCE REPORT**
REPORT BY:	**CLINICAL DIRECTOR**
REPORT NO:	**PAC7-2026**

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 30th November 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
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 will further impact on recruitment to essential leadership posts, further reducing available leadership across mental health and learning disability teams. **Mental Health** **New risk (1749): Absence of clinical lead** As a result of there being no Clinical Lead in post, there is likely to be lack of specialist clinical representation from Dundee in Tayside discussions (for example, Model of Care transformation and Governance redesign) which could lead to decisions being taken that result in poor alignment between local Strategy and Tayside strategy. There will also be gaps in operational matters (for example in relation to complaints, adverse events) given the further reduced capacity of the management team. A formal risk had been previously 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 continues to be 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.

	The service are currently exploring options with senior management to support the clinical lead role. **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 double the pre-COVID rate. This is partly driven by increased referrals for neuro diversity and work is being done to understand this better. 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. The ultimate solution to the difficulties being experienced will lie in the redesign of Community Mental Health Services.
Dundee Drug & Alcohol Recovery Service	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. There has been an improvement in the waiting time for receiving toxicology and post mortem results which will support the team in managing both the historical and new morbidity and mortality reviews, although the resource to lead these reviews remains a challenge across the service. Management time has been allocated to support this work alongside administrative resource.
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. By November 2025, performance had increased to 78.4% with 684 patient commencing treatment within the 18-week standard. This improvement reflects both progress since April and the gradual impact of new staff who took up post in late July/ August 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. 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. • 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 peoples 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 Nov 2025, March 2026 and June 2026. The Nov 2025 milestone has been delayed slightly due to an appointment withdrawing reducing available capacity. Neuropsychology posts remain hard to fill.
Psychiatry of Old Age	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. NHS Tayside is progressing essential repairs of a proportion of the roof area to mitigate immediate risks; a full options appraisal has commenced to inform actions beyond this.

a.2 New Current Risks

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

- Emergency Call Alarm System in Roxburghe House. It has been identified that the call system does not reach all areas potentially impacting on support required in emergency situations. The alarm system is old and cannot be repaired. Measures are in place on the ward to ensure all appropriate staff are alerted when there is an emergency situation.
- Absence of clinical lead, Mental Health Service. See section 5: a1 for risk detail.

b. Workforce Risks

b.1 There are a number of risks (9, this is an increase of 2 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	Rating (current) as at 5th January 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	→	12
612	Dundee Drug and Alcohol Recovery Service	Insufficient numbers of ISMS staff with prescribing competencies	25	15	15	15	15	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	→	9
1086	Mental Health (Dundee)	recruitment of clinical staff	15	12	12	12	12	12	→	8
1341	Mental Health (Dundee)	Staffing for delivered services	15	12	12	12	12	12	→	9
933	CBIR	Consultant medical staff	9	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	↓	6
1740	Tayside Sexual and Reproductive Health	Medical Staffing	9					9		3
1741	Tayside Sexual and Reproductive Health	Medical Staffing	12					12		3
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	29-Jan-25		26-Mar-25		21-May-25		16-Jul-25		10-Sep-25		5-Nov-25		14-Jan-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	Y	Y	N	N	Y	N	N	Y	N	N
Psychology	N	N	N	N	N	N	N	N	N	N	N	Y	Y	N
DDARS & Sexual Health	N	N	N	N	Y	Y	N	N	Y	Y	Y	Y	Y	Y
Nutrition & Dietetics	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
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	Y	Y	N	Y	Y	Y	Y	Y	Y
Older People MH & Care Homes	Y	Y	Y	Y	Y	Y	Y	N	Y	N	N	N	N	N
Primary Care	Y		Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y
Specialist Services /Perinatal MH Team/ Maternity & Neonatal Psychology	n/a	n/a	n/a	n/a	n/a	n/a	Y	Y	Y	Y	n/a	n/a	n/a	n/a

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.

b.4 Key Elements Reported in CCPG Group

Community Services

- Physiotherapy and Occupational Therapy leadership structures within adult services are being redesigned to drive enhanced effectiveness across pathways. All 7 posts have been appointed to with the final appointee commencing in post in March 2026.
  - The Community alarm service has been awarded the Platinum Award by the Scottish Government, the highest possible recognition for digital transformation. This award marks the successful completion of a seven-year journey to move from analogue systems to fully digital pathways—ensuring that every aspect of service delivery is now 100% digital. Platinum status is reserved for organisations that have achieved complete digital integration, and this milestone demonstrates our commitment to innovation and service improvement while still maintaining current service demands.

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.

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.

Dundee Drug and Alcohol Recovery Service

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

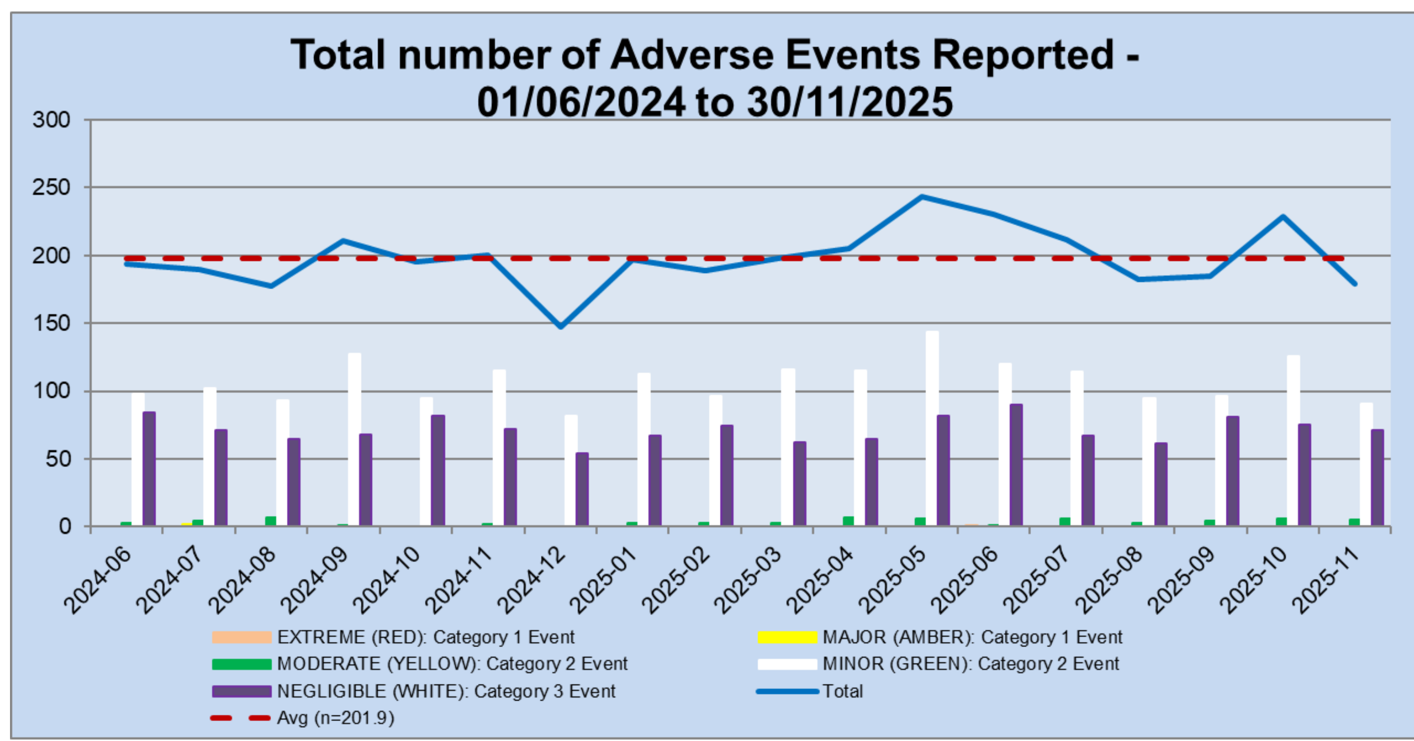
Early Intervention in Psychosis Service

- Funding for this service was extended to 31 March 2026 following a successful bid to the Tayside Charitable Foundation. The service are currently seeking funding sources to continue to develop this service.

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
189452	Completed

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	1	12	29	26	27	**97(96)**	↑
Primary Care (DDARS)	0	2	6	13	7	12	**40(38)**	↑
West (DDARS)	0	2	0	5	12	12	**31(33)**	↓
East (DDARS)	0	3	1	1	7	18	**30(27)**	↑
District Nursing (Dundee HSCP)	0	0	0	0	0	29	**29(17)**	↑
General Practice - Dundee HSCP	0	0	1	3	0	25	**29(31)**	↓
Central (DDARS)	0	0	0	2	4	15	**21(26)**	↓
Community Learning Disabilities - Dundee HSCP	0	0	4	4	1	8	**17(18)**	↓
Psychiatry of Old Age - Older People Services (Dundee)	0	0	0	5	5	5	**15(22)**	↓
Nutrition and Dietetics (Dundee HSCP)	0	0	0	0	0	13	**13(16)**	↓
Area Psychological Therapy Service - Mental Health	0	1	0	0	1	11	**13(9)**	↑
Other - Mental Health (Dundee)	0	0	3	3	4	2	**12(12)**	↔
Allied Health Professions (Dundee HSCP)	0	0	1	2	1	3	**7(7)**	↔
Other (DDARS)	0	0	0	0	3	4	**7(12)**	↓
Other - Specialist Palliative Care	0	0	0	0	0	5	**5(3)**	↑
Stroke and Neuro Rehab Unit RVH	0	0	0	0	1	3	**4(2)**	↑
MFE (Medicine for the Elderly) - Older People Services (Dundee)	0	0	0	0	0	3	**3(3)**	↔
Physiotherapy (Allied Health Professionals Dundee HSCP)	0	0	0	0	1	2	**3(2)**	↑
Palliative Medicine	0	0	0	0	0	3	**3(0)**	↑
(Risk Only) System-Wide Mental Health Risk - Dundee HSCP	0	0	0	0	2	0	**2(2)**	↔
Health Inclusion Team, Dundee HSCP Primary Care Services	0	0	0	0	0	2	**2(2)**	↔
Adults and Older People	0	0	0	0	0	2	**2(1)**	↑
(blank)	0	0	0	0	1	0	**1(1)**	↔
Tayside Sexual and Reproductive Health	0	0	0	0	0	1	**1(0)**	↓
Occupational Therapy - Allied Health Professions (Dundee HSCP)	0	0	0	0	0	1	**1(0)**	↓
Learning Disability - Social Work - DHSCP	0	0	0	0	1	0	**1(1)**	↔
CMHT - Social Work - DHSCP	0	0	0	1	0	0	**1(1)**	↔
Speech and Language Therapy (Allied Health Professions, Dundee HSCP)	0	0	0	0	1	0	**1(1)**	↔
Adult Psychotherapy Service - Mental Health (Dundee)	0	0	0	0	0	1	**1(3)**	↓
Specialist Community Nursing (Dundee HSCP)	0	0	0	0	0	1	**1(0)**	↑
CAMHS (Child and Adolescent MH Services (in-patients) Regional)	0	0	0	0	0	0	**0(1)**	↓
General Practice - Dundee	0	0	0	0	0	0	**0(1)**	↓
Psychiatry of Old Age - Older Peoples' Services (Angus)	0	0	0	0	0	0	**0(1)**	↓
Total	**2**	**9**	**28**	**68**	**78**	**208**	**393(389)**	↑

* Figures in brackets relate to the end of Sept 2025 report
** Since end of Sept 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)	0(1)	0(0)	1(2)
MAJOR (AMBER): Category 1 Event	0(0)	0(0)	0(0)	0(0)	1(1)	0(1)
MODERATE (YELLOW): Category 2 Event	0(0)	0(0)	1(1)	8(8)	7(11)	26(26)
MINOR (GREEN): Category 2 Event	0(0)	0(0)	3(4)	12(12)	15(23)	74(53)
NEGLIGIBLE (WHITE): Category 3 Event	0(0)	0(0)	1(1)	5(5)	6(7)	36(36)
MORTALITY LEARNING EVENT (PURPLE)	1(1)	9(11)	22(24)	43(46)	49(60)	71(50)
(blank)	0(0)	0(0)	0(0)	0(1)	0(0)	0(0)
Total	2	9	28	68	78	208

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.

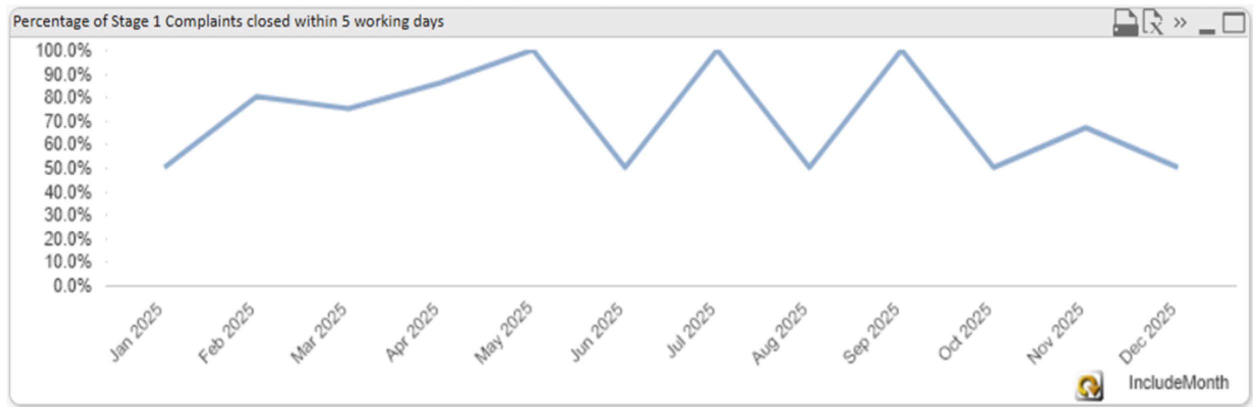
d.2 Performance for number of complaints received, number of complaints closed, and the percentage closed within timescales are shown below.

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

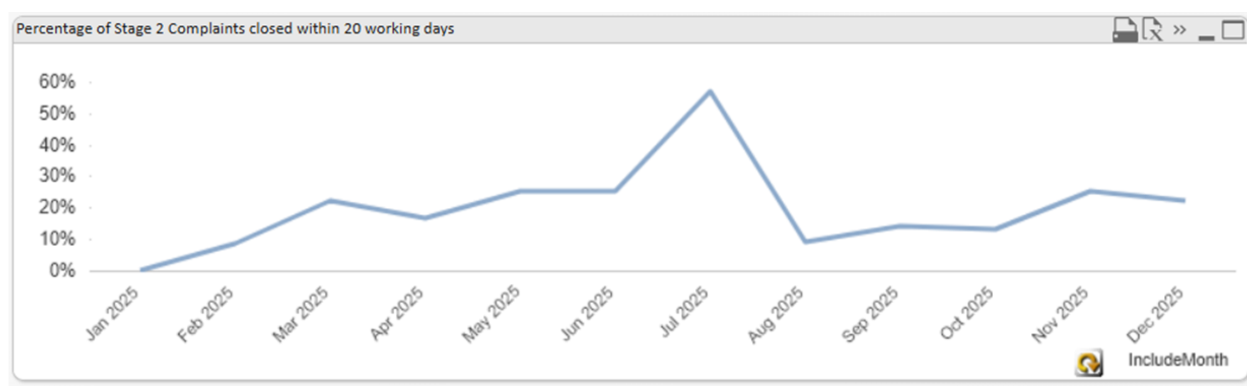
The complaints performance update for 1 January to 30 November 2025 for DHSCP is:

Month	New cases received
Jan 2025	10
Feb 2025	21
Mar 2025	13
Apr 2025	16
May 2025	11
Jun 2025	16
Jul 2025	19
Aug 2025	12
Sep 2025	17
Oct 2025	18
Nov 2025	20
Total	**173**

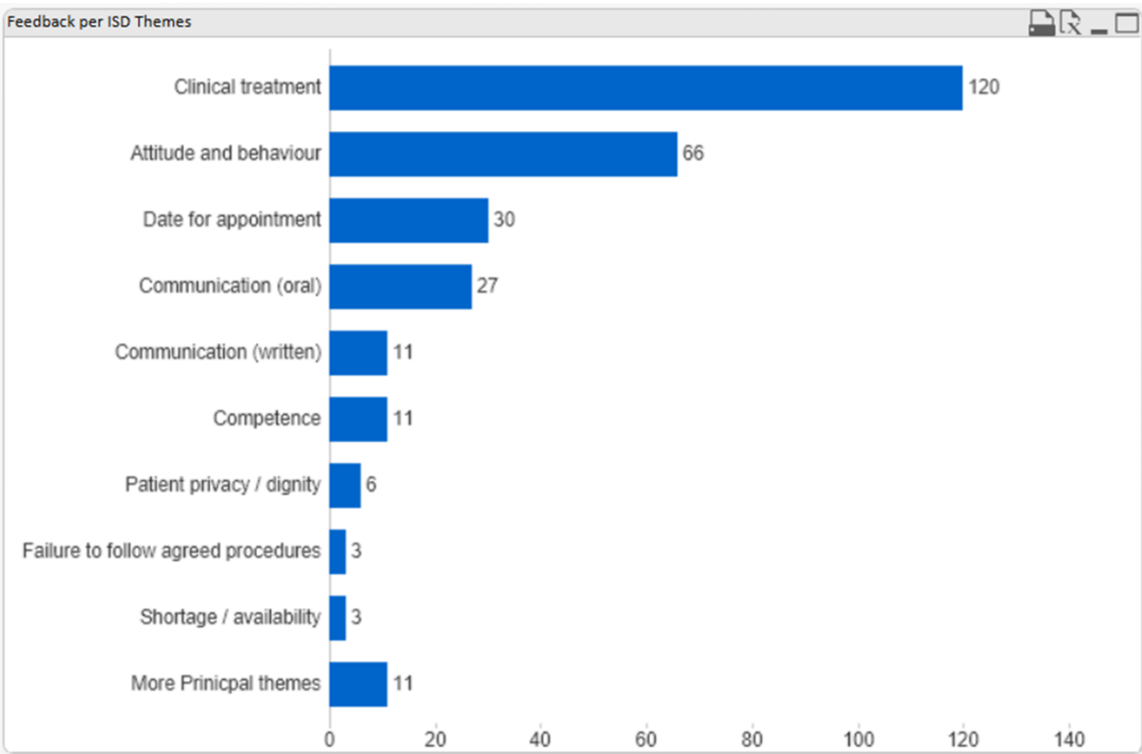
Performance of stage 1 complaints closed within 5 working days:



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	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

Mental Health	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. A draft inspection report is due in Mid February 2026.

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: 20 January 2026

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	☐
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.	