



REPORT TO: DUNDEE INTEGRATION JOINT BOARD – 19TH JUNE 2024

REPORT ON: ANNUAL REPORT OF THE DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE GROUP 2023-2024

REPORT BY: CLINICAL DIRECTOR

REPORT NO: DIJB25-2024

1.0 PURPOSE OF REPORT

This annual report is to provide assurance to the Dundee IJB regarding matters of Clinical, Care and Professional Governance. In addition, the report provides information on the business of the Dundee Health & Social Care Partnership Clinical, Care and Professional Governance Group (“the Group”, DHSCP CCPG Group), and to outline the ongoing planned developments to enhance the effectiveness of the group.

2.0 RECOMMENDATIONS

It is recommended that the Dundee Integration Joint Board:

- 2.1 Notes the content of this report.
- 2.2 Notes the work undertaken by the Dundee Health & Social Care Partnership Clinical, Care and Professional Governance Group from April 2023–March 2024 to seek assurance regarding matters of Clinical, Care and Professional Governance.
- 2.3 Instructs the Chief Officer to share this report with the IJB’s partner bodies to provide assurances with regards to Clinical Care and Professional Governance.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 Objectives and Responsibilities

- 4.1.1 Review and enquiry about risks being managed across the Dundee Health & Social Care Partnership (Dundee HSCP) and action progressed to mitigate risk.
- 4.1.2 Review and enquiry to demonstrate there are systems to embed clinical, care and professional governance at all levels from frontline staff to the IJB and to drive a culture of continuous improvement.
- 4.1.3 Sharing and learning from best practice and innovative ways of working in relation to clinical, care and professional governance across Dundee HSCP.

4.2 Dundee Health & Social Care Partnership Clinical, Care and Professional Governance Group

4.2.1 The Business considered by the DHSCP CCPG Group during 2023-2024 has addressed the function and remit of the Group; profiling national policy and local application of policy and guidance that affects practice. Key themes considered are outlined below:

- Service Area Reports/Updates
- The Risk Register
- Feedback
- Adverse Events
- Outcome of Inspection Reports
- Updates on Clinical Governance and Risk Management Local Adverse Event Reviews / Significant Adverse Event Reviews / Significant Case Reviews
- Exception reports relevant to Clinical, Care and Professional Governance with reference to the 6 domains outlined in the Getting it Right for Everyone (GIRFE) Framework, from each service.
- Processes for the introduction of new clinical, care and professional policies and procedures.

4.2.2 Clinical, Care and Professional Governance Assurance Reports following each CCPG Group meeting have been timeously submitted to the Dundee HSCP Executive Management Team and to the NHS Tayside Care Governance Committee and to the Dundee Performance and Audit Committee for review and discussion and agreement on assurance levels provided.

4.2.3 The Group met on six occasions during the period 1 April 2023 to 31 March 2024 on the following dates:

- 26 April 2023
- 28 June 2023
- 30 August 2023
- 25 October 2023
- 13 December 2023
- 28 February 2024

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

- 27 April 2023
- 31 August 2023
- 26 October 2023
- 28 March 2024

Primary Governance Groups and Service Level Governance Groups provide reports into the Clinical, Care and Professional Governance Group and Forum. The service level reports tabled at the Forum encourage supportive discussion to enhance the reports provided to the CCPG Group.

Assurance reports are provided to a range of committees and/or boards with information taken from the range of governance groups mentioned above in line with the reporting timeframes set by each committee/board. The primary areas for this reporting are via:

- NHS Tayside Care Governance Committee
- Dundee Health and Social Care Partnership Performance and Audit Committee
- Dundee Integration Joint Board.

These assurance reports were produced in:

- April 2023 – Care Governance Committee
- May 2023 – Performance and Audit Committee
- May 2023 – IJB (Annual Assurance Report)
- June 2023 – Care Governance Committee
- August 2023 – Care Governance Committee
- September 2023 – Performance and Audit Committee
- October 2023 – Care Governance Committee
- November 2023 – Performance and Audit Committee
- December 2023 – Care Governance Committee
- January 2024 – Performance and Audit Committee
- February 2024 – Care Governance Committee

4.2.3.2 Strategic Risks

The Dundee HSCP Strategic Risk Register is regularly presented to the NHS Tayside Strategic Risk Management Group and is available to Dundee City Council Risk and Assurance Board through the Pentana system.

Operational Risks are reviewed by the Clinical, Care and Professional Governance Group, with any significant areas of concern which may impact on the ability of the IJB to deliver its Strategic and Commissioning Plan reported to the PAC through the Clinical, Care and Professional Governance Group's Chairs Assurance Report.

Operational Risks which should be escalated are identified through Senior Management meetings, the Clinical, Care and Professional Governance forum and through reports to the IJB and PAC.

The strategic risks aligned with clinical, care and professional governance include: Staff Resource, Dundee Drug and Alcohol Recovery Service, Primary Care, Environmental and Buildings, Mental Health Services with a number of other risks demonstrating significant crossover with the clinical, care and professional governance agenda, for example: National Care Service, Restrictions on Public Sector Funding, Cost of Living Crisis and the introduction of the Health and Care (Staffing) (Scotland) Act 2019.

Significant work has been undertaken seeking to mitigate each of these risks. The fundamental challenges in seeking to recruit and retain our workforce continue to impact on a number of our risks and while these pressures continue there are successes, in some areas, with recruitment to leadership posts, key clinical posts and the development of new models of service delivery.

Work will continue through Workforce Planning Leads to further develop and implement our recruitment and retention strategies.

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

Primary Care

Practice sustainability remains a key risk in Dundee practices with ongoing concerns regarding termination of contracts with one practice terminating its contract and a further practice notifying of their intention to do so through 2024. A significant number of practices have had closed lists within this year which creates pressures on nearby practices.

Recruitment and retention of GPs and the wider team to support primary care remains challenging and is impacting on service delivery and care. The NHS Tayside risk for the sustainability of primary care is at 20, reduced from 25.

Actions linked to the internal audit review are being progressed both locally and regionally. External factors such as changes to capital funding by the Scottish Government are anticipated to have an ongoing negative impact as they impact on GP recruitment through lack of progress with leases and loans.

Dundee Drug and Alcohol Recovery Service

A key priority for 2023-2024 was foremost focused on working to put systems in place to meet all 10 of the Medication Assisted Treatment (MAT) Standards. The work for Standards 1-5 was to imbed changes that had been put in place over the preceding 18 months and for Standards 6-10 it was about developing improvement plans and tests of change to meet the standards. The MAT standards have continued to push the Drug and Alcohol services through a transformational change process against the backdrop of high levels of, and ever changing, demand. The types of drugs used in Dundee continue to evolve with Cocaine and Benzodiazepines as well as Alcohol showing high levels of prevalence. This means the ADP has funded the development of a psycho-stimulant pathway and DDARS and other services are looking to improve the Alcohol Pathway. This has successfully led to the creation of new processes that focus on patient-centred care informed by those with lived experience. The evidence required to show an area is imbedding has to include copies of the protocols for the service delivery, data that demonstrates the outcomes achieved and experiential data from service users, their family/carers and those working in services.

The key priorities for 2024-25 will include progressing work on all 10 MAT Standards and working to move the DDARS service out of Constitution House which will have to be achieved over several phases to ensure the teams move into accommodation that is fit for purpose to allow DDARS and our partners to provide trauma-informed patient-centred care. DDARS have developed a needs assessment around accommodation needs that is being reviewing in DHSCP property management meetings. DDARS already uses 11 community sites across Dundee as well as in service users home environments and the plan is to continue to move all clinical activity into the community.

Increased senior leadership within this team has allowed for an enhanced focus on improvement work across the service. This has supported a significant reduction in the overall risk level for the service over the past 4 months with improvements in workforce availability.

Mental Health

The overarching concerns within mental health and learning disability services during 2023-24 related to; the provision of adequate levels of staffing due to recruitment challenges, with the most significant risk relating to the limited availability of psychiatry resources.

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

During 2024-25 priority focus will be given to continue to develop new models of support to support mental health and wellbeing in a more timely manner.

Nutrition & Dietetics

The Paediatric Dietetic Service faced significant pressure this year due to high levels of staff absence and staff turnover culminating in a mutual aid request being made to NHS Scotland Health Boards for support. Collaboration through professional lines and excellent multidisciplinary working has supported the provision of safe care through this challenging period.

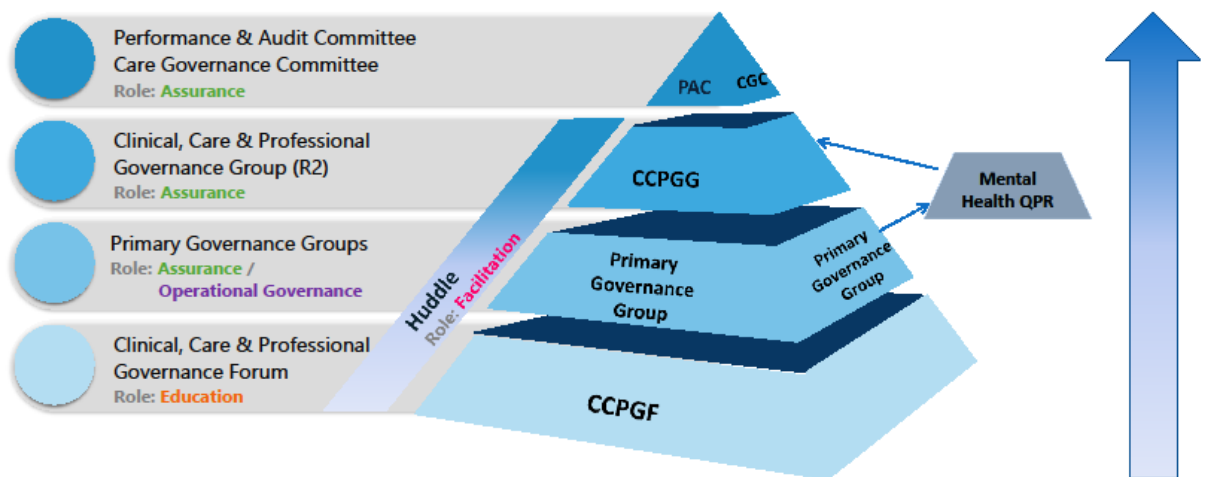
Workforce Availability

The availability of our workforce has remained a significant risk this year. The number of risks varies but has reached 23 separate operational risks across the full range of professional and staffing groups. While this can be transient for some teams we have had some service areas with significant workforce risks for the entirety of the financial year.

4.2.3.3 Dundee HSCP Governance Structure

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

DHSCP Clinical, Care & Professional Governance



4.2.3.4 DHSCP CCPG Group

Dundee Health & Social Care Partnership Clinical, Care and Professional Governance Group is responsible for directing, collating and monitoring governance arrangements and ensuring that there are effective and embedded systems for clinical, care and professional governance in all services within Dundee Health & Social Care Partnership. It is chaired by the Clinical Director, and membership, as referenced in the terms of reference, extends to 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 and Third Sector representative.

Management structures across DHSCP have been redesigned during this reporting period, and continue to be reviewed, 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 the Getting it Right for Everyone (GIRFE) Governance Framework. They will also reference exceptional pieces of

work undertaken, current challenges and future potential issues identified through triangulation of data reviewed through Primary Governance Group meetings.

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

Further assurance is sought with a range of reports/discussions relating to topics such as professional registration, GDPR and contemporary issues, for example Dundee Drugs Commission Review, The National Care Service and Safe Staffing legislation.

4.2.3.5 Primary Governance Groups (PGG)

There are currently 9 PGGs:

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

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, the Care Inspectorate, Audit Scotland, Mental Welfare Commission and Scottish Public Services Ombudsman.
- Ensuring that there is a robust reporting and assurance mechanism for the services which are hosted within the partnership but do not solely operate within Dundee HSCP.
- Undertake the management, escalation or cascading of issues/risks/concerns as appropriate.
- Collate, review and analyse core and service-specific datasets to inform exception reports to the CCPGG, reflecting the 6 domains described in the Getting It Right for Everyone – A Clinical, Care and Professional Governance Framework.
- The exception report should include, but is not limited to:
 - Emerging issues of concern
 - Adverse Events
 - Recurring themes, Major and Extreme Incidents
 - Incidents that trigger Statutory Duty Of Candour
 - All Red Adverse Events
 - Adverse Event Reviews, Significant Case Reviews
 - Complaints/Feedback

- Risks
- Inspection Reports and Outcomes
- Changes to standards, legislation and guidelines
- Outcomes of care
- Adherence to standards
- Sharing of learning

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

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.

4.2.3.6 Governance Huddle

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

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

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

4.2.3.7 Clinical, Care and Professional Governance Forum

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

Each forum will also have a dedicated educational element to improve knowledge and understanding of governance systems and processes across the HSCP. This reporting period, subjects have included: Qlikview, Risk Management System, Datix system report building, falls management in in-patient environments and scorecard development.





4.2.3.8 Summary Assurance Statement

The year April 2023 to March 2024 continued to be one of the most challenging across the health and social care system, due to the remobilisation post-COVID-19 pandemic and the changing demands of the population. The response from staff has been incredible and high quality services have continued to be delivered safely and effectively. There have, of course, been challenges and the infrastructure that has been built, and continues to evolve, has supported the HSCP and its staff to manage and mitigate risk in a proactive and productive manner.

Learning, and the sharing of learning, remains a key focus within the HSCP, and while this has developed well over the year, it remains an area where further improvements will be made. This is instrumental in supporting the HSCP move towards substantial levels of assurance: "A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited, where Controls are applied continuously or with only minor lapses".

The current “reasonable” levels of assurance demonstrate that a generally sound system of governance, risk management and control is in place. Some issues do persist (timeous management and administration of risks, complaints and adverse event; ongoing workforce availability) and there is evidence of some non-compliance (attendance at governance groups, provision of governance reports at all groups), and there is identified scope for improvement across a range of services and governance domains. Despite all of the challenges faced this year, the collective picture illustrates an improving picture, with the HSCP being in a strong position to strive to move towards substantial assurance through 2024-2025.

All assurance reports presented to the Care Governance Committee, the Performance and Audit Committee and the Integration Joint Board have provided reasonable assurance.

Level of Assurance		System Adequacy	Controls
Substantial Assurance		A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited	Controls are applied continuously or with only minor lapses.
Reasonable Assurance		There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of non-compliance.
Limited Assurance		Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Controls are applied but with some significant lapses.
No Assurance		Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Significant breakdown in the application of controls.

4.2.4 During the financial year ending 31 March 2024 membership of the Group comprised:

Clinical Director (Chair)
Head of Health and Community Care Services (Vice-chair)
Head of Health and Community Care Services
Community Nurse Director
Associate Medical Director
Associate Locality Managers / Service Managers
Mental Health and Learning Disability Manager
Clinical Lead, Mental Health & Learning Disabilities
Allied Health Professional Lead (DHSCP)
Lead Nurse (DHSCP)
Clinical Governance Lead (DHSCP)
Clinical Governance Facilitator (DHSCP)
Lead Officer – Strategic Planning and Business Support (DHSCP)

4.3 Schedule of Business Considered During the Period 1 April 2023 to 31 March 2024

4.3.1 26 April 2023

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability and mental Health Service Report
- Noted Psychological Therapies Service Report
- Noted Dundee Drug and Alcohol Service Report
- Noted Nutrition and Dietetics Report
- Noted Community Services Report
- Noted In Patient and Day Care Report
- Noted Primary Care Report
- Noted Acute and Urgent Care Report
- Noted Older People's mental health / care home reports

Getting it right for everyone group feedback provided including feedback from care governance committee.

Update on Mental Health work across Tayside seeking a solution to maximising the use of current structures for assurance reporting.

DHSCP Huddle newsletter shared.

Current risk updates explored the palliative Care Risk associated with staffing availability and the improving position for this risk.

New and emerging risks were discussed in relation to the inpatient neuro services. A short life working group was in place to manage this.

Demand and capacity concerns raised across a number of services, most noticeably in mental health areas.

Concerns raised regarding the costs of locum consultants – Scotland wide solution being sought.

DDARS Service reported on early work commencing to support Medication Assisted Treatment (MAT) Standards.

Care at home services reported positive outcomes in reducing unmet need following test of change.

Work ongoing to develop new nursing documentation across NHS Tayside.

Changes to estates reporting system noted and shared with the group.

Noted report regards bed base at Kingsway Care centre to reduce on temporary basis, due to staff shortages.

Verbal update provided on provision of fit notes by AHP and Nursing staff.

Verbal updated provided on agency use for nursing staff.

Clinical, Care and Professional Governance Forum Report presented.

Infection and Prevention Control Group Minute provided for information.

Dundee HSCP Analysis report presented with a focus on risk management and pending risks.

4.3.2 28 June 2023

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability and mental Health Service Report
- Noted Dundee Drug and Alcohol Service Report
- Noted Nutrition and Dietetics Service Report
- Noted Community Services Report
- Noted In-Patient and Day Care Service Report
- Noted Primary Care Report
- Noted Psychiatry of Old Age Service Report
- Noted Older People's mental Health / Care Home Report

Junior doctor strike discussed with mitigations considered across services.

Clinical, Care and Professional Governance Forum Report presented.

Infection and Prevention Control Group Minute provided for information.

Dundee HSCP Analysis report presented with a focus on risk management and pending risks. The excellent data provided in relation to adverse events was noted with the number of overdue unverified events showing an improving picture.

Complaints report noted.

Protecting People Oversight Group Minutes shared for information

Strategic risk register noted.

Significant Adverse Event Review process discussed to support Tayside wide discussions on future process.

Risk updates provided on leadership in stroke / neurological wards; ligature risk; Staffing Levels in Psychiatry of Older Age and Point of Care Health Monitoring Equipment.

Professional Update provided on use of agency staffing (nursing)

Celebrated staff member receiving RCN Scotland Award for Learning and Leadership.

Update provided on Racism within social work from Chief Social Work Officer.

4.3.3 30 August 2023

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability and Mental Health Service Report
- Noted Dundee Drug and Alcohol Service Report (Verbal)
- Noted Nutrition and Dietetics Service Report
- Noted Community Services Report
- Noted Primary Care Report (Verbal)
- Noted Acute and Urgent Care Report (verbal)
- Noted Older People's mental Health / Care Home Report

Information shared regards the Protecting People lead role, the structure and planned visits to the HSCP's following the NHS Tayside Protecting People Lead's presentation to the GIRFE Group.

Group updated on Governance Framework development, led via the Risk Management and Clinical Governance Team.

Update provided on the work across Tayside regards the Mental Health Governance Structures and reporting. Key Performance Indicators in development to support aligning reports from the HSCP's.

Update provided on the process for mortality and morbidity reviews and associated timescales.

Update provided on inaugural risk management meeting. This meeting has been established to support a greater focus on risk management and support for managers across the Partnership. It was reported the first meeting was well received.

Risk updates provided on leadership in stroke / neurological wards; ligature risk; Staffing Levels in Psychiatry of Older Age; Point of Care Health Monitoring Equipment; in-patient criteria for learning disabilities and the variance of waiting times across psychology services.

Mental Health Service shared recent experience with regards to investigating missing patient records and learning in regard to patient support.

A number of services continue to report significant risk in relation to recruitment and the unavailability of workforce across a range of professions and grades.

Professional leads reported on work progressing regarding workforce planning and development of processes to support the Health and Care (Staffing) Act.

Professional updates included: Health and Care Professions Council updated Standards of proficiency; Potential for learning following Lucy Letby Case; Notice of Adult Support and protection inspection due later this year.

Care Home Inspection Report Noted.

Feedback report presented with members asked to note very positive comments included in most recent report and to encourage staff to continue to report this.

Dundee HSCP Analysis report presented.

4.3.4 25 October 2023

Clinical, Care and Professional Governance Exception Reporting

- Noted Perinatal & Infant Mental Health Service Report
- Noted Psychological Therapies Service Report
- Noted Nutrition and Dietetics Service Report

- Noted Psychiatry of Old Age In Patient and Community Services Report
- Noted Care Home Report
- Noted Community Services Report
- Noted In Patient and Day Care Report
- Noted Primary Care Report

GIRFE Update – Key Performance Indicators for Mental Health work shared with the group.

Governance Huddle Newsletter shared with the group for onward sharing and awareness.

Risk updates provided on leadership in stroke / neurological wards; ligature risk; Staffing Levels in Psychiatry of Older Age; Point of Care Health Monitoring Equipment; Nutrition and Dietetics Paediatric Staffing.

New and emerging risks noted in relation to staff security; warfarin monitoring (equipment availability); Kingsway Care Centre's environment.

Updates from Performance and Audit Committee and Care Governance Committee reports demonstrating reasonable levels of assurance being provided with good quality reports continuing to be provided.

Professional updates highlighted: Successful Occupational therapy re-registration (100%); Major Trauma Peer review planning ongoing; Collaborative work regards discharge adverse events across 3 HSCPs and Acute sector; Annual GP Appraisal demonstrating excellent engagement; Responsible Officers Advisory Group established to manage professional concerns related to doctors.

Inspection Grading Report presented highlighting excellent collaboration between HSCP and Care Home team with proactive management of arising issues.

Dundee HSCP Analysis Report Presented for adverse events and risks with new tab included reflecting the work from the governance huddle regards incomplete adverse events. Additional tabs also include data associated with discharges and supplementary staffing.

Safe Staffing Update provided outlining work being undertaken across professions.

Feedback report noted including update on care opinion development in the Dundee HSCP.

Infection Prevention and Control Report noted.

4.3.5 13 December 2023

Clinical, Care and Professional Governance Exception Reporting

- Community Services Report noted.
- Care Homes Report noted
- Mental Health and Learning Disability Reports noted.
- Psychology Report noted.
- Drug and Alcohol Recovery Service Report Noted.
- Nutrition and Dietetics Report noted.
- Acute and Urgent Care Report noted.
- In Patient and Day Care Report noted.
- Older People's Mental Health Report Noted
- Care Home Report noted.
- Primary Care verbal report noted.

Getting it Right for Everyone Update – Key piece of work is progressing relating to key performance indicators for mental health. Clinical Governance Framework development ongoing. Update provided on the Person-Centeredness Charter development.

Governance Huddle outlined work relating to incomplete adverse events and developing a better understanding of the reasons for these.

Paper noted on Lead Partner (Hosted) Service Assurance Report Tayside wide.

Risk updates provided on: ligature risk; Point of Care Health Monitoring Equipment; Nutrition and Dietetics Paediatric Staffing; Kingsway Care Centre environment; staff security in community setting; workforce risks (23) noted across various teams.

Allied Health Professions Professional Update: Significant ongoing work with national teams supporting the safer staffing agenda; Tayside wide workforce contingency plan for winter completed. National benchmarking exercise complete. Tayside Falls Framework and associated 12 Commitments shared.

Nursing Professional Update: Update provided on Excellence in Care Education and Development Framework; Workforce Tool development with local lead ongoing; Awareness raised on current C.Diff strain in England; DDARS nurse received Queen's Nursing Award.

Social Work Professional Update: National care Service update provided; Adult Support and Protection Inspection Report due for release 19 December.

Medical Professional Update: Health and Care biennial survey complete; General Practitioners whole time equivalent number have dropped in Tayside, although nursing numbers have increased - both above Scottish average; Responsible Officers Advisory group has seen 20 cases within first year.

Commissioned Services Grading and Update Report Noted. It was recognised the exception reports that covered commissioned services provided excellent triangulation of the exceptions identified and resultant actions. Care home grades are improving across the city.

Feedback Report noted with positive performance in relation to meeting standards for complaints. Care Opinion procurement is progressing well.

Dundee HSCP Analysis Report Presented: Improved position with risk management; noted an increase in adverse events for failed discharges and for vulnerable people.

4.3.6 28 February 2024

Clinical, Care and Professional Governance Exception Reporting

- Care Homes Report noted
- Mental Health and Learning Disability Reports noted.
- Psychology Report noted.
- Nutrition and Dietetics Report noted.
- Acute and Urgent Care Report noted.
- In Patient and Day Care Report noted.(Verbal)
- Older People's Mental Health Report Noted
- Care Home Report noted.
- Primary Care verbal report noted.

Getting it Right for Everyone Update – Mental Health KPI's – seeking a way collate this information centrally; GIRFE meetings will now alternate between general business and mental health business every 2 months; Care Governance Committee has reviewed it's terms of reference – exception reports to be reviewed to ensure alignment.

Governance Huddle encouraged more use of the DATIX Dashboards to view and manage adverse events and risks. Also requested enhanced use of the system for recording actions undertaken, i.e. using progress notes and email system within DATIX system.

Lead Partner (Hosted) Service Assurance Report Tayside wide annual report template in development, comments requested from group.

Risk updates provided on: ligature risk; Point of Care Health Monitoring Equipment; Kingsway Care Centre environment.

Allied Health Professions and Nursing Professional Update: Significant ongoing work with national teams supporting the safer staffing agenda and the use of national tools and local implementation; Nursing profession to use safecare system.

Medical Professional Update: Ongoing work linking the Responsible Officer Advisory Group to primary care for clinical concerns is progressing well. All GP's successfully appraised.

Adult Support and Protection Inspection Report and action plan noted. Teams progressing actions well.

Commissioned Services Grading and Update Report Noted. It was recognised the exception reports that covered commissioned services provided excellent triangulation of the exceptions identified and resultant actions. Care home grades continue to improve across Dundee.

Feedback Report noted with positive performance in relation to meeting standards for complaints. Care Opinion awaiting a soft launch and staff training opportunities

Dundee HSCP Analysis Report Presented: Improved position with risk management; noted; overdue incomplete adverse events increasing.

4.4 Assurance Statement

4.4.1 As Chair of the Dundee HSCP Clinical, Care and Professional Governance Group during the financial year 2023-2024, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings has supported the fulfilment of the Group's objectives and responsibilities.

4.4.2 I would like to offer my thanks to the commitment and dedication of fellow members of the Group. Significant work goes into the preparation of the written reports and I am grateful to all those who have attended and contributed to each of the meetings.

5.0 POLICY IMPLICATIONS

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

6.0 CONSULTATIONS

The Chief Officer, Chief Finance Officer, Head of Service – Health & Community Care, Allied Health Professions Lead and the Lead Nurse were consulted in the preparation of this report.

7.0 DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	✓
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

8.0 BACKGROUND PAPERS

None.

Dave Berry
Acting Chief Officer

DATE: 07 May 2024

Christine Jones
Acting Chief Finance Officer

Jenny Hill
Head of Health & Community Care

Krista Reynolds
Lead Nurse

David Shaw
Clinical Director

Matthew Kendall
Allied Health Professions Lead

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