



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 20 JULY 2022
REPORT ON: DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE ASSURANCE REPORT
REPORT BY: CLINICAL DIRECTOR
REPORT NO: PAC19-2022

1.0 PURPOSE OF REPORT

1.1 This is presented to the Committee for:

- **Assurance**

This report relates to:

- Government policy/directive
- Legal requirement

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

This report is being brought to the Committee to provide assurance on the clinical and care governance activities and arrangements across the Partnership as outlined in the Getting It Right For Everyone (GIRFE) Framework in accordance with the Partnership integration scheme. Clinical Governance is a statutory requirement to report on, at Board level, from Scottish Government as per NHS MEL(1998)75. The Performance and Audit Committee is being asked to provide their view on the level of assurance this report provides and therefore the level of assurance regards clinical and care governance within the Partnership. The timescale for the data within this report is to May 2022.

2.0 RECOMMENDATIONS

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

- Note the Exception Report for the Dundee Health & Social Care Partnership Clinical, Care & Professional Governance Group as detailed in Section 4.

2.2 This report is being presented for:

- **Assurance**

As Lead Officer for Dundee Health & Social Care Partnership (DHSCP) I would suggest that the level of assurance provided is: Reasonable.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 Situation

This report is being brought to the Committee to provide assurance on the clinical and care governance activities and arrangements across the Partnership as outlined in the Getting It Right For Everyone Framework in accordance with the Partnership integration scheme. Clinical Governance is a statutory requirement to report on, at Board level, from Scottish Government as per NHS MEL (1998) 75. The Performance and Audit Committee is being asked to provide their view on the level of assurance this report provides and therefore the level of assurance regards clinical and care governance within the Partnership. The timescale for the data within this report is to May 2022.

As lead Officer for Dundee HSCP I would suggest that the level of assurance provided is: Reasonable.

4.2 Background

4.2.1 The role of the Dundee Health & Social Care Partnership Governance group is to provide assurance to the Dundee Integration Joint Board, NHS Tayside Board (through the Care Governance Committee) and Dundee Council, that there are effective and embedded systems for Clinical, Care & Professional Governance in all services within Dundee Health and Social Care Partnership.

4.2.2 The Getting It Right For Everyone Framework has been agreed by all three Health & Social Care Partnerships and the recent refresh of the document was endorsed at Care Governance Committee. To ensure consistency of approach between Local Authorities, Tayside NHS Board and the IJBs for the three Health & Social Care Partnerships, quality assurance is assessed against an agreed, prioritised common data set for each of the governance domains as detailed below. A Getting It Right For Everyone Steering Group has been established and continues to meet, with representatives from each of the three Partnerships and part of its remit is to support additional common assurance measures and this template.

4.2.3 The six domains continue to evolve over time and must be adaptable and responsive to the changes in legislation and external support and monitoring. The domains reflect the principles set out in the Health and Social Care Standards, My support, My life; Scottish Government, 2018 and the Quality of Care Approach, Healthcare Improvement Scotland and Care Inspectorate, September 2018. The domains are:

Information Governance
Professional Regulation and Workforce Development
Patient/Service User/Carer and Staff Safety
Patient/Service User/Carer and Staff Experience
Quality and Effectiveness of Care
Promotion of Equality and Social Justice

4.3 Assessment

A detailed report with reference to clinical, care and professional governance activity and assurance is presented at Appendix 1 – Governance report for the period up to May 2022 which will also be reported to NHS Tayside Care Governance Committee in August 2022. This will also include the annual report for the period of 01 April 2021 to 31 March 2022 which is attached as Appendix 2 for the committees interest. This was recently approved by the IJB in June 2022..

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

This is a mandatory field and an explanation must be provided which covers the fields below. Please fill in and copy this table for each individual risk identified.

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.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

8.1 Appendix 1: Dundee Health and Social Care partnership Clinical, Care Governance Report May 2022
Appendix 2: Annual Report of the Dundee Health And Social Care Partnership Clinical, Care & Professional Governance Group 2021-2022

Dr. David Shaw
Clinical Director

DATE: 7 July 2022

Diane McCulloch
Chief Social Work Officer / Head of Health and Community Care

Report Author: Matthew Kendall, AHP Lead.

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**DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP
CLINICAL GOVERNANCE REPORT
MAY 2022**

1 Purpose

This is presented to the Care Governance Committee for:

- Assurance

This report relates to:

- Government policy/directive
- Legal requirement

This aligns to the following NHSScotland quality ambitions:





- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

This report is being brought to the meeting to provide assurance on the clinical and care governance activities and arrangements across the Partnership as outlined in the Getting It Right For Everyone (GIRFE) Framework in accordance with the Partnership integration scheme. Clinical Governance is a statutory requirement to report on, at Board level, from Scottish Government as per NHS MEL(1998)75. The Care Governance Committee is being asked to provide their view on the level of assurance this report provides and therefore the level of assurance regards clinical and care governance within the Partnership. The timescale for the data within this report is to May 2022.

As lead Officer for Dundee HSCP I would suggest that the level of assurance provided is: Reasonable.

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.	

2.2 Background

The role of the Dundee HSCP Governance Group is to provide assurance to the Dundee Integration Joint Board (IJB), NHS Tayside Board (through the Care 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.

The GIRFE Framework is an agreed tool used by all three HSCPs to ensure consistency of approach between Local Authorities, Tayside NHS Board and the IJBs for the three HSCPs; quality assurance is assessed against an agreed, prioritised common data set for each of the governance domains as detailed below. A GIRFE Steering Group has been established and continues to meet, with representatives from each of the three Partnerships and part of its remit is to support additional common assurance measures and this template.

The six domains continue to evolve over time and must be adaptable and responsive to the changes in legislation and external support and monitoring. The domains reflect the principles set out in the Health and Social Care Standards, My support, My life; Scottish Government, 2018 and the Quality of Care Approach, HIS and Care Inspectorate, September 2018. The domains are:

Information Governance
Professional Regulation and Workforce Development
Patient / Service User / Carer and Staff Safety
Patient / Service User / Carer and Staff Experience
Quality and Effectiveness of Care
Promotion of Equality and Social Justice

This report is assuring NHS Tayside Board and Dundee Integration Joint Board that clinical governance and risk management processes are in place, that reliable, safe and effective, and person-centred care is delivered in all health and care settings, and learning is identified and shared thereby reducing harm to people.

2.3 Assessment

a. Clinical and Care Risk Management

a.1 The table below shows the top 5 service risks in the Dundee HSCP.

Title of Risk	Priority Level	Inherent Risk Score (without controls)	Current Risk Score (with current controls in place)
Increasing patient demand in excess of resources -DDARS	1	15	25
Risk that current funding would be insufficient to undertake the service redesign of the DDARS	1	20	20
Insufficient numbers of DDARS staff with prescribing competencies	1	25	16
Lack of resource to deliver the benzodiazepine dependence pathway compliant with guidelines	1	20	16
Demand and capacity mismatch in adult weight management service.	2	16	16

Four of the top five risks continue to sit with the Dundee Drug and Alcohol Recovery Service (DDARS). There are ongoing service pressures due to staff turnover that affect all of the key risks identified.

One of these risks continues to show a current risk score in excess of the inherent risk score. This is primarily due to ongoing challenges relating to recruitment and retention into the DDARS service combined with the increased referral rates through the

pandemic. Recent band 5 recruitment saw the withdrawal of all candidates following publication of the Drug Commission Report.

Staff morale remains very low. Staff are frequently moved within service to provide cover for absence of staff which has a significant impact on their job satisfaction.

Lack of available resource to deliver the benzodiazepine dependent pathway

a.2 Many people dying from drug deaths who are open to DDARS, have etizolam present in the PM toxicology. DDARS does not have access to the resources in the community or a stabilisation inpatient facility to deliver prescribed diazepam detoxes.

Clinical risks including overdose, could be increased by reduced access to prescribed diazepam withdrawals caused by:

- a lack of capacity / staffing resource to monitor for respiratory depression and substance use
- a lack of staffing resource for structured psychological interventions
- biochemistry drug screening not delivering results for substances commonly causing harm in a clinically useful timescale.

The team are currently working towards:

- Identifying the model and resources required for residential rehabilitation
- Agreeing the multiagency resources required to implement the benzodiazepine pathway
- Identifying the minimum resources required for DDARS to manage patients dependent on benzodiazepines in the community

Fatality Reviews

a.3 Fatalities continue being reviewed within the drug death review group and within service level reviews. Staff leave and service demands are main areas of delay for reporting, verification & reviews. There is a downward trend in fatalities within the DDARS service, and there have been no service contributory factors identified through review, leading to fatalities.

Demand and capacity mismatch in Adult Weight Management Service

a.4 As a result of increasing demand for the Adult Weight Management Service patient waiting times are increasing, response times for priority referrals are increasing leading to delayed access to dietetic services for assessment and advice.

There is also an impact on the wellbeing of staff in the service who are under increasing pressure, with the team noting an increase in sickness absence.

The service has been significantly impacted through the COVID pandemic in terms of increased referrals and also with pausing of the service as staff were redirected to acute service areas as part of the pandemic response. The team have also not been able to undertake group work due to physical distancing measures post-COVID.

Waiting times by waitband, at May 2022.

Specialty	0-04 wks	04-08 wks	08-12 wks	12-26 wks	26-52 wks	52 + wks	Total
AWMS	111	98	119	309	664	289	1590

A range of mitigations have been developed including:

- Remote consultations are being used extensively across the service.
- RAG Tool implemented to ensure appropriate clinical prioritisation of patients.
- Development of new programme for adult weight management
- Greater use of skill mix across the team, including Healthcare Support Workers to support service delivery.
- Commissioning of external services to provide remote services.
- Vetting process to ensure appropriate signposting at earliest opportunity.

Staff Resource

Staff availability continues to be a significant pressure across a wide range of teams and professions within the HSCP. This is managed well on a day to day basis and support is provided between teams, between HSCPs and across professional boundaries as required. This is not sustainable in the long term and staff are increasingly reporting fatigue and impacts on their wellbeing. This links to strategic risk HSCR00b1 which describes the risk across a range of staff groups and the control measures including the development of new models of care, organisational development strategy, service redesign and the ongoing development of the workforce plan.

b. Clinical & Care Governance Arrangements

The arrangements for CCPG in the Dundee HSCP are outlined in Appendix 1: The Annual Report for Clinical, Care and Professional Governance in the Dundee HSCP. This report also details the schedule of business for the Dundee HSCP from April 2021 to March 2022.

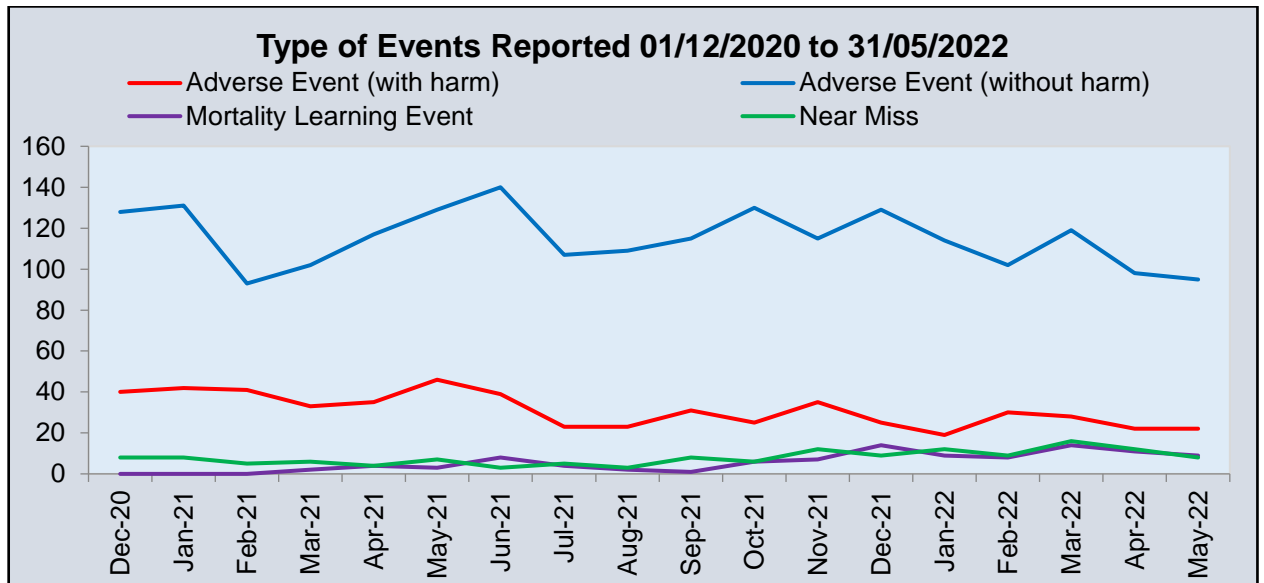
During this reporting period (April 2022 to May 2022) exception reports were presented to the CCPG Group from the following services:

- Nutrition and Dietetics
- Acute and Urgent Care
- Care Homes
- Community Services
- Drug and Alcohol Recovery Service
- In Patient and Day Care
- Mental Health and Learning Disability Services
- Psychological Therapies
- Health Inequalities

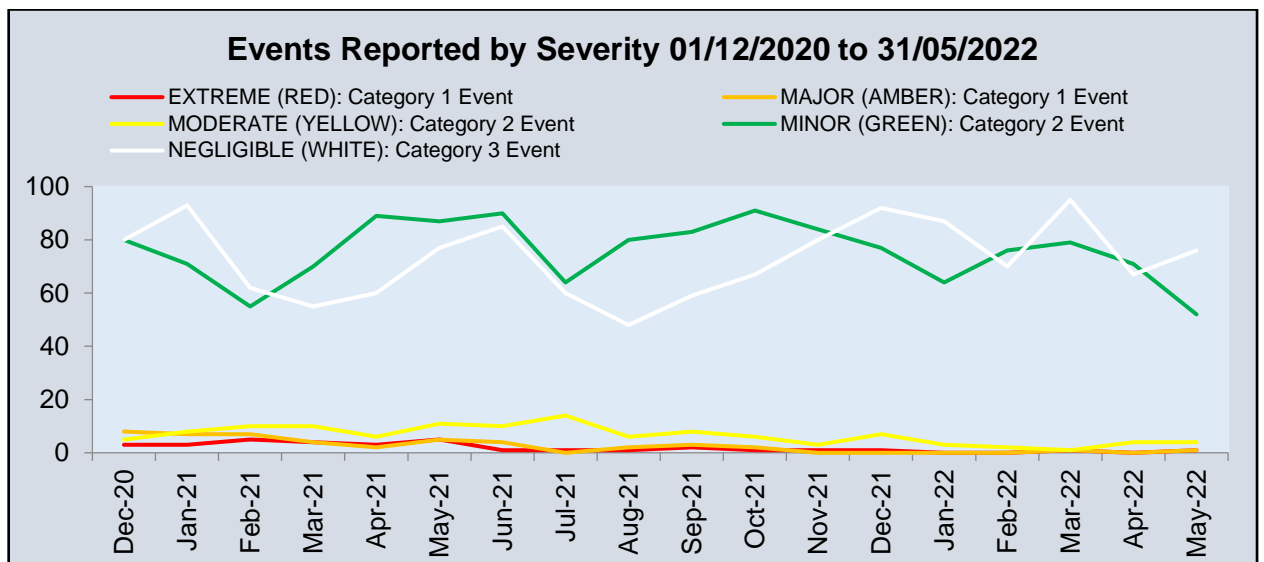
c. Adverse Event Management

c.1 The following graph shows the type of adverse events reported through Datix by month over the past 18 months.

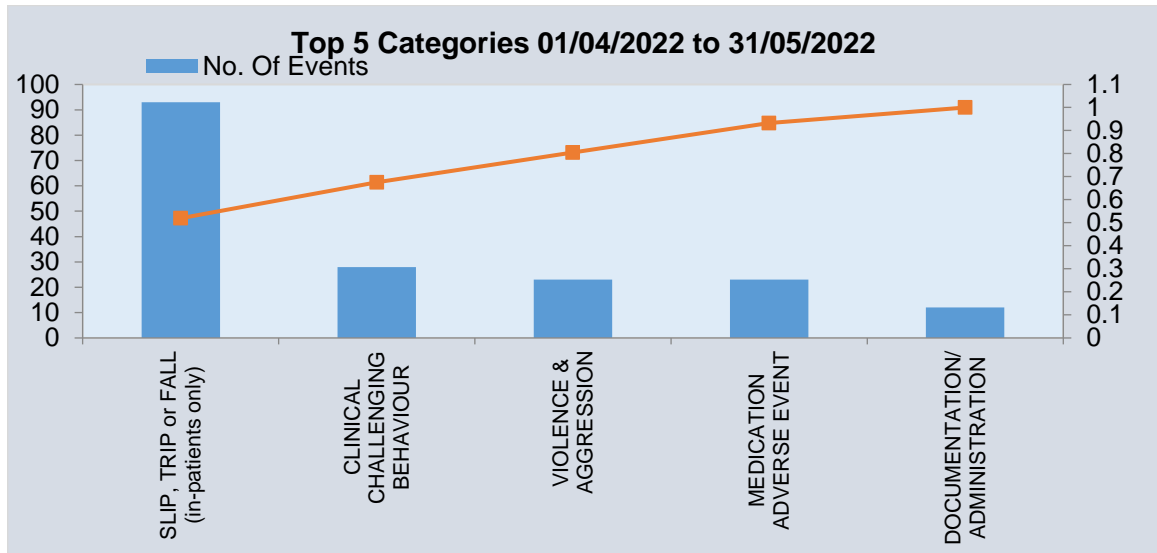
The ratio of events with harm to events with no harm is 1 to 3.7. This shows a decrease from the previous report (1:4).



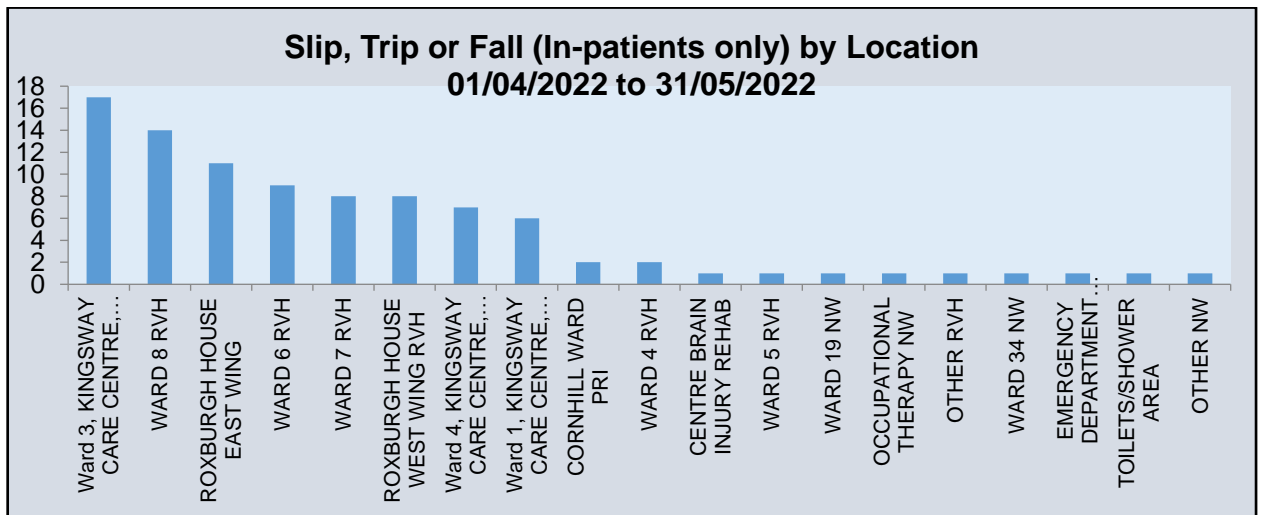
c.2 The following graph shows the impact of the reported adverse events by month over the past 18 months, with low numbers of extreme, major and moderate events reported.



c.3 The following graph shows the Top 5 categories reported between 01/04/2022 and 31/05/2022. These categories account for 179 of the 277 events (65%) reported within the time period.

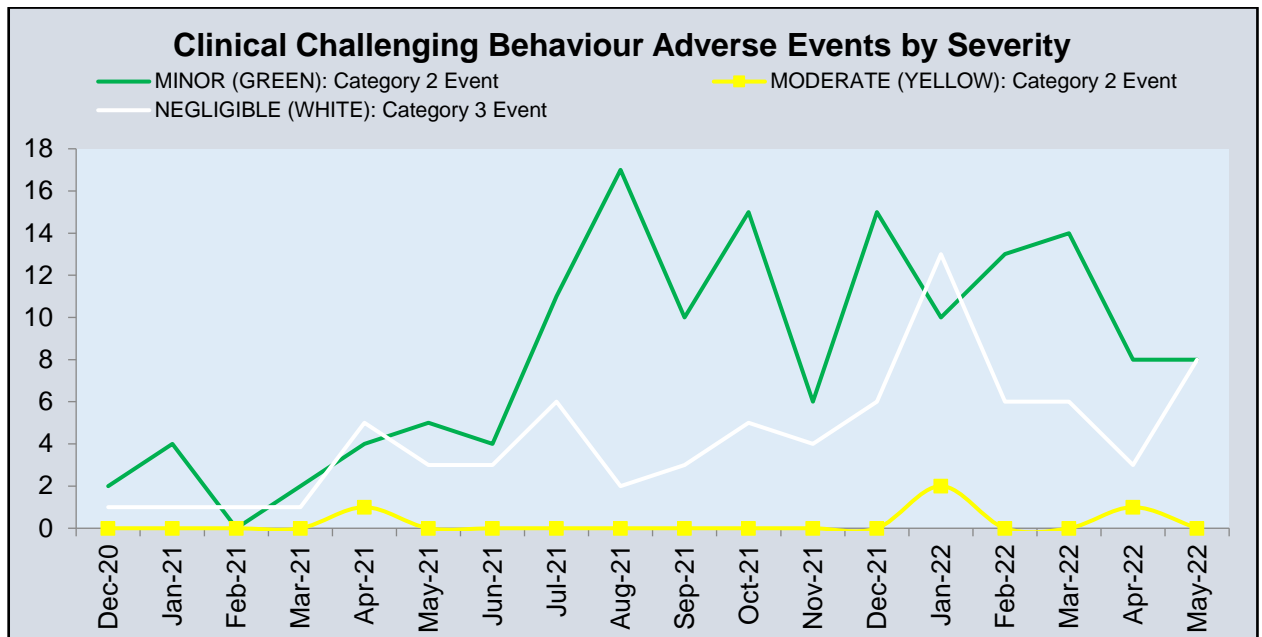


The following table shows the number of slips, trips and falls (In-patients only) by location. The areas with the highest number of falls were Ward 3, Kingsway Care Centre (17), Ward 8 RVH (14) and Roxburgh House East Wing (11).



There are no significant concerns relating to the falls data that require escalation. Inpatient falls groups across inpatient areas continue to meet and review falls screening work and post falls management.

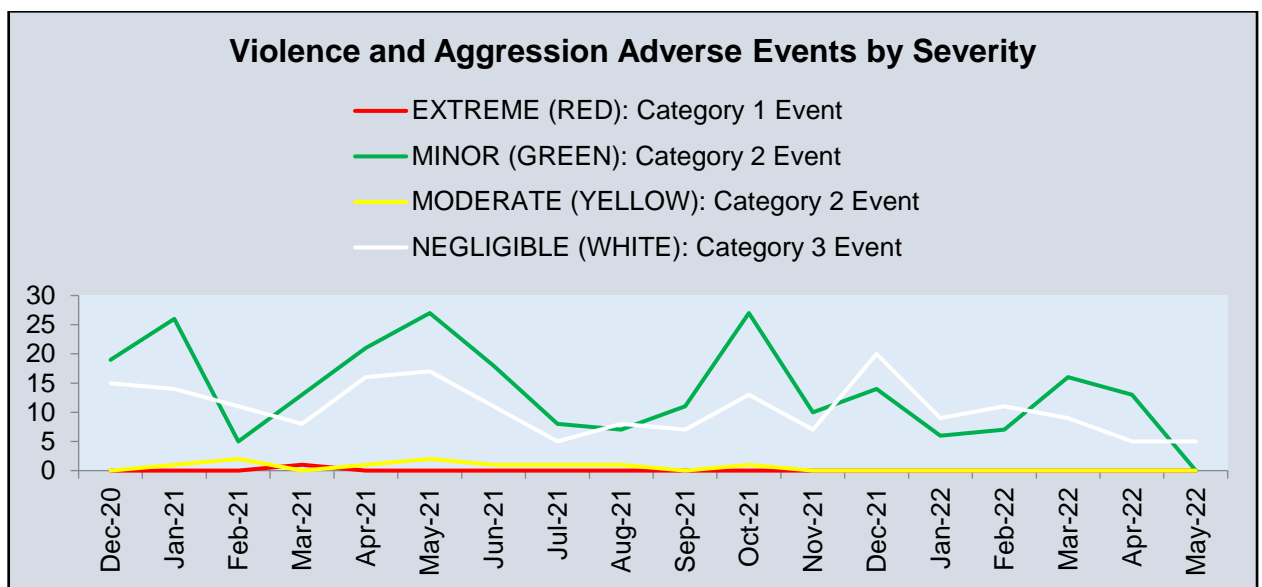
c.4 The following chart shows the number of clinically challenging events by severity.



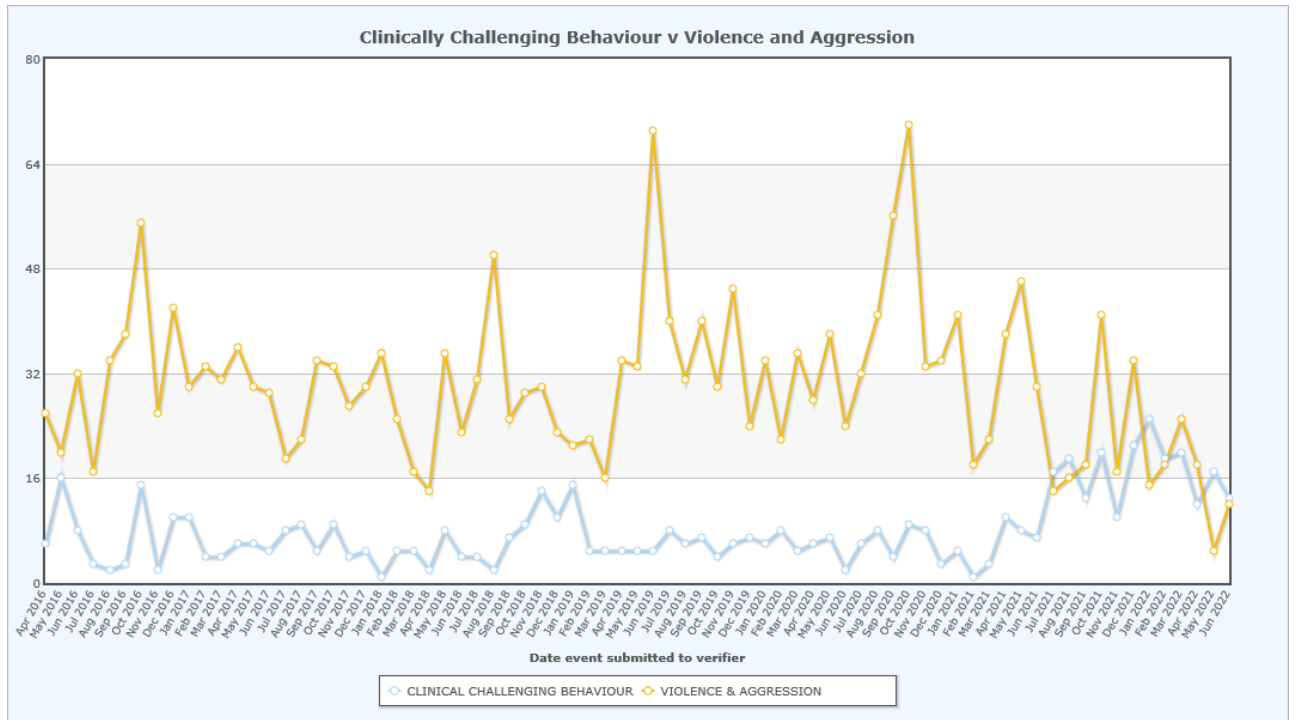
This chart shows an increasing trend for these events from June 2021. This coincides with education for staff regarding accurate reporting for violence and aggression and clinical challenging behaviour incidents. We are seeing an improvement in appropriate event category selection, although work is ongoing to improve this further.

These events are well managed across the HSCP. These events are expected to continue to be reported due to the patient groups being cared for.

c.5 This chart shows the number of violence and aggression events by severity



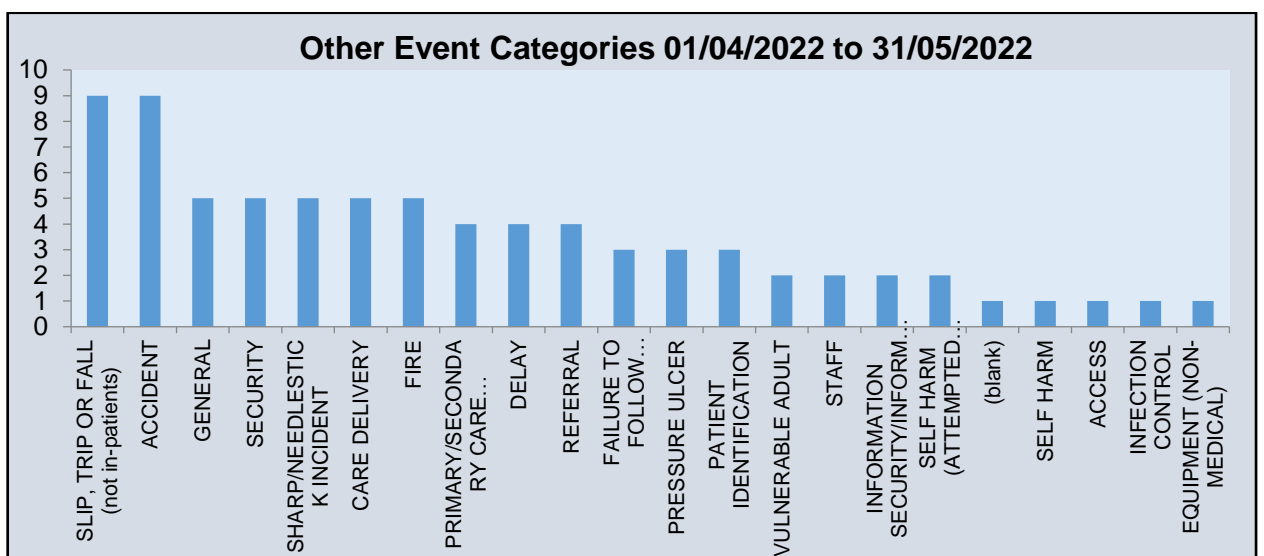
c.6 As indicated in the paragraph above there has been more accurate reporting for these events. The chart below shows the respective changes for these two event types since 2016, with a clear change in reporting numbers following education sessions in June 2021.



Medication adverse events

c.7 These continue to be reviewed by teams locally. Numbers remain small (Community Nursing 7, Specialist Palliative Care 6, Older People’s Services 5) in this reporting period. A deep dive of events within teams and across the HSCP will be reported through the Primary Governance Groups with a view to identifying key themes for improvement. Key improvements to date have included: revised SOPs, enhanced education, consideration of electronic booking and electronic patient records and procurement of more appropriate equipment.

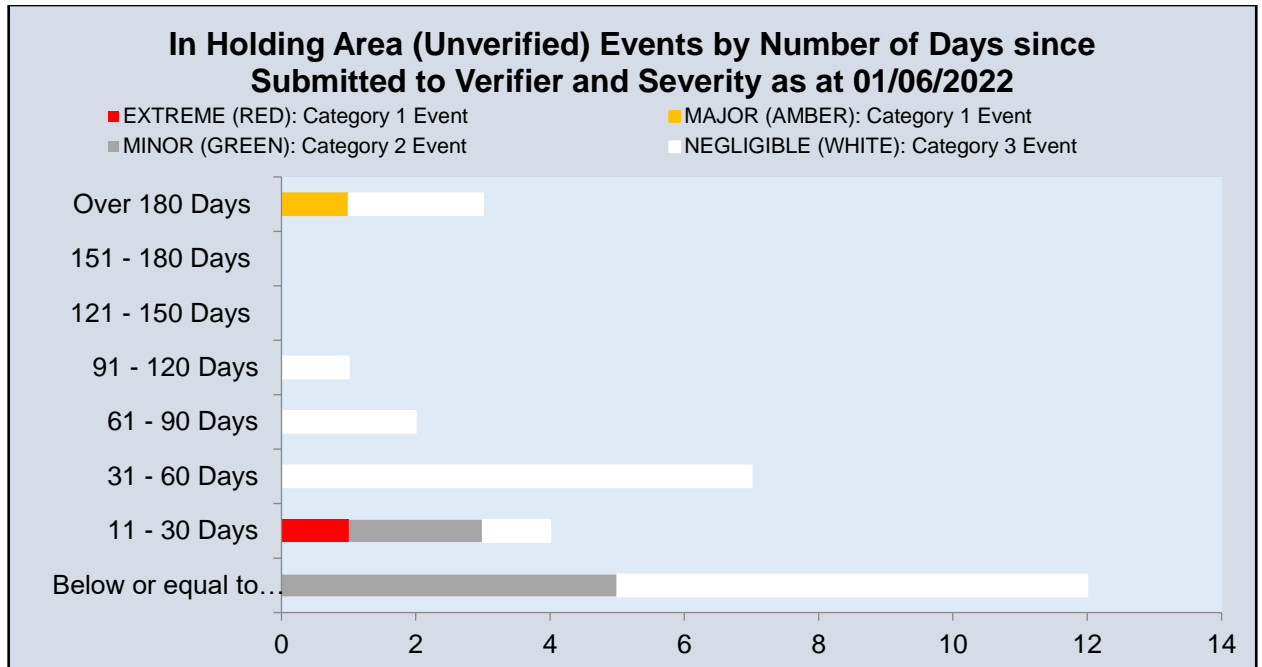
There were 77 events reported between 01/04/2022 to 31/05/2022 outwith the top 5 categories. These are summarised in the table below.



Adverse events management – systems and processes

Overdue Unverified Events

c.8 At the time of data extraction, there were 29 unverified events. Out of the 29, 27 unverified events had exceeded the timescale of 72 hours for verification. The following graph shows the unverified events by the severity and the number of days overdue. There were 12 unverified events in the Below or equal to 10 days section. Of the 29 unverified events, 27 of these were graded Negligible or Minor. On the previous report there were 10 events in the 180 days category.



Overdue Verified Events

c.9 The table below shows the number of overdue events by the year they were reported. The numbers in brackets represent the number of overdue events by year as included in the last report, demonstrating the number of historical outstanding reviews continues to reduce.

A total number of 186 events are overdue based on verified events awaiting completion.

Event Severity	2018	2019	2020	2021	2022
EXTREME (RED): Category 1 Event	0(1)	7(7)	9(11)	14(24)	1(0)
MAJOR (AMBER): Category 1 Event	0	0	4(4)	9(14)	1(0)
MODERATE (YELLOW): Category 2 Event	0	0	2(2)	4(11)	22(4)
MINOR (GREEN): Category 2 Event	0	0	2(3)	9(9)	8(13)
NEGLIGIBLE (WHITE): Category 3 Event	0	0	0	25(15)	67(18)
(blank)	0	0	0	0	2
Total	0 (1)	7 (7)	17 (20)	61 (73)	101 (35)

The majority of overdue extreme and major events sit within the Mental Health service and DDARS. As has been noted in previous reports, significant improvement has been noted in reducing the numbers of overdue adverse events. Improvement

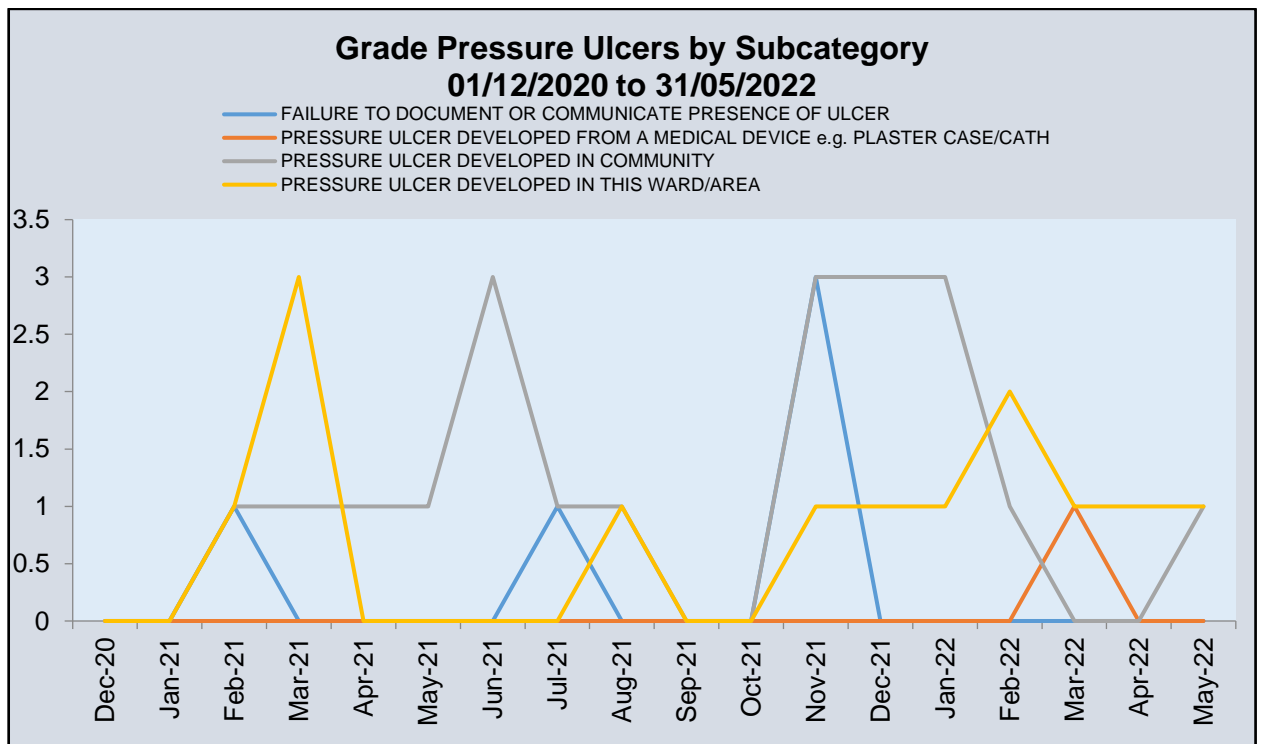
in this area has slowed. With more stable staffing being embedded across DDARS and MH services a renewed focus and priority will be given to this work.

d. Significant Adverse Event Reviews

None to report in this reporting period.

e. Pressure Ulcers

The following graph shows the number of pressure ulcers by the subcategory reported under. There were 3 in this reporting period.

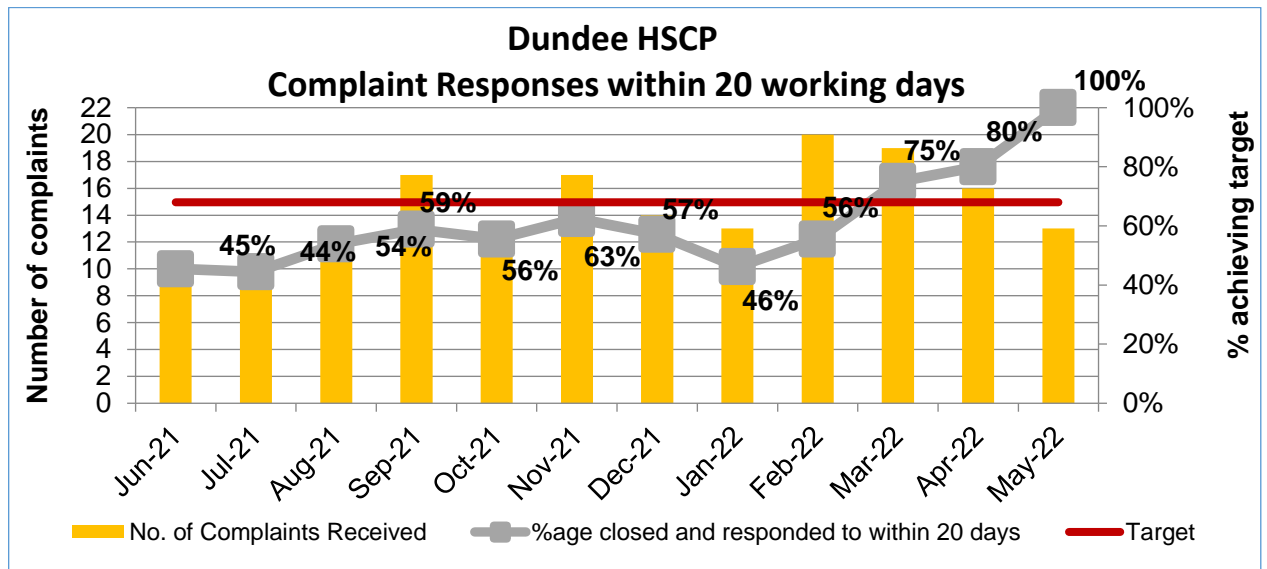


The community teams now have direct access to the tissue viability service. This service supports community teams and also care home teams. The tissue viability team are attending the Dundee HSCP Professional Nurse Forum to outline the service model, detail how to access the service and provide support and guidance to teams as required.

While no significant concerns have been identified regarding the management of pressure ulcers in the HSCP it will be most welcome to have the expertise of the tissue viability service to support and develop practice and enhance levels of assurance the HSCP can offer.

f. Complaints

f.1 The complaint responses performance has improved significantly during this reporting period, with 80% and 100% respectively of closed complaints meeting the 20 day standard for April and May. This can be seen in the graph and the table below.



f.2 No of closed complaints by month

	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
No. of Complaints Received	11	9	13	17	11	17	14	13	20	19	16	13
No. of Complaints closed	11	9	13	17	9	16	14	13	18	16	10	6
No. of complaints responded to within 20 working days	5	4	7	10	5	10	8	6	10	12	8	6
%age closed and responded to within 20 days	45.5	44.4	53.8	58.8	55.6	62.5	57.1	46.2	55.6	75.0	80.0	100.0
Target (%)	68	68	68	68	68	68	68	68	68	68	68	68

f.3 Current Complaints as at 23/06/2022 – Stage 1

No. of Open Cases - 3			
Clinical Care Group/Department	Days_Band	0-5 Days	Total
Mental Health (Dundee)		2	2
Older People Services (Dundee)		1	1
Total		3	3

All current open stage 1 complaints are within the 5 day timeframe.

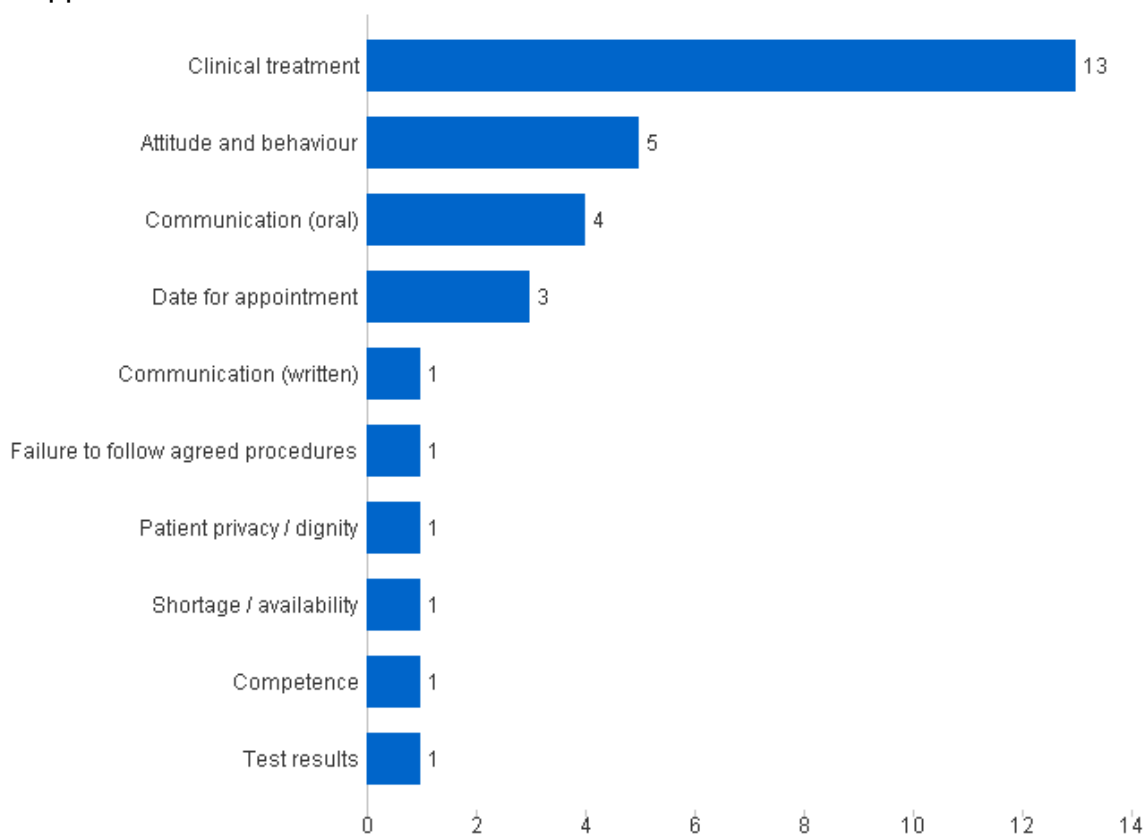
f.4 Current Complaints as at 23/06/2022 – Stage 2

No. of Open Cases - 14										
Clinical Care Group/Department	Days_Band	0-5 Days	6-10 Days	11-15 Days	16-20 Days	>20 Days	>40 Days	>80 Days	-	Total
Mental Health (Dundee)		-	-	-	2	1	1	-	1	5
Older People Services (Dundee)		-	1	-	-	1	-	-	-	2
Allied Health Professionals (Dundee HSCP)		-	1	1	1	-	-	-	-	3
CBIR		-	-	-	-	-	-	1	-	1
General Practice - Dundee HSCP		-	-	-	-	-	2	-	-	2
Community Nursing (Dundee HSCP)		1	-	-	-	-	1	-	-	2
Total		1	2	1	3	2	4	1	1	15

Meeting the 20 day standard for the more complex complaints remains challenging and the team continue to liaise with the complaints and feedback team for support and guidance on how to best manage these in line with the standards.

f.5 Themes for complaints in April and May 2022

The range of themes for complaints in April and May is shown in the table below. Key themes are clinical treatment, attitude & behaviour, communication and date for appointment.



Compliments

f.6 A variety of positive comments were also received in departments across the HSCP. Examples include:

"I was unsure of treatments and care available at Roxburghe House, but after speaking to the staff, my worries and fears were soon eased and now I am relaxed when I visit. Everyone, from the ladies on reception, to the staff on the ward, make me feel welcome and I am always made aware, and informed, of any treatment my husband is having."

Student feedback submitted 18/04/2022

"I loved that every nurse enjoyed having me as a student, there wasn't any negative energy around having a student and everyone was willing to teach me something."

"I loved my placement, everyone was so welcoming and every staff member I worked with taught me something, I felt like part of the team and they really prepared me for my qualifying."

"Overall very satisfied with practice learning experience."

"I witnessed person-centred, valued based care during my placement."

Patient and carer feedback

7 feedback forms received (4 completed by patient and 3 completed by carer/relative) all patients had been on ward more than 1 week.

6 out of 7 said were always approachable, 1 said most of time.

6 out of 7 said environment was clean, 1 said most of time.

100% said patient and carers treated with dignity and respect.

5 out of 7 said always felt included in decision making, 1 said sometimes and 1 no comment.

5 out of 7 rated overall care and support excellent, 2 said good.

g. Scottish Public Services Ombudsman reports

There were no SPSO cases reported during this reporting period.

The SPSO e-newsletter is discussed at the CCPG Forum where specific cases are discussed for teams to disseminate learning in their own service areas.

h. External Reports & Inspections

There have been no external reports or investigations in this reporting period.

i. Adult Support & Protection

No exceptions to report.

j. Mental Health

Community Mental Health Service Activity

j.1 Dundee has two Community Mental Health Teams, East & West. Patients referred to CMHTs are not seen solely according to chronological wait with patients with more severe illness presentations or those presenting with risk to self or others prioritised. This impacts on the 'shape' of the waiting list. It is also important to note that processes for 'cleansing' TrakCare on receipt of monthly waiting times data are not yet fully embedded meaning that there are patients still showing on TrakCare as waiting to be seen that are not. For example, there are four outliers for CMHT East suggesting a longest wait going back to 2017 when the referrals have been dealt with but not correctly outcomed on the system to stop the waiting times clock.

Data pulled from TrakCare from June 2022 reflects the follows waiting times.

Numbers waiting in weeks (bands)	CMHT East	CMHT West	Total
0-6	45	101	146
6-12	37	57	94
12-26	73	107	180
26-52	41	161	202
52-78	11	188	199
104+	4	73	77

Factors affecting the difference in number waiting include:

1. The service is entirely staffed by Locum Consultants and relative stability has been achieved in this staff group. Each time there is a 'gap' in cover, it impacts waiting times with no capacity in the system to recover from this.
2. CMHT East has 2.8 wte Locum Consultants with CMHT West having only 2.0 wte Locum Consultants.
3. Historically, differences in custom and practice had emerged between CMHTs in the disciplines most likely to be allocated new patient assessments, specifically, an over-reliance on medical assessments in CMHT West.

j.2 There also needs to be cognisance on return patient activity. The average return attendances per month for CMHT East is 1121 and CMHT West is 935. This yields new:return patient ratios of 1:35 and 1:37 respectively.

Overall, this reflects a higher level of patient activity than CMHTs in other Tayside localities, even when population size is taken into account. However, the other localities have much lower new:return patients ratios.

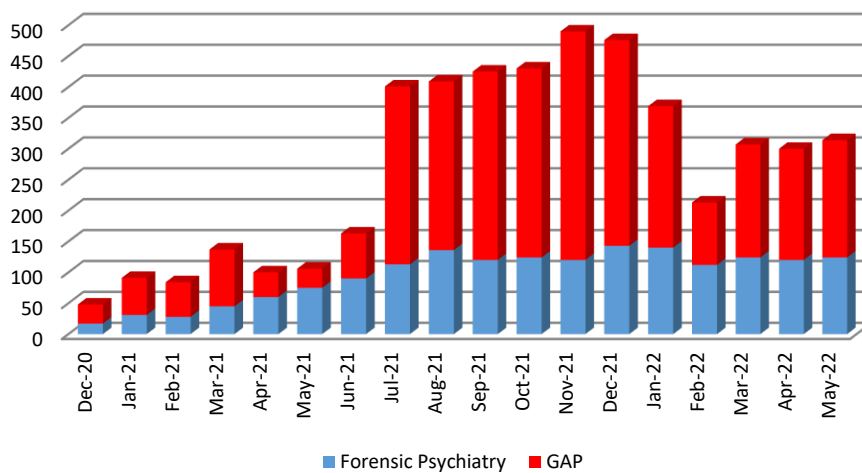
To impact on the above, changes have been made to the skill mix within CMHTs. The introduction of Advanced Nurse Practitioners and a specialist Pharmacist (with further ANPs in training at present) has increased capacity, particularly for pharmacological treatments and dealing with prescribing issues, and four additional nursing roles have recently been filled. There has also been significant activity targeted towards 'safe waiting'. This includes a complete review of all patients waiting for CMHT West to redistribute patients away from medical staff where appropriate

and, for those patients awaiting input from a CMH Nurse, there is at least monthly contact to allow for more dynamic triage and signposting towards community-based resources and online interventions, again where appropriate.

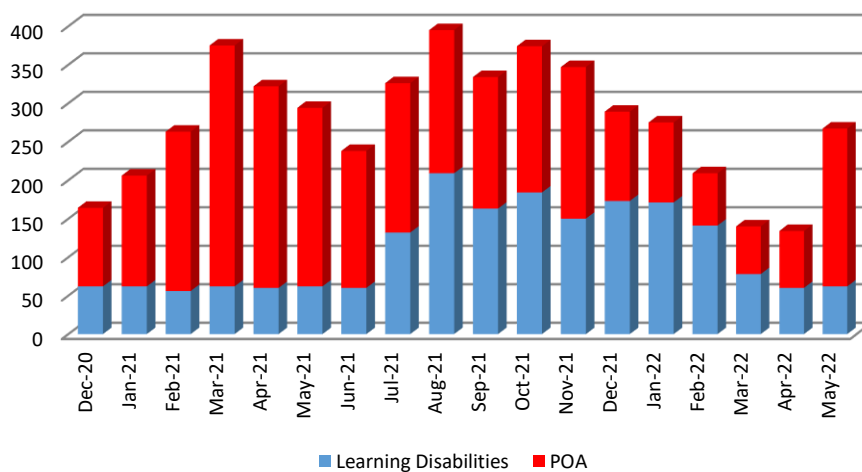
Inpatient Activity (including delayed discharges)

j.3 There continues to be a number of people for whom providing a timely and safe discharge from hospital is a challenge. There are a number of reasons for this, some of which are associated with the impact of the COVID-19 pandemic. The two graphs below show the days lost to delayed discharges for forensic psychiatry and GAP and also for learning disabilities and POA.

Days lost to delayed discharges - Forensic Psychiatry & GAP



Days lost to delayed discharges - Learning Disabilities & POA



j.4 Planning continues to be undertaken with each person with a learning disability (and/or their representative) who is delayed in hospital. For some people, a Guardianship Order requires to be in place to enable decision-making about future care arrangements, and this is in place where applicable. Some people have had tenancies secured for some time, however delays in social care recruitment has significantly delayed transition arrangements. In order to ensure safe discharges for

each person, where transitional arrangements are already being progressed it is important that these continue. The complexity of some people's needs has meant that suitable placements have been challenging to secure, particularly where there may have been previous placement breakdowns. It is anticipated that the number of people currently delayed will decrease moderately during July and August.

For people with forensic needs who have been delayed in hospital, some are subject to Multi-Agency Public Protection Arrangements (MAPPA). In order to facilitate a safe discharge, Police colleagues are required to assess prospective areas within communities, usually where houses have been identified, before plans can be agreed.

There are a number of people with mental health challenges who were allocated tenancies with support some time ago. The continued recruitment challenges in social care have significantly impacted transition arrangements. Recently there has been progress in this area and, from the information available at this time, it is anticipated that the number of people currently delayed will reduce moderately over July and August.

The PoA figures equate to 8 current patients, all currently in-patients in Kingsway Care Centre. The vast majority of delays relate to people awaiting Guardianship arrangements but there are also delays relating to social care packages and care home assessment.

k. Drug related deaths

k.1 The below table shows the Subcategory by Incident Category (Fatality).

Subcategory	DEATH
EXPECTED DEATH	6
UNEXPECTED/TRAUMA RELATED DEATH	7
SUICIDE (CONFIRMED)	<5
SUICIDE (SUSPECTED)	<5
SUSPECTED DRUG-RELATED DEATH	<5
Total	20

The Dundee Drug and Alcohol Recovery Services report that fatalities reflect a downward trend, with 14 fatalities in April and May 2021, reducing to 7 fatalities in April and May 2022. The numbers per month remain low so further detailed evaluation is required to examine this data as robustly as possible.

Dundee Drugs Commission Report – Update

k.2 The Dundee Drugs Commission published their follow up report in March 2022. The report states that the 16 recommendations from the original report are still valid and adds a further 12 recommendations for the Dundee Partnership to consider. Overall, the Commission concludes that, even when considering the significant impact of the COVID-19 pandemic, the extensive and genuine improvement efforts in Dundee to address drug deaths have not gone far enough, deep enough or fast enough. Their report states that people who access services and their families reported seeing transient changes rather than sustained improvement to the range and quality of services and supports available. Despite this overall conclusion, the Commission

report does welcome a range of significant developments and recognises that detailed plans have been developed to respond to many of the gaps that they identify within their recommendations.

In response to the report, an action plan will be developed and presented to the Dundee Partnership, Dundee City Council Policy and Resources Committee, the DHSCP Integration Joint Board and to NHS Tayside (forum was not yet agreed at time of writing) in June 2022, for consideration and agreement. A revised 5 year strategic and commissioning plan will consider the full spectrum of strategic development.

GP Specialist Roles within DDARS

- k.3 DDARS currently have a range of medical resource; with three Consultant psychiatrists employed by the service. The service also has funding for a doctor with special interest post, which support the overall delivery of the service. This funding is within core services funding. One post, employed by the service, is occupied by a current GP. This role is separate to his GP work, although in line with the move to GP Shared Care, they are working with patients in the DDARS service who are aligned to his practice.

Another GP post is funded through CORRA funding for Shared Care. The GP supporting this work is also a working GP within a Dundee practice. This is a post dedicated to the development of shared care. The GP also sees patients aligned to his practice who are registered with DDARS.

There is funding available for another part-time GP as part of this work.

Medication Assisted Treatment (MAT) Standards

- k.4 Work has commenced in the service regarding the development of outcome measures to support monitoring of compliance of the MAT Standards.

2.3.1 Quality/ Patient Care

The principle focus of all services is a desire to achieve the six dimensions of healthcare quality. These state that healthcare must be:

- Safe
- Effective
- Patient-centred
- Timely
- Efficient
- Equitable

The work being progressed will have a positive impact on the quality of care and services for staff and the population of Tayside.

2.3.2 Workforce

Delays in Agenda for Change approvals for new and changed job descriptions are having an increasingly problematic impact on service developments including the ability to spend Government or externally funded programmes of work and redesign.

Recruitment continues to pose challenges across all areas of service.

2.3.3 Financial

Not Applicable

2.3.4 Risk Assessment/Management

Risks are included in the report above.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed. Promotion of Equity and Social Justice is one of the domains included in the GIRFE reporting assurance framework.

2.3.6 Other impacts

There are no other direct impacts for this report.

2.3.7 Communication, involvement, engagement and consultation

The Dundee HSCP has carried out its duties to involve and engage external stakeholders where appropriate.

2.3.8 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group, 18 May 2022.

2.4 Recommendation

This report is being presented for:

- **Assurance**

As Lead Officer for Dundee HSCP I would suggest that the level of assurance provided is: Reasonable.

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3 List of Appendices

The following appendix is included with this report:

- Appendix 1 – Annual Report for Clinical, Care and Professional Governance, Dundee HSCP – April 2021 to March 2022.

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REPORT TO: DUNDEE INTEGRATION JOINT BOARD

REPORT ON: ANNUAL REPORT OF THE DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE GROUP 2021-2022

REPORT BY: CLINICAL DIRECTOR

REPORT NO: DIJB37-2022

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 2021–March 2022 to seek assurance regarding matters of 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 (DHSCP) 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 DHSCP.

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 2021-2022 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 the Clinical, Care and Professional Governance with reference to the 6 domains outlined in the Getting it Right for Everyone 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 planned to meet on six occasions during the period 1 April 2021 to 31 March 2022 on the following dates:

- 13 May 2021
- 22 July 2021
- 23 September 2021 – Cancelled
- 18 November 2021
- 20 January 2022 – Exceptions Only Meeting
- 24 March 2022

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

- 22 April 2021
- 17 June 2021
- 19 August 2021
- 21 October 2021
- 16 December 2021
- 24 February 2022

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

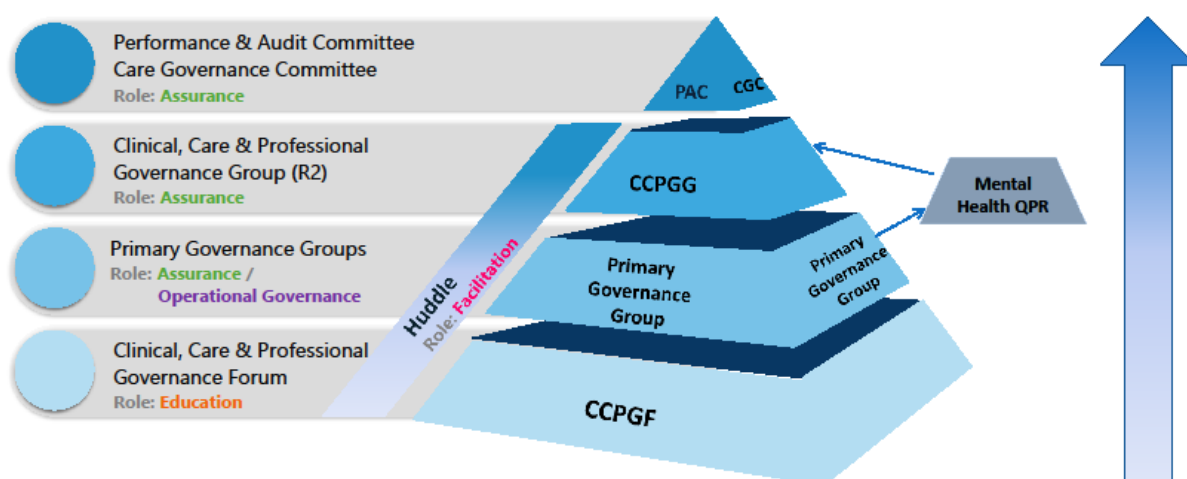
These assurance reports were produced in:

- June 2021
- August 2021
- October 2021
- December 2021
- February 2022
- April 2022

Dundee HSCP Governance Structure

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

DHSCP Clinical, Care & Professional Governance



Dundee HSCP CCPG Group

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

Management structures across Dundee HSCP 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.

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

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, SPSO and contemporary issues, for example Dundee Drugs Commission review and Trust and Respect Report.

Primary Governance Groups (PGG)

There are currently nine PGGs:

- In Patient Services (MfE, POA, CBIR, Palliative)
- Adult Community Services
- Acute and Urgent Care
- Mental Health and Learning Disabilities
- Older People's Mental Health / Care Homes
- Psychological Therapies
- Health Inequalities
- Nutrition and Dietetics
- 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, 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 Health and Social Care Partnership.
- Undertake the management, escalation or cascading of issues/risks/concerns as appropriate.
- Collate, review and analyse core and service specific datasets to inform exception report to the CCPGG, reflecting the six domains described in the Getting It Right for Everyone – A Clinical, Care and Professional Governance Framework.
- The exception report should include, but is not limited to:
 - Emergent issues of concern identified
 - Adverse Events

- Recurring themes, Major and Extreme Incidents
- Incidents that trigger Statutory Duty Of Candour
- All Red Adverse Events
- Adverse Event Reviews, Significant Case Reviews
- Complaints
- Risks
- Inspection Reports and Outcomes
- Changes to standards, legislation and guidelines
- Outcomes of care
- Adherence to standards
- Sharing of learning

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

Governance Huddle

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

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

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

Clinical, Care and Professional Governance Forum

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

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

Summary Assurance Statement





The year April 2021 to March 2022 has been one of the most challenging across the Health and Social Care system, due to the COVID-19 pandemic. 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, all of the above have shown an improving picture, with the HSCP being in a strong position to move towards substantial assurance through 2022-2023.

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 2022 membership of the Group comprised:

Clinical Director (Chair)
 Head of Health and Community Care Services (Vice Chair)
 Head of Health and Community Care Services
 Associate Nurse Director
 Associate Medical Director
 Associate Locality Managers
 Mental Health and Learning Disability Manager
 Clinical Lead, Psychology Services
 Lead Allied Health Professional (DHSCP)
 Lead Nurse (DHSCP)
 Clinical Governance Lead (DHSCP)
 Senior Officer – Business Planning and Information Governance (DHSCP)

4.3 Schedule of Business Considered During the Period April 2021 to 31 March 2022

4.3.1 13 May 2021

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability Service Report
- Noted Psychology Service Report
- Noted Frailty / Older People's Service Report
- Noted Dundee Drug and Alcohol Service Report
- Noted Nutrition and Dietetics Report
- Noted Community and Specialist Service Report
- Noted Health Inequalities Report

Focussed discussion on Dundee Drug and Alcohol Service staffing risks – nursing staff.

Focussed discussion on making more active links between service and strategic risks as outlined in the internal audit report.

Adult and Older People's Service working with Stirling University to undertake a thematic review relating to adverse events reports regarding fires in people's homes.

COVID-19 – Updates provided on current challenges relating to COVID-19. Focus on staffing, wellbeing, infection rates, vaccination rates and remobilisation plans.

Review of governance structures across the Dundee HSCP with a view to strengthen reports to care governance committee and performance and audit committee. Pyramid model shared with teams. Support provided to chairs of primary governance groups to facilitate implementation of groups across HSCP.

Infection Prevention and Control Committee Report presented. Group maturing well with broadening representation, including care homes. Focus on comprehensive reporting across all HSCP services.

Report provided on the Primary and Secondary Care Interface group which seeks to address challenges across the boundaries of primary and secondary care.

Dundee HSCP Analysis report presented highlighting areas for improvement including consistent reporting of adverse events (types and severity), overdue adverse events and timely management of the risk register.

Complaints Report presented

- Increasing number of complaints

- Absence of key staff leading to increased delays responding to complaints.
- SPSO report presented for awareness.

Verbal report provided on the work of the Drugs Commission detailing subgroup infrastructure and reporting arrangements.

Care Home Gradings Report presented.

4.3.2 22 July 2021

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability Service Report
- Noted mental Health Service Report
- Noted Dundee Drug and Alcohol Service Report
- Noted Nutrition and Dietetics Service Report
- Noted Community and Specialist Services Report
- Noted In-Patient and Day Care Service Report
- Noted Primary Care Report

COVID-19 – Exceptions and emerging risks noted. Significant staffing issues have been noted although improvement now being seen.

Clinical, Care and Professional Governance Forum Report Presented

- Development of score cards for governance being progressed.
- Education provided on use of the Qlikview system for waiting times and clinical activity.

Primary Governance Groups

- All groups remain active despite challenges of COVID-19.
- Draft terms of reference developed to support groups.

Clinical Lead for Governance appointed following resignation of previous lead.

Update verbal report provided on the work of the Getting it Right for Everyone Group with a focus on structure and governance arrangement across the HSCPs and the development of a more risk management-based approach to assurance reporting.

Infection and Prevention Control Report provided.

Mental Health Risk Register – It was noted that work has commenced to strengthen the Tayside approach to mental health risks with a subgroup leading on work for this purpose.

Remote consultations for group working was discussed in relation to information governance challenges. A range of teams currently working with information governance team to determine the way forwards.

Digital Strategy consultation shared with group for comment.

Annual Assurance Framework and action plan noted.

Report of Professional Nursing Registration provided demonstrating excellent compliance across the profession.

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.

Complaints report and SPSO reports noted.

Inspection Report on Registered Services was presented.

Drugs Commission report update provided to group – self-evaluation work complete. Local service pressures have been escalated to relevant committees.

Update provided on the Strang Report (Mental Health). Focus on leadership and performance and culture.

Noted a new group has been established, Clinical Policy Governance Group, with representatives from Dundee HSCP in attendance.

4.3.3 23 September 2021

Meeting Cancelled due to COVID-19.

The CCPG Forum, Primary Governance Groups and the Governance Huddle continued to meet, where able, during this period. Information was collated to ensure a comprehensive report was provided to the appropriate Committee's detailing the levels of assurance provided in the Dundee HSCP.

4.3.4 18 November 2021

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability Service Report
- Noted Mental Health Service Report
- Noted Dundee Drug and Alcohol Service Report
- Noted Nutrition and Dietetics Service Report
- Noted Palliative Care Report
- Noted Psychiatry of Old Age In Patient and Community Services Report

GIRFE Update

- Working Group reviewing framework – those present agreed to provide feedback to take into the group. Noted a workshop is planned for wider consultation.

Mandatory Training

- Noted some teams were finding maintenance of mandatory training a challenge. Group agreed for this to be monitored through the Forum, with exceptions reported back to the group as required.

Complaints Report

- Noted increase in number of complaints across the HSCP.
- Noted the work which has been undertaken to address outstanding complaints within the HSCP and to improve complaints handling, monitoring and reporting.

Dundee HSCP Analysis Report Presented for adverse events and risks.

Infection Prevention and Control Report noted.

Significant Adverse Event Review Process Presentation delivered to members.

Dundee HSCP iMatters Report noted.

Significant Adverse Event Review Learning Summary Presented to Group.

Community Learning and Development Plan 2021-2024 Presented. Key Priorities: Building Stronger Communities; Addressing health inequalities; Improving outcomes for young people; Improving outcomes for adults.

Allied Health Professions Documentation Rationalisation Report noted.

- Paperwork presented for Arts Therapy Documentation
- Paperwork presented for Podiatry Documentation

4.3.5 20 January 2022

Full Meeting cancelled due to COVID-19.

Professional Leads (Chief Social Work Officer, Lead Nurse, Associate Medical Director, Allied Health Professions Lead) and Heads of Service met to discuss key emerging issues, key risks and actions required to support pandemic response, remobilisation and areas to highlight via Care Governance Committee and Performance and Audit Committee reports.

4.3.6 24 March 2022

Clinical, Care and Professional Governance Exception Reporting

- Palliative Care Report noted
- Community Services Report noted.
- Care Homes Report noted
- Mental Health and Learning Disability Report noted.

Discussion regarding remobilisation and challenges and opportunities presented.

Staff Wellbeing – Continued focus on supporting the management of staff wellbeing recognised.

New Policy – Adverse Event Management – noted.

Risk Presented: Mental Health Records – Displacement of Case Files.

Dundee Health and Social Care Partnership Workforce Plan noted.

Strategic Risk Profile Report presented.

- Report noted and discussed
- Noted significant impact of COVID-19 on a number of risks.
- Noted improved links between strategic and service risks recorded.

Care Home Inspection Reports

- Group noted new framework implemented over past year
- Group noted very positive outcomes for Dundee Care Homes

Infection Control Report

- NHS Tayside Report and action plan for next 12 months noted

4.4 Assurance Statement

4.4.1 As Chair of the Dundee HSCP Clinical, Care and Professional Governance Group during the financial year 2021-2022, 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 screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 CONSULTATIONS

The Chief Finance Officer, Heads of Service – Health & Community Care, Clinical Director, 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.

Vicky Irons
Chief Officer

DATE: 19.05.2022

Diane McCulloch
Head of Health & Community Care

Krista Reynolds
Lead Nurse

David Shaw
Clinical Director

Matthew Kendall
AHP Lead