



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 21 MAY 2025

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

REPORT BY: CLINICAL DIRECTOR

REPORT NO: PAC18-2025

1.0 PURPOSE OF REPORT

1.1 This is presented to the Performance and Audit Committee for:

- Assurance

This report relates to:

- Government policy/directive
- Legal requirement

This aligns to the following NHSScotland quality ambitions:

- Safe
- Effective
- Person-centred

This report provides evidence of the following Best Value Characteristics:

- Equality
- Vision and Leadership
- Effective Partnerships
- Governance and Accountability
- Use of Resources
- Performance Management
- Sustainability

2.0 RECOMMENDATIONS

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

2.1 Provide their view on the level of assurance this report provides and therefore the level of assurance regards clinical and care governance within the Partnership. The timescale for the data within this report is to 31 March 2025.

2.2 As Lead Officer for Dundee HSCP I would suggest that the level of assurance provided is: Reasonable; due to the following factors:

- There is evidence of a sound system of governance throughout the HSCP.
- The identification of risk and subsequent management of risk is articulated well throughout services.
- There is ongoing scope for improvement across a range of services, in relation to the governance processes, although this is inextricably linked to the ongoing difficulties with recruitment and retention of staff.

- There is evidence of noncompliance relating to a fully comprehensive governance system across some teams, i.e. contemporary management of adverse events and risks.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 BACKGROUND

The role of the Dundee HSCP Governance Group is to provide assurance to the Dundee Integration Joint Board (IJB), NHS Tayside Board (through the Clinical Governance Committee and the Performance and Audit 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 HSCTs to ensure consistency of approach between Local Authorities, Tayside NHS Board and the IJBs for the three HSCTs; quality assurance is assessed against an agreed, prioritised common data set for each of the governance domains as detailed below.

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 |

5.0 ASSESSMENT

a. Clinical and Care Risk Management

a.1 Lack of resource to deliver the benzodiazepine dependence pathway compliant with guideline, DDARS

| Datix Ref | Risk Exposure - No Controls | | | Current Risk Exposure Rating | | | | | | | | | | | | Planned Risk Exposure | | | Risk Trend (↑/→/↓) | | | | |
|-----------|-----------------------------|---|-----|---|---|-----|------------|---|-----|------------|---|-----|------------|---|-----|-----------------------|---|-----|--------------------|--|--|--|--|
| | | | | Please include data from previous four reporting periods | | | | | | | | | | | | | | | | | | | |
| | | | | 26/6/2024 | | | 17/10/2024 | | | 16/12/2024 | | | 03/04/2025 | | | | | | | | | | |
| | L | C | RER | L | C | RER | L | C | RER | L | C | RER | L | C | RER | L | C | RER | | | | | |
| 1129 | 5 | 4 | 20 | 4 | 4 | 16 | 4 | 4 | 16 | 4 | 4 | 16 | 4 | 4 | 16 | 3 | 3 | 9 | → | | | | |

L = Likelihood C = Consequence RER = Risk Exposure Rating

Insufficient number of DDARS staff with prescribing competencies

| Datix Ref | Risk Exposure - No Controls | | | Current Risk Exposure Rating | | | | | | | | | | | | Planned Risk Exposure | | | Risk Trend (↑/→/↓) | | | | |
|-----------|-----------------------------|---|-----|---|---|-----|------------|---|-----|------------|---|-----|------------|---|-----|-----------------------|---|-----|--------------------|--|--|--|--|
| | | | | Please include data from previous four reporting periods | | | | | | | | | | | | | | | | | | | |
| | | | | 26/6/2024 | | | 17/10/2204 | | | 16/12/2024 | | | 03/04/2025 | | | | | | | | | | |
| | L | C | RER | L | C | RER | L | C | RER | L | C | RER | L | C | RER | L | C | RER | | | | | |
| 612 | 5 | 5 | 25 | 4 | 4 | 16 | 3 | 5 | 15 | 3 | 5 | 15 | 3 | 5 | 15 | 3 | 3 | 9 | → | | | | |

L = Likelihood C = Consequence RER = Risk Exposure Rating

Increasing patient demand in excess of resources – DDARS

| Datix Ref | Risk Exposure - No Controls | | | Current Risk Exposure Rating | | | | | | | | | | | | Planned Risk Exposure | | | Risk Trend (↑/→/↓) | | | | |
|-----------|-----------------------------|---|-----|---|---|-----|------------|---|-----|------------|---|-----|------------|---|-----|-----------------------|---|-----|--------------------|--|--|--|--|
| | | | | Please include data from previous four reporting periods | | | | | | | | | | | | | | | | | | | |
| | | | | 26/6/2024 | | | 17/10/2024 | | | 16/12/2024 | | | 03/04/2025 | | | | | | | | | | |
| | L | C | RER | L | C | RER | L | C | RER | L | C | RER | L | C | RER | L | C | RER | | | | | |
| 233 | 4 | 5 | 20 | 5 | 5 | 25 | 3 | 5 | 15 | 3 | 5 | 15 | 3 | 5 | 15 | 3 | 4 | 12 | → | | | | |

L = Likelihood C = Consequence RER = Risk Exposure Rating

Three of the top 7 risks sit with the Dundee Drug and Alcohol Recovery Service (DDARS). There are ongoing pressures due to the changing landscape of drug use and identified needs of people in Dundee and as a result this has impacted on the overall service risks. On a positive note, DDARS has been successful in recruiting to nursing staff.

This increase in staffing by reaching the identified complement of staffing has helped, however we recognise that the people using the service have an increasingly high level of complex needs. Due to the Medication Assisted Treatment (MAT) programme we have had to commit significant resources to new interventions such as drop-in direct access and same day prescribing, along with two Buvidal® clinics that run all day 5 days a week. Dundee continues to be one of the best performing HSCPs in Scotland in relation to the MAT Standards.

While there are currently no nursing vacancies, training continues with our newly graduated practitioners. Work is ongoing with regard to allocating patients a named nurse, with priority for the most complex needs.

- a.2 Acuity and dependence levels continue to intensify within the patient group requiring intensive input from staff including Adult Support and Protection concerns, deteriorating physical health and complex hospital discharges. Housing and homelessness are proving to be an issue for our most complex patient group where mainstream housing is not adequate for their needs. A review process of Homelessness provision has begun and is being taken forward by the Lead of Health and Community Care and Head of Housing. One of the priorities for this review is supporting those with complex needs including substance use into the right housing solution with adequate support. The "Housing First" approach (already delivered by Transform in Dundee) may be a focus for further development to address the housing needs of people with a number of needs, as Housing First is targeted at those who have problems with substance use, mental health and criminal justice issues.
- a.3 Two medical locums remain in post and plans to advertise for substantive posts are now in place. These posts are required to maintain safe clinical services, same day prescribing, Buvidal® prescribing, support and mentorship for non-medical prescribers and advanced nurse practitioners, medical trainees, GPs with special interest and the specialty doctor.

DDARS has been progressing models of non-medical prescribing and at this time there are 17.4wte nursing staff who can prescribe, which includes eight trainees, the advanced nurse practitioners, primary care project staff and child and family nurses.

The longer-term workforce plan is suggestive of having three non-medical prescribing staff for each team. This would result in an additional 3.6wte staff (21wte in total, including ANP posts) with prescribing competencies to achieve this, based on current need.

There are currently three Advanced Nurse Practitioners (ANPs), who have been providing intensive support to individuals where there are co-occurring physical and mental health conditions. This intensive input has been integral in ensuring people access the right care at the right time ensuring positive outcomes. This is also supporting the work around mental health and substance use including crisis and inpatient care, supported by HIS.

The benzodiazepine dependence pathway is currently being considered via a National Taskforce who are considering the possible models of practice. There is no update on progress of this since the last committee meeting.

a.4 Capacity issue due to vacancy and new staff – Dietetic Diabetes Team

| Datix Ref | Risk Exposure - No Controls | | | Current Risk Exposure Rating | | | | | | | | | | | | Planned Risk Exposure | | | Risk Trend (↑/→/↓) | | | | |
|-----------|-----------------------------|---|-----|---|---|-----|------------|---|-----|------------|---|-----|------------|---|-----|-----------------------|---|-----|--------------------|--|--|--|--|
| | | | | Please include data from previous four reporting periods | | | | | | | | | | | | | | | | | | | |
| | | | | 09/03/2024 | | | 17/10/2024 | | | 16/12/2024 | | | 03/04/2025 | | | | | | | | | | |
| | L | C | RER | L | C | RER | L | C | RER | L | C | RER | L | C | RER | L | C | RER | | | | | |
| 1434 | 5 | 4 | 20 | 4 | 4 | 16 | 4 | 3 | 12 | 4 | 3 | 12 | 4 | 3 | 12 | 3 | 2 | 6 | → | | | | |

L = Likelihood C = Consequence RER = Risk Exposure Rating

The Dietetic Diabetes team comprises four staff (3.2wte). There has been rapid turnover of staff within the team which has led to a reduction in knowledge and skills which is being addressed through comprehensive induction and educational processes. There is only one full time member of staff with the knowledge and skill to comprehensively induct and educate the two new starts which is prolonging the process. Several mitigations have been implemented and progress is being made.

a.5 Capacity to Exercise Guardianship Duties (Learning Disabilities)

| Datix Ref | Risk Exposure - No Controls | | | Current Risk Exposure Rating | | | | | | | | | | | | Planned Risk Exposure | | | Risk Trend (↑/→/↓) |
|-----------|-----------------------------|---|-----|---|---|-----|------------|---|-----|------------|---|-----|------------|---|-----|-----------------------|---|-----|--------------------|
| | | | | Please include data from previous four reporting periods | | | | | | | | | | | | | | | |
| | | | | 10/06/2024 | | | 17/10/2024 | | | 16/12/2024 | | | 03/04/2025 | | | | | | |
| | L | C | RER | L | C | RER | L | C | RER | L | C | RER | L | C | RER | L | C | RER | |
| 1343 | 5 | 3 | 15 | 5 | 3 | 15 | 4 | 3 | 12 | 4 | 3 | 12 | 4 | 3 | 12 | 3 | 2 | 6 | → |

L = Likelihood C = Consequence RER = Risk Exposure Rating

As a result of the limited capacity of the Learning Disability team to undertake Guardianship duties, there is a risk that people under family Guardianship scrutiny may not receive a suitable level of support and those awaiting allocation of a Local Authority Guardianship will experience delays in care.

The team have established a process for the prioritisation of renewals to ensure there are no lapses in orders and this is closely monitored by the team manager. Appropriately-trained mental health officer staff are able to work additional hours on an ad hoc basis to support.

a.6 Funding for the Early Intervention in Psychosis Service (Mental Health)

| Datix Ref | Risk Exposure - No Controls | | | Current Risk Exposure Rating | | | | | | | | | | | | Planned Risk Exposure | | | Risk Trend (↑/→/↓) | | | | |
|-----------|-----------------------------|---|-----|---|---|-----|---|---|-----|---|---|-----|---|---|-----|-----------------------|---|-----|--------------------|--|--|--|--|
| | | | | Please include data from previous four reporting periods | | | | | | | | | | | | | | | | | | | |
| | | | | 03/04/2025 | | | | | | | | | | | | | | | | | | | |
| | L | C | RER | L | C | RER | L | C | RER | L | C | RER | L | C | RER | L | C | RER | | | | | |
| 1593 | 4 | 5 | 20 | 3 | 5 | 15 | | | | | | | | | | 2 | 5 | 10 | → | | | | |

Connect Early Intervention for Psychosis (EIP) has received funding from the Scottish Government to work with Healthcare Improvement Scotland, as a pathfinder site, to develop, test and establish EIP services in Scotland. As a result of failure to continue to fund the Early Intervention in Psychosis Service in Dundee there is a risk that for existing patients their treatment will end before the two-year model of care. This will result in a significant disruption in patients' care and treatment and lead to poorer mental health, social, personal, and vocational recovery outcomes. In addition, the cessation of the service could lead to lead to reputational damage for NHS Tayside and Dundee Health and Social Care Partnership.

A paper was presented to NHST CET on 31 March 2025, who provided three months of funding (until 18 August 2025) to allow for discussions to continue in regards to ongoing funding of the service.

a.7 New Current Risks

There were 3 New current Risks added to the system in this reporting period, 2 within Mental Health (Dundee) (Funding for the Early Intervention in Psychosis Service, Capacity to undertake timely M&M review and implement recommendations) and 1 in Community Mental Health Team Social Work (Capacity for transition from child to adult service).

b. Workforce Risks

- b.1 There are a number of risks (9, this is a decrease of 4 since last reporting period) pertaining to workforce availability across a wide spectrum of professions, including nurses, medical staff, allied health professions and social care staff. The vast majority of teams are affected to some degree, often with mitigations impacting on those teams who are able to recruit staff. Work continues to enhance recruitment and retention, with international recruits now being widely employed. Staff wellbeing remains a focus for the HSCP.

A number of these risks have now been closed with recruitment to the vacant posts permitting this. The table below outlines the existing workforce risks across the HSCP, including those recently closed.

The open risks are reliant on successful recruitment and/or new models of care being agreed and implemented, for example risk 1129. In a number of these risks, which have been open for a number of years, while the staffing resource has increased, the expectation from staff within that service has also increased, maintaining the overall risk exposure rating.

| ID | Clinical Care Group/Locality | Title | Rating (initial) | Rating (current) as at 24th Oct 24 | Rating (current) as at 16th Dec 24 | Rating (current) as at 10th Feb 25 | Rating (current) as at 3rd April 25 | Risk Trend | Rating (Target) |
|------|---|---|------------------|------------------------------------|------------------------------------|------------------------------------|-------------------------------------|------------|-----------------|
| 233 | Dundee Drug and Alcohol Recovery Service | Increasing patient demand in excess of resources | 20 | 15 | 15 | 15 | 15 | → | 12 |
| 612 | Dundee Drug and Alcohol Recovery Service | Insufficient numbers of ISMS staff with prescribing competencies | 25 | 15 | 15 | 15 | 15 | → | 9 |
| 1129 | Dundee Drug and Alcohol Recovery Service | Lack of resource to deliver the benzodiazepine dependence pathway compliant with guidelines | 20 | 16 | 16 | 16 | 16 | → | 9 |
| 999 | Mental Health (Dundee) | Specialist psychiatrist time in Tayside Eating Disorders Service | 15 | 9 | 9 | 9 | 9 | → | 6 |
| 1086 | Mental Health (Dundee) | recruitment of clinical staff | 15 | 12 | 12 | 12 | 12 | → | 8 |
| 1341 | Mental Health (Dundee) | Staffing for delivered services | 15 | 12 | 12 | 12 | 12 | → | 9 |
| 877 | Tayside Sexual and Reproductive Health | SRH Consultant Role | 16 | 9 | 9 | 9 | 9 | → | 4 |
| 933 | CBIR | Consultant medical staff | 9 | 6 | 6 | 6 | 6 | → | 2 |
| 1434 | Allied Health Professionals (Dundee HSCP) | Capacity issue due to vacancy and new staff -- Diabetes Team | 20 | 12 | 12 | 12 | 12 | → | 6 |
| 1214 | Community Nursing (Dundee HSCP) | Lack of qualified District Nurses within Dundee HSCP | 16 | 12 | 12 | 12 | Closed 15/04/2025 | | |
| 1050 | Older People Services (Dundee) | Workforce | 12 | 12 | 12 | 12 | Closed 24/02/2025 | | |
| 1283 | Allied Health Professionals (Dundee HSCP) | Recruitment challenges in Paediatric Team | 12 | 6 | 6 | 4 | Closed 27/02/2025 | | |
| 1471 | Tayside Sexual and Reproductive Health | Unassigned AMD | 16 | 9 | 9 | 9 | Treated/Archived 25/02/2025 | | |

Treated/Archived Risks

- b.2 Treated/Archived Risks are those that have all planned/proposed control in place, and the risk has been mitigated to the lowest possible level.

There have been three risks treated/archived with the since the last report: one in Tayside Sexual and Reproductive Health and two in Mental Health (Dundee).

Closed Risks

- b.3 Closed Risks are risks that have been replaced or superseded and are therefore no longer required to be managed.

There have been three risks treated/archived with the since the last report: one in Older People Services, one in Allied Health Professionals (Dundee) and one in Specialist Palliative Care.

Clinical & Care Governance Arrangements

- b.4 The arrangements for clinical, care & professional governance (CCPG) in the Dundee HSCP are outlined in Appendix 1: Dundee HSCP Governance Structure.

During this reporting period exception reports were presented to the CCPG Group from the following services as outlined in the table below.

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

| MEETING DATE | 24-Apr-24 | | 20-Jun-24 | | 14-Aug-24 | | 09-Oct-24 | | 04-Dec-24 | | 29-Jan-25 | | 26-Mar-25 | |
|-------------------------------------|-----------|---------|-----------|---------|-----------|---------|-----------|---------|-----------|---------|-----------|---------|-----------|---------|
| EXCEPTION REPORT | Report | Speaker | Report | Speaker | Report | Speaker | Report | Speaker | Report | Speaker | Report | Speaker | Report | Speaker |
| Learning Disability & Mental Health | N | N | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Psychology | Y | N | N | N | Y | Y | Y | Y | N | N | Y | Y | N | N |
| DDARS & Sexual Health | N | Y | N | Y | N | N | Y | Y | Y | Y | N | N | N | Y |
| Nutrition & Dietetics | Y | Y | Y | N | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Community Services | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Acute & Urgent Care | N | N | N | N | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Inpatients & Day Care | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Older People MH & Care Homes | Y | Y | N | Y | N | Y | Y | N | Y | N | Y | Y | Y | Y |
| Primary Care | N | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |

- b.5 Key Elements Reported in CCPG Group

Community Services

- An engagement event was held for Community Treatment and Care Services (CTACS) across Tayside regarding the requirement to provide services to children and young people. Further consultation, engagement and training will be required in line with the NHST Tayside organisational change processes to progress this.
- Physiotherapy and Occupational Therapy leadership structures within adult services are being redesigned to drive enhanced effectiveness across pathways.

- There is an ongoing risk in relation to damp and mould in Ardler Clinic. Concerns have been raised with regard to staff health and absence due to respiratory conditions – this is being monitored.

Mental Health and Learning Disability

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

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

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

Primary Care

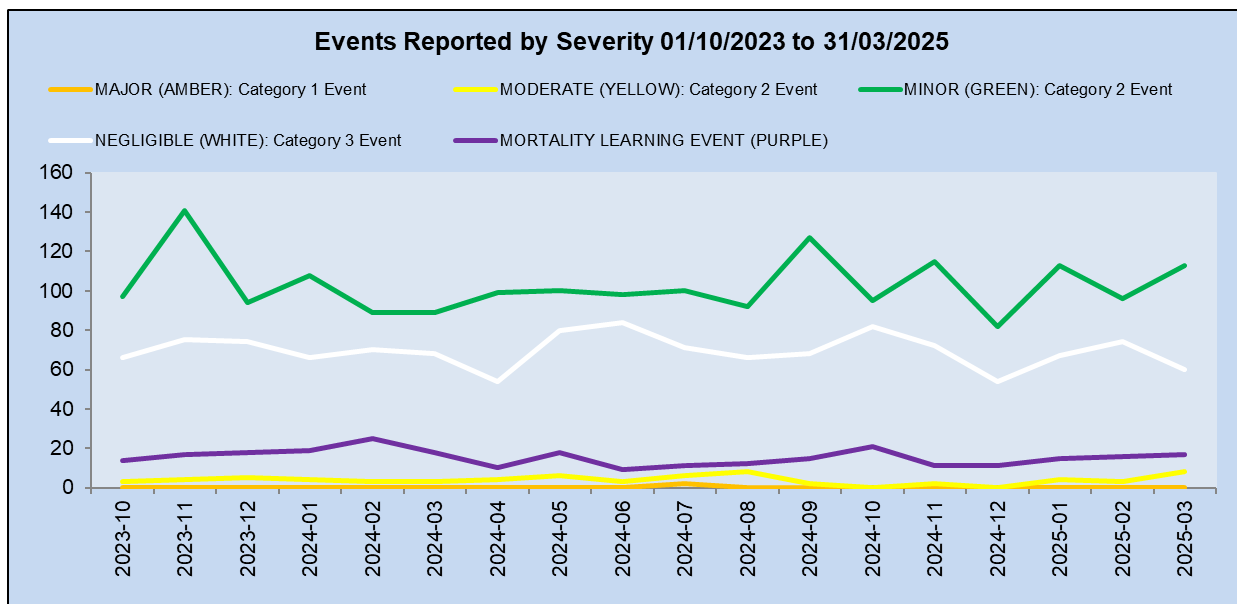
- The lease process remains unclear. A Paper has been drafted for Executive Leadership Team to seek clarity and support moving this forward.
- Accommodation remains an issue for supporting clinical services across a number of areas, in terms of reduced availability and poor condition. Concerns have been raised about the potential impact on CTACS services if sufficient space cannot be found to house additional clinics.

Nutrition and Dietetics

- The Adult Weight Management waiting list continues to grow with referral rates five times higher than pre-COVID levels. Significant redesign has occurred across the service and a paper has been compiled to seek additional funding to reduce this waiting list.
- The Paediatric service, which requested mutual aid 18 months ago is now fully staffed and delivering well across all aspects of paediatric dietetic care.
- Challenges have presented with the provision of the home enteral tube feeding contract, with potential for patients to be left without feed. Work is ongoing across the whole system to address and mitigate.

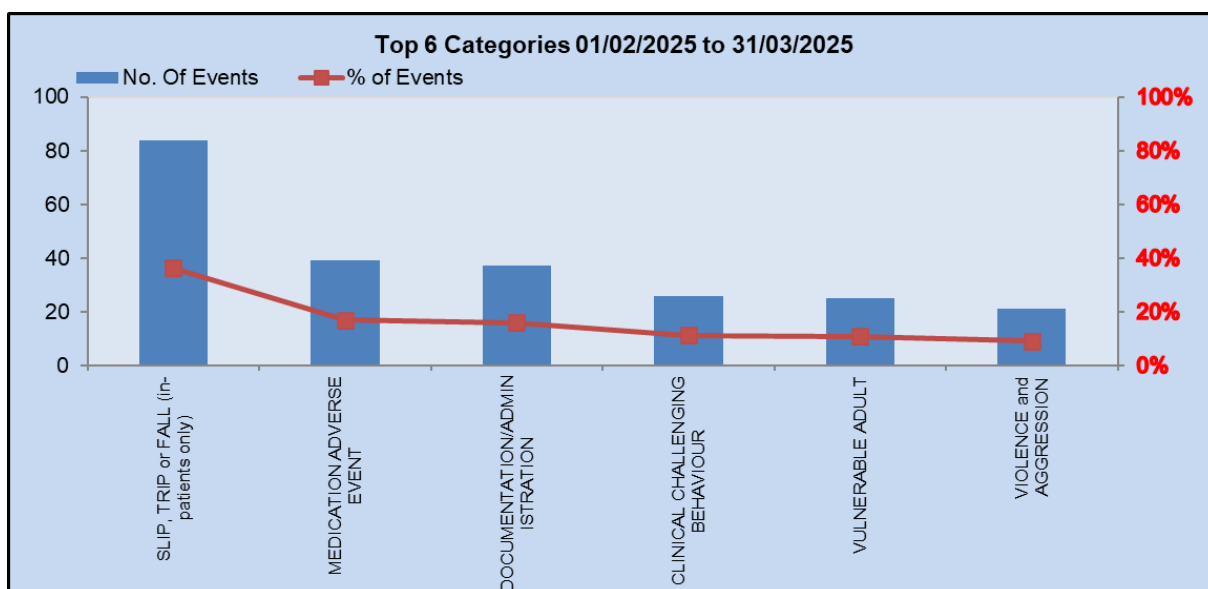
c. Adverse Event Management

- c.1 The following graph shows the impact of the reported adverse events by month over the past 18 months. There were 387 adverse events reported in this time period (01/02/2025-31/03/2025). There is an increase in minor events with a small rise in Mortality Learning Events, the majority of these are reported through Expected Death categories (14 of 33 reported adverse events).



The ratio of events with harm to events with no harm is 1 to 3.8. There is no change from the previous report.

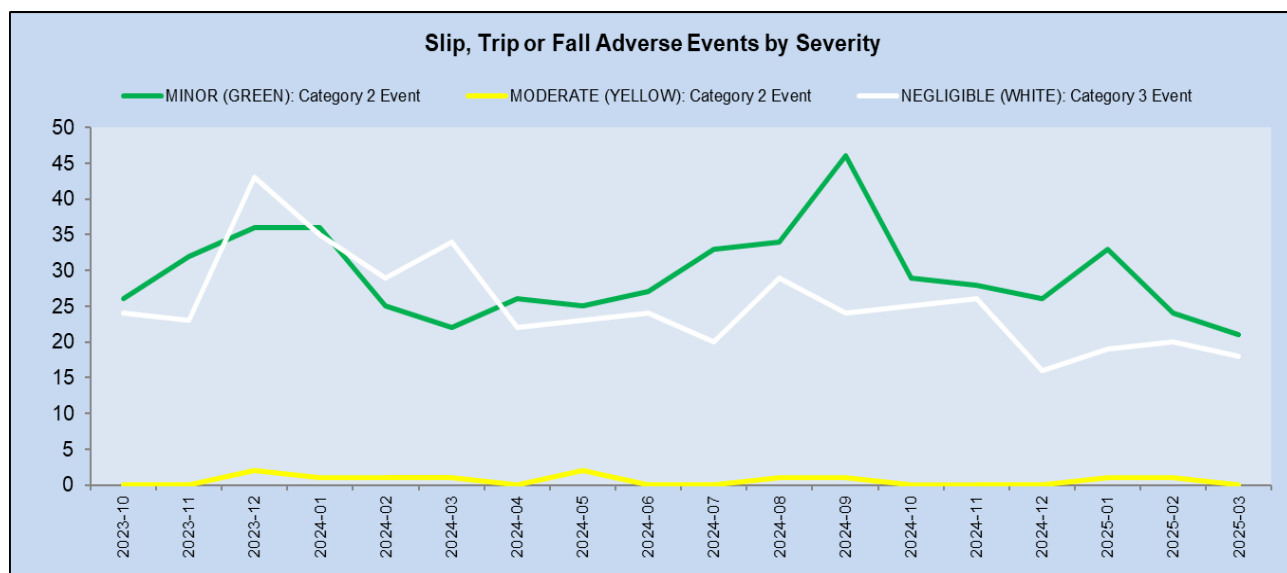
c.2 The following graph shows the Top Six Categories reported between 01/02/2025 and 31/03/2025.



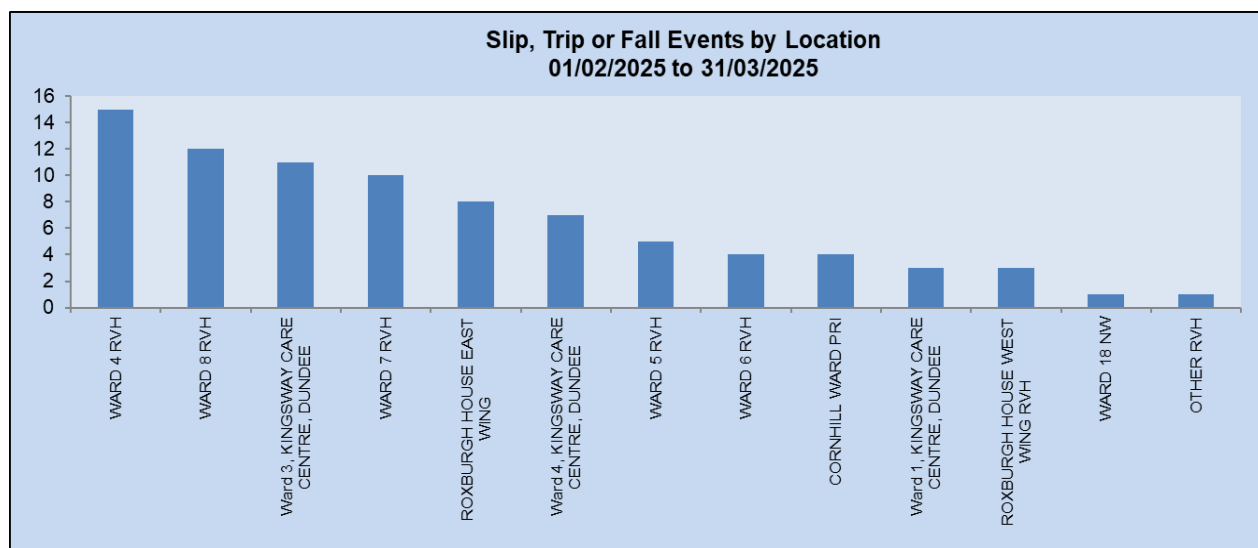
These categories account for 232 of the 387 events (60%) reported within the time period.

Slips, Trips and Falls

c.3 There were 84 events reported between 01/02/2025 and 31/03/2025. This is a decrease of 24 from the last reporting period. The following table shows slips, trips and falls by severity over the past 18 months:



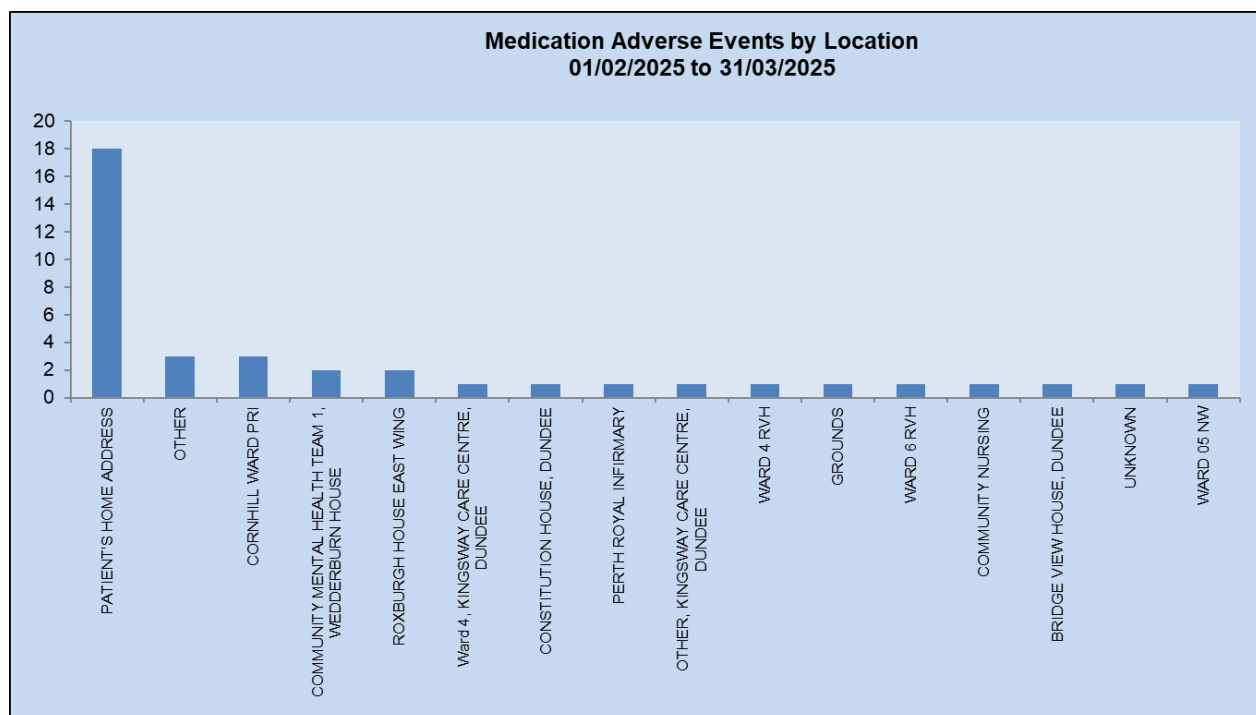
- c.4 The following chart shows the number of slips, trips and falls (In-patients only) by location, with the highest number of falls being across Medicine for the Elderly (29 of 84). Inpatient teams continue to review all falls to ensure all preventative measures are in place and that post-falls reviews are undertaken. The level of harm resulting from a fall remains low.



- c.5 The above graph (c.4) shows an increase of 3 in inpatient falls over this reporting period. A review of the adverse events shows a number of individuals were responsible for multiple events across a number of ward areas. The severity of these adverse events remains low with minimal harm to patients (bruising, skin flaps) and no harm to staff.

Medication Adverse Events

- c.6 There were 39 events reported between 01/02/2025 and 31/03/2025. This is an increase of 5 from the last reporting period. Within this there were 17 separate subcategories reported across eleven different clinical teams. There are no clear themes or patterns identified within teams or across the HSCP. The majority of these events occur in the patients' homes (18) with the most commonly occurring subcategory being Missed Dose by Staff (6), with four within District Nursing.



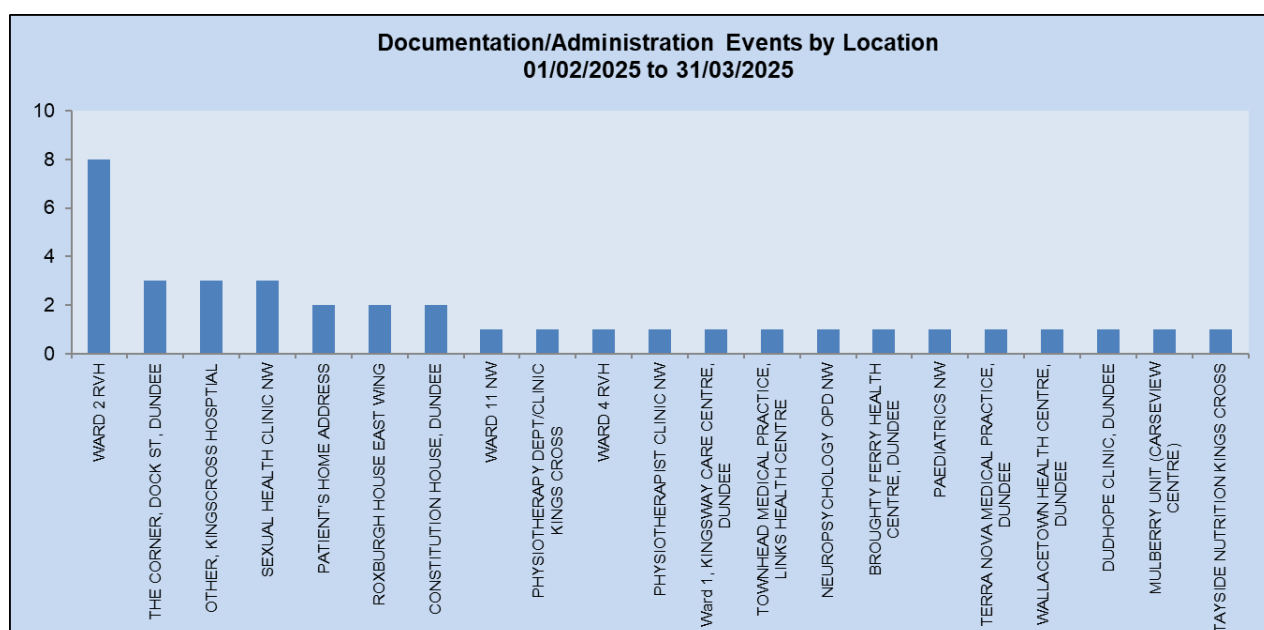
Each adverse event is followed up within the team to identify learning and any required improvements with those involved undertaking reflection. This frequently includes working closely with pharmacy colleagues.

A number of these incidents identified adverse events in other parts of the system that were identified via HSCP teams, e.g. Incorrect Dose/Rate. Follow up discussions are held with teams to support learning and management of risk.

The District Nursing Service is working with digital partners to transition to Morse (Electronic Patient Record). This will support a more standardised approach to workload management and scheduling, allowing for less risk of medication adverse events occurring.

Documentation/Administration

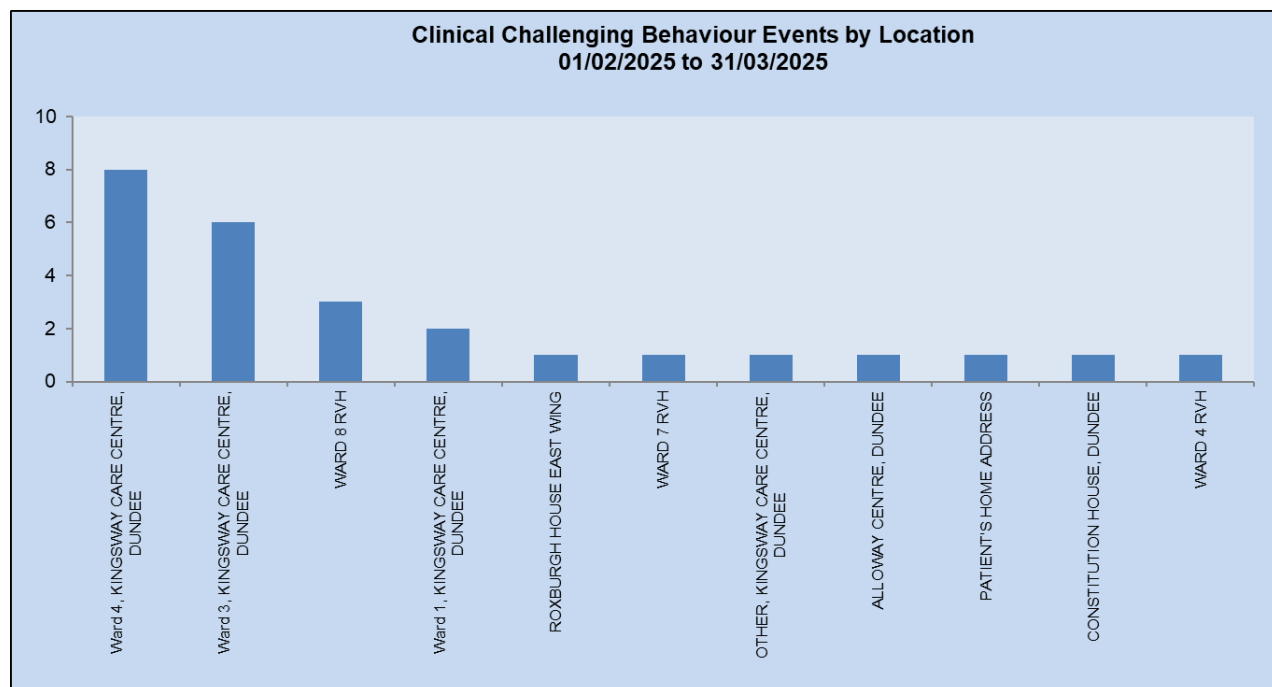
- c.7 There were 37 events reported between 01/02/2025 and 31/03/2025. This shows an increase of 9 from the last reporting period. The chart below shows the documentation/administration events by location.



The high number of incidents reported this period was primarily due to documentation error (10). They all occurred over nine different clinical teams with no clear themes.

Clinical Challenging Behaviour

- c.8 There were 26 events reported between 01/02/2025 and 31/03/2025. This is a decrease of 36 from the last report. The chart below shows the clinical challenging behaviour (CCB) adverse events by location.



The majority of these events occur in our Psychiatry of Old Age service. There are an increasing number of patients being admitted with high levels of stress and distress. There is very positive evidence of these incidents being well managed, with staff being well supported as outlined in the post-incident reviews that are carried out.

As a mental health unit, the level of Behavioural Psychological Symptoms in Dementia patients' experience fluctuates throughout their admission to hospital. However, we generally see an increase of CCB on admission when patients are experiencing high levels of CCB due to unfamiliar environments and staff. Patients who are an absconding risk, have an undiagnosed infection on admission, require assistance to meet personal care needs, increased noise levels within the ward, medication compliance and falls risk all impact the number of CCB events.

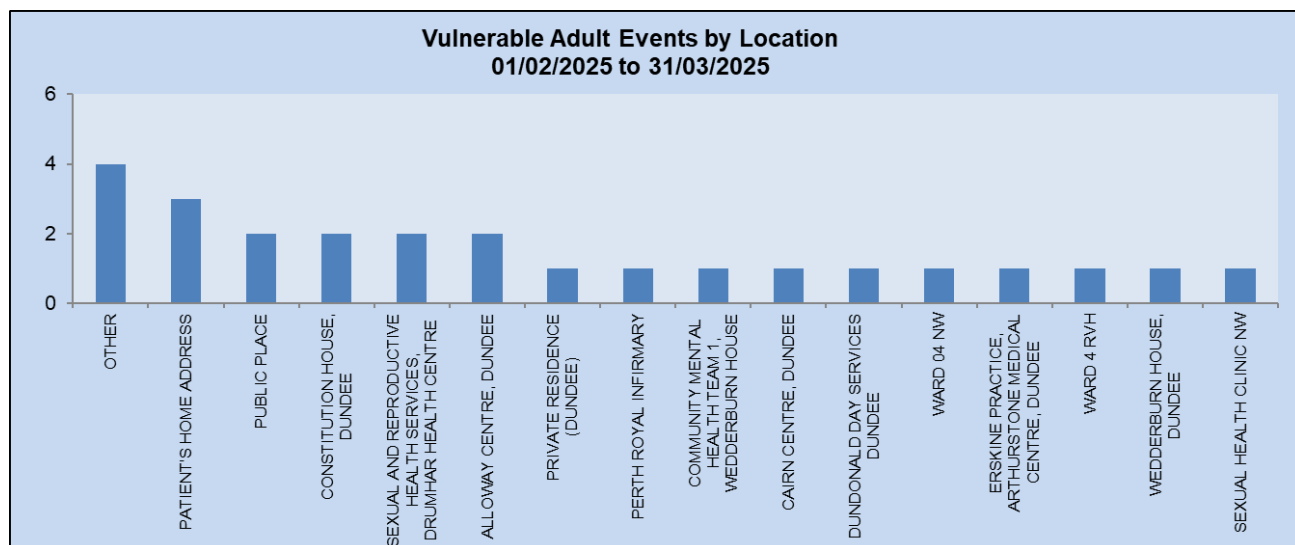
Developing individualised care plans based on patient triggers and coping strategies, developing structured routines to reduce anxiety and ensure consistency and having structured activities and therapeutic interventions contribute to reducing distress and therefore the number of CCB events. Staff utilise enhanced communication techniques, de-escalation, trauma-informed care and person-centred approaches to support them to manage these events more effectively.

The Floor Nurse role is beneficial in reducing the number of CCB events as they identify early warning signs of agitation and implement proactive strategies such as offering 1 to 1 discussions or engaging patients in preferred activities that help prevent escalations in behaviour. The role minimises the requirement for physical interventions and a reduction in 'as required' medication. Adjustments to the environment, reducing noise where possible and individual bedrooms help create calm spaces and minimise triggers for distressing behaviours.

This approach has led to fewer incidences requiring increased staffing levels, fewer incidences of intramuscular injections requiring Prevention and Management of Violence and Aggression and an increase in staff to manage challenging behaviours when they occur. Staff have reported benefits including decrease in burnout, assaults and injury.

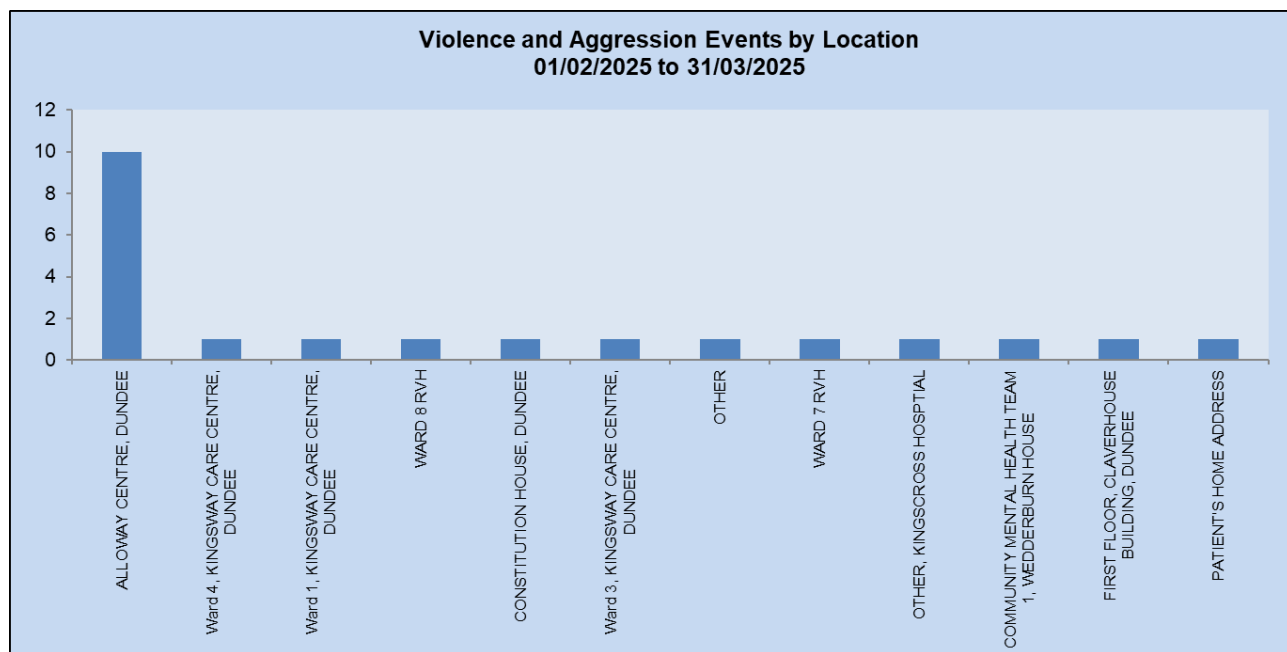
Vulnerable Adult

- c.9 There were 25 events reported in this reporting period. This is an increase of 14 since last reporting period. The high number of incidents reported this period was primarily due to Possible Exposure to Abusive Behaviour (16). They all occurred over eight different clinical teams with the majority reported in Community Mental Health Services (6).



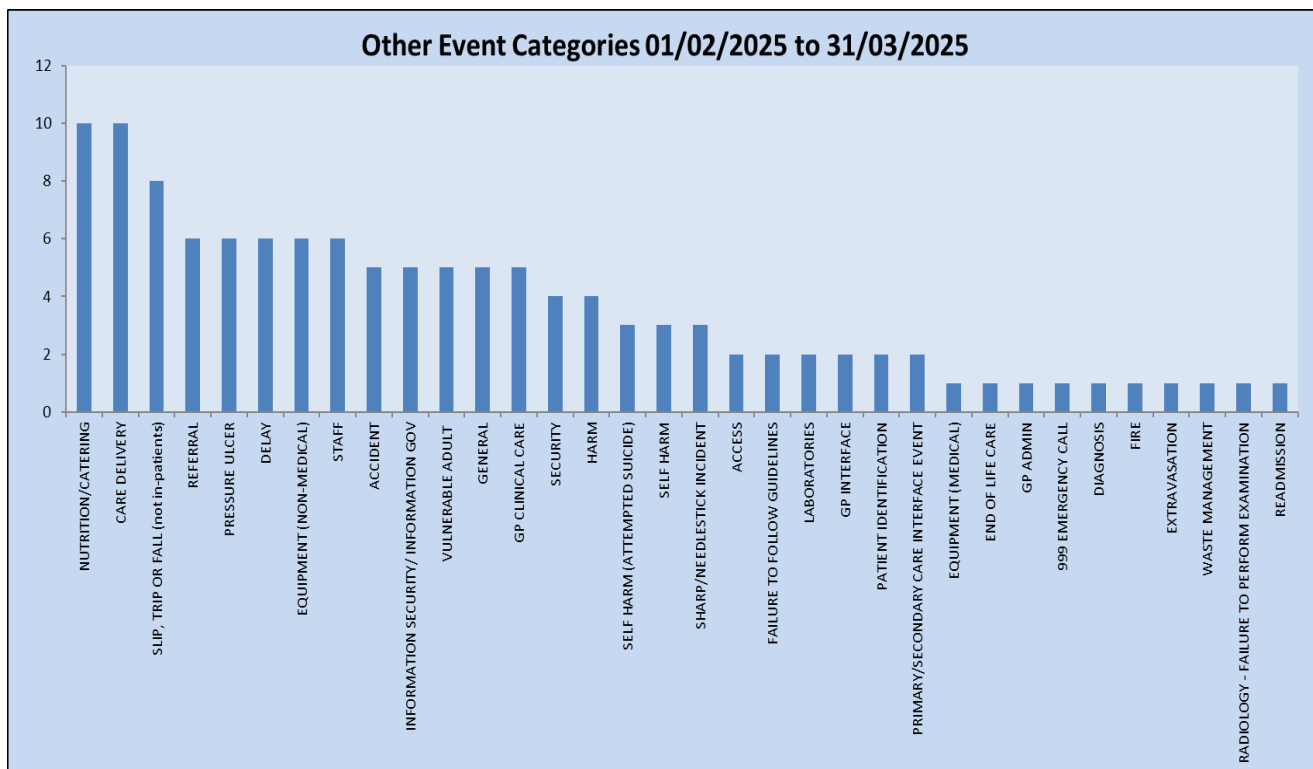
Violence and Aggression

- c.10 There were 21 events reported in this reporting period. This is an increase of 11 since last reporting period. The high number of incidents reported this period was primarily due to Possible Exposure to Aggressive Behaviour by a Patient – Verbal (12). They all occurred over five different clinical teams with the majority reported in Community Mental Health Services (8).



Other Event Categories

- c.11 There were 122 events reported outwith the top six events and Mortality events reported. These are listed in the chart below.



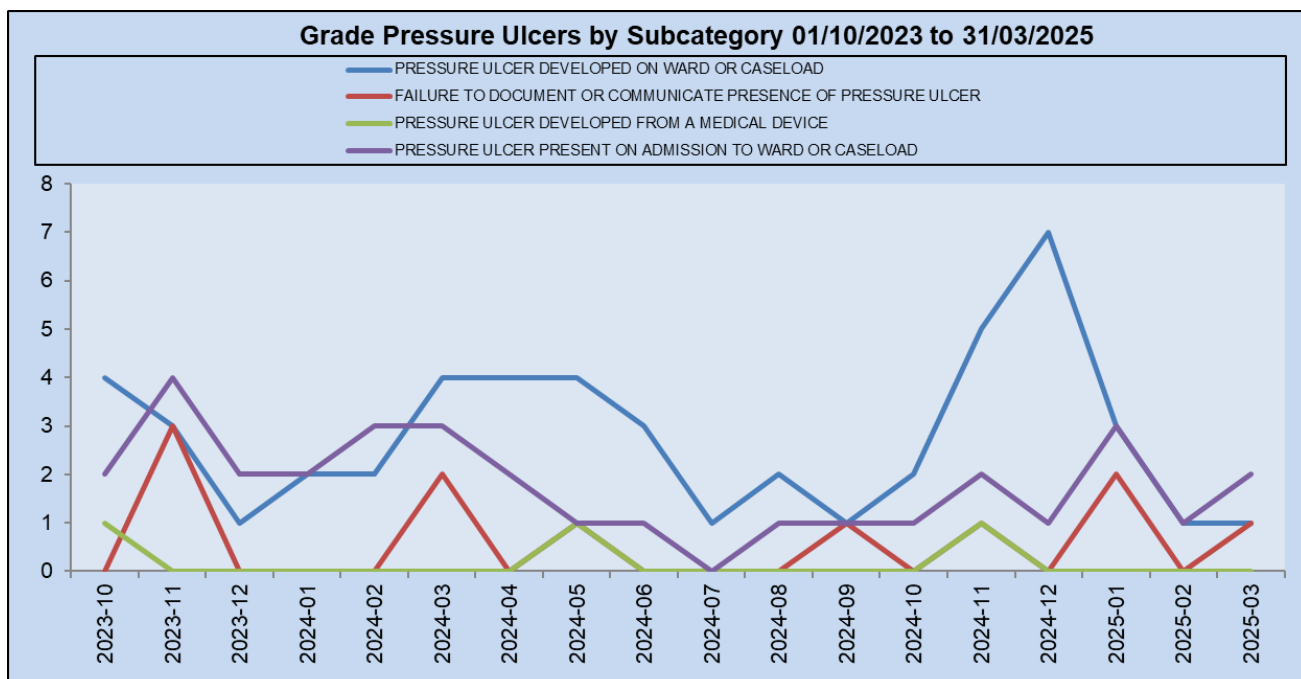
Significant Adverse Event Reviews

- c.12 There are currently four active Significant Adverse Event Reviews in Dundee HSCP. Two of these are now ready to be signed off. Once complete, a learning summary will be shared with the committee.

| | |
|--------|---------------------------|
| SAER 1 | Awaiting level 2 sign off |
| SAER 2 | Awaiting level 2 sign off |
| SAER 3 | Under review |
| SAER 4 | Under review |

Pressure Ulcers & Falls

- c.13 There have been six pressure ulcer events reported between 01/02/2025 and 31/03/2025. This is a decrease of six on the last reporting period. The number of pressure ulcers reported over the past 18 months is shown in the following graph, by subcategory.



Where pressure ulcers develop on a ward or caseload this is consistently reviewed, and within community services is predominantly as a result of patients and families not following the clinical advice provided by the nursing team. The team will work with families and patients to educate and support as much as possible in these situations, ensuring patient-centred care, particularly during palliative and end of life care.

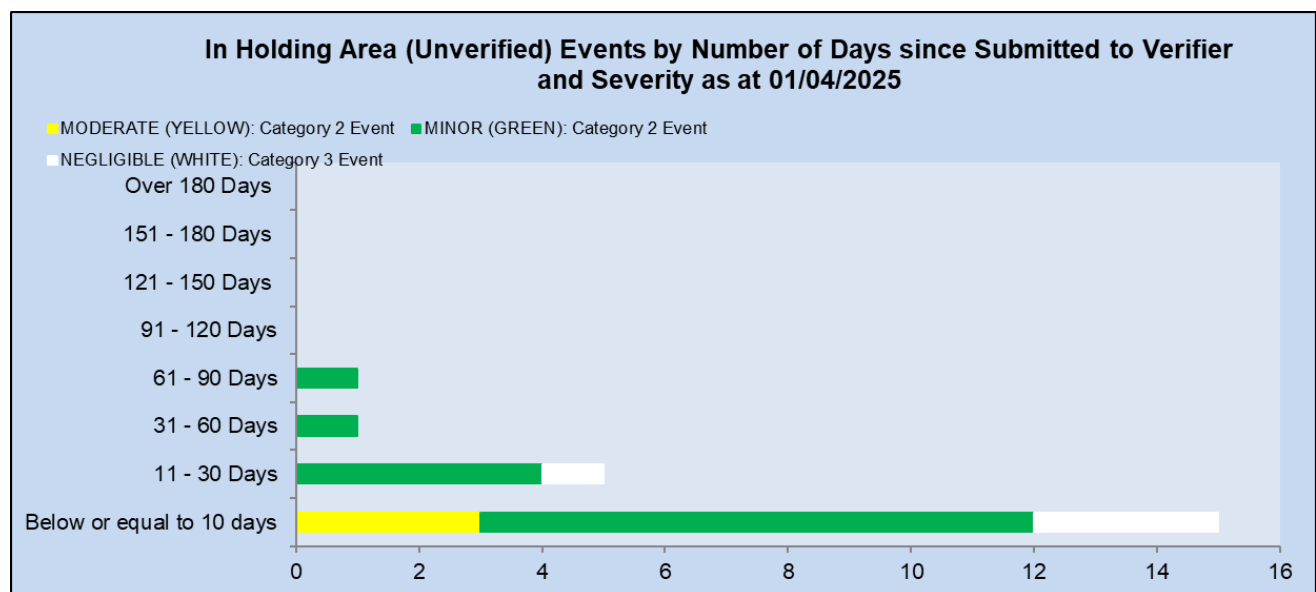
Where pressure ulcers are noted on admission to a caseload or ward, work investigations are commenced to ensure all preventative steps have been taken, with all relevant services collaborating.

Adverse Events Management – Systems and Processes

c.14 Overdue Unverified Events

At the time of data extraction, there were 22 unverified events. This is an increase of 10 since last reporting period. Of these unverified events, 17 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.

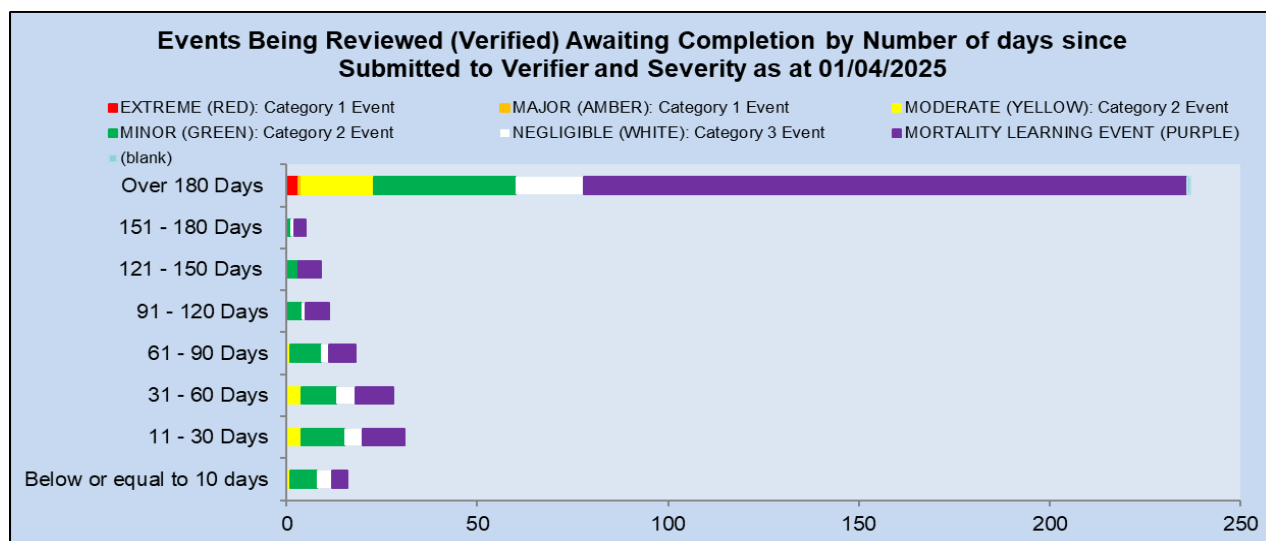


The Dundee HSCP Governance Huddle meets weekly and will review unverified adverse events and provide prompts to managers to take action for outstanding events. If an adverse event might need immediate action, the huddle will escalate to other members of the team for action and review.

c.15 Overdue Verified Events

There are 355 (361 last reporting period) events that are verified but overdue for completion within Datix.

The following graph shows the length of time that has elapsed since the reporting of the events at the time of data extraction by severity for those events that are overdue for completion.



c.16 The table below shows the number of overdue events by the year and department.

| Department | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 | Total* | Change** |
|--|------|------|------|------|------|------|------|----------|----------|
| Community Mental Health Services | 0 | 2 | 2 | 21 | 30 | 25 | 7 | 87(91) | ↓ |
| Primary Care (DDARS) | 0 | 0 | 2 | 6 | 14 | 8 | 6 | 36(34) | ↑ |
| West (DDARS) | 0 | 0 | 1 | 3 | 10 | 18 | 3 | 35(28) | ↑ |
| East (DDARS) | 0 | 2 | 6 | 4 | 2 | 12 | 6 | 32(48) | ↓ |
| Central (DDARS) | 0 | 0 | 1 | 1 | 9 | 20 | 0 | 31(43) | ↓ |
| Community Learning Disabilities - Dundee HSCP | 0 | 1 | 0 | 4 | 5 | 1 | 7 | 18(13) | ↑ |
| District Nursing (Dundee HSCP) | 0 | 0 | 0 | 0 | 0 | 3 | 15 | 18(14) | ↑ |
| Psychiatry of Old Age - Older People Services (Dundee) | 0 | 0 | 0 | 0 | 6 | 7 | 3 | 16(16) | ↔ |
| Area Psychological Therapy Service - MH (Dundee) | 0 | 0 | 1 | 0 | 0 | 7 | 4 | 12(10) | ↑ |
| Other - Mental Health (Dundee) | 0 | 0 | 0 | 3 | 3 | 4 | 1 | 11(13) | ↓ |
| Other (DDARS) | 0 | 0 | 0 | 0 | 0 | 6 | 2 | 8(6) | ↑ |
| Other - Specialist Palliative Care | 0 | 0 | 0 | 0 | 0 | 0 | 7 | 7(6) | ↑ |
| General Practice - Dundee HSCP | 0 | 0 | 0 | 1 | 2 | 0 | 3 | 6(5) | ↑ |
| Nutrition and Dietetics (Dundee HSCP) | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 5(2) | ↑ |
| Allied Health Professions (Dundee HSCP) | 0 | 0 | 0 | 1 | 2 | 2 | 0 | 5(6) | ↓ |
| MFE (Medicine for the Elderly) - OPS (Dundee) | 0 | 0 | 0 | 0 | 0 | 1 | 4 | 5(7) | ↓ |
| Specialist Community Nursing (Dundee HSCP) | 0 | 0 | 0 | 0 | 1 | 0 | 2 | 3(2) | ↑ |
| Adult Psychotherapy Service - Mental Health (Dundee) | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 3(3) | ↔ |
| General Practice - Dundee | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 2(4) | ↓ |
| (Risk Only) System-Wide Mental Health Risk - Dundee HSCP | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 2(1) | ↑ |
| Palliative Medicine | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2(2) | ↔ |
| (blank) | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 2(2) | ↔ |
| Adults and Older People | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2(1) | ↑ |
| Speech and Language Therapy (AHPs, Dundee HSCP) | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1(2) | ↓ |
| Learning Disability - Social Work - DHSCP | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1(1) | ↔ |
| CMHT - Social Work - DHSCP | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1(2) | ↓ |
| Physiotherapy (Allied Health Professionals Dundee HSCP) | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1(3) | ↓ |
| Health Inclusion Team, Dundee HSCP PCS | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1(0) | ↑ |
| Corporate Services (Dundee) | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1(1) | ↔ |
| Stroke and Neuro Rehab unit RVH | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1(2) | ↓ |
| Health (DDARS) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0(1) | ↓ |
| Connect Early Intervention in Psychosis | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0(1) | ↓ |
| Sources of Support | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0(1) | ↓ |
| Tayside Sexual and Reproductive Health | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0(1) | ↓ |
| Total | 0 | 5 | 13 | 45 | 85 | 126 | 81 | 355(375) | ↓ |

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

** Since end of January 2025 report

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

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

| Event Severity | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|--------------------------------------|------|------|--------|--------|--------|--------|--------|
| EXTREME (RED): Category 1 Event | 0(0) | 0(1) | 0(0) | 1(1) | 1(1) | 0(1) | 0(0) |
| MAJOR (AMBER): Category 1 Event | 0(0) | 0(0) | 0(0) | 0(0) | 0(0) | 1(1) | 0(0) |
| MODERATE (YELLOW): Category 2 Event | 0(0) | 0(0) | 0(0) | 1(1) | 7(7) | 11(17) | 10(6) |
| MINOR (GREEN): Category 2 Event | 0(0) | 0(0) | 0(2) | 4(5) | 13(12) | 32(45) | 31(10) |
| NEGLIGIBLE (WHITE): Category 3 Event | 0(0) | 0(1) | 0(1) | 6(6) | 6(6) | 8(12) | 15(6) |
| MORTALITY LEARNING EVENT (PURPLE) | 0(2) | 5(5) | 13(18) | 33(36) | 57(69) | 74(76) | 25(8) |
| (blank) | 0(0) | 0(0) | 0(0) | 0(0) | 1(1) | 0(0) | 0(0) |
| Total | 0 | 5 | 13 | 45 | 85 | 126 | 81 |

d. Feedback

d.1 Complaints

The table below shows the number of complaints by service area and how long they have been open:

Current complaints as at 09/04/2025

| Clinical Care Group/Department | Days_Band | 0-5 Days | 6-10 Days | 11-15 Days | 16-20 Days | >20 Days | >40 Days | >100 Days | Total |
|--|-----------|----------|-----------|------------|------------|----------|----------|-----------|-----------|
| Mental Health (Dundee) | | - | - | - | - | 3 | - | 1 | 4 |
| General Practice - Dundee HSCP | | 1 | - | 1 | 1 | - | - | - | 3 |
| (Risk Only) System-Wide Mental Health Risk - Dundee HSCP | | - | - | 1 | - | - | - | - | 1 |
| Allied Health Professionals (Dundee HSCP) | | - | - | - | - | - | 1 | - | 1 |
| Dundee Drug and Alcohol Recovery Service | | - | 1 | - | - | - | - | - | 1 |
| Specialist Palliative Care | | - | - | - | 1 | - | - | - | 1 |
| Total | | 1 | 1 | 2 | 2 | 3 | 1 | 1 | 11 |

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

Every complaint is reviewed to understand what did happen, what should have happened and, where a difference exists, what measures can be taken to reduce the likelihood of a similar incident occurring again.

All teams are asked to report on their complaints through the CCPG Group and Forum to ensure the sharing of learning across the Health and Social Care Partnership.

d.2 Positive feedback

The development of the Care Opinion feedback system continues across the HSCP. This will provide additional direct patient feedback for teams to reflect upon.

The Corner:

"All the staff are very friendly and made me feel comfortable with all my concerns."

"I feel so much better than when I came in. They gave me lots of clarity and reassurance and I feel I am able to deal with my situation better. Thank you so much."

Health Inclusion Service:

"I can cry at how amazing the Practitioner's support has been; it really has been life-changing for me. She has made me feel so relaxed and gone at my pace. I can't believe just how much progress I have made. I thought I was destined to never leave my home, but I feel true freedom when I am out with the practitioner, she makes me feel so calm and at ease. I've spent years changing my furniture and wallpaper just to try and change my environment. But now I don't need to do this. I am so grateful for her support and feel I can now build on this."

"Recently I have struggled with mental health issues, which has been an on-again-off-again condition for circa 20 years. During this time I have attended many medical practices and met with many more G.P.'s. Ancrum Medical Centre stands apart. The level of support which they have delivered excels any expectations I had, from the G.P.'s, to the mental health specialists, to the receptionists. Link Worker in particular has been an unexpected, and greatly appreciated source of support, smoothing an otherwise 'rocky road'. He has consistently delivered a professional service, both empathetic and easy-going. Connecting me with external organisations for financial and emotional support, which I would not have otherwise known about. I cannot over state just how beneficial Link Worker, and the service he has provided, has been during this difficult, and emotional time. I would like to express my gratitude to Link Worker for the exceptional service he provides."

Specialist Community Nursing:

"I am writing to give feedback on the Wound Clinics we have been attending for some months now. My husband was diagnosed with a serious leg cellulitis some months ago and we have had wonderful care from all the nurses he has seen (and still seeing) often twice a week. Even on public holidays etc when things have blown up he has been able to attend at the KXH to be seen. The nurses are very helpful, friendly and reassuring and there are never any problems getting seen. They always let you know that if his leg is needing attention that we do not hesitate just to get in touch."

"This must definitely be one of the best services in Tayside and we are so grateful it is available. We have met so many different nurses over these months and without exception they have been friendly professional and helpful which has reassured us both. Please pass on our very grateful thanks to the nurses."

Scottish Public Services Ombudsman Reports

- d.3 There are currently no cases with the Ombudsman under investigation.

External Reports & Inspections

- d.4 There have been no external inspections during this reporting period.

e. Mental Health

Mental Health Key Performance Indicators

- e.1 The suite of mental health measures for Dundee is intended to provide assurance and allow for scrutiny of mental health services delegated to Dundee IJB. The indicators have been developed in tandem with a suite of substance use measures being developed for the purpose of presenting information regarding performance within NHS Tayside functions. The suite of indicators is dynamic and can be improved and enhanced. Collaborative work with both Perth & Kinross and Angus HSCPs is ongoing to determine the final position for mental health key performance indicators.

Community Mental Health Team (CMHT) Activity

- e.2 The following series of graphs relate to the waiting lists across the East and West Community Mental Health Teams. This data demonstrates that the demand on CMHT services has increased from pre-COVID levels and appears to be remaining at those increased levels.

CMHTs remain entirely dependent on Locum Consultant staffing and the differences between East and West Teams are largely resultant from a difference in stability across that staff group, as well as a historic difference in baseline staffing levels (for medics).

CMHT West's list shows an upward trend in new additions to outpatient waiting list and new referral numbers. New outpatient attendance remains steady.

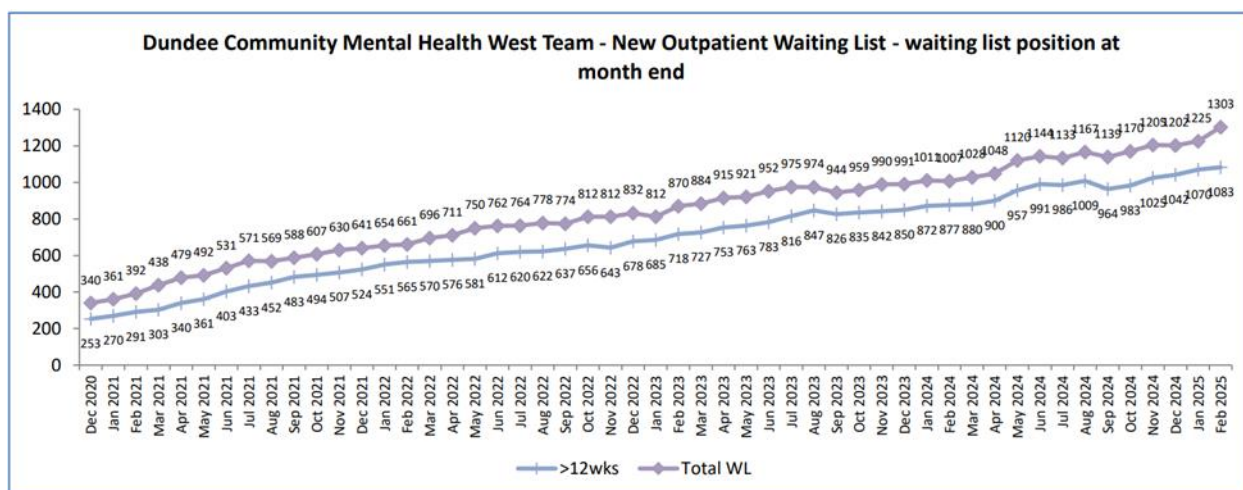
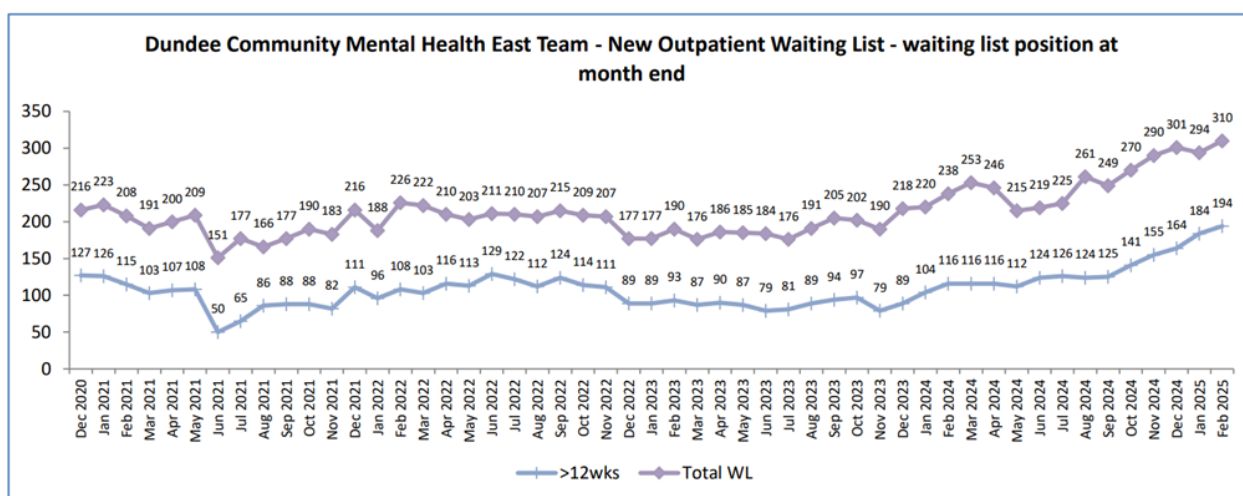
High level of sickness absence and vacancies are impacting on ability to reduce waiting list due to staff absorbing caseloads where individuals are absent or there are vacant post. The focus is on safe and effective care of existing patients. Consultant cover remains steady.

Financial challenges have impacted on ability to recruit to vacant posts however detailed planning is underway to ensure risk-based approach in place to support recruitment decisions.

East Team continues to offer Near Me as a platform to engage with service users.

CMHT West's waiting list continues in an upward trend and may be linked with the allocation of GP practices aligned to each CMHT. West have a higher number of practices aligned to their service and demographically there are a higher number of students registered in a practice in the West. West continues to push towards seeing more new patients to reduce the waiting list number. The consultation is ongoing around review of GP allocation for CMHTs.

e.3 Snapshot of waiting list position at month end; total volume on waiting list and volume waiting over 12 weeks:



6.0 POLICY IMPLICATIONS

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

7.0 RISK ASSESSMENT

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

8.0 CONSULTATIONS

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

9.0 BACKGROUND PAPERS

- 9.1 Appendix 1: Dundee HSCP Governance Structure

Dr David Shaw
Clinical Director





DATE: 07 May 2025

Jenny Hill
Head of Service

Angela Smith
Interim Head of Health and Community Care

Matthew Kendall
Allied Health Professions Lead

Niki Walker
Clinical Governance Facilitator

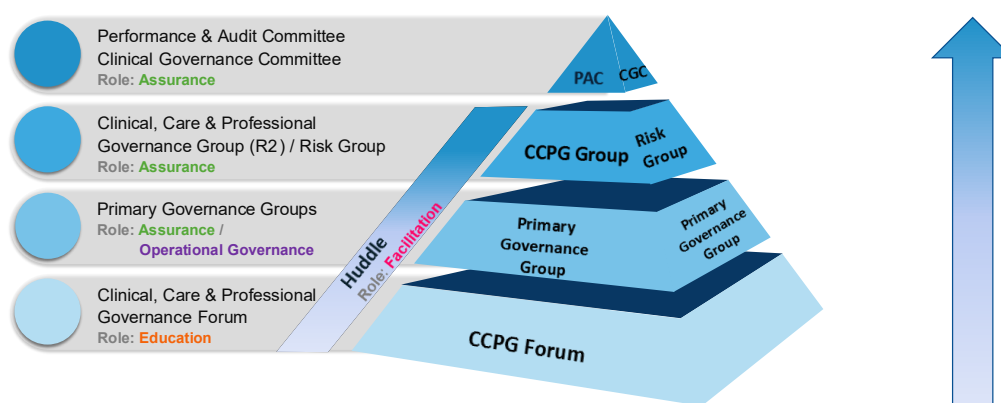
| Level of Assurance | | System Adequacy | Controls | <input type="checkbox"/> |
|-----------------------|--|--|--|-------------------------------------|
| Substantial Assurance |  | A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited | Controls are applied continuously or with only minor lapses. | |
| Reasonable Assurance |  | There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited. | Controls are applied frequently but with evidence of non-compliance. | <input checked="" type="checkbox"/> |
| Limited Assurance |  | Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited. | Controls are applied but with some significant lapses. | |
| 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. | |

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Dundee HSCP Governance Structure

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

DHSCP Clinical, Care & Professional Governance



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

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

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

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

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

Primary Governance Groups (PGG)

There are currently nine PGGs:

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

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

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

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

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

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

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

Governance Huddle

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

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

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

Clinical, Care and Professional Governance Forum

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

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