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Council Building  
2 High Street  
Perth  
PH1 5PH

19/04/2023

A hybrid meeting of the **Scrutiny and Performance Committee** will be held in the **Council Chamber** on **Wednesday, 26 April 2023** at **10:00**.

If you have any queries please contact Committee Services on (01738) 475000 or email [Committee@pkc.gov.uk](mailto:Committee@pkc.gov.uk).

**THOMAS GLEN**  
Chief Executive

***Those attending the meeting are requested to ensure that all notifications are silent on their device and other devices are in silent mode.***

***Please note that the meeting will be broadcast online and recorded. The recording will be publicly available on the Council's website following the meeting.***

**Members:**

Councillor Colin Stewart (Convener)  
Bailie Alasdair Bailey (Vice-Convener)  
Councillor Keith Allan  
Councillor Steven Carr  
Councillor Eric Drysdale  
Councillor Angus Forbes  
Councillor Michelle Frampton  
Councillor Ian Massie  
Councillor Willie Robertson  
Councillor Caroline Shiers  
Councillor Frank Smith



## **Scrutiny and Performance Committee**

**Wednesday, 26 April 2023**

### **AGENDA**

***MEMBERS ARE REMINDED OF THEIR OBLIGATION TO DECLARE ANY FINANCIAL OR NON-FINANCIAL INTEREST WHICH THEY MAY HAVE IN ANY ITEM ON THIS AGENDA IN ACCORDANCE WITH THE COUNCILLORS' CODE OF CONDUCT.***

- 1 WELCOME AND APOLOGIES**
- 2 DECLARATIONS OF INTEREST**
- 3 MINUTE OF MEETING OF SCRUTINY AND PERFORMANCE COMMITTEE OF 1 FEBRUARY 2023 FOR APPROVAL** **5 - 8**  
(copy herewith)
- 4 OUTSTANDING BUSINESS STATEMENT (OBS)** **9 - 10**  
(copy herewith 23/116)
- 5 UPDATE BY ARM'S LENGTH EXTERNAL ORGANISATIONS**
  - (i) CULTURE P&K**
  - (ii) LIVE ACTIVE LEISURE**
  - (iii) PERTH THEATRE AND CONCERT HALL**
- 6 SUMMARY REPORT ON CARE INSPECTORATE AND EDUCATION SCOTLAND INSPECTIONS** **11 - 36**  
Report by Executive Director (Education and Children's Services)  
(copy herewith 23/117)
- 7 PERTH AND KINROSS HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) CLINICAL AND CARE GOVERNANCE ASSURANCE REPORT** **37 - 90**  
Report by Chief Officer, Perth and Kinross Health and Social Care Partnership (copy herewith 23/118)

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## SCRUTINY AND PERFORMANCE COMMITTEE

Minute of hybrid meeting of the Scrutiny and Performance Committee held in the Council Chambers, 2 High Street, Perth, on Wednesday 1 February 2023 at 10:00am.

Present: Councillor C Stewart, Bailie A Bailey, Councillors K Allan, S Carr, E Drysdale, A Forbes, M Frampton, I Massie, W Robertson, C Shiers and F Smith.

In Attendance: B Renton (Executive Director, Communities); S Devlin (Executive Director, Education and Children's Services); B Murray, D Littlejohn and K Smith (Communities) L Simpson, K Molley, A Brown and M Pasternak (all Corporate and Democratic Services).

Councillor C Stewart, Convener, Presiding.

### 1. WELCOME AND APOLOGIES

The Convener welcomed all those present to the meeting.

### 2. DECLARATIONS OF INTEREST

No declarations of interest were made in terms of the Councillors' Code of Conduct.

### 3. MINUTE OF MEETING OF THE SCRUTINY AND PERFORMANCE COMMITTEE OF 30 NOVEMBER 2022

The minute of meeting of the Scrutiny and Performance Committee of 30 November 2022 was submitted and approved as a correct record.

### 4. OUTSTANDING BUSINESS STATEMENT

#### **Resolved:**

The status of actions in the Outstanding Business Statement, be noted and completed actions removed accordingly.

### 5. SCRUTINY AND PERFORMANCE COMMITTEE FORWARD PLANNER

#### **Resolved:**

The Scrutiny and Performance Committee Forward Planner for 2023, be noted.

### 6. PLANNING PERFORMANCE FRAMEWORK 11 (2021 – 22)

There was submitted a report by the Head of Planning and Development (23/28) relating to the Perth and Kinross Performance Framework 11 (2021-22) (PPF11).

In response to a question from Councillor Forbes regarding engagement with NHS Tayside about the provision of medical services when giving approval to large

planning developments, K Smith advised that engagement occurs with NHS Tayside primarily during the preparation of a new Local Development Plan. They are consulted on the various allocations proposed and are given the opportunity to provide feedback or raise any issues, which would be incorporated into the Local Development Plan. In response to another question from Councillor Forbes, B Murray confirmed that engagement would continue with NHS Tayside in relation to LDP3. She added that the development of the new National Planning Framework would make it easier for earlier engagement with all stakeholders in the process.

Members requested for the protocol on Engagement with NHS Tayside and the NHS response to the 2015 Consultation of the LDP2 to be circulated.

In response to a question from Bailie Bailey regarding specific criteria in carrying out in person site visits, K Smith advised that careful consideration would be taken in accessing the requirement of an in-person site visit. The decision made would be in line with the guidance published on the Council website. He added that a risk-based assessment would always be undertaken, and the decision would be based on the information made available which can vary across different applications and sometimes more data would be requested. To improve the transparency of the decision-making process of site-visits, Bailie Bailey suggested including this as a future service improvement in PPF12.

In response to a question from Councillor Shiers regarding challenges of staffing and recruitment, D Littlejohn advised that nationally there is a shortage of qualified Planners in Scotland. He confirmed that the project Future Planners is underway by the Scottish Government and the Royal Town Planning Institute to increase provision and help reduce staffing shortages by gaining more qualified Planners. D Littlejohn added that Building Standards have introduced a Modern Apprentice Scheme and Planning are also looking to roll out the programme in the hope to gain more individuals into the sector. Locally, there are plans for engagement with senior pupils across schools in Perth and Kinross to raise awareness and encourage young individuals to think about a career in Planning.

In response to a similar question from Councillor Forbes regarding staffing issues in Perth and Kinross Council, D Littlejohn advised that nearly all vacancies in Planning and Development in the Council have been filled. There has also been strong support for the graduate programme with three employees currently in post. D Littlejohn highlighted the long-term benefits of working for a local authority, including a career average pension, sick pay entitlement, childcare vouchers, access to the car lease scheme and flexible working. However, individuals may choose to leave the organisation due to enhanced wages offered by the Private Sector.

In response to a question from Councillor Shiers regarding community engagement on the planning process and development of LDP's, B Murray advised that early engagement with Community Councils, Development Trusts, community groups, schools, and young people, would be undertaken in relation to LDP3. She added that drop-in sessions would be arranged to help raise awareness and these would be extended across communities in Perth and Kinross. In addition, PKC have encouraged community groups to hold their own events to gather information and evidence from communities on their thoughts of the area to feed into the overall engagement process. In response to another question from Councillor Shiers, K Smith added that PKC are

happy to offer advice and training to Community Council members on their role in the planning application process.

In response to a question from Councillor Massie, David Littlejohn advised that several elected member briefing sessions are planned, including for the new LDP process and NPF4.

In response to a question from Councillor Allan, K Smith advised that PKC perform well in the Scottish average and officers continue to look at year on year improvement. In response to a question from Councillor C Stewart regarding the number of complaints received and how this can be captured, D Littlejohn confirmed that this could be included in future performance reports.

In response to a question from Councillor Forbes regarding cost recovery for planning applications, D Littlejohn advised that the full cost of running the Development Management system can be fully recovered through fees. The most recent fee increases made significant progress but there is still an unequal gap across authorities that have a greater number of major applications than authorities that are processing many household applications. D Littlejohn added that due to the impact of factors such as inflation and construction, it may be a couple of years before further changes are made to planning fees.

Regarding case studies, members highlighted the benefit of sharing examples of good and not so good practice so service performance can be properly scrutinised by elected members and improvements made can be analysed.

Members thanked officers for their work in preparing the Planning Performance Framework 11.

**Resolved:**

- (i) The contents of Report 23/28, be scrutinised.
- (ii) The appended Ministerial feedback received, be scrutinised.
- (iii) Suggestions to the case studies and service improvements to be included in PPF12, be scrutinised.

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## SCRUTINY AND PERFORMANCE COMMITTEE

### OUTSTANDING BUSINESS STATEMENT (OBS)

(Report No. 23/116)

Please note that this statement sets out outstanding decisions of this committee along with an update and estimated completion date. Actions which are overdue are shaded for ease of reference. Where an update reflects that an action is complete then the Committee's agreement will be sought to its removal from the OBS.

| No | Minute Reference        | Subject Title                                  | Outstanding Action                                                                                     | Update                                                                                                                                                                                                     | Lead Officer /Service | Action due    | Action Expected |
|----|-------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------|-----------------|
| 1. | 29 November 2021        | Business Gateway                               | Briefing session to be arranged on Business Gateway – Memorandum of Understanding to Committee Members | An Elected Member Briefing Session was held on 27 March 2023.<br><br><b>COMPLETED</b>                                                                                                                      | David Littlejohn      | 26 April 2023 | 26 April 2023   |
| 6. | 6 June 2022. Item 6(d). | Closing out of Improvement Actions from BMIPS. | Methodology to be constructed in terms of closing out of Improvement Actions raised in BMIPS.          | Initial meeting has been held with officers and the Convener. Development Session to be arranged in May 2023 for members on the new Improvement Service Local Government Benchmarking Framework dashboard. | All services          | 7 June 2023   | 7 June 2023     |

| No  | Minute Reference             | Subject Title                                               | Outstanding Action                                                                                                                                     | Update                                                                                               | Lead Officer /Service             | Action due    | Action Expected |
|-----|------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------|---------------|-----------------|
|     |                              |                                                             |                                                                                                                                                        | <b>NOT COMPLETED</b>                                                                                 |                                   |               |                 |
| 9.  | 21 September 2022.<br>Item 8 | Perth and Kinross Council Annual Performance Report 2021/22 | A slide-based presentation to be delivered to members on the different types of support that are available to young people regarding mental wellbeing. | A briefing session has been arranged with elected members on 9 May 2023.<br><br><b>NOT COMPLETED</b> | Education and Children's Services | May 2023      | May 2023        |
| 12. | 1 February 2023.<br>Item 5   | Planning Performance Framework 11 (2021-22)                 | Circulate the protocol on Engagement with NHS to committee members.                                                                                    | Email response issued to members.<br><br><b>COMPLETED</b>                                            | Ben Wilson                        | 26 April 2023 | 26 April 2023   |
| 13. | 1 February 2023.<br>Item 5   | Planning Performance Framework 11 (2021-22)                 | Circulate the NHS response to the 2015 consultation on LDP2 to committee members.                                                                      | Email response issued to members.<br><br><b>COMPLETED</b>                                            | Ben Wilson                        | 26 April 2023 | 26 April 2023   |

## PERTH AND KINROSS COUNCIL

### Scrutiny And Performance Committee 26 April 2023

### Executive Sub-Committee Of Learning & Families Committee 15 May 2023

## SUMMARY REPORT ON CARE INSPECTORATE AND EDUCATION SCOTLAND INSPECTIONS

### Report by Executive Director (Education and Children's Services) (Report No. 23/117)

#### 1. PURPOSE

- 1.1 This report provides an overview of the performance of Education and Children's Services inspected and reported over the past year by the Care Inspectorate and Education Scotland, since the previous report of this type in 2022, and sets out the Service's approach to implementing improvement actions arising out of inspections, as well as the wider school improvement framework.

#### 2. RECOMMENDATION

- 2.1 It is recommended that the Committee:
- Scrutinises and comments as appropriate on the contents of the report.

#### 3. STRUCTURE OF REPORT

- 3.1 This report is structured over the following sections:
- Section 4: Background
  - Section 5: Summary of Inspections
  - Section 6: Conclusion
  - Appendices

#### 4. BACKGROUND

##### 4.1 Care Inspectorate

- 4.1.1 Regulated care services in Scotland are inspected by the [Care Inspectorate](#) using a range of quality frameworks, each with Key Questions and Quality Indicators (QIs). Services are measured against the National Health and Social Care Standards.

Where inspected, each Key Question and contributing QI is graded on a 6-point scale in which 1 = unsatisfactory, 2 = weak, 3 = adequate, 4 = good, 5 = very good and 6 = excellent.

An updated [A quality framework for day care of children, childminding and school aged childcare](#) was published by the Care Inspectorate and was used in test inspections, without published grades, before full implementation. This framework is now in place for inspections carried out since 1 June 2022.

4.1.2 The framework is framed around four key questions. Each of these include a number of QIs for actual inspection.

- How good is our care, play and learning?
- How good is our setting?
- How good is our leadership?
- How good is our staff team?

The final key question is:

- What is our overall capacity for improvement?

This requires a global judgement based on evidence and evaluations from all the other key areas but is not evaluated specifically.

4.1.3 The Care Inspectorate conducts unannounced inspections for all regulated services as the main inspection method unless there are practical reasons that this is not appropriate. There are longer intervals between inspections for better performing services and a greater focus on risk-based inspections for poorly performing and high-risk services such as those which provide 24-hour residential care.

4.1.4 Following an inspection, the Care Inspectorate may set out a series of:

- **Recommendations:** statements that set out actions the care service provider should take to improve or develop the quality of the service.
- **Requirements:** statements which set out what is required of the care service provider to comply with relevant legislation.

4.1.5 Care service providers must submit an action plan to the Care Inspectorate addressing any requirements and recommendations identified. Progress against the action plan is monitored by the Care Inspectorate through annual return and self-assessment forms submitted by the care service provider and through subsequent inspection.

## 4.2 Education Scotland

4.2.1 Education Scotland inspects and reports on the quality of education in Early Learning and Childcare (ELC) settings, primary schools, secondary schools, special schools, community learning and development services, colleges, and residential educational provision.

- 4.2.2 Education Scotland's programme of routine inspections was paused in March 2020 in response to COVID-19. From December 2021, Education Scotland invited schools and ELC settings to take part in 'Recovery Visits'.

In Perth and Kinross, three primary schools completed the self-selection process to put their schools forward to take part and four ELC settings were also visited. No specific grades for QIs were reported from these visits. In November 2021, Education Scotland carried out three thematic reviews nationally. These were on the themes of outdoor learning, approaches to supporting young people's wellbeing and local approaches to recovery. Three Perth and Kinross Council schools and one funded partner ELC setting participated in this process.

- 4.2.3 Inspections resumed post COVID-19 pandemic in September 2022 across all local authorities, selecting early years settings and schools for inspection on a proportionate basis as previously, using a sampling approach.

- 4.2.4 The inspection advice note from Education Scotland has been updated to reflect the challenges faced by schools and education settings as a result of the COVID-19 pandemic. The process aims to be more proportionate and responsive and takes into account the unique circumstances of each setting. HM Inspectors continue to use the quality improvement frameworks 'How Good Is Our School?' (4th Edition) and 'How Good Is Our Early Learning and Childcare?' as the focus for inspections. However, they will also focus on the experiences of learners and how their learning and wellbeing needs are being met. They are first and foremost interested in the learning experiences and achievements of children and young people, and how schools and settings are ensuring these are of the highest quality.

For school inspections, the following HGIOS4 Quality Indicators (QI) are evaluated on a six point scale:

#### Full inspection Model

- 1.3 Leadership of Change
- 2.3 Learning, Teaching and Assessment
- 3.2 Raising Attainment and Achievement
- 3.1 Ensuring Wellbeing, Equality and Inclusion

#### Short inspection Model

- 1.1 Self-evaluation for self-improvement
- 3.2 Raising Attainment and Achievement

- 4.2.5 A short letter is provided to report the inspection, highlighting strengths and aspects for development, and includes a table indicating the QI evaluations against the six-point scale. The inspection evidence gathered during the inspection is published online as a document called the Summarised Inspection Findings (SIF).

- 4.2.6 A meeting is held after the publication of the initial inspection letter. Parents, local elected members and members of the Learning and Families Committee

are invited to the meeting providing them with the opportunity to discuss the findings of the report and to be consulted on the areas for improvement to be taken forward. Where further inspection activity is carried out, Education Scotland will report publicly to parents and stakeholders.

- 4.2.7 Areas for improvement, identified during an inspection, are addressed through a School Action Plan. Progress against the Plan is monitored, and a report prepared for parents/carers (and is also shared with the Area Lead Officer) within one year of the report being published.

#### **4.3 Local Authority Quality Improvement Framework**

- 4.3.1 Beyond these formal inspections, there is a well-established quality improvement process in Perth and Kinross schools. The Quality Improvement Framework supports effective self-evaluation, improvement planning and reporting at establishment and department level.

There is a structured model of quality assurance activity which includes data analysis, self-evaluation, professional discussion and a planned programme of school visits by central officers. Schools and settings receive either universal, tailored or more intensive targeted support depending on the level of challenge and support required. Learning and Achievement Visits (LAV) are carried out by central officers for specific schools and settings following careful analysis of the school and settings needs. Improvement methodology approaches have been introduced to support effective planning and to measure the impact of improvements. Each school and ELC setting prepared and published their individual School or Centre Improvement Plan for 2022/2023, in collaboration with children and young people, parents/carers, and partners. These school and establishment-level plans inform the Annual [Education Improvement Plan](#). All schools and settings produce an annual Standards and Quality Report (SQR), which outlines progress against improvement plan priorities, attainment, wider achievement and next steps.

#### **4.4 Analysis of Inspection Outcomes**

- 4.4.1 There are a number of factors which make the analysis of the inspection gradings complex over this reporting period. These factors include:
- Changes to the inspection models and quality frameworks from 2016 are such that it is not possible to make direct comparisons across prior years;
  - The number of inspections carried out within the local authority area varies from year to year; and
  - The selection of QIs and themes can vary from inspection to inspection.

## **5. SUMMARY OF INSPECTIONS**

### **5.1. Care Inspectorate Inspections of Services Providing Day Care for Children**

- 5.1.1 This section presents an overview of the performance of services providing day care for children inspected over the past year where Perth and Kinross Council is the registered provider, and for services registered as funded partners. This includes childminders with funded childcare places. The Care Inspectorate Inspection Reports are reported to the Executive Sub-Committee of Learning and Families Committee by exception where any grading has been awarded an evaluation of unsatisfactory, weak, or excellent. In the past year, one service has been reported for receiving excellent gradings. One service was graded as unsatisfactory or weak.
- 5.1.2 All 23 inspections of services providing day care for children in 2022/23 were unannounced.
- 5.1.3 To date, in 2022/23, 86% of grades awarded were good or better, similar to the previous year and above national and comparator benchmarks. The proportion of excellent and very good grades awarded is 48%, a similar figure to the 46% in the previous report of this type. Appendix A provides further details and interpretation of the overall figures. The current inspection position of all settings indicates a positive picture relative to national and comparator benchmarks, across all Quality Themes.
- 5.1.4 Appendix B shows performance from 1 April 2016 to 7 February 2023 by Quality Theme for all inspected services providing day care. Overall, every theme shows consistently high performance. The Quality of Staffing and Leadership and Management shows improvement in the latest year's inspection.
- 5.1.5 It is common for only certain Key Questions to be assessed during an inspection. When looking at individual indicators, care must be used in interpretation as some may be evaluated less frequently than others and therefore subject to greater change from year to year.
- 5.1.6 Education and Children's Services continues to monitor, support, and challenge all centres through a planned programme of improvement visits. Any setting which achieves a grading of lower than 'Good' will be provided with targeted support to secure improvement in that area.

### **5.2 Care Inspectorate Inspections of Support and Residential Care Services**

#### **Fostering Service**

- 5.2.1 The Care Inspectorate carried out an inspection of the Council's Fostering Services on 31 May 2022. The inspection was announced (short notice). This level of inspection is carried out when the Care Inspectorate is satisfied that services are working hard to provide consistently high standards of care.

- 5.2.2 The inspection evaluated the Key Questions “How well do we support people's wellbeing?” to be **Good** and “How well is our care and support planned?” to be **Good**. The “How good is our leadership?”, “How good is our staff team?” and “How good is our setting” Key Questions were not evaluated. The Care Inspectorate identified a number of important key strengths.

#### Adoption Service

- 5.2.3 The Care Inspectorate carried out an inspection of the Adoption Service on 31 May 2022. The inspection was announced (short notice).

This level of inspection is carried out when the Care Inspectorate is satisfied that services are working hard to provide consistently high standards of care.

- 5.2.4 The inspection found the “How well do we support people's wellbeing?” to be **Very Good** and the “How well is our care and support planned?” to be **Good**. The “How good is our leadership?”, “How good is our staff team?” and “How good is our setting?” were not inspected. The inspection report does not set out any Areas for Improvement. The Care Inspectorate identified a number of important key strengths.

#### Adult Placement Service

- 5.2.5 The Adult Placement service offers supported lodgings to young people aged 16-26 years. It recruits and supports carers to provide adult placements for young people who are leaving the care of the local authority and for Children Alone Seeking Asylum (CASA). The service also supports carers providing Continuing Care to young people who have been previously looked after on a fostering basis. The Care Inspectorate carried out an inspection of the Adult Placement Service on 31 May 2022. The inspection was announced (short notice) and was the first time it was inspected. This level of inspection is carried out when the Care Inspectorate is satisfied that services are working hard to provide consistently high standards of care.

- 5.2.6 The inspection found the “How well do we support people's wellbeing?” to be **Very Good**, “How good is our leadership?” to be **Good**, “How good is our staff team” to be **Very Good** and the “How well is our care and support planned?” to be **Good**. The “How good is our setting?” question was not inspected. The Care Inspectorate identified a number of important key strengths. The inspection report also sets out four Areas for Improvement which relate to further enhancing the quality of performance and practice within the service.

- 5.2.7 The findings of these three inspections, and an update on progress made towards implementing the areas for improvement, were reported to the Executive Sub-Committee of Lifelong Learning Committee on 29 August 2022 ([Report No. 22/196 refers](#)). The grading history for the latest inspections are shown in Appendix C, indicating a change to new QIs.



### **5.3 Education Scotland Inspections of ELC Settings and Schools**

5.3.1 This section presents an overview of the performance of Perth and Kinross Council's ELC settings, including partner providers, and schools inspected by Education Scotland and reported to the Executive Sub Committee of Lifelong Learning Committee/Executive Sub Committee of Learning and Families Committee up to 20 March 2023.

5.3.2 During academic session 2022/23, since the last report of this type, two co-located ELC settings/primary schools were inspected, and reports published. Of the 6 ELC QIs, four were graded 'Good', one 'Satisfactory' and one 'Weak'. Of the 6 primary school QIs inspected, one was graded 'Very Good', three 'Good' and two were rated 'Satisfactory'.

A combined summary of performance (2016/17 to date) is shown in Appendix D. Where a setting or school received a grade of less than 'Good', an action plan is developed with the school to secure improvement in that area.

5.3.3 Performance against comparator local authorities, and Scotland as a whole, is shown in Appendix E. Perth and Kinross Council consistently outperforms both the comparator group of local authorities and the Scotland average across both the primary school and ELC sectors, particularly when looking only at indicators graded as "Very Good" or better. There are currently insufficient secondary school inspections to allow for full comparison (6 QIs across 2 school inspections), but limited benchmarking information is also provided in Appendix E.

5.3.4 Areas for improvement identified during an inspection are addressed through a School Action Plan. Progress against the Plan is monitored, and a report prepared for parents/carers (and is also shared with the Area Lead Officer) within one year of the report being published.

5.3.5 Individual inspection reports are scrutinised by members of the Executive Sub-Committee of the Learning and Families Committee.

## **6. CONCLUSION**

6.1 The analysis of the gradings and reports by the Care Inspectorate and Education Scotland provides further information on the standards and quality in our services and sets a clear agenda for continuous improvement.

**Author**

| <b>Name</b>         | <b>Designation</b>                         | <b>Contact Details</b>                                                                 |
|---------------------|--------------------------------------------|----------------------------------------------------------------------------------------|
| <b>Paul Davison</b> | Corporate Research and Information Manager | <a href="mailto:ECSCCommittee@pkc.gov.uk">ECSCCommittee@pkc.gov.uk</a><br>01738 475000 |

**Approved**

| <b>Name</b>          | <b>Designation</b>                                        | <b>Date</b>   |
|----------------------|-----------------------------------------------------------|---------------|
| <b>Sheena Devlin</b> | Executive Director<br>(Education and Children's Services) | 17 April 2023 |

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## 1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

| Strategic Implications                              | Yes / None |
|-----------------------------------------------------|------------|
| Community Plan / Single Outcome Agreement           | Yes        |
| Corporate Plan                                      | Yes        |
| Resource Implications                               |            |
| Financial                                           | None       |
| Workforce                                           | None       |
| Asset Management (land, property, IST)              | None       |
| Assessments                                         |            |
| Equality Impact Assessment                          | None       |
| Strategic Environmental Assessment                  | None       |
| Sustainability (community, economic, environmental) | None       |
| Legal and Governance                                | None       |
| Risk                                                | None       |
| Consultation                                        |            |
| Internal                                            | Yes        |
| External                                            | None       |
| Communication                                       |            |
| Communications Plan                                 | None       |

### 1. Strategic Implications

#### Community Plan/Single Outcome Agreement

- 1.1 This section sets out how the proposals relate to the delivery of the Perth and Kinross Community Plan/Single Outcome Agreement in terms of the following priorities:

- (i) Giving every child the best start in life;
- (ii) Developing educated, responsible and informed citizens;
- (iii) Promoting a prosperous, inclusive and sustainable economy;
- (iv) Supporting people to lead independent, healthy and active lives; and
- (v) Creating a safe and sustainable place for future generations.

This report relates to Objective No. (i) and (ii).

#### Corporate Plan

- 1.2 This section sets out how the proposals relate to the achievement of the Council's Corporate Plan Objectives:

- (i) Giving every child the best start in life;
- (ii) Developing educated, responsible and informed citizens;
- (iii) Promoting a prosperous, inclusive and sustainable economy;

- (iv) Supporting people to lead independent, healthy and active lives; and
- (v) Creating a safe and sustainable place for future generations.

This report relates to Objective No. (i) and (ii).

- 1.3 The report also links to the Education & Children's Services Vision, Values and Priorities in respect of the following key Priority areas:

- Best Start
- Learning and Achievement

## 2. Resource Implications

### Financial

- 2.1 N/A

### Workforce

- 2.2 N/A

### Asset Management (land, property, IT)

- 2.3 N/A

## 3. Assessments

### Equality Impact Assessment

- 3.1 Under the Equality Act 2010, the Council is required to eliminate discrimination, advance equality of opportunity, and foster good relations between equality groups. Carrying out Equality Impact Assessments for plans and policies allows the Council to demonstrate that it is meeting these duties.

The proposals have been considered under the Corporate Equalities Impact Assessment process (EqIA) with the following outcome:

- (i) Assessed as **not relevant** for the purposes of EqIA.

### Strategic Environmental Assessment

- 3.2 The Environmental Assessment (Scotland) Act 2005 places a duty on the Council to identify and assess the environmental consequences of its proposals.

The proposals have been considered under the Act; however, no action is required as the Act does not apply to the matters presented in this report. This is because the Committee are requested to note the contents of the

report only and the Committee are not being requested to approve, adopt or agree to an action or to set the framework for future decisions.

### Sustainability

3.3 Under the provisions of the Local Government in Scotland Act 2003, the Council has to discharge its duties in a way which contributes to the achievement of sustainable development. Under the Climate Change (Scotland) Act 2009 the Council also has a duty relating to climate change and, in exercising its functions must act:

- In the way best calculated to delivery of the Act's emissions reduction targets.
- In the way best calculated to deliver any statutory adaption programmes.
- In a way that it considers most sustainable.

3.3.1 The proposals have been considered but are not applicable for this report.

### Legal and Governance

3.4 N/A

### Risk

3.5 N/A

## **4. Consultation**

### Internal

4.1 Relevant Heads of Service and Service Managers within Education and Children's Services have been consulted in the preparation of this report.

### External

4.2 N/A

## **5. Communication**

5.1 In the case of an initial Education Scotland inspection of a school, a public meeting is held after the publication of the inspection report with invitations going to parents, the local elected members, and members of the Learning and Families Committee. These meetings give parents, carers, and other members of the community the opportunity to discuss the findings of the inspection and to be consulted on the areas for improvement to be taken forward.

Where further inspection activity is carried out, Education Scotland will report publicly to parents and stakeholders. Other continuing engagement activities undertaken by Perth and Kinross Council will also be reported to parents and

stakeholders. This includes the publication of reports to parents on Extended Learning and Achievement Visits and follow-up reports on the school's website and on each school's page on [www.pkc.gov.uk](http://www.pkc.gov.uk).

## **2. BACKGROUND PAPERS**

The following background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (and not containing confidential or exempt information) were relied on to a material extent in preparing the above report:

- Education Scotland Inspection reports, published by [Education Scotland](#).
- Care Inspectorate Inspection reports, published by the [Care Inspectorate](#).

## **3. APPENDICES**

### **3.1 Appendix A: Summary of performance, services providing day care of children inspected by the Care Inspectorate**

Appendix B: Grading History, services providing day care of children inspected and published by the Care Inspectorate, 2016/17 onwards

Appendix C: Grading History – Fostering and Adoption and Adult Placement Services

Appendix D: Cumulative Overview of Education Scotland Inspections in 2016/17 - 2022/23 by Performance Indicator

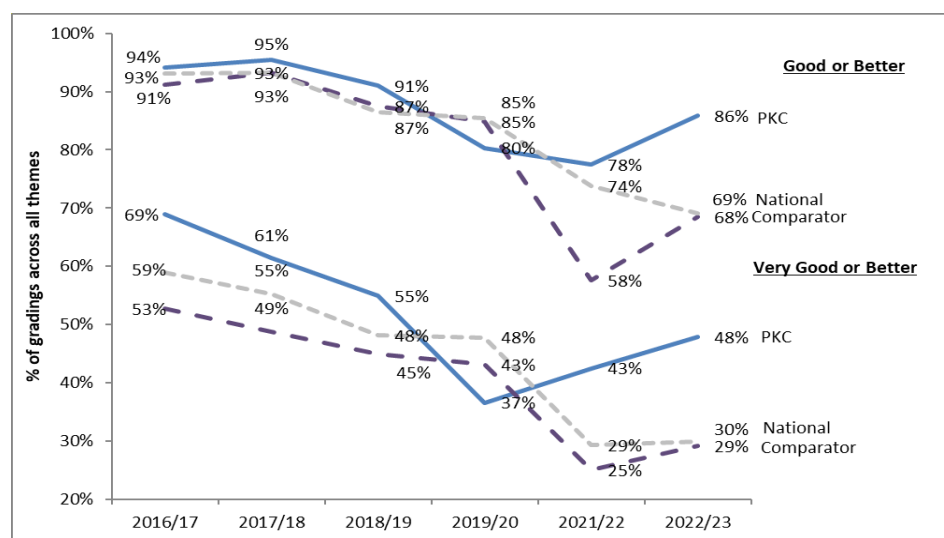
Appendix E: Cumulative ELC Settings and Primary School Inspection Performance relative to Comparator Authorities, by Education Scotland Quality Indicator, Academic Years 2016/17 – 2022/23

## Summary of performance<sup>1</sup>, services providing day care of children inspected by the Care Inspectorate<sup>2,3</sup>

Table A1: Summary of performance – 2022/23(to date)<sup>4</sup>

| Number of services inspected = 23         |           |            |            |            |           |                | Indicators inspected |
|-------------------------------------------|-----------|------------|------------|------------|-----------|----------------|----------------------|
| Quality Themes                            | Excellent | Very Good  | Good       | Adequate   | Weak      | Unsatisfactory |                      |
| Care and Support/ Care, Play and Learning | 1         | 10         | 8          | 4          | 0         | 0              | 23                   |
| Environment/ Setting                      | 0         | 15         | 6          | 2          | 0         | 0              | 23                   |
| Staffing/ Staff Team                      | 0         | 14         | 5          | 4          | 0         | 0              | 23                   |
| Management and Leadership/ Leadership     | 0         | 5          | 14         | 3          | 1         | 0              | 23                   |
| <b>Total</b>                              | <b>1</b>  | <b>44</b>  | <b>33</b>  | <b>13</b>  | <b>1</b>  | <b>0</b>       | <b>92</b>            |
|                                           | <b>1%</b> | <b>48%</b> | <b>36%</b> | <b>14%</b> | <b>1%</b> | <b>-</b>       |                      |

CHART A1: Performance 2016/17 to 2022/23\*: PKC, Comparator Authorities and Scotland



**Commentary:** The national trend down is linked to higher expectations from Care Inspectorate inspections and introduction of the National Standard for ELC. National and comparator figures are now available for 2022/23 which show PKC out-performing comparator and national benchmarks.

Note: Vertical axis adjusted to emphasise differences

\* Quality Indicators changed 01/06/2022 by Care Inspectorate.

<sup>1</sup> Note that rounding of percentage figures may mean totals reported elsewhere do differ.

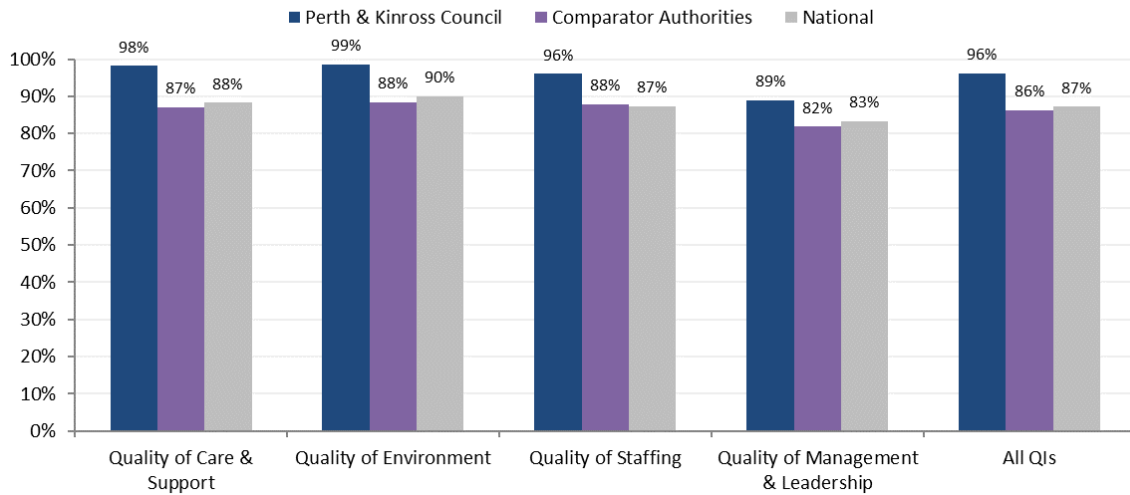
<sup>2</sup> Note that comparator and national proportions include all services for day care of children whereas Perth and Kinross figures only represent local authority and partner provider services (it is not possible to distinguish in national statistics). It also restates previous gradings when quality themes are not assessed.

<sup>3</sup> Comparator local authorities are Argyll and Bute, Aberdeenshire, Stirling, Scottish Borders and Highland Council.

Comparator and national proportions currently available until January 2023.

<sup>4</sup> Inspected, published and reported to Learning and Families Executive Sub Committee by 20 March 2023.

### Quality Indicator (QIs) - Good or better (%)



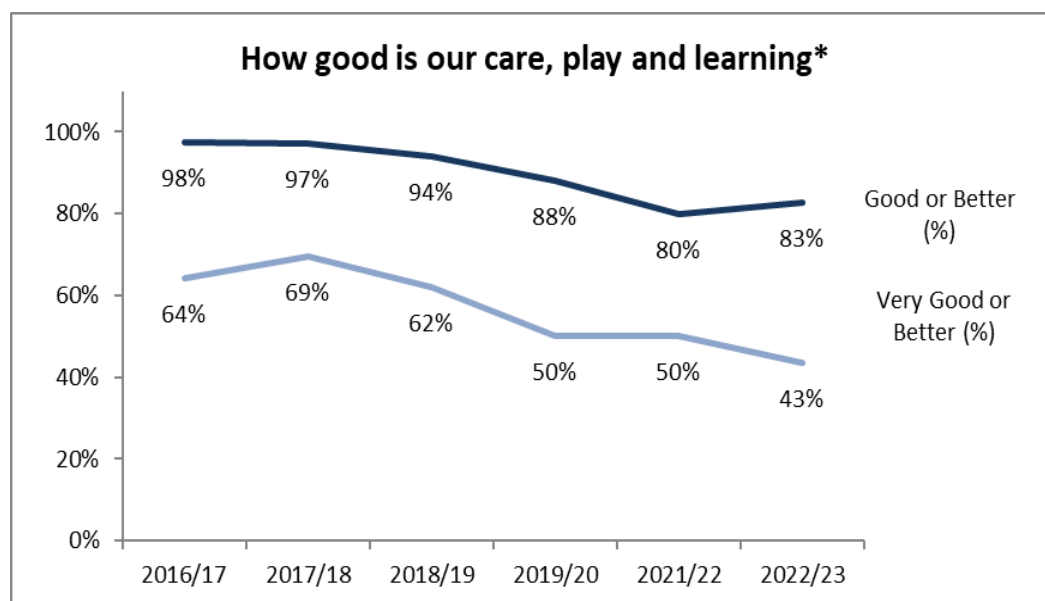
### Current Position

The charts above illustrates the aggregated individual results of inspections over a five year period. Some settings will be inspected more than once during this period, and some Quality Indicators are not covered in every inspection. The accumulated result of all these inspections is the current position of all Early Learning and Childcare services in Perth & Kinross - shown in these charts. This summarises the proportion of settings that currently have a Good or better rating, based on the latest inspection for each indicator.





## Grading History, services providing day care of children inspected and published by the Care Inspectorate, 2016/17 onwards<sup>1</sup>



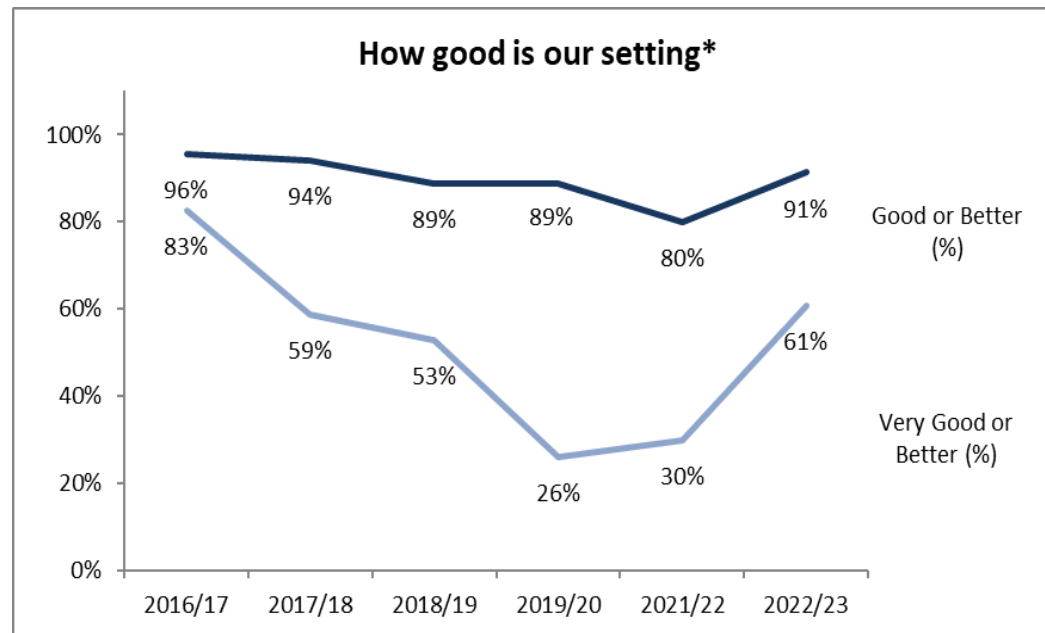
### Commentary:

Performance over 6 years has been generally high when looking at both 'Good or better' and 'Very good or better' ratings.

A recent decrease is linked to higher expectations from Care Inspectorate inspections and introduction of the National Standard for ELC.

\* Known as "Quality of care and support" prior to 01/06/2022

|                              | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2021/22 | 2022/23 |
|------------------------------|---------|---------|---------|---------|---------|---------|
| <b>Number of Inspections</b> | 42      | 36      | 50      | 36      | 12      | 23      |



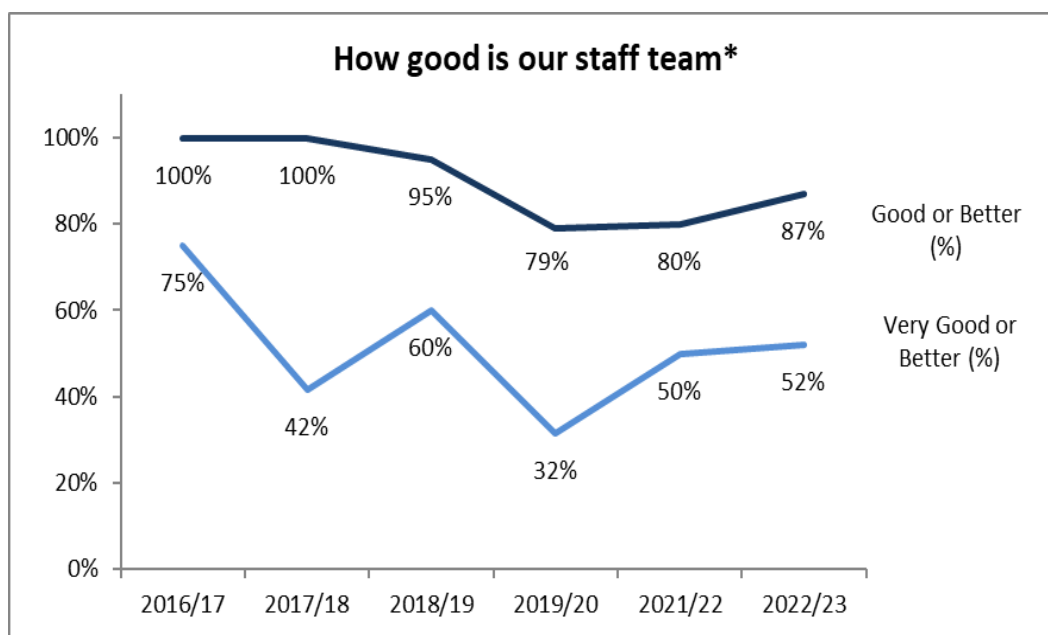
### Commentary:

Performance over 6 years has been high and steady when looking at 'Good or better' ratings. This indicator has been recognised in the Service's own quality assurance of establishments, with the intention of improving performance in this area, which is now visible.

\* Known as "Quality of environment" prior to 01/06/2022

|                              | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2021/22 | 2022/23 |
|------------------------------|---------|---------|---------|---------|---------|---------|
| <b>Number of Inspections</b> | 23      | 17      | 36      | 22      | 12      | 23      |

<sup>1</sup> Inspected, published and reported to Lifelong Learning / Learning & Families Executive Sub Committee by 20 March 2023. Note the smaller number of inspections reported in 2021/22 (and none in 2020/21)

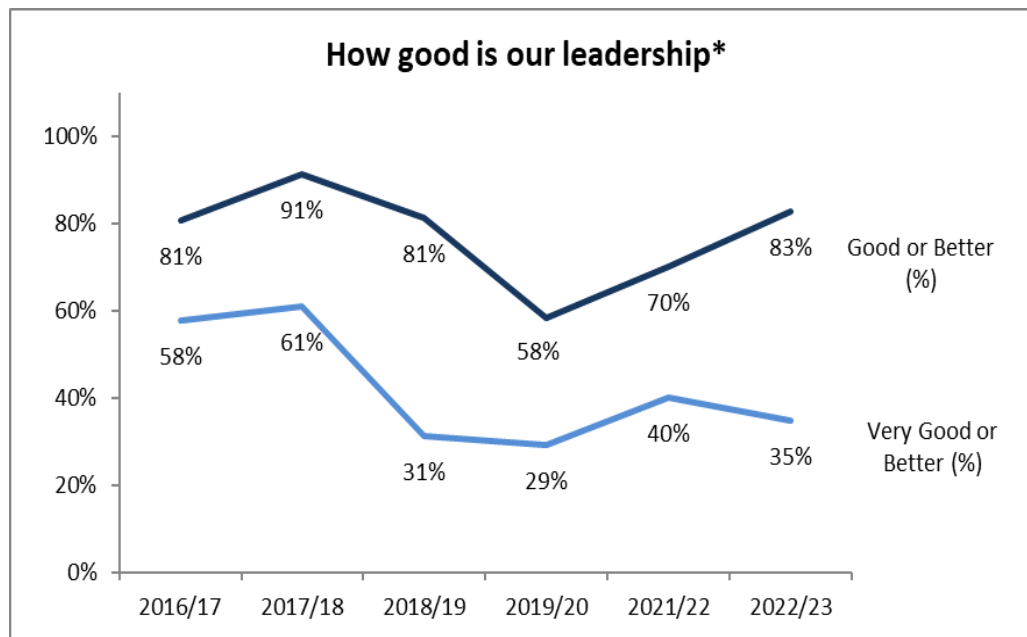


#### Commentary:

Performance over 6 years has been high and steady when looking at 'Good or better' ratings. When tightening to 'Very good or better' the overall trend is similar. As a result of the expansion of ELC, there has been a marked increase in the ELC workforce. Workforce development initiatives to ensure a high quality staffing are now showing impact.

\* Known as "Quality of staffing" prior to 01/06/2022

|                       | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2021/22 | 2022/23 |
|-----------------------|---------|---------|---------|---------|---------|---------|
| Number of Inspections | 28      | 12      | 20      | 15      | 12      | 23      |



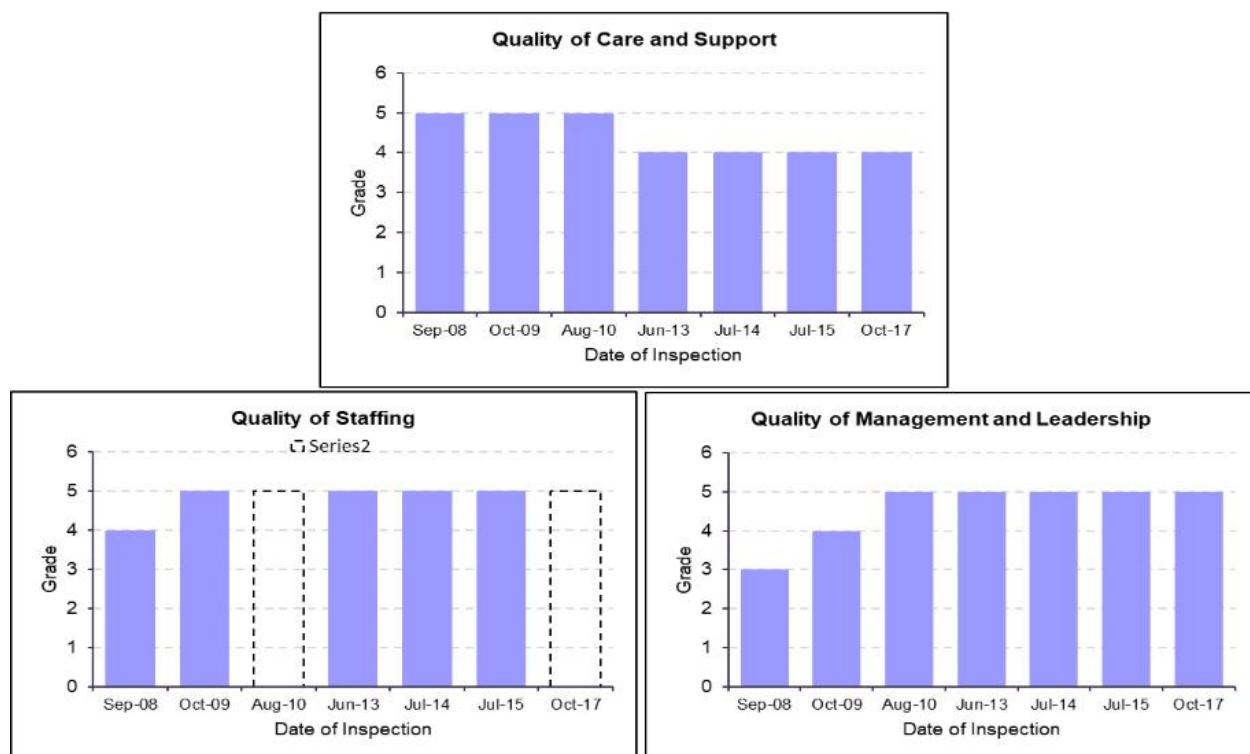
#### Commentary:

Performance over 6 years has been generally high when looking at Good or better ratings. The Service has a development programme to upskill existing Early Childhood Practitioners (ECPs) to undertake management posts as well as a new Leadership Programme for those in existing leadership positions. A recent decrease is linked to higher expectations from Care Inspectorate inspections and introduction of the National Standard for ELC.

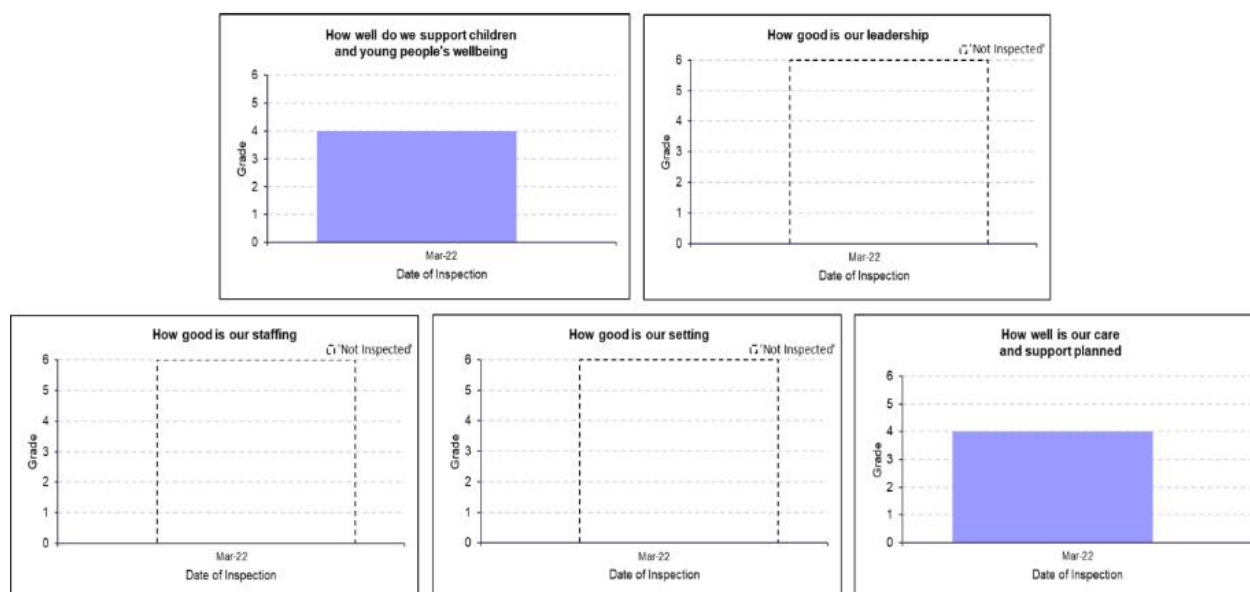
\* Known as "Quality of leadership and management" prior to 01/06/2022

|                       | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2021/22 | 2022/23 |
|-----------------------|---------|---------|---------|---------|---------|---------|
| Number of Inspections | 26      | 23      | 16      | 19      | 12      | 23      |

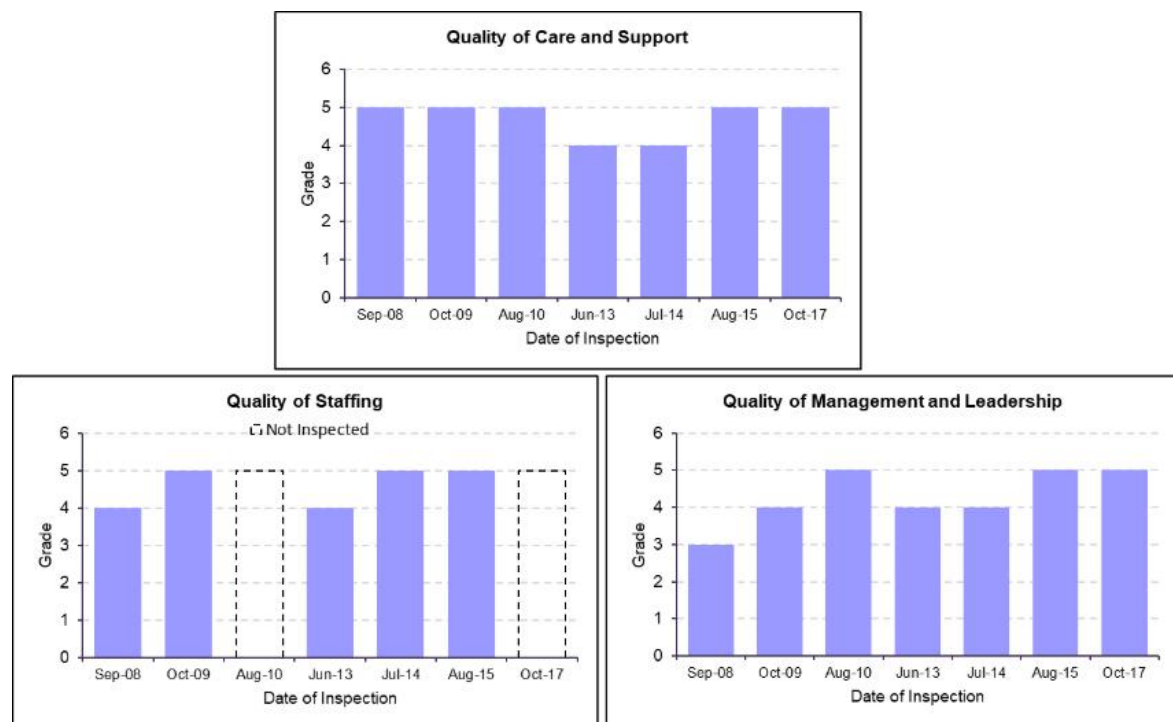
# Grading History, Fostering – Previous Quality Framework



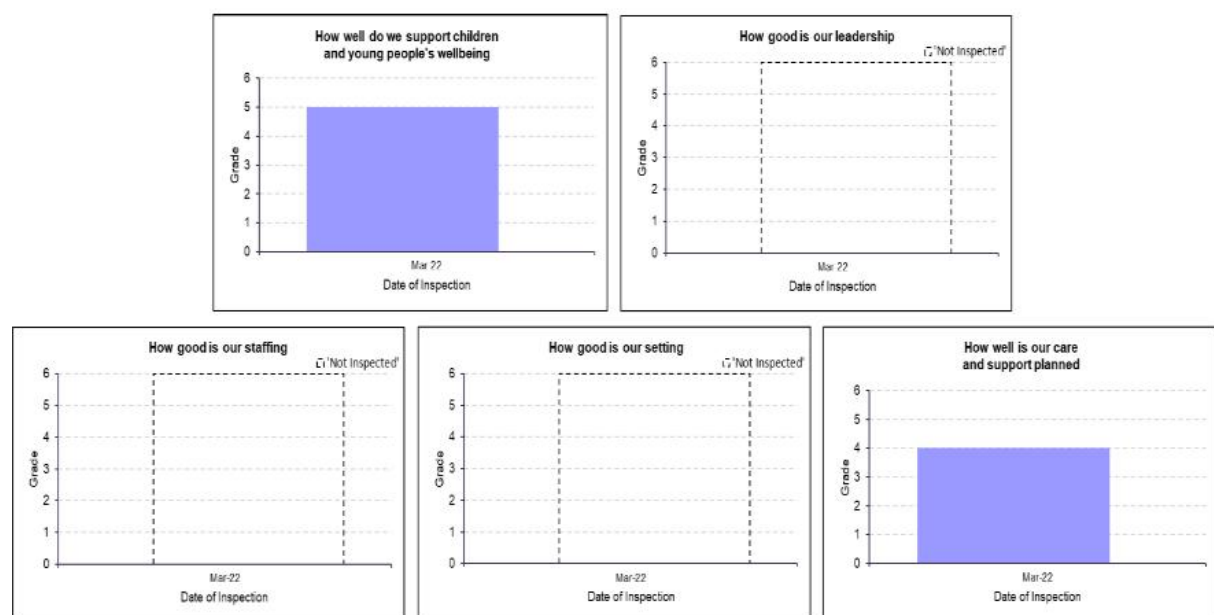
# Grading History, Fostering – New Quality Framework



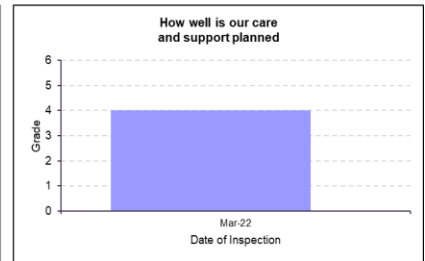
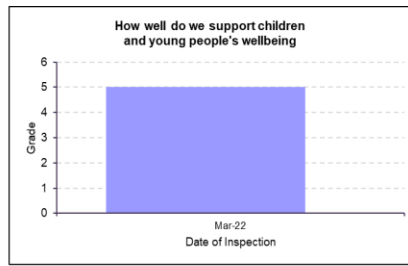
## Grading History, Adoption – Previous Quality Framework



## Grading History, Adoption – New Quality Framework



## Grading History, Adult Placement – New Quality Framework





## Cumulative Overview of Education Scotland Inspections in 2016/17 – 2022/23 by Performance Indicator

**Table D1: ELC Settings Overview by Performance Indicator**

| Number of Pre-Schools inspected = 18 (1 Follow Through, 13 Full and 4 Short Inspections) |                      |                                 |                              |                                          |                                      |                        |
|------------------------------------------------------------------------------------------|----------------------|---------------------------------|------------------------------|------------------------------------------|--------------------------------------|------------------------|
| QI Grading                                                                               | Leadership of change | Learning, teaching & assessment | Securing Children's Progress | Ensuring wellbeing, equality & inclusion | Self-evaluation for self-improvement | All Quality Indicators |
| Excellent                                                                                | -                    | -                               | -                            | -                                        | -                                    | -                      |
| Very Good                                                                                | 4                    | 5                               | 5                            | 6                                        | -                                    | 20                     |
| Good                                                                                     | 8                    | 9                               | 12                           | 9                                        | 1                                    | 39                     |
| Satisfactory                                                                             | 4                    | 5                               | 2                            | 1                                        | 1                                    | 13                     |
| Weak                                                                                     | -                    | 1                               | 3                            | -                                        | -                                    | 4                      |
| Unsatisfactory                                                                           | -                    | -                               | -                            | -                                        | -                                    | -                      |

**Table D2: Primary Overview by Performance Indicator**

| Number of Primary Schools inspected = 21 (1 Follow Through, 11 Full and 9 Short Inspections) |                      |                                 |                                  |                                          |                                      |                        |
|----------------------------------------------------------------------------------------------|----------------------|---------------------------------|----------------------------------|------------------------------------------|--------------------------------------|------------------------|
| QI Grading                                                                                   | Leadership of change | Learning, teaching & assessment | Raising attainment & achievement | Ensuring wellbeing, equality & inclusion | Self-evaluation for self-improvement | All Quality Indicators |
| Excellent                                                                                    | 1                    | -                               | -                                | 1                                        | -                                    | 2                      |
| Very Good                                                                                    | 5                    | 5                               | 9                                | 6                                        | 3                                    | 28                     |
| Good                                                                                         | 5                    | 10                              | 9                                | 7                                        | -                                    | 31                     |
| Satisfactory                                                                                 | 3                    | 5                               | 5                                | -                                        | 1                                    | 14                     |
| Weak                                                                                         | -                    | 1                               | 2                                | -                                        | -                                    | 3                      |
| Unsatisfactory                                                                               | -                    | -                               | -                                | -                                        | -                                    | -                      |

**Table D3: Secondary Overview by Performance Indicator**

| Number of Secondary Schools inspected = 2 (1 Full and 1 Short Inspection) |                      |                                 |                                  |                                          |                                      |                        |
|---------------------------------------------------------------------------|----------------------|---------------------------------|----------------------------------|------------------------------------------|--------------------------------------|------------------------|
| QI Grading                                                                | Leadership of change | Learning, teaching & assessment | Raising attainment & achievement | Ensuring wellbeing, equality & inclusion | Self-evaluation for self-improvement | All Quality Indicators |
| Excellent                                                                 | -                    | -                               | -                                | -                                        | -                                    | -                      |
| Very Good                                                                 | -                    | -                               | -                                | -                                        | -                                    | -                      |
| Good                                                                      | -                    | -                               | -                                | -                                        | -                                    | -                      |
| Satisfactory                                                              | 1                    | 2                               | 1                                | 1                                        | -                                    | 5                      |
| Weak                                                                      | -                    | -                               | 1                                | -                                        | -                                    | 1                      |
| Unsatisfactory                                                            | -                    | -                               | -                                | -                                        | -                                    | -                      |





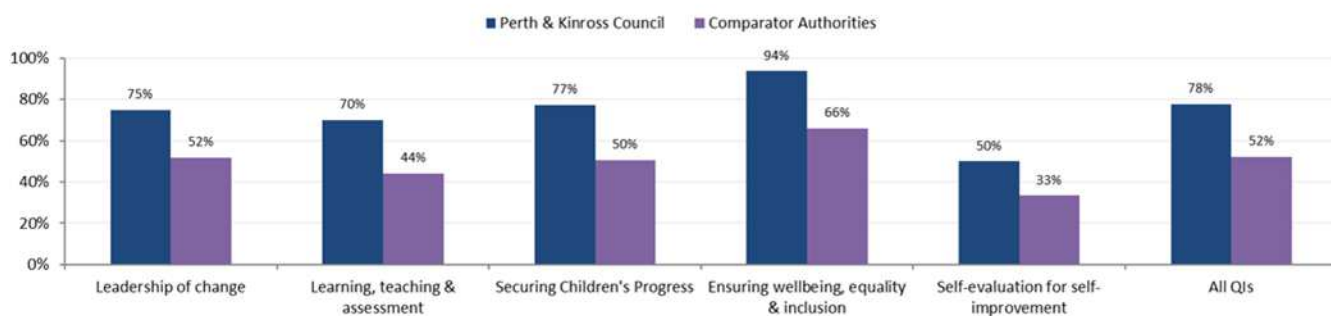
## Cumulative ELC Settings, Primary and Secondary School Inspection Performance relative to Comparator Authorities<sup>1</sup>, by Education Scotland Quality Indicator, Academic Years 2016/17 – 2022/23

**Note:** Full national data is not yet available for comparison, but is being sought from Education Scotland and will be included in future reporting where possible.

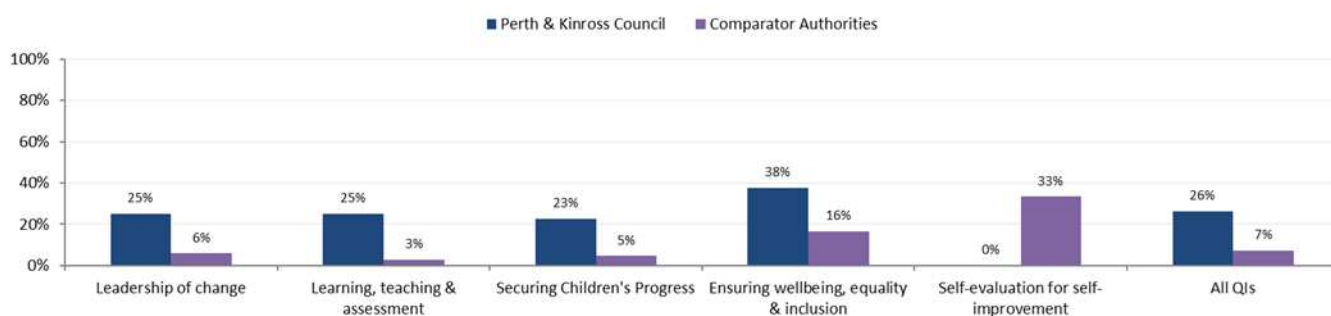
**Commentary:** Performance is consistently good across all quality indicators and well above comparators averages, especially at the higher end of 'very good or better'.

### ELC Settings

**Quality Indicators (QIs) - Good or better (%)**



**Quality Indicators (QIs) - Very Good or better (%)**

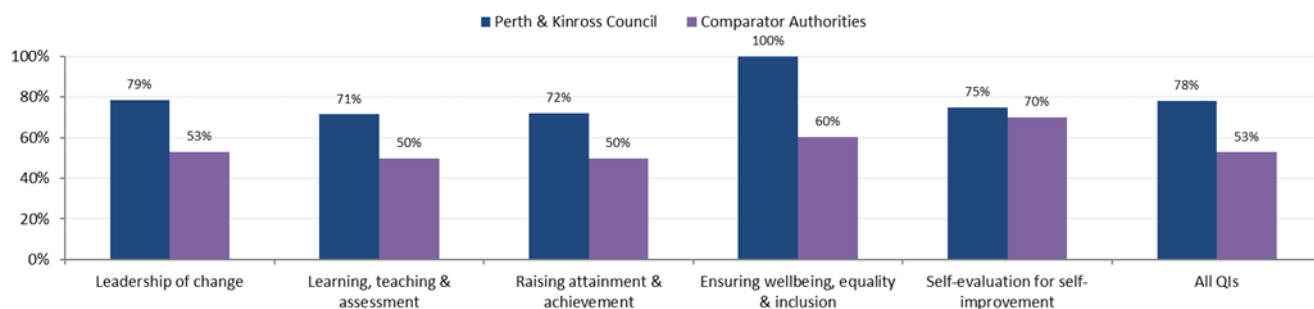


| Quality Indicator         | Leadership of Change | Learning, teaching & assessment | Securing Children's Progress | Ensuring wellbeing, equality & inclusion | Self-evaluation for self-improvement | All Quality Indicators |
|---------------------------|----------------------|---------------------------------|------------------------------|------------------------------------------|--------------------------------------|------------------------|
| No. of Inspections in PKC | 16                   | 20                              | 22                           | 16                                       | 2                                    | 76                     |

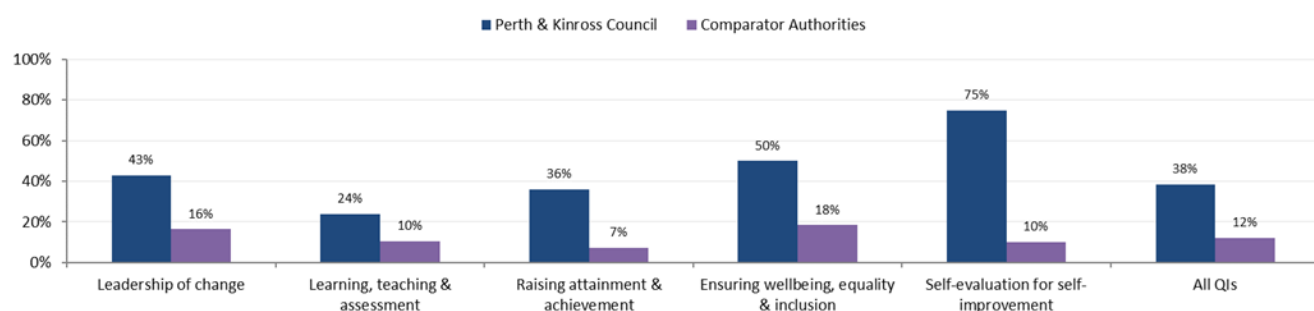
<sup>1</sup> Argyll and Bute, Aberdeenshire, Stirling, Scottish Borders and Highland Council. Comparator data up to Feb 23.

## Primary Schools

### Quality Indicators (QIs) - Good or better (%)



### Quality Indicators (QIs) - Very Good or better (%)

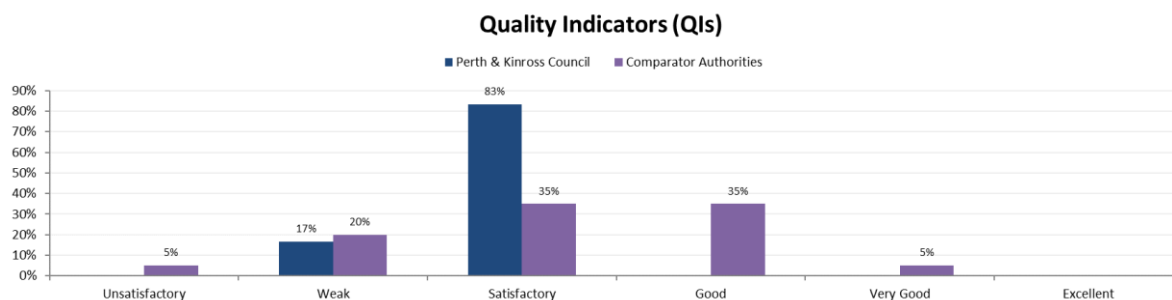


| Quality Indicator         | Leadership of Change | Learning, teaching & assessment | Raising attainment & achievement | Ensuring wellbeing, equality & inclusion | Self-evaluation for self-improvement <sup>2</sup> | All Quality Indicators |
|---------------------------|----------------------|---------------------------------|----------------------------------|------------------------------------------|---------------------------------------------------|------------------------|
| No. of Inspections in PKC | 14                   | 21                              | 25                               | 14                                       | 4                                                 | 78                     |

<sup>2</sup> This indicator is only inspected in the previous 'Short' inspection model.

## Secondary Schools

**Note:** Secondary inspections do not provide sufficient data to provide analysis at individual Quality Indicator (QI) level, so has been shown got information only as an aggregated figure across all QIs for the Academic Years 2016/17 – 2022/23. These are not considered to be representative and fuller benchmarking will be included once greater number of secondary inspections are completed.



|                             | Perth & Kinross | Comparator Authorities |
|-----------------------------|-----------------|------------------------|
| Quality Indictors Inspected | 6               | 20                     |



## PERTH AND KINROSS COUNCIL

### Scrutiny and Performance Committee

26 April 2023

## PERTH AND KINROSS HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) CLINICAL AND CARE GOVERNANCE ASSURANCE REPORT

Jacquie Pepper, Chief Officer, Perth and Kinross HSCP  
(Report No. 23/118)

### 1. PURPOSE OF REPORT

This purpose of this report is to provide assurance to Perth & Kinross Council's Scrutiny and Performance Committee on the Clinical Care and Professional Governance of the Perth and Kinross HSCP

### 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 Scrutiny and Performance 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 from 1<sup>st</sup> November 2022 to 28 February 2023.

As Lead Officer for Perth and Kinross HSCP I would suggest that the level of assurance provided is: **Reasonable Assurance**.

#### 2.2 Background

The role of the Perth and Kinross HSCP Governance forum is to provide assurance to the Perth and Kinross HSCP Integration Joint Board (IJB), NHS Tayside Board (through the Care Governance Committee) and Perth and Kinross Council (through the Scrutiny and Performance Cttee), that there are effective and embedded systems for Clinical, Care and Professional Governance in all services within Perth and Kinross 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 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:

|                                                          |
|----------------------------------------------------------|
| <b>Information Governance</b>                            |
| <b>Professional Regulation and Workforce Development</b> |
| <b>Patient/Service user/Carer and Staff Safety</b>       |
| <b>Patient/Service user/Carer and Staff Experience</b>   |
| <b>Quality and effectiveness of care</b>                 |
| <b>Promotion of Equality and Social Justice</b>          |

## **2.3 Assessment**

### **2.3.1 Clinical and Care Risk Management**

The risk registers for Health and for Adult Social Work and Social Care (appendices 2 & 3) are discussed monthly at the Perth and Kinross HSCP Care & Professional Governance Forum.

Managers of red risks provide a written update at every meeting, and managers of amber risks are asked for update at every other meeting. This supports assurances that the relevant risks are being regularly monitored; what measures are in place to minimise the risk; what alternative mitigations plans and actions are in place to minimise the risk; that where the risk affects, or is impacted by, other parts of the health or social care system, or indeed other agency, we are assured that they are fully informed and engaged in the process.

The controls listed under each risk are the cumulative efforts being made to mitigate the risk.

Perth and Kinross HSCP red risks as at 17<sup>th</sup> March 2023:

| Title of Risk                                                                                                                 | Adequacy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Inherent Risk Score<br>(without controls)            | Current Risk Score<br>(with current controls in place) |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------|
| <b>(829 - Health)</b><br>Challenges in relation to accommodation for clinical and non-clinical staff across Perth and Kinross | Incomplete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Consequence – 5<br>Likelihood - 4<br><br>20<br>(RED) | Consequence – 5<br>Likelihood - 4<br><br>20<br>(RED)   |
| <b>Controls:</b>                                                                                                              | <b>Risk last reviewed 17 March 2023</b><br><br>Perth and Kinross HSCP Chief Officer and key staff are participating in the one public estate discussions to identify appropriate accommodation for different health and social care teams.<br><br>Head of Health has briefed NHS Director of Facilities re all options which have currently been explored in NHS and PKC family<br><br>Interim Chief Exec of PKC has been briefed by Chief Officer re: accommodation needs for the HSCP.<br><br>Premises requirements identified and summarised in a briefing paper for CCATS, IDART, CAMH's, potential relocation of GP premises in Perth City and a multi-disciplinary team supporting young people and adults with a learning disability and/or Autism with complex needs. Shared with NHS Procurement and Estates<br><br>Accommodation walkrounds have been completed across Health & Social care sites with a view to mapping sites to accommodate future teams.<br><br>Members of EMT to set up accommodation short life working group inclusive of partnership forum to support short, medium and long term moves for staff.<br><br>Consultation paper to be completed in relation to engaging with staff re: accommodation moves. |                                                      |                                                        |

| Title of Risk                                                                      | Adequacy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Inherent Risk Score<br>(without controls)            | Current Risk Score<br>(with current controls in place) |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------|
| <b>(982 – Health)</b><br>Mental Health Medical Workforce in Perth and Kinross HSCP | Adequate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Consequence – 4<br>Likelihood - 5<br><br>20<br>(RED) | Consequence – 4<br>Likelihood - 5<br><br>20<br>(RED)   |
| <b>Controls:</b>                                                                   | <b>Risk last reviewed 27 February 2023</b><br><br>Learning from staff exit interviews<br><br>Operational Associate Medical Director for Mental Health is currently reviewing and arranging updated recruitment tools<br><br>Begun the exploration of a model relating to General practitioner specialists in a collaboration with the AMD for Mental health<br><br>Perth and Kinross service entered contingency, and Perth and Kinross Mental Health contingency meeting established. As of 26th Nov 21, the service will exit contingency.<br><br>Liaison with Mental Health AMD, Nurse Director and Medical Director<br><br>Medical contingency team to be based at Murray Royal Hospital commencing 21 June. The team was stood Down from 29th Nov 21<br><br>Pharmacy resource secured to support community teams from Oct 2022<br><br>Advanced Nurse Practitioner resource being secured to support contingency team<br><br>Drafting patient pathways between CMHT and medical contingency team<br>NHST are deploying medical resource from Dundee<br><br>Secured adequate locum psychiatrist cover for the next six months. |                                                      |                                                        |



| Title of Risk                                    | Adequacy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Inherent Risk Score<br>(without controls)              | Current Risk Score<br>(with current controls in place)                                                                                                                                                              |
|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>(1226 – Health)</b><br>GP Cover for HMP Perth | Inadequate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Consequence – 3<br>Likelihood - 5<br><br>15<br>(AMBER) | Consequence – 4<br>Likelihood - 5<br><br>20<br>(RED)<br><br><i>* The current risk score is higher than the inherent score due to exacerbations of the risk by the last remaining GP giving notice to leave post</i> |
| <b>Controls:</b>                                 | <b>Risk last reviewed 21 February 2023</b><br><br>The service is in communication with a practice who may be interested in a hybrid approach<br><br>Authority given by Medical Director to utilise non-framework locum agency<br>Escalate risk to red given short timescales and implications<br><br>Clear process to attempt to secure additional cover using locum agency, local locum groups and regular locum session<br><br>Documented escalation process should shifts remain unfilled<br><br>Back up explored via GP practice who cover HMP Castle Huntly and GP OOH service<br><br>Locum GP arranged to cover shifts over the coming months. 11 new GP's now available |                                                        |                                                                                                                                                                                                                     |

| Title of Risk                                                                                      | Adequacy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Inherent Risk Score<br>(without controls)              | Current Risk Score<br>(with current controls in place)                                                                                                                                         |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>(701 – Health)</b><br>Mental Health<br>Waiting Times<br>within the Prison<br>Healthcare Service | Adequate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Consequence – 3<br>Likelihood - 5<br><br>15<br>(AMBER) | Consequence – 4<br>Likelihood - 5<br><br>20<br>(RED)<br><br><i>* The current risk score is higher than the inherent score due to exacerbations of the risk by further staffing challenges.</i> |
| <b>Controls:</b>                                                                                   | <b>Risk last reviewed 16 January 2023</b><br><br>Review of workforce model to increase capacity of PHC teams to meet demand<br><br>Seek agency nursing staff to reduce time spent by team administering medication<br><br>Escalate to Chief Officer concern over recruitment delays by HR<br><br>SBAR to extend agency cover authorised by Chief Officer<br><br>Introduced telephone consultations<br><br>Explore skill mix within the team<br><br>Readvertise band 6 RN 3 x CN posts to support the workforce compliment /requirement<br><br>SCN holding clinical caseload in Perth<br>Consider Learning disability RN for team to enhance service and enhance overall compliment given recruitment challenges<br><br>SCN increasing clinical caseload<br><br>RAG status applied to all triaged referrals and current caseload<br><br>Further recruitment - only two band 6 nurses in post, 1 sick and working notice, the other working notice - recruitment ongoing |                                                        |                                                                                                                                                                                                |

| Title of Risk                                                             | Adequacy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Inherent Risk Score<br>(without controls)            | Current Risk Score<br>(with current controls in place) |
|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------|
| <b>(1267 – Health)</b><br>Capacity & Flow –<br>Older Peoples<br>Services) | Inadequate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Consequence – 4<br>Likelihood - 5<br><br>20<br>(RED) | Consequence – 4<br>Likelihood - 5<br><br>20<br>(RED)   |
| <b>Controls:</b>                                                          | <b>Risk last reviewed 17 March 2023</b><br><br>Daily multiagency meetings within PRI regarding capacity and flow and prioritising of discharges<br><br>Weekly Silver Command in place to monitor progress and actions<br><br>Roll out of PDD implementation and training across sites now in place<br><br>Frailty at Front Door Model in place<br>Interim Bed usage across Perth and Kinross to facilitate flow<br><br>TQUIP Improvement Work for Community Hospitals<br><br>Improvement on Guardianship Processes across Perth and Kinross<br><br>Focus on length of stay in Community Hospitals and improvement plans under development<br><br>Care at Home Reviews to free up capacity<br><br>Development of DD dashboard for Perth and Kinross<br><br>Extension of Interim Process for further 12 months<br><br>Review of integrated discharge team<br><br>Development of discharge pathways using home first approach<br><br>Further developments on integrated care model |                                                      |                                                        |

| Title of Risk                                                                      | Adequacy                                                                                                                                                                                                                                          | Inherent Risk Score<br>(without controls)            | Current Risk Score<br>(with current controls in place) |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------|
| <b>(5 – Social Work)</b><br>Lack of Care at Home capacity, especially in rural P&K |                                                                                                                                                                                                                                                   | Consequence – 5<br>Likelihood - 4<br><br>20<br>(RED) | Consequence – 5<br>Likelihood - 4<br><br>20<br>(RED)   |
| <b>Controls:</b>                                                                   | <b>Risk last reviewed 17 February 2023</b><br><br>Active recruitment campaign has resulted in 52 applications to HART, 10 to HART+ and 14 to Living Well Care.<br><br>17 people have been recruited to HART and interviews still to be completed. |                                                      |                                                        |

### 2.3.2 Clinical and Care Governance Arrangements

#### **Lead Partners Services**

Each HSCP is a Lead Partner for a number of services. These services report through to the Clinical Care and Professional Governance Forum for that HSCP. At the Clinical Care and Professional Governance Forum the Lead Partner Service reports receive the relevant level of scrutiny as other reports.

Systems and processes are being established to ensure that all three HSCPs receive copies of reports from other Lead Partner Services to support integration, and effective whole system working.

Full details of the Clinical & Care Governance Arrangements in Perth and Kinross HSCP are provided within appendix 4.

#### **Summary of key risks raised at recent CPGF meetings:**

Key risks identified within the exception reports from the CPGF meetings held in November 2022, December 2022, January 2023 and February 2023:

- Prison Healthcare:
  - Insufficient leadership capacity to meet at the demands on the service. Senior posts have been recruited to with the full team in place by end March 2023.
  - GP medical cover for HMP Perth remains a risk. The service is currently being covered by locum GPs. The routine waiting time has reduced from 27-week s to 4 weeks. This model is unsustainable so an alternative model with Advanced Nurse

Practitioners supported by an aligned GP practice is under development.

- North Locality:
  - Staffing difficulties within Community Nursing, Physiotherapy and CMHT (medical), and Social Work. These are recruitment issues relating to the rurality of the North locality and the lack of qualified staff living in northwest Perthshire in particular. The locality is exploring skill mix and competencies along with new ways of working to sustainably support these services.
- Perth City:
  - Significant staff shortages within IDART resulting in staff not having time for CPD or supervision. As at Dec 2022, 9 of the 11 vacant posts have been recruited to, and a large part of the team are new in post and going through induction.
  - Also, within IDART, accommodation is a significant barrier to optimum service provision and has a negative impact on staff experience, wait times and the service's ability to achieve MAT Standards.
- Public Dental:
  - There remains a high risk regarding essential COVID ventilation modifications in HMP Perth and Springfield and Kings Cross dental clinics, and this continues to impact on the ability to treat patients safely and efficiently.
- South Locality:
  - Increased use of bank and agency staff due to registered staff vacancy levels and recruitment difficulties.
  - Significant issues with private providers picking up care packages in the South Locality. 706 hours waiting across whole of the South.

Key risks identified within the annual reports from the CPGF meetings held in November 2022, December 2022, January 2023 and February 2023:

- Psychiatry of Old Age:
  - Recruitment and retention of staff and the service is very reliant on agency staff. To mitigate the risks with workforce we have brought in 3.8wte Assistant Practitioner roles at Band 4 to support the Multi-Disciplinary Team and feedback has been positive.
  - Ligature Risks – particularly within Leven Ward where we have OOH patients transferred to GAP inpatient services. This ward is not suitable for the nature of these patients.
  - Bed occupancy – Leven consistently on 100% occupancy (functional elderly ward) unable to discharge patients due to care at home packages. Garry and Tummel have been high but coming down slightly over the past few months.

- South Locality:
  - Ongoing shortages of medical cover for GAP, continued delays around waiting times.
  - Care at Home presently challenged around shortage of social carers disproportionately affecting rural localities.
  - Covid 19 still having an effect on inpatient areas and capacity of staff teams.
  - Report highlighted new issues regarding fire evacuation of patients within Crieff Community Hospital and St Margaret's Community Hospital which is being reported and shared through HSCP Health and Safety Meeting.
- Mental Health Officer (MHO) and Wellbeing Support:
  - Referral rates and work rates remain high. Wellbeing Support Team have stabilised. MHO rates remaining unpredictable.
  - Biggest challenge is the ongoing issues with availability of general psychiatry cover.
  - Looking ahead there will be some challenges with staffing and nationally there is a shortage of MHOs. We have one candidate going through MHO training this year.
- Access Team:
  - Throughout 2022, the main issues facing the team has been staff shortages (primarily through staff off on long term sickness). Pressure has more recently been reduced.
- Public Dental Service:
  - There remains a high risk regarding essential COVID ventilation modifications in dental clinics in HMP Perth, Springfield Medical Centre Arbroath, Links Health Centre Montrose and Kings Park School and Kings Cross in Dundee. This continues to impact on the ability to treat patients safely and efficiently. This has now been on the minor works agenda for several months, and funding is in place. Necessary costings have now been obtained from the Property Department and a paper will be submitted to NHST Assets Management Group in March.
  - Essential non-ventilation building works and refurbishments to Kings Cross, Royal Victoria Hospital and Links Health Centre (totalling in the region of 400k) are similarly stalled. This funding has been earmarked for Primary Care Dentistry.
  - Increase in the number of unregistered patients trying to access the Public Dental Service for unregistered care.
  - Increase in volume of referrals from General Dental Practitioners
  - Access to General Anaesthetic (GA) lists for Special Needs Adults and Paediatric lists.
  - Misinterpretation of Theatre Utilisation figures and subsequent threat of withdrawal of access to GA lists.

### 2.3.3 Adverse Event Management

Systems are in place for services/localities to review DATIX incidents. The Nursing and AHP leads meet along with the Clinical Governance Coordinator on monthly basis to review the top 5 incident categories. This helps to identify any trends or any appropriate action and supports closing the loop.

Regarding adverse events, the main themes reported during the months between November 2022 and February 2023 were:

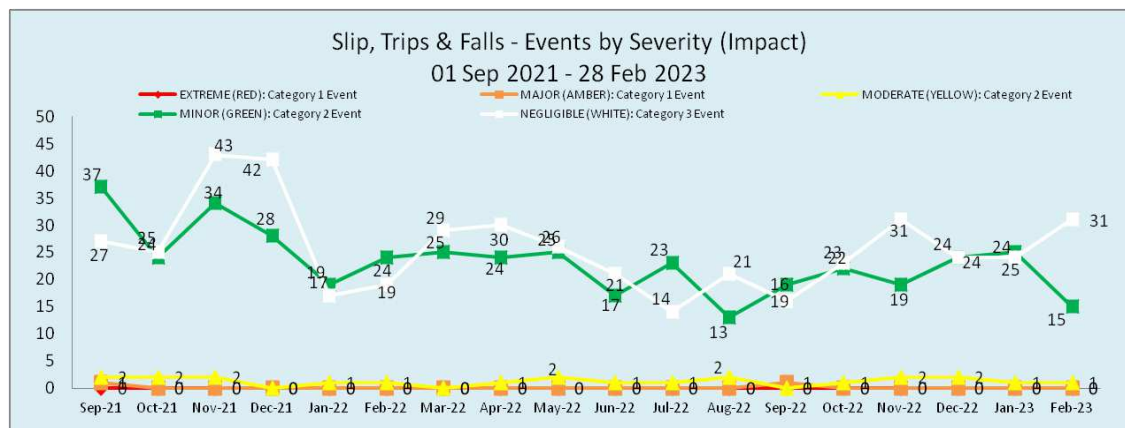
Highest frequency events:

1. Slips, Trips and Falls
2. Medication
3. Clinical Challenging Behaviour
4. Violence and Aggression
5. Pressure Ulcer

**Harm** is defined as an outcome with a negative effect. Harm to a person or groups of people may result from worsening of a medical condition, the inherent risk of an investigation or treatment, system failure provider performance issues, service disruption, financial loss or adverse publicity.

#### Slip, Trip & Fall

During the months between November 2022 and February 2023, there were **199** incidents recorded, of which 37 involved harms. 89 occurred at MRH, 25 at PRI, 79 in Community Hospitals and the remaining 6 in other areas.



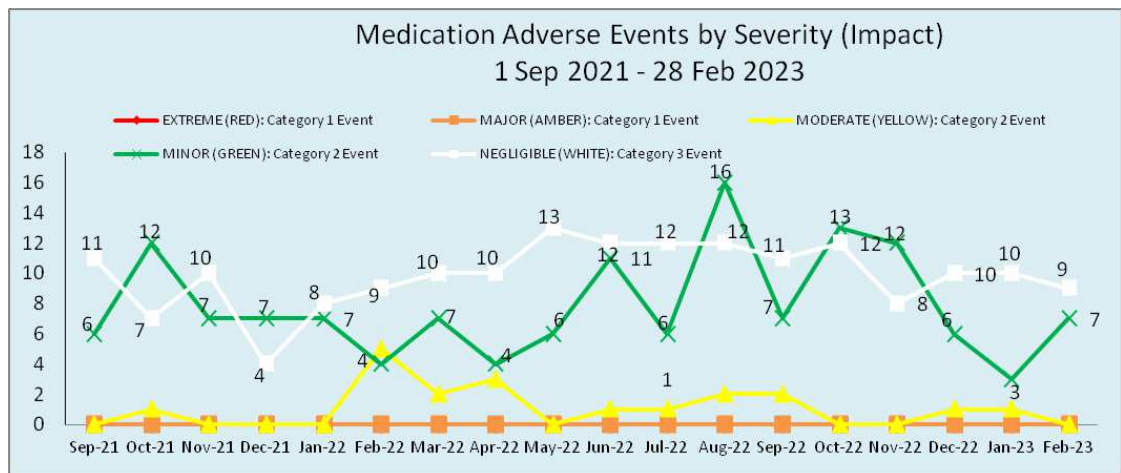
The Psychiatry of Old Age inpatient wards at Murray Royal Hospital experienced a higher than usual number of falls at the end of 2021 due to several patients who had multiple falls (many of which were controlled). Ward staff were doing all they could to manage the falls, and they had support from the Falls Coordinator during this time.

In addition, the Falls Coordinator continues to:

- Review all the wards in-patient falls Datix reports and provide feedback to the ward with a breakdown of their falls, outlining any trends, highlighting patients who fall repeatedly and enquiring if further information is required.
- Supports all the HSCP wards to have strength and balance exercise panels fitted on their walls and suitable patients also receive a set of strength and balance cue cards which they can take home with them. Along with that they receive a Care About Walking booklet and record charts for recording activity/steps.

## Medication

During the months between November 2022 and February 2023, there were **67** incidents recorded, of which 1 involved harm. 4 occurred at MRH, 6 at PRI, 14 in Community Hospitals, 31 within a Prison Establishment and the remaining 12 in other areas.



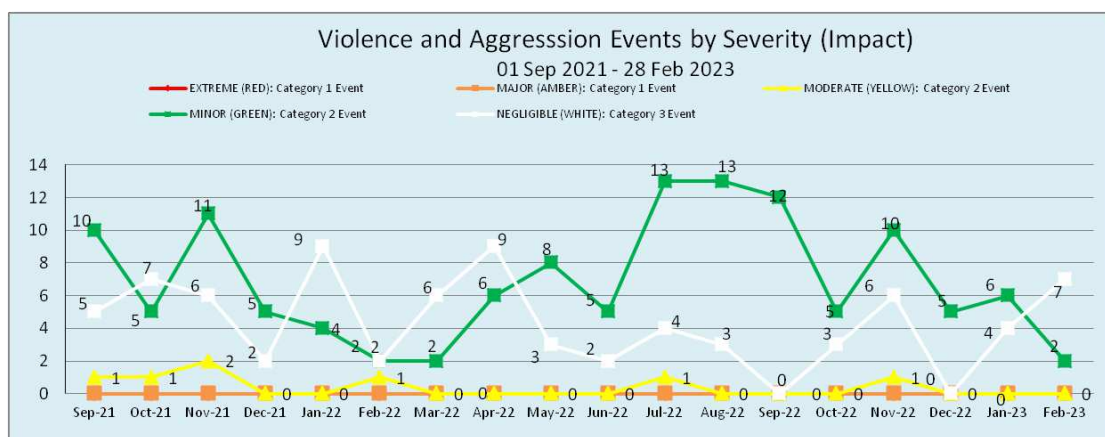
Most medication adverse events occurred with the Prison Healthcare service. The prison healthcare service manages and administers a high volume of medication across three sites across Tayside - HMP Perth, HMP Castle Huntly and HMP & YOI Bella. The service has ongoing challenges with regards to the Lloyds pharmacy contract and issues with medication deliveries. This has an impact on the patient population and, as such, has been added to DATIX as a service risk. The Clinical Pharmacist is in discussion with Lloyds and the national prison pharmacy team at National Services Scotland with a view to improve the situation. The service is also carrying vacancies across all teams.

The medication adverse events are varied, ranging from medication being delivered late due to the Lloyds delivery, to rarer Controlled Drugs incidents which are fully investigated and reported through the Primary Health Care Medicines Management Group then on to Perth and Kinross CCPG. Any thefts or losses of controlled drugs are reported to the Home Office.



## Violence and Aggression

During the months between November 2022 and February 2023 there were **41** incidents recorded, of which 6 involved harm. 20 occurred at MRH, 7 at PRI, 5 in Community Hospitals, and the remaining 9 in other areas.



The 20 incidents within Murray Royal Hospital were within the Psychiatry of Old Age wards. The 6 incidents which involved harm were across a variety of different services and locations, and all but one was regarding aggression against a member of staff. The remaining incident was violence from a patient towards a family member.

## Clinical Challenging Behaviour (such as patient unable to understand risks, sexual disinhibition, general agitation)

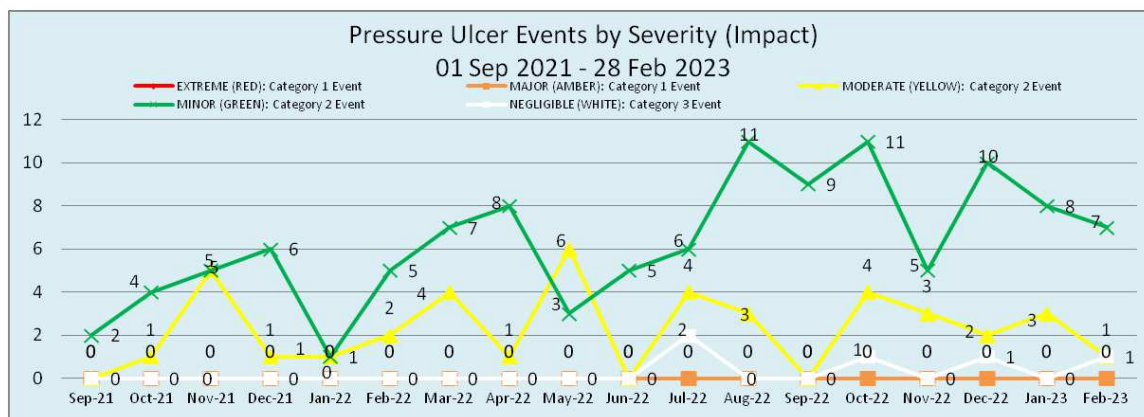
During the months between November 2022 and February 2023, there were **43** incidents recorded, of which 9 involved harm. 30 occurred at MRH, 6 in PRI, 7 in Community Hospitals.



Most of these incidents were within the Psychiatry of Old Age wards at Murray Royal Hospital. The wards have sought input from the NHST PMVA team regarding the ongoing management of Violence and Aggression, and Clinical Challenging Behaviour.

## Pressure Ulcers

During the months between November 2022 and February 2023, there were **41** incidents recorded, of which 29 involved harm. 14 were within the patients home, 14 within Care Homes, 10 within Community Hospitals, and the remaining 3 in other areas.



## Red & Amber events:

Overdue red and amber events within Perth and Kinross HSCP are discussed monthly at the CPGF meeting, and there has been a focus on reducing outstanding reviews:

- September 2020 – 24 outstanding events
- January 2021- 19 outstanding events
- May 2021 - 13 outstanding events
- July 2021 – 13 outstanding events
- November 2021 – 11 outstanding events
- March 2022 - 8 outstanding events
- July 2022 - 5 outstanding events
- Oct 2022 – 2 outstanding events
- March 2023 - 1 outstanding event

Progress has been made throughout the year regarding the outstanding red events, and as of March 2023, there is 1 outstanding which is overdue. The reason for these being outstanding relates to complexity of events; delays due in part to the COVID pandemic response; co-ordination across multiple agencies and services etc. Reviews will continue until a further sustained improvement is evident. Further details regarding these incidents are provided within Appendix 5.

Each geographical locality in Perth and Kinross is provided with a summary of adverse events specific to their locality to enable them to identify trends and any learning.

Adverse events are regularly reviewed and form a standing agenda item at the locality governance groups to identify learning, improvements, training needs or themes.

It has been identified and acknowledged by the CPGF that further performance improvement is required regarding the timescales for reporting and verifying DATIX incidents. This continues to be monitored at CPGF meetings.

### 2.3.4 Significant Adverse Event Reviews

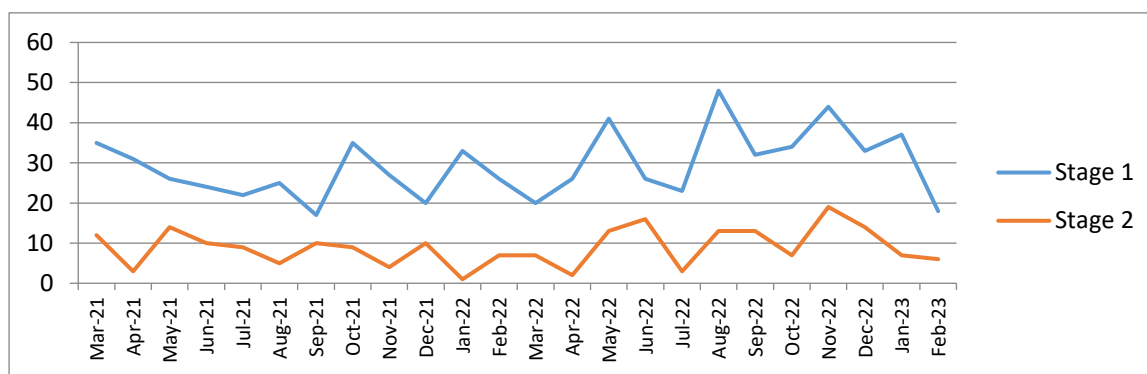
There is one ongoing SAER within Perth and Kinross HSCP relating to a patient who died by suicide. A draft report has been completed, and comments received back from the family and those involved in the review. An action plan based on the recommendations has been created, and both the report and action plan have been signed off at first and second stage.

### 2.3.5 Pressure Ulcers Falls

Details regarding both types of Adverse events has been provided above in section 2.3.3.

Pressure ulcers are reviewed on an individual basis to ensure that all mitigating actions are in place and any themes in relation to learning are identified.

### 2.3.6 Complaints (Health)



Current Health Complaints as at 23 February 2023 - Stage 1

| Service Area           | 0-5 Days | 6-10 Days | Total |
|------------------------|----------|-----------|-------|
| Perth and Kinross HSCP | 4        | 3         | 7     |

Current Health Complaints as at 23 February 2023 - Stage 2

| Service Area | 0 - 5 days | 6-10 days | 11-15 days | 16-20 days | >20 days | >40 days | >60 days | Total |
|--------------|------------|-----------|------------|------------|----------|----------|----------|-------|
|              |            |           |            |            |          |          |          |       |

|                               | y |   |   |   |   |   |   |   |
|-------------------------------|---|---|---|---|---|---|---|---|
| s                             |   |   |   |   |   |   |   |   |
| <b>Perth and Kinross HSCP</b> | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 4 |

- **Total number of complaints received in February 2023 = 24**
- **Total number of complaints closed in February 2023 = 24**
- Stage 1 = 18 (6 upheld or partially upheld)
- Stage 2 = 6 (6 upheld or partially upheld)
- % Stage 2 completed within timescales = 50
- % Stage 2 not completed within timescales = 50%

### **Services**

- Prison Healthcare – 19
- Perth City – 1
- Mental Health – 3
- South Locality – 1

### **Top themes (Prison Healthcare):**

#### **Overall**

- Disagreement with treatment plan.
- Wait times/delay.
- Medication.

### **Upheld or Partially Upheld complaints**

- Wait times/delay.
- Disagreement with treatment plan.
- Communication.

### **Top themes (other HSCP services):**

#### **Overall**

- Appointment Wait times.
- Communication.
- Treatment received.

### **Upheld or Partially Upheld complaints**

- Appointment Wait times.
- Communication
- Treatment received.

### **Complaints (Adult Social Work & Social Care)**

# Complaints Handling Performance – Adult Social Work & Social Care

February 2023

|                                  | Stage 1 (FLR)                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Stage 2 (Investigation)       |                                                                                                                                                                                           |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                  | February                                                                                                                                                      | Year to date (including present month)                                                                                                                                                                                                                                                                                                                                                                                                                                                           | February                      | Year to date (including present month)                                                                                                                                                    |
| Received in the reporting period | 13<br>1 Assessment & Charging<br>2 Care at Home – Ext<br>4 HART EI&P<br>2 North Locality Blair<br>2 OT<br>1 South Locality Crieff<br>1 South Locality Kinross | 98<br>8 Access Team<br>10 Assessment and Charging<br>2 Care at Home<br>3 Care at Home Ext<br>2 Care Homes<br>3 Comm Alarm/Telecare<br>2 Comm Inclusion LD<br>6 Days Ops LD<br>1 Day Services Elderly<br>2 Drug and Alcohol Team<br>18 HART EI&P<br>7 Hospital Discharge<br>1 Mental Health Team<br>11 North Locality Blair<br>1 North Locality Pitlochry<br>1 OOHS<br>9 OT<br>2 Perth Locality North<br>3 Perth Locality South<br>1 SCOPE<br>4 South Locality Crieff<br>1 South Locality Kinross | 1<br>1 South Locality Kinross | 10 (1 Withdrawn)<br>2 Access Team<br>1 Assessment & Charging<br>2 Care at Home (1 Withdrawn)<br>1 Care Homes<br>1 Mental Health Team<br>2 North Locality Blair<br>1 South Locality Crieff |
| Open Complaints                  | 7<br>2 Care at Home – Ext                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1<br>1 South Locality Kinross |                                                                                                                                                                                           |

|                                             |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |   |                                                                                                                                                              |
|---------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                             | 1 HART EI&P<br>1 Hospital Discharge Team<br>2 North Locality Blair<br>1 OT                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |   |                                                                                                                                                              |
| Complaints Responded to in reporting period | 8<br>1 OT<br>1 Assessment & Charging<br>1 South Locality Kinross<br>4 HART EI&P<br>1 South Locality Crieff | 88<br>8 Access Team<br>10 Assessment and Charging<br>2 Care at Home<br>1 Care at Home Ext<br>2 Care Homes<br>3 Comm Alarm/Telecare<br>2 Comm Inclusion LD<br>5 Day Ops LD<br>1 Day Services Elderly<br>2 Drug and Alcohol<br>17 HART EI&P<br>6 Hospital Discharge<br>1 Mental Health Team<br>7 North Locality Blair<br>1 North Locality Pitlochry<br>1 OOHS<br>8 OT<br>2 Perth Locality North<br>3 Perth Locality South<br>1 SCOPE<br>4 South Locality Crieff<br>1 South Locality Kinross | 0 | 9<br>2 Access Team<br>1 Care at Home<br>1 Care Homes<br>1 Mental Health Team<br>2 North Locality Blair<br>1 South Locality Crieff<br>1 Assessment & Charging |
| Complaints upheld in the reporting period   | 2<br>1 Assessment & Charging<br>1 HART EI&P                                                                | 22<br>4 Access Team<br>2 Assessment and Charging<br>1 Care Homes<br>1 Comm Alarm/Telecare                                                                                                                                                                                                                                                                                                                                                                                                 | 0 | 4<br>1 Care Homes<br>1 Care at Home<br>1 North Locality Blair<br>1 Assessment & Charging                                                                     |

|                                                                                     |                                                                                                  |                                                                                                                                                                                                                                                                                                                                               |                                                                                      |                                                                                          |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
|                                                                                     |                                                                                                  | 1 Comm Inclusion LD<br>1 Day Ops LD<br>1 Drug and Alcohol Team<br>5 HART EI&P<br>2 Hospital Discharge<br>1 North Locality Blair<br>1 North Locality Pitlochry<br>1 OT<br>1 South Locality Crieff                                                                                                                                              |                                                                                      |                                                                                          |
| Complaints Resolved in the reporting period                                         | 4<br><br>3 HART EI&P<br>1 South Locality Crieff                                                  | 45<br><br>3 Access Team<br>5 Assessment and Charging<br>2 Care at Home<br>1 Care at Home Ext<br>1 Comm Alarm/Telecare<br>1 Comm Inclusion LD<br>3 Day Ops LD<br>11 HART EI&P<br>3 Hospital Discharge<br>1 Mental Health Team<br>4 North Locality Blair<br>3 OT<br>2 Perth Locality North<br>2 Perth Locality South<br>3 South Locality Crieff | 0                                                                                    | 0                                                                                        |
| Complaints responded to in full within the timescales set out in the SPSO Model CHP | 7<br><br>4 HART EI&P<br>1 Assessment & Charging<br>1 OT<br>1 South Locality Kinross              | 57<br><br>5 Access Team<br>7 Assessment and Charging<br>2 Care at Home<br>1 Care at Home - Ext<br>1 Care Homes                                                                                                                                                                                                                                | 0                                                                                    | 0                                                                                        |
|                                                                                     |                                                                                                  | 1 Comm Alarm/Telecare<br>1 Comm Inclusion LD<br>3 Day Ops LD<br>2 Drug and Alcohol Team<br>13 HART EI&P<br>3 Hospital Discharge Team<br>2 North Locality Blair<br>1 North Locality Pitlochry<br>7 OT<br>2 Perth Locality North<br>2 Perth Locality South<br>1 SCOPE<br>2 South Locality Crieff<br>1 South Locality Kinross                    |                                                                                      |                                                                                          |
| Complaint numbers by SPSO theme                                                     | Employees - 2<br>Communication - 3<br>Service Provision - 1<br>Policy and Procedure - 1<br>other | Employees - 24<br>Communication - 17<br>Service Provision - 38<br>Policy and Procedure - 4<br>Other - 5                                                                                                                                                                                                                                       | Employees<br>Communication<br>Service Provision - 1<br>Policy and Procedure<br>other | Employees - 4<br>Communication<br>Service Provision - 5<br>Policy and Procedure<br>other |

A summary of recent closed health and social care complaints is presented and discussed at each monthly meeting of the CPGF. This includes the breakdown of complaints by service, Stage 1 or 2, the number upheld or partially upheld, and the percentage responded to within timescales. It also includes the main complaint themes (both overall and for those complaints fully or partially upheld).

Complaints are also discussed in more detail within the locality/service Care Governance meetings, with any key learning included within the exception reports to the CPGF.

### 2.3.7 Scottish Public Services Ombudsman Reports

There have been no complaints referred to the SPSO during the time.

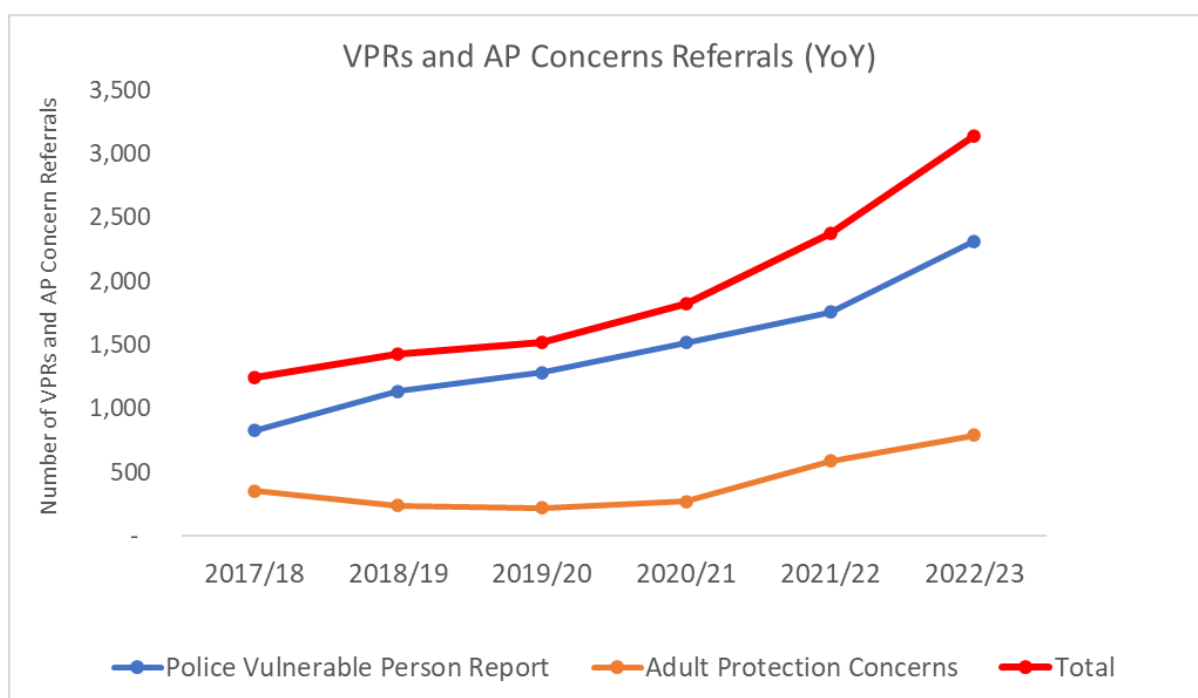


The last complaint which was referred to the SPSO was from October 2020, and further information has recently been provided to the SPSO regarding this complaint.

### 2.3.8 External Reports & Inspections

There have been no external inspections to our NHS services during the time period.

### 2.3.9 Adult Support & Protection



This above shows a significant increase in both AP concerns and VPRs. This is, at least partly, a result of increased awareness due to ongoing information campaigns and improved multi-agency working. Extra social worker posts have been recruited to respond to this increased demand.

Responding to concerns about adults at risk of harm is prioritised and, despite this increase in referrals, 97% of all concerns are screened within 24-hours. This indicator, together with the wider performance framework, is monitored at locality governance meetings, the Public Protection Group, Chief Officers Group and the Adult Protection Committee.

#### **MAT Standards**

Progress against implementation of the MAT standards is on track in Perth and Kinross, with current focus on standards one to five that have a fixed deadline date of 14th April for the submission of evidence. This falls into three categories, with the main aspect being evidence of processes and operating procedures; supported by data around service users receiving same day

prescribing and key themes identified from responses to experiential interviews conducted with service users, staff and families.

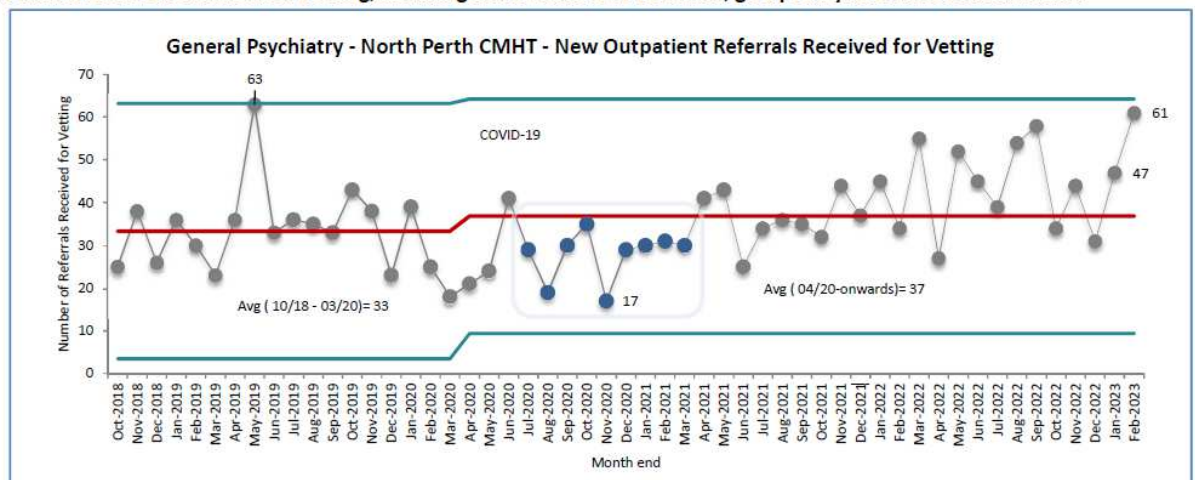
Regular update meetings are held with the national support team to discuss and update on progress with our current expectation that we are on 'green' RAG status for the delivery of our implementation plans. We do not have any significant concerns about delivery.

Work is ongoing around standards six to ten that have an implementation date of April 2024.

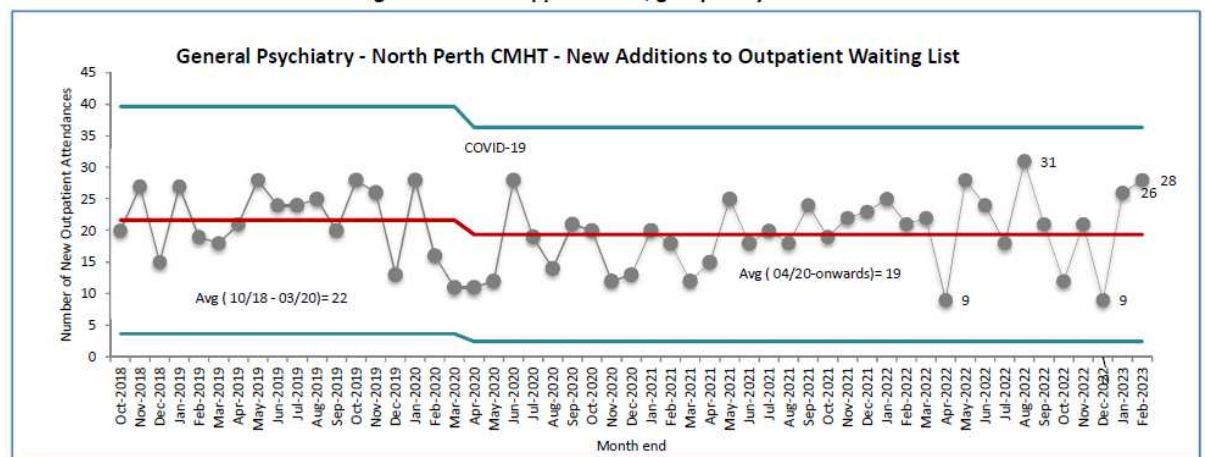
### 2.3.10 Mental Health

#### Community Mental Health Service Activity (NORTH)

Volume of referrals received for vetting, including those vetted and returned, grouped by referral received month:

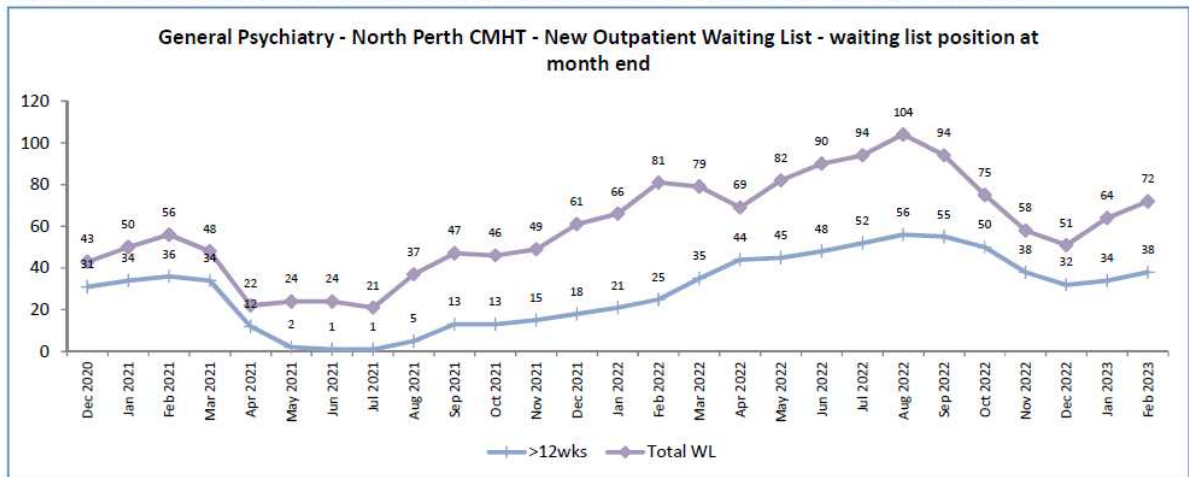


Volume of referrals added to the waiting list for a new appointment, grouped by referral month:



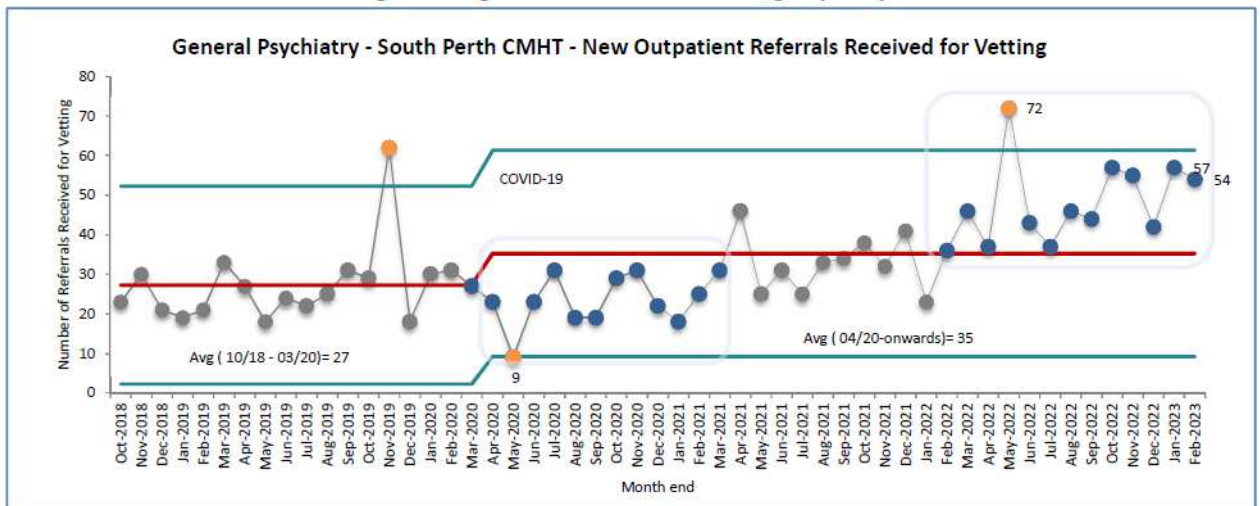


Snapshot of waiting list position at month end; total volume on waiting list and volume waiting over 12 weeks:

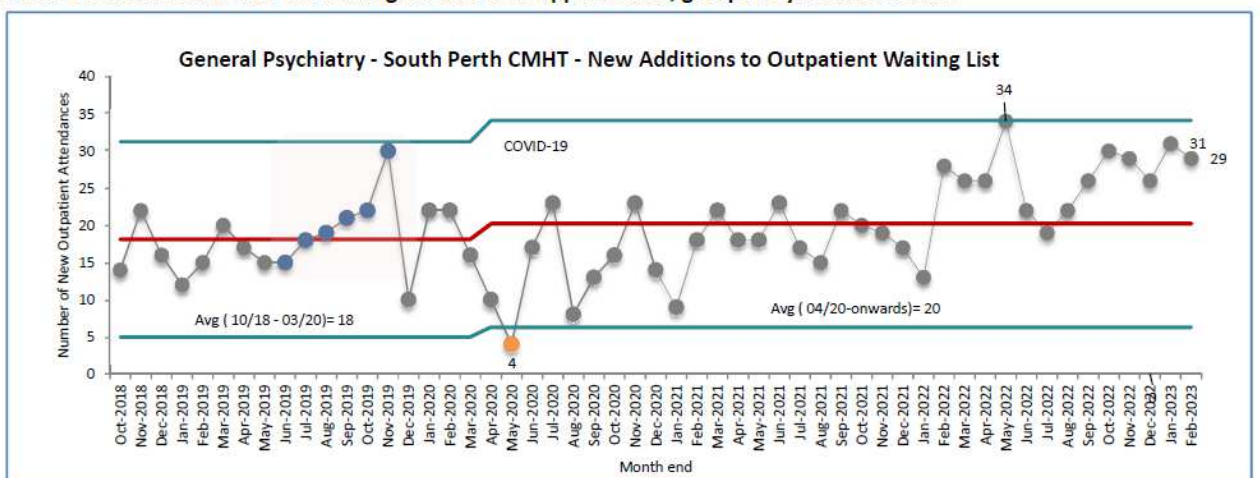


## Community Mental Health Service Activity (SOUTH)

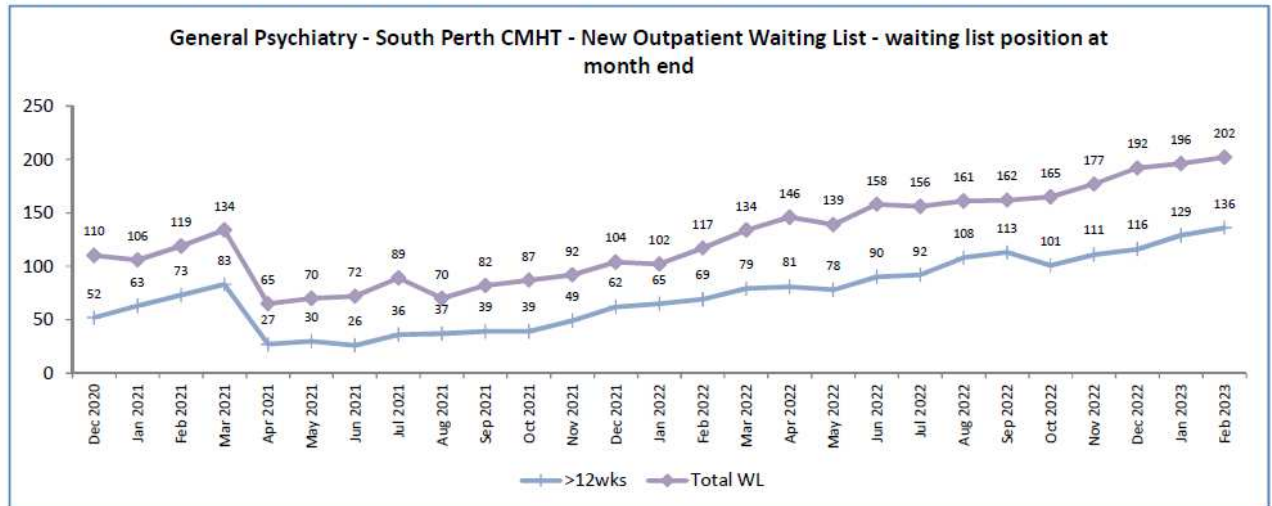
Volume of referrals received for vetting, including those vetted and returned, grouped by referral received month:



Volume of referrals added to the waiting list for a new appointment, grouped by referral month:

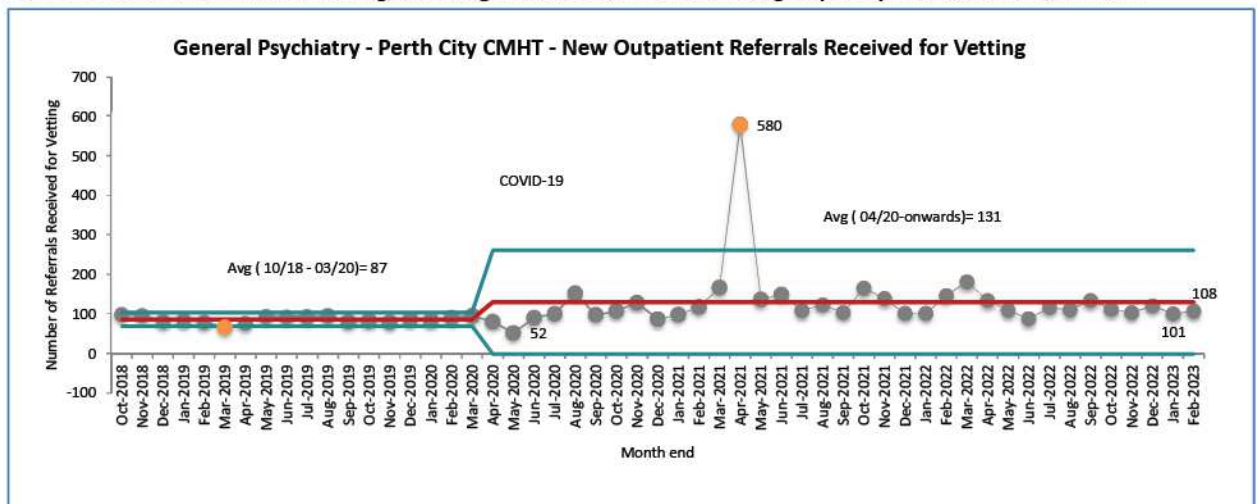


Snapshot of waiting list position at month end; total volume on waiting list and volume waiting over 12 weeks:

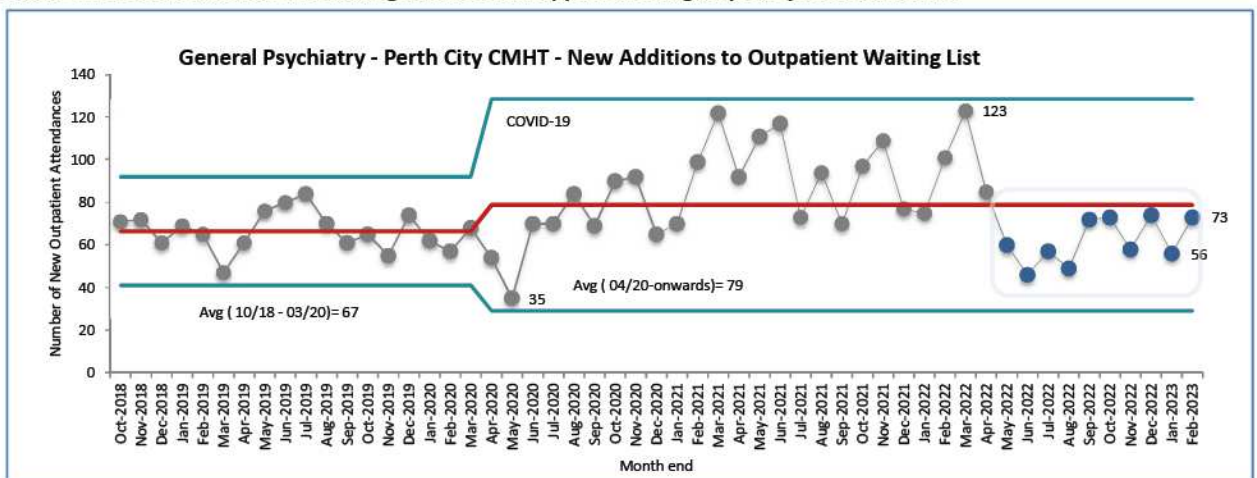


## Community Mental Health Service Activity (PERTH CITY)

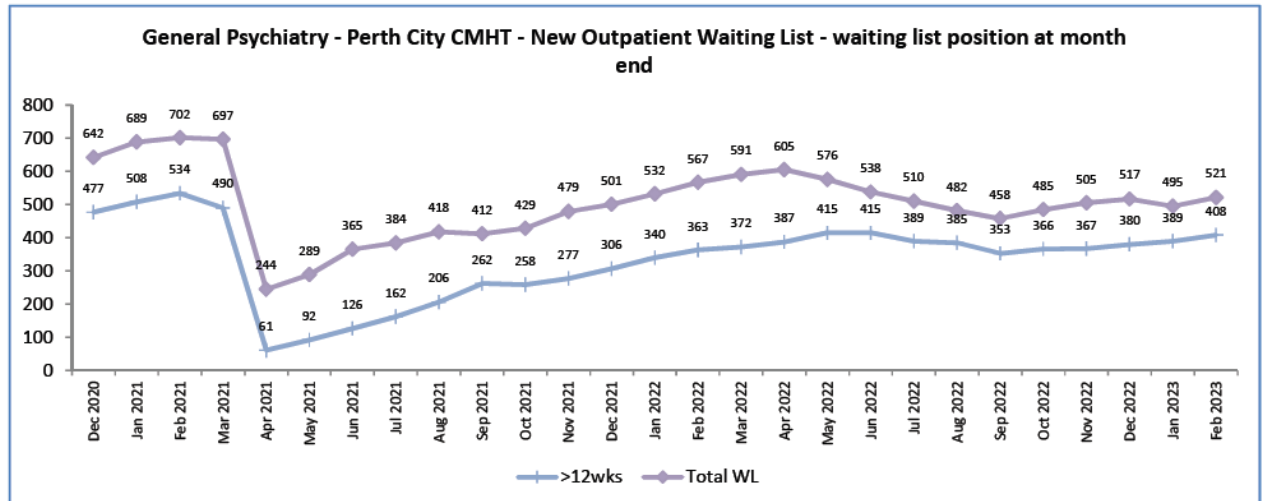
Volume of referrals received for vetting, including those vetted and returned, grouped by referral received month:



Volume of referrals added to the waiting list for a new appointment, grouped by referral month:



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



## 2.4 Quality/Patient Care

There are several ongoing risks (summarised within Appendices 2 & 3) which, if not mitigated, pose a risk to the provision of safe care which is of high quality. The HSCP continues to manage these risks proactively.

Services across Perth and Kinross HSCP have and continue to see pressure due to the ongoing impact of Covid-19 on whole system capacity and flow, as well as the further impacts due to a sustained increase in living and fuel costs. This is leading to increased recruitment and retention difficulties and in some cases, providers handing back packages of care they deem unaffordable to maintain and staff moving to more centralised posts to save fuel costs.

Particular capacity and flow pressure is being felt across inpatient services, care homes, care at home, community hospitals and more generally, across all health and care community teams and services. This has been further impacted by multiple factors including staff exhaustion, sickness and absence, increased demand and complexity of patients presenting in hospital and to community teams, causing significant impact on length of stay, larger packages of care being required on discharge, rise in people delayed in their discharge and impacts on system wide service capacity.

Due to this increase and complexity in referrals there has been an increase in unmet need. This situation is adding to our current delayed discharge position where we are seeing us averaging above our normal delays, increasing diverts to Ninewells, causing poor journeys for Perth and Kinross patients and capacity and flow issues across the Psychiatry of Old Age and community hospital sites. Due to the ongoing impact the inpatient services are running consistently above agreed bed numbers across acute and HSCP services but also impacting on our AHP resources and ability to respond to patient rehabilitation needs.

Within Perth and Kinross HSCP, the current substantive staffing resource (in post) in all areas is unable to fulfil or sustain safe daily staffing levels with

current increased bed capacity in some areas to maintain capacity and flow. Therefore, we have had to resort to block booking agency staff to ensure safe staffing levels. Advertising and engagement with Newly Qualified Graduate recruitment processes have been consistent since pre 2020 but staffing gaps have persisted.

Within the Community, teams are seeing increasing referrals, increasing complexity, frailty, increased deaths due to substance use, poor mental health and wellbeing and increased acuity of mental illness all within increasing pressure to maintain individuals at home with resource that does not meet escalating clinical demand. Temporary COVID monies are no longer available so posts that were recruited to manage the direct outcomes of COVID have no further funding.

There is a risk to patient safety and staff wellbeing if a decision is made to stop agency usage across our services as part of The Scottish Government Supplementary Staffing Agency Controls, and this has been escalated to our executive team and through professional structures.

The HSCP has used other options to create capacity and flow and Interim funding has been used to ensure delivery of a whole system approach to flow and safe and timely discharge. Nine care homes were commissioned, with 2 beds identified in each, including one Perth and Kinross owned care home, 18 in total. Located in all three localities allowing individuals to remain close to their family/friends and within their own community. It was recognised that for care homes the acceptance of individuals, on an interim placement basis, was an additional workload pressure, in recognition it was agreed that the 2 beds in each of the 8 commissioned care homes would be block booked and paid for the duration of the contract.

To support in addressing this demand and risk to service delivery, several actions have been progressed (many of which funded from the Winter Resilience reserve):

- Continuation of agency staffing within Care at Home until March 2023.
- Continuation of 18 x Interim beds, currently approved until 30th September 2022, proposed to be extended to 31st March 2023.
- Additional hours within community teams (incl. AHP and Community Nursing).
- Extend sustainability cost support to providers in exceptional circumstances, until 30th September 2022. In the first instance, approval should be sought from Scottish Government to continue to fund this from locally held COVID Reserves.
- Increase the recruitment to HART from 10 Social Care Officers above budgeted establishment to 25, therefore an additional 15 posts. The turnover of Social Care Officers across all Social Care is 4-5 FTE per month.
- Earmark funding to support an increase in mileage rates for internal social care staff and providers, matching that offered to NHS employees.

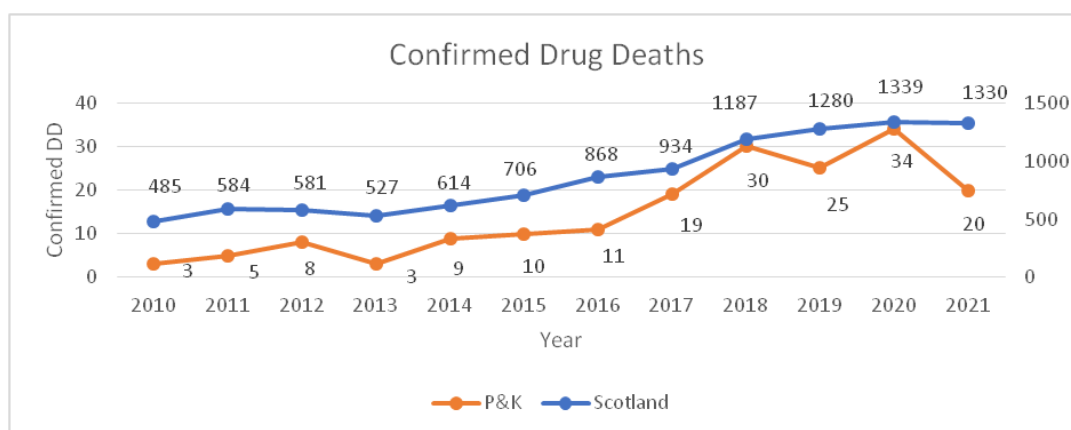


- AHP Resilience.
- Peripatetic team for MFE and Community hospital to support Senior Leadership Team Capacity to ensure safe care.
- Use of hire cars across the health and social work teams to add additional capacity where required to ease pressure on community staff/fuel costs.
- Increased resource through joint initiatives with Alzheimer's Scotland for Post Diagnostic Support for people with dementia.
- Increased resource to Primary Care Mental Health and Wellbeing Nursing with enhanced delivery of core mental health learning packages across communities such as anxiety management, confidence, safety and stabilisation.
- Increased resource to MindSpace counselling and joint working with a range of partners to enhance the local response to people with mental health crisis.
- Development of the Health Hub at Murray Royal Hospital, including discharge pack work with GAP inpatients, increased use of self-help resources and peer support.
- Increased staffing within iDART from ADP monies has resulted in the Team meeting national wait times, testing community detoxification models, implementing same day prescribing, providing an assertive engagement model.
- Transformation programme progressing for Adult CMHTs and Primary Care Mental Health to ensure a no wrong door approach to mental ill health.
- Variation of the contracts for supported accommodation to include people over the age of 65 years with major mental illness whose discharge for POA Inpatients is currently determined as delayed.

### Drug related deaths:

Numbers of suspected drug related deaths are recorded across the three HSCP's and is used to inform learning and context within and across the HSCP's.

The following shows data regarding confirmed drug deaths in Perth and Kinross as compared to across Scotland (please note the two y-axes):



The following shows data regarding confirmed drug deaths in Perth and Kinross as compared to across Scotland (please note the two y-axes):

Local actions to mitigate risks in Perth and Kinross include:

- Implementation of Medication Assistant Treatment (MAT) Standards 1-5 by April 2023.
- Implementation of MAT Standards 6-10 by April 2024.
- National Mission to reduce drug deaths funding utilised to increase IDART staff compliment to reduce waiting times and enhance service provision e.g. – provision of an OT service and the creation of a new psychology assistant post to provide low level psychological interventions.
- Creation of a multiagency referral pathway for all new substance use referrals.
- Creation of a near fatal overdose pathway and multiagency group to review all reported near fatal overdoses with funding provided to third sector partners to employ assertive outreach workers to actively engage with service users.
- Creation of a residential rehabilitation pathway and funding panel to facilitate access to rehabilitation services for service users.

## 2.5 **Workforce**

There are ongoing risks regarding workforce challenges (summarised within Appendices 2 &3) which, if not mitigated, pose a risk to the provision of safe care which is of high quality. The HSCP continues to manage these risks proactively.

Perth and Kinross HSCP ensure alignment with NHS Tayside's approved 3-year workforce strategy and Perth and Kinross Council Workforce Plan.

Workload tools are in use within the Community Nursing service, and workload tools have also been used in the past within services such as POA, and these requires to be conducted again. There are several workload tools which can be used, and the purpose of each tool is to provide information and recommendations on staffing levels based on patient workload. AHP staff have also been engaging in testing Workforce Templates in some services in conjunction with Healthcare Improvement Scotland (HIS) colleagues, as part of the Common Staffing Method approach.

A Workforce Steering Group has been established to oversee the implementation of the Perth and Kinross HSCP Workforce Plan.

## 2.6 Financial

The composition of the Executive Management Team allows for a discussion of any financial issues from the perspective of Care & Professional Governance.

## 2.7 Risk Assessment/Management

Key risks and risk assurance process is detailed under section 2.3a.

## 2.8 Equality and Diversity, including health inequalities

Equality, diversity and health inequalities are core to the Getting it Right Framework and the domains within. Each service provides exception reports which include this aspect. Currently there are no exceptions requiring to be escalated to CGC.

## 2.9 Other impacts

N/A

## 2.10 Communication, involvement, engagement and consultation

All HSCP Staff have been invited to complete the latest iMatter survey, and teams have met to discuss the results of these and actions to take forward.

The HSCP is working with the Strategic Planning and Communication and Engagement Groups to support more effective communication, engagement and involvement, and exploring the most appropriate way to respond to the feedback we have received. The North Locality is also trialling a 'you said, we did' approach to a recent community consultation.

The HSCP took out a subscription to Care Opinion in May 2022, following a Test period. We continue to receive feedback from people who use our services from this public platform. To date we have had over 60 feedback stories submitted with 89% of the feedback received being positive. We are rolling Care Opinion out across all services in a cumulative approach and teams are now using its performance generated reporting data within their business activities. We are currently one of the best performing HSCTs in Scotland with regards to utilisation of Care Opinion.

## 2.11 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.

- Perth and Kinross HSCP Care & Professional Governance Forum member
- Perth and Kinross HSCP Professional Leads and Heads of Service
- Perth and Kinross HSCP Executive Management Team (final draft)

## 3 **CONCLUSION AND RECOMMENDATION(S)**





This report is being presented for:

### **Assurance – Reasonable Assurance**

As Lead Officer for Perth and Kinross HSCP I would suggest that the level of assurance provided is: **Reasonable Assurance**; due to the following factors:

- The ongoing development of Clinical & Care Governance structures for Mental Health services in Perth and Kinross HSCP.

Please ☐ the level of assurance you are providing:

| Level of Assurance           |                                                                                   | System Adequacy                                                                                                                                                                                                                                          | Controls                                                             | ✓ |
|------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---|
| <b>Substantial Assurance</b> |  | A sound system of governance, risk management and control exist, 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.         |   |
| <b>Reasonable Assurance</b>  |  | 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. |   |
| <b>Limited Assurance</b>     |  | 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.               |   |
| <b>No Assurance</b>          |  | 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.                |   |



**Author(s)**

| <b>Name</b>              | <b>Designation</b>                                  | <b>Contact Details</b>                                               |
|--------------------------|-----------------------------------------------------|----------------------------------------------------------------------|
| <b>Kenny Ogilvy</b>      | <b>Interim Head of Service<br/>ASWSC Operations</b> | <a href="mailto:KOgilvy@pkc.gov.uk">KOgilvy@pkc.gov.uk</a>           |
| <b>Dr Hamish Dougall</b> | <b>Associate Medical<br/>Director</b>               | <a href="mailto:Hamish.Dougall@nhs.scot">Hamish.Dougall@nhs.scot</a> |

**Approved**

| <b>Name</b> | <b>Designation</b> | <b>Date</b> |
|-------------|--------------------|-------------|
|             |                    |             |

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You can also send us a text message on 07824 498145.

All Council Services can offer a telephone translation facility.

## 1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

*The undernoted table should be completed for all reports. Where the answer is 'yes', the relevant section(s) should also be completed. Where the answer is 'no', the relevant section(s) should be marked 'not available (n/a)'.*

| <b>Strategic Implications</b>                              | <b>Yes / None</b> |
|------------------------------------------------------------|-------------------|
| <b>Community Plan / Single Outcome Agreement</b>           | <b>Yes</b>        |
| <b>Corporate Plan</b>                                      | <b>Yes</b>        |
| <b>Resource Implications</b>                               |                   |
| <b>Financial</b>                                           | <b>Yes</b>        |
| <b>Workforce</b>                                           | <b>Yes</b>        |
| <b>Asset Management (land, property, IST)</b>              | <b>Yes</b>        |
| <b>Assessments</b>                                         |                   |
| <b>Equality Impact Assessment</b>                          | <b>Yes</b>        |
| <b>Strategic Environmental Assessment</b>                  | <b>Yes</b>        |
| <b>Sustainability (community, economic, environmental)</b> | <b>Yes</b>        |
| <b>Legal and Governance</b>                                | <b>Yes</b>        |
| <b>Risk</b>                                                | <b>Yes</b>        |
| <b>Consultation</b>                                        |                   |
| <b>Internal</b>                                            | <b>Yes</b>        |
| <b>External</b>                                            | <b>Yes</b>        |
| <b>Communication</b>                                       |                   |
| <b>Communications Plan</b>                                 | <b>Yes</b>        |

### 1. Strategic Implications

#### Community Plan/Single Outcome Agreement

1.1 This report covers Clinical Care and Professional Governance across the HSCP. The HSCP contributes to all of the following:

- (i) Giving every child the best start in life
- (ii) Developing educated, responsible and informed citizens
- (iii) Promoting a prosperous, inclusive and sustainable economy
- (iv) Supporting people to lead independent, healthy and active lives
- (v) Creating a safe and sustainable place for future generations

#### Corporate Plan

1.2 This report covers Clinical Care and Professional Governance across the HSCP. The HSCP contributes to all the following:

- (i) *Giving every child the best start in life.*
- (ii) *Developing educated, responsible and informed citizens.*
- (iii) *Promoting a prosperous, inclusive and sustainable economy.*

- (iv) *Supporting people to lead independent, healthy and active lives; and*
- (v) *Creating a safe and sustainable place for future generations.*

## **2. Resource Implications**

### Financial

- 2.1 This report covers Clinical Care and Professional Governance across the HSCP. Any financial issues identified are escalated to the Chief Officer, Chief Finance Officer and HSCP EMT as required.

### Workforce

- 2.2 This report covers Clinical Care and Professional Governance across the HSCP. Any workforce issues identified are escalated to the Chief Officer, Chief Finance Officer and HSCP EMT as required.

### Asset Management (land, property, IT)

- 2.3 This report covers Clinical Care and Professional Governance across the HSCP. Any workforce issues identified are escalated to the Chief Officer, Chief Finance Officer, PKC and HSCP EMT as required

## **3. Assessments**

*The following 3 sections should report on the assessments which have been undertaken and should set out how the results of the assessments can be accessed, which could be appended to the report as supporting documents.*

*An [Integrated Appraisal Toolkit](#) (IAT) is now available across the Council for policy makers to carry out their assessment requirements on a single system. The IAT combines the functions and requirements of Equality Impact Assessment (EqIA), Sustainability Assessment and pre-screening/screening for Strategic Environmental Assessment (SEA). The IAT 'final report' produced on completing the integrated appraisal should be used as supporting evidence that the assessments listed below have been undertaken.*

### Equality Impact Assessment

This report covers Clinical Care and Professional Governance across the HSCP. Any Equality Impact Assessments are completed as required.

- 3.1 Under the Equality Act 2010, the Council is required to eliminate discrimination, advance equality of opportunity, and foster good relations between equality groups. Carrying out Equality Impact Assessments for plans and policies allows the Council to demonstrate that it is meeting these duties.

The Equality Impact Assessment undertaken in relation to this report can be viewed clicking [here](#).

This section should reflect that the proposals have been considered under the Corporate Equalities Impact Assessment process (EqIA) with the following outcome:

- (i) Assessed as **not relevant** for the purposes of EqIA
- (ii) Assessed as **relevant** and actions taken to reduce or remove the following negative impacts: (add summary points only here)
- (iii) Assessed as **relevant** and the following positive outcomes expected following implementation: (add summary points only here).

### Strategic Environmental Assessment

This report covers Clinical Care and Professional Governance across the HSCP. Any Strategic Environmental Assessments are completed as required.

- 3.2 The Environmental Assessment (Scotland) Act 2005 places a duty on the Council to identify and assess the environmental consequences of its proposals.

This section should reflect that the proposals have been considered under the Act and [**choose appropriate statement**]:

- Option 1*      However, no action is required as the Act does not apply to the matters presented in this report. This is because the Committee are requested to note the contents of the report only and the Committee are not being requested to approve, adopt or agree to an action or to set the framework for future decisions.
- Option 2*      no further action is required as it does not qualify as a PPS as defined by the Act and is therefore exempt.
- Option 3*      pre-screening has identified that the PPS will have no or minimal environmental effects, it is therefore exempt, and the SEA Gateway has been notified. The reason(s) for concluding that the PPS will have no or minimal environmental effects is that [**add reasons**].
- Option 4a*      screening has determined that there is unlikely to be significant environmental effects and is therefore exempt and the Consultation Authorities have been notified. The reason(s) for concluding that the PPS is unlikely to have significant environmental effects is that [**add reasons**].
- Option 4b*      screening has determined that there are likely to be significant environmental effects and as a consequence an environmental assessment is necessary. The likely significant environmental effects have been identified as being [**add effects**]. At the

present time a scoping report, which will determine the scope of the environmental assessment, is being prepared for submission to the Consultation Authorities.

- Option 4c* the determination was made that there were likely to be significant environmental effects and as a consequence an environmental assessment was necessary. The environmental report has been completed and will be submitted to the Consultation Authorities together with the draft PPS for their consideration.
- The key findings of the Environmental Report were that **[add key findings]**. And the PPS has been modified by **[demonstrate how plan modified]**

### Sustainability

This report covers Clinical Care and Professional Governance across the HSCP. Any assessments regarding sustainability are completed as required.

- 3.3 Under the provisions of the Local Government in Scotland Act 2003 the Council has to discharge its duties in a way which contributes to the achievement of sustainable development. Under the Climate Change (Scotland) Act 2009 the Council also has a duty relating to climate change and, in exercising its functions must act:

- in the way best calculated to delivery of the Act's emissions reduction targets.
- in the way best calculated to deliver any statutory adaptation programmes; and
- in a way that it considers most sustainable.

This section should reflect the steps that have been taken to assess the proposals against the Council's Principles for Sustainable Development. Click [here](#) for further guidance.

### Legal and Governance

- 3.4 This report covers Clinical Care and Professional Governance across the HSCP. Any legal and governance issues identified are escalated to the Chief Officer, Chief Finance Officer and HSCP EMT as required

### Risk

This report covers Clinical Care and Professional Governance across the HSCP. The purpose of the report is to identify, and risks relating to Clinical Care and Professional Governance, mitigating actions and escalate to HSCP EMT as required.

- 3.6 *This section should set out the key risks associated with the proposals which have not been addressed elsewhere in the report, including any implications*

*for the corporate risk management process, and also the controls required to mitigate those risks.*

#### **4. Consultation**

##### Internal

- 4.1 This report covers Clinical Care and Professional Governance across the HSCP. Any consultation is progressed by the relevant strategy or locality groups.

##### External

- 4.2 This report covers Clinical Care and Professional Governance across the HSCP. Any consultation is progressed by the relevant strategy or locality groups.

#### **5. Communication**

- 5.1 This report covers Clinical Care and Professional Governance across the HSCP. Any communication is progressed by the relevant strategy or locality groups.

#### **2. BACKGROUND PAPERS**

This section should list the documents that have been relied on in preparing the report, other than those committee reports already referenced within the main body of the report. All documents must be kept available by the author for inspection by the public for four years from the date of the meeting at which the report is presented.

#### **3. APPENDICES**

**Appendix 1** – List of Services Within Perth and Kinross HSCP

**Appendix 2** – DATIX Service Risks Within Perth and Kinross HSCP Health Services (as at 17 March 2023)

**Appendix 3** – Service risks within Perth and Kinross HSCP Adult Social Work & Social Care

**Appendix 4** – Clinical & Care Governance Arrangements

**Appendix 5** - Glossary

## List of Services Within Perth and Kinross HSCP

The Perth and Kinross HSCP works within a locality model to deliver the following delegated services and hosted services:

|                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |
|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| <b>Perth City Locality</b>        | Community Nursing,<br>Community Mental Health Teams<br>(Adult and Older Peoples),<br>Community Allied Health Profession Teams<br>Integrated Drug & Alcohol Recovery Team,<br>Advanced Nurse Practitioners,<br>Community Hospitals (x4),<br>Community Care & Treatment Teams,<br>Community Learning Disability Services,<br>Adult Social Work Teams<br>Respiratory Team<br>Care Home Liaison (Mental Health)<br>Access Team<br>Mental Health Officer Team<br>Wellbeing Team<br>Hospital Discharge Team<br>Discharge Hub | Delegated |
| <b>North Locality</b>             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Delegated |
| <b>South Locality</b>             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Delegated |
| <b>Perth Royal Infirmary</b>      | Stroke Ward<br>Medicine for the Elderly Ward<br>Discharge Liaison Team<br>Allied Health Profession Team (Inpatients)<br>Allied Health Professions (Outpatient Teams)                                                                                                                                                                                                                                                                                                                                                   | Delegated |
| <b>Murray Royal Hospital</b>      | 3 Older Peoples Mental Health Inpatient Wards                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Delegated |
| <b>Commissioned Services</b>      | Care at Home,<br>42 Care Homes,<br>Supported Accommodation                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Delegated |
| <b>Registered Services</b>        | Dalweem & Parkdale Care Homes,<br>Day Care,<br>HART                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Delegated |
| <b>Equipment &amp; TEC</b>        | Joint Equipment Loan Store,<br>Community Alarm                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Delegated |
| <b>Mental Health Officer Team</b> | Mental Health Officers across Perth and Kinross                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Delegated |
| <b>Prison Healthcare</b>          | Across 2 sites – HMP Perth and HMP Castle<br>Huntly<br>Pharmacy Team<br>Primary Care Medical & Nursing Team<br>Integrated Mental Health & Substance Misuse<br>Team<br>Occupational Therapy Team<br>Physiotherapy<br>Clinical Psychology<br>In-reach Podiatry<br>In-reach Dental<br>In-reach Blood Borne Virus                                                                                                                                                                                                          | Hosted    |
| <b>Public Dental Service</b>      | Tayside wide Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Hosted    |
| <b>Podiatry</b>                   | Tayside wide Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Hosted    |





# **DATIX Service Risks within Perth and Kinross HSCP Health Services (as at 17<sup>th</sup> March 2023)**

## **DATIX RISK SUMMARY (HEALTH)**

**Current** service risks within health services (30):

| Ref | Locality/<br>Service      | Grading and Title of<br>risk                                                           | Risk Score &<br>Grading                          | Last updated /<br>Manager | Mitigations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----|---------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 829 | P&K wide                  | Challenges in relation to accommodation for clinical and non-clinical staff across P&K | Consequence: 5<br>Likelihood: 4<br><br>20<br>RED | 17-03-23<br>Evelyn Devine | <p>P&amp;K HSCP Chief Officer and key staff are participating in the one public estate discussions in order to identify appropriate accommodation for different health and social care teams.</p> <p>Head of Health has briefed NHS Director of Facilities re all options which have currently been explored in NHS and PKC family</p> <p>Interim Chief Exec of PKC has been briefed by Chief Officer re: accommodation needs for the HSCP.</p> <p>Premises requirements identified and summarised in a briefing paper for CCATS, IDART, CAMH's, potential relocation of GP premises in Perth City and a multi-disciplinary team supporting young people and adults with a learning disability and/or Autism with complex needs. Shared with NHS Procurement and Estates</p> <p>Accommodation walkrounds have been completed across Health &amp; Social care sites with a view to mapping sites to accommodate future teams.</p> <p>Members of EMT to set up accommodation short life working group inclusive of partnership forum in order to support short, medium and long term moves for staff.</p> <p>Consultation paper to be completed in relation to engaging with staff re: accommodation moves.</p> |
| 982 | Mental Health<br>P&K wide | Workforce                                                                              | Consequence: 4<br>Likelihood: 5<br><br>20<br>RED | 27-02-23<br>Chris Lamont  | <p>Learning from staff exit interviews</p> <p>Operational Associate Medical Director for Mental Health is currently reviewing and arranging updated recruitment tools</p> <p>Begun the exploration of a model relating to General practitioner specialists in a collaboration with the AMD for Mental health</p> <p>P&amp;K service entered contingency , and P&amp;K Mental Health contingency meeting established. As of 26th Nov 21, the service will exit contingency.</p> <p>Liaison with Mental Health AMD, Nurse Director and Medical Director</p> <p>Medical contingency team to be based at Murray Royal Hospital commencing 21 June. The team was stood Down from 29th Nov 21</p> <p>Pharmacy resource secured to support community teams from Oct 2022</p> <p>Advanced Nurse Practitioner resource being secured to support contingency team</p> <p>Drafting patient pathways between CMHT and medical contingency team</p> <p>NHST are deploying medical resource from Dundee</p> <p>Secured adequate locum psychiatrist cover for the next six months.</p>                                                                                                                                       |

|      |                   |                                                                  |                                                    |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------|-------------------|------------------------------------------------------------------|----------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1226 | Prison Healthcare | GP Cover for HMP Perth                                           | Consequence: 4<br>Likelihood: 5<br><br>20<br>RED   | 21-02-23<br>Angela Cunningham | AMD in communication with a practice who may be interested in a hybrid approach<br>Authority given by Medical Director to utilise non-framework locum agency<br>Escalate risk to red given short timescales and implications<br>Clear process to attempt to secure additional cover using locum agency, local locum groups and regular locum session<br>Documented escalation process should shifts remain unfilled<br>Back up explored via GP practice who cover HMP Castle Huntly and GP OOH service<br>Locum GP in place to cover full time in November 2022                                                                                                                                                                                                                                                                                                               |
| 701  | Prison Healthcare | Mental Health Waiting Times within the Prison Healthcare Service | Consequence: 4<br>Likelihood: 5<br><br>20<br>RED   | 16-01-23<br>Airlie Dewar      | Review of workforce model to increase capacity of PHC teams to meet demand<br>Seek agency nursing staff to reduce time spent by team administering medication<br>Escalate to chief officer concern over recruitment delays by HR<br>SBAR to extend agency cover authorised by chief officer<br>Introduced telephone consultations<br>Explore skill mix within the team<br>Readvertise band 6 RN 3 x CN posts to support the workforce compliment /requirement<br>SCN holding clinical caseload in Perth<br>Consider Learning disability RN for team to enhance service and enhance overall compliment given recruitment challenges<br>SCN increasing clinical caseload<br>RAG status applied to all triaged referrals and current caseload<br>Further recruitment - only two band 6 nurses in post, 1 sick and working notice, the other working notice - recruitment ongoing |
| 1267 | P&K wide          | Capacity and Flow Older Peoples Services                         | Consequence: 4<br>Likelihood: 5<br><br>20<br>AMBER | 17-03-23<br>Amanda Taylor     | Daily multiagency meetings within PRI regarding capacity and flow and prioritising of discharges<br>Weekly Silver Command in place to monitor progress and actions<br>Roll out of PDD implementation and training across sites now in place<br>Frailty at Front Door Model in place<br>Interim Bed usage across P&K to facilitate flow<br>TQUIP Improvement Work for Community Hospitals<br>Improvement on Guardianship Processes across P&K<br>Focus on length of stay in Community Hospitals and improvement plans under development<br>Care at Home Reviews to free up capacity<br>Development of DD dashboard for P&K<br>Extension of Interim Process for further 12 months<br>Review of integrated discharge team<br>Development of discharge pathways using home first approach<br>Further developments on integrated care model                                        |

|      |                          |                                                                                           |                                                |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------|--------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1170 | Medicine for the Elderly | P&K HSCP Hand Therapy Service - Waiting Times                                             | Consequence: 4<br>Likelihood: 4<br>16<br>AMBER | 17-01-23<br>Terrienne Thomson | Capacity within the team has been increased by adding appointment types<br>Waiting lists have been cleansed to ensure it is a true reflection of demand<br>HCSW has recently started in the role.<br>1 WTE currently vacant; postholder has accepted but not yet started.<br>Being actively managed within the team to increase their clinical time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 1157 | Public Dental service    | Failure to meet statutory levels of ventilation within Dental Surgeries in Angus & Dundee | Consequence: 4<br>Likelihood: 4<br>16<br>AMBER | 13-01-23<br>Gillian Elliott   | Level 3 PPE & FFP3 masks in place<br>Enhanced cleaning and Infection Prevention & Control procedures in place<br>Limiting access to the appropriate people with complex care needs.<br>The Public Dental Service has secured funding for NHST Estates to seek tenders<br>Apply fallow time and open windows when possible<br>Respiratory risk assessment undertaken before any Aerosol generating procedures.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 1151 | P&K wide                 | Mental Health - Capacity & Flow                                                           | Consequence: 4<br>Likelihood: 4<br>16<br>AMBER | 17-03-23<br>Chris Lamont      | Daily multiagency meetings within POA regarding capacity, and daily Tayside GAP huddle attended by HSCP MH services.<br>CMHT GAP & POA are supporting people within the community to prevent admission and to support discharges from hospital<br>Funding from action 15 has enabled an increase in level 1 supports for people with less complex needs- this results in earlier intervention<br>OP CMHT workers attend discharge planning meetings for people in MH inpatients<br>Dementia liaison team provides specialised input for people with increased care needs in care homes across P&K<br>GAP CMHT are in the process of aligning SW assistant to support with discharge planning.<br>Review being undertaken of EMI patients within care home beds across P&K. This is to increase capacity.<br>Capacity and Flow discussed at Silver Command meeting. P&K Mental Health rep present.                                                                                                                                                                                                                              |
| 1128 | Psychiatry of Old Age    | Reduced Staffing within the 3 POA in-patients' areas in P&K HSCP                          | Consequence: 4<br>Likelihood: 4<br>16<br>AMBER | 17-03-23<br>Shelly Milligan   | Regular requests for bank and agency staffing to maintain core staffing levels<br>All vacancies are attempted to be recruited to in a timeous manner<br>Regular updates provided to HSCP senior management team on risks and staffing levels<br>SBAR provided to consider a variety of contingency actions if required.<br>Nursing Directorate have been informed of current situation<br>Utilisation of workforce across three inpatient sites regularly being managed<br>Introduction of 3.8WTE Band 4 across the service to compliment MDT. This is currently funded through registrant gaps acknowledging national workforce issues and recruitment of registrants.<br>Annual running of the workforce tools to establish workforce requirements to meet service need.<br>Proactive management of attendance at work for all employees<br>Increased wellbeing support with involvement where appropriate with the Wellbeing service and local Psychology service.<br>Introduction of non-Nursing roles such as ward clerks and activity support workers to support the MDT.<br>Annual recruitment of NGPs into POA service |
| 664  | Perth City               | Care & treatment hub accommodation within Perth City                                      | Consequence: 4<br>Likelihood: 4<br>16<br>AMBER | 17-03-23<br>Andrew Parker     | Exploring possible premises with PKC and NHS Tayside<br>Attempting to identify how we can move other services<br>Submitting SBARS to executive management team, highlighting risk.<br>Urgent meeting called with NHST estates depart on 23/10 to discuss options.<br>Phlebotomy service has been placed into contingency measures from 21st October due to lack of accommodation and increase of Secondary care blood requirements without additional resource.<br>CCATs services have been relocated and centralised to Beechgrove House as a temporary measure until suitable long term accommodation has been found                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

|      |                          |                                                              |                                                |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| 1055 | Primary Care             | Risk regarding long term GP Practice sustainability          | Consequence: 4<br>Likelihood: 4<br>16<br>AMBER | 17-01-23<br>Ruth Buchan       | Active engagement with Westward Programme and Educational Release Programme to promote P&K<br>Sustainability requirements are being reviewed by the Senior Leadership Team<br>Escalation processes through Primary Care Forum and the Primary Care Board.<br>2nd Sustainability survey completed, with 23/23 practices responding. Data being collated and themed for an update report, Recruitment and Retention increasingly problematic and increasing age of workforce / imminent retirements<br>HSCP have committed significant recurrent resource to develop a Primary Care Resilience Team.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 657  | South                    | P&K HSCP Community Hospital Registered Nurse Staffing Levels | Consequence: 4<br>Likelihood: 4<br>16<br>AMBER | 17-03-23<br>Tia Dixon         | Current shifts escalated through normal bank procedures and regular discussion with nurse bank<br>Risk Assessment completed by SCN/CN for each shift to assess risk against staffing levels and actioned as appropriate<br>Care Assurance Tools have been implemented by CPTM and actioned as appropriate<br>12 hour shift test of change in St Margarets and evaluation underway<br>Contingency / Escalation Plan being developed to consider future options of bed model across Community Hospitals<br>Block contract for bank/agency for 3 months requested for Crieff<br>Review CV-19 testing pathway to ensure rapid testing and staff able to return to work where appropriate.<br>Sharing staff across the four sites to manage the risk regarding staffing.<br>Implementing a SCN huddle twice a week to review workforce.<br>Exploring local pools to work across P&K HSCP.                                                                                                                                                                                                                                                                                                                                                                    |
| 886  | Medicine for the Elderly | Staffing challenges within the OT service at PRI             | Consequence: 4<br>Likelihood: 4<br>16<br>AMBER | 17-01-23<br>Terrienne Thomson | Following on from WoC Audit data, 2x band 5 posts have been recruited to and awaiting start dates<br>1 member of Bank staff supporting service<br>Service has prioritised banding 1 & 2 patients<br>Existing staff have undertaken extra hours where possible.<br>Continue to look to the AHP bank where possible.<br>Ensuring adequate staff supervision, and allowing staff to meet with team leads and raise any concerns. Wellbeing resources and champions available, and the NHST Wellbeing team approached for support.<br>Staff advised to complete DATIX regarding missed opportunities for therapy with patients.<br>Staff asked to discuss with CPTM re any additional hours worked due to clinical demand.<br>Professional support from CPTM and AHP Professional lead to staff where required.<br>Week of care audit undertaken in Dec 2020, which has provided real world evidence of the challenges regarding demand and capacity ratio.<br>2x B6 in post and 2x B5; still B7 vacancy and B5 vacancy (recruited to, start mid Dec). Substantive staff base has significantly improved<br>Identifying and communicating at the PRI site huddle on a daily basis specific wards that may not have adequate OT cover for P1 & P2 referrals. |
| 983  | Mental Health P&K wide   | Ligature Anchor Points                                       | Consequence: 5<br>Likelihood: 3<br>15<br>AMBER | 23-12-22<br>Shelly Milligan   | Clinical safeguards in place including risk assessment for self harm<br>Developed standardised self harm care plan<br>Increased staff training and awareness<br>Manchester ligature assessment completed for all wards; reviews carried out annually<br>Programme of work planned for red and amber areas in Leven ward, MRH.<br>Risk Assessment for Electric profiling bed in situ for all patients within Leven as per Protocol for GAP<br>Awaiting further updates from NHST Estates regarding ligature reduction programme in Leven ward<br>Functional Ward Leven (ie locking of laundry door when not in use). An action plan has been developed by SCN/CPTM within P&K, Angus and Dundee. All reflective within Manchester tool (last completed on 03/03/21)<br>Implementation of NHST Improving Observation Policy<br>Considering any DATIX alerts received for any new ligature anchor point use across Tayside                                                                                                                                                                                                                                                                                                                                 |
| 1254 | Prison Healthcare        | Non-Emergency Transfer of Patients to Hospital               | Consequence: 3<br>Likelihood: 4                | 12-01-23<br>Angela Cunningham | Daily review of cancellations and liaison with SPS<br>Escalation to contract manager (SPS) via Governor in Charge<br>Monitor and escalation via the national Prison Care Network                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |


























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|      |                           |                                                                       | 12<br>AMBER                                    |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 981  | Mental Health<br>P&K wide | Pathways of Care                                                      | Consequence: 3<br>Likelihood: 4<br>12<br>AMBER | 13-02-23<br>Chris Lamont         | <p>Whole system change programme is in place identifying key clinical pathways for development across the six project areas (Good Mental Health for All; Primary &amp; Community Mental Health; Specialist Adult Mental Health; Children &amp; Young Peoples Mental Health; Learning Disabilities &amp; Mental Health; and Older Peoples Mental Health). P&amp;K HSCP are contributing to this process, and reps have been identified.</p> <p>To discuss and monitor and feedback our local current MH provision to NHST via the MH &amp; Wellbeing strategy group.</p> <p>Engaged with stakeholders and those with lived experience to seek their views and opinions on service provision and how this can be improved through care pathways.</p> <p>As part of NHS wide workstreams, 9 key areas are about to be reinstated with appropriate leads identified.</p>                                                                                                                                  |
| 1293 | Mental Health<br>P&K wide | Mental Health Nursing<br>and AHP workforce risk                       | Consequence: 3<br>Likelihood: 4<br>12<br>AMBER | 31-01-23<br>Lindsey Griffin      | <p>Exploring additional nursing resource for the CMHT's</p> <p>For POA, we are continuing to secure supplementary staffing via bank and agency</p> <p>Ongoing recruitment to vacant Nursing posts</p> <p>Learning from staff exit interviews</p> <p>Advanced Nurse Practitioner resource being secured to support contingency team</p> <p>Workload tools have been undertaken within the POA wards</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1038 | Podiatry                  | Excessive patient<br>waiting times within<br>Tayside Podiatry service | Consequence: 4<br>Likelihood: 3<br>12<br>AMBER | 08-02-23<br>Mark Fannon          | <p>Proactively engaging with Higher Education Institutions to attract Newly Qualified Practitioners</p> <p>Remobilisation of service and more robustly applying the NHST eligibility criteria for new and existing patients</p> <p>Creation of assessment hubs to allow for assessment against eligibility criteria</p> <p>Practice development training regarding wound management for staff to ensure staff knowledge and confidence around this</p> <p>Operational leads vetting weekly meeting to ensure consistency and equity across Tayside</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 565  | Prison<br>Healthcare      | Prison Healthcare<br>Staffing levels (nursing)                        | Consequence: 3<br>Likelihood: 4<br>12<br>AMBER | 13-12-22<br>Angela<br>Cunningham | <p>Reduced health centre opening times at Castle Huntly</p> <p>Supplementary staffing utilises to maintain safe staffing levels (nursing &amp; medical)</p> <p>SBAR requesting 12 week agency contract</p> <p>Recruitment to vacancies</p> <p>Robust promoting attendance at work processes</p> <p>Omissions of care monitoring</p> <p>Monitoring of waiting times</p> <p>SBAR approved by Chelf Officer for further agency bookings until Decmeber 2019. This has subsequently been extended, and a further SBAR request to be submitted by 16/10/20.</p> <p>6 Registered Nurse have commenced in post in past month</p> <p>4 Pharmacy Assistants have commenced in post in past month</p> <p>Drafting ANP role profiles to be agreed by Nursing Directorate</p> <p>Reduced staffing within the Bella Centre</p> <p>Continued recruitment. Invite potential candidates to visit prison</p> <p>Planning an open day for interested Bank staff</p> <p>Short term contracts offered to agency staff</p> |

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| 613  | Perth City               | Excessive wait times for Adult Mental Health OT intervention | Consequence: 3<br>Likelihood: 4<br>12<br>AMBER | 13-02-23<br>Lindsey Griffin   | Waiting list is being managed<br>Communication to patients every 3 months regarding duty worker arrangements and to provide updates regarding their referral.<br>Patients given contact details for OOH services.<br>Manager submitted SBAR to senior management regarding the delay in recruitment.<br>Manager proactively pursuing a solution to the delay in recruitment.<br>Providing ongoing support to existing staff working within the environment of excessive waiting times<br>Communication to referrers with regards to the waiting times situation<br>Removal of OT staff from generic CMHT roles (which they are funded for) to allow clinical time to focus solely on OT intervention                                                                                                                                                                                                                                                                                        |
| 980  | Mental Health P&K wide   | Environment and Infrastructure                               | Consequence: 4<br>Likelihood: 3<br>12<br>AMBER | 13-02-23<br>Chris Lamont      | Near Me Technology web based video consulting service implemented<br>NHS Tayside guidance and process in place to support home working arrangements.<br>Safer Working Physical distancing risk assessments carried out across Health & Social Care services in P&K<br>Business Continuity Plans in place across the HSCP, and reviewed as required<br>Health & Safety workbook holders, Fire Duty Holders in place across the estate, and infection prevention & control processes and audit ongoing<br>COVID restrictions no longer in place<br>Currently exploring the use of one-off capital funding to improve our clinical environments.<br>Capital funding has been identified for improving environment and improving fabric of Community MH bases.<br>Current needs analysis being undertaken by CPTM. Multi-Professional Working Group has been established on the MRH site to identify potential accommodation to rehouse Mental Health staff. this will meet on a monthly basis. |
| 272  | Medicine for the Elderly | Tay & Stroke wards - workforce                               | Consequence: 5<br>Likelihood: 2<br>10<br>AMBER | 17-03-23<br>Anne Davidson     | 4 x daily safety huddles in PRI - staffing ratios and clinical acuity discussed.<br>Skill mix managed on per shift basis by SCN<br>SCN's now working predominantly in a clinical role<br>Staff undertaking additional hours and/or overtime<br>Daily / weekly escalation process in place to highlight "hot spot" staffing deficits and sickness - appropriate use of bank and non contract agency when required<br>A rolling advert is in place to advertise vacancies that exist in both wards.<br>Timeous escalation for Agency and Bank for both areas.<br>Promoting attendance at work being managed as per policy by SCN and Senior Nurse.<br>Stroke Unit now have newly aligned budget and the wellbeing enablement practitioners have been appointed.                                                                                                                                                                                                                               |
| 569  | Prison Healthcare        | Medication administration within HMP Perth                   | Consequence: 2<br>Likelihood: 5<br>10<br>AMBER | 17-03-23<br>Airlie Dewar      | Use of supplementary staffing<br>Recruitment to vacant posts<br>SBAR authorising extension of agency staff agreed by Chief Officer<br>SLWG commenced jointly with SPS to review medicines administration across the prison<br>SLWG commenced to review and share learning from CD incidents<br>Core Agency staff in use who have received induction<br>Mandatory CD training sessions being delivered to Multidisciplinary staff in service<br>Nursing monthly commenced CD audits<br>Medicines incidents reviewed at Medicines management meeting<br>New medicines model implemented<br>Pharmacy issuing all in possession medications<br>Revised critical staffing levels and moved to core day<br>Continue to work with SPS to identify novel ways of administering meds                                                                                                                                                                                                                 |
| 1242 | Prison Healthcare        | Delays in Pharmacy Order Deliveries                          | 8<br>YELLOW                                    | 12-01-23<br>Angela Cunningham | Pharmacy Team is liaising with Lloyds on a daily basis<br>Pharmacy staff in PHC are prepared to work flexibly to facilitate the processing of medicines when delivery times are changed<br>Specialist Clinical Pharmacist escalates issues to Prisons Pharmacy Lead in HIS / JHC manager<br>Lloyds have a recovery plan which is reviewed regularly<br>Letter sent to all patients to advise of issues and to request their patience                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |



|      |                        |                                                                    |                                                |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| 978  | Mental Health P&K wide | Mental Health Strategy                                             | Consequence: 4<br>Likelihood: 2<br>8<br>YELLOW | 17-03-23<br>Chris Lamont | <p>The P&amp;K Mental Health and Wellbeing Strategy provides whole system mental health vision and programme of work over the next 3 years</p> <p>The P&amp;K Mental Health and Wellbeing programme has 5 key themes, and 5 key priorities have been identified for implementation throughout the lifetime of the strategy. This will focus on priorities for mental health and wellbeing improvement and redesign</p> <p>Within P&amp;K, there has been an Identified strategic lead for mental health and wellbeing as well as programme manager and business officer support.</p> <p>P&amp;K have implemented mental health and wellbeing Clinical Governance Forum which meets on a monthly basis. This will monitor progress with the strategy as well as other areas of work.</p> <p>Heavily involved in workstreams led by Tayside in order to ensure that care provision is equitable</p> <p>Draft MH and Wellbeing strategy to be presented at IJB for approval on 1st Dec 2021</p>                                                                                                                                                                                                                                                                                                                              |
| 984  | Mental Health P&K wide | Doctors in Training                                                | Consequence: 4<br>Likelihood: 2<br>8<br>YELLOW | 17-03-23<br>Chris Lamont | <p>POA Consultant workforce supporting the training programme within P&amp;K</p> <p>NHST AMD for Mental Health working with East of Scotland Deanery supporting and reviewing future trainee programme for NHS Tayside</p> <p>NHST AMD for Older People MH services currently exploring how we can enhance doctors in training provision within inpatient services. This is in conjunction with our clinical lead in P&amp;K</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 979  | Mental Health P&K wide | Mental Health - Prescribing                                        | Consequence: 4<br>Likelihood: 2<br>8<br>YELLOW | 17-03-23<br>Chris Lamont | <p>Continue to try to recruit Consultant Psychiatrists.</p> <p>Devising an ANP model</p> <p>Working with the Pharmacy team to recruit specific pharmacists to work with the CMHT's</p> <p>Actively pursuing local prescribing plans in conjunction with GP's</p> <p>GP within Primary Care / Mental Health link who can support developing prescribing plans</p> <p>Hub and Spoke model being planned across Adult Community Mental Health services.</p> <p>Trainee ANP's for Mental Health have been recruited too. This will help alleviate Prescribing issues.</p> <p>Clinical Pharmacists involved in future planning of prescribing services for Mental Health</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 1174 | North                  | Community Nursing staffing challenges within the North Locality    | Consequence: 2<br>Likelihood: 3<br>6<br>YELLOW | 03-02-23<br>Angela Milne | <p>Review of skill mix</p> <p>Seeking support from the bank for registrants and HCSW, CCAT's, and part time staff and other localities</p> <p>1 registered post out for advert, and 1 post is progressing to recruitment</p> <p>SBAR submitted to lead nurse about the overall risk and describing the complexity of caseloads</p> <p>Progressing recruitment for generic b4 support workers for LINC'S (4 posts in total across North)</p> <p>Sought support from P&amp;K HSCP lead nurse</p> <p>Boundary alignment with the south locality being progressed and patients are being gradually moved to the South caseload.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 1087 | iDART                  | iDART recruitment and retention and increasing caseload challenges | Consequence: 3<br>Likelihood: 2<br>6<br>YELLOW | 17-03-23<br>Chris Lamont | <p>Review of working arrangements with further health and social care integration and supportive measures to stabilise the situation.</p> <p>Creating operational action plan identifying measures that can be put in place to prioritise caseloads and make best use of available resource</p> <p>Recruitment to vacant posts; these have been advertised but not yet in post.</p> <p>Use of bank staff to support with specific clinics</p> <p>Admin support to help with reception duties.</p> <p>Additional short term accommodation lease in Perth City being sought</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 985  | Mental Health P&K wide | Stakeholder and Partnership Engagement                             | Consequence: 4<br>Likelihood: 1<br>4<br>YELLOW | 17-03-23<br>Chris Lamont | <p>Recent "Listen" report published through independent services and as a consequence of this, there have been engagement sessions with staff to discuss its findings and improve engagement.</p> <p>Full scoping exercise has been undertaken through MH Improvement Academy around Consultation and Engagement systems within MH. P&amp;K have a clear pathway defined through this exercise of how we will engage and consult on any relevant areas within MH.</p> <p>Undertook an extensive consultation and engagement exercise across communities across P&amp;K to help receive feedback and information to help develop our local strategy</p> <p>All workstreams associated with delivering the strategy have lived experience and staff side representation</p> <p>The P&amp;K Mental Health and Wellbeing Strategy Group is in place with broad representation from a range of stakeholders</p> <p>Locality newsletters have been developed and are disseminated out to all stakeholders and community members</p> <p>Strategic Planning Partnerships in place across each of the HSCPs with strong links with third sector, service user and carer organisations.</p> <p>P&amp;K have in place a Local Partnership forum</p> <p>Within P&amp;K, we have arrangements in place for service user engagement</p> |

**Risk Matrix:**

|                                               | Consequence                                                                       |                                                                                   |                                                                                     |                                                                                     |                                                                                     |
|-----------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Likelihood of recurrence                      | Negligible (Category 3)                                                           | Minor (Category 2)                                                                | Moderate (Category 2)                                                               | Major (Category 1)                                                                  | Extreme (Category 1)                                                                |
| Almost certain - could occur frequently       |  |  |  |  |  |
| Likely - could occur several times            |  |  |  |  |  |
| Possible - may occur occasionally             |  |  |  |  |  |
| Unlikely - not expected to happen but might   |  |  |  |  |  |
| Rare - cannot believe this event would happen |  |  |  |  |  |







## Service risks within Perth and Kinross HSCP Adult Social Work &amp; Social Care

## | Perth and Kinross Health &amp; Social Care Partnership

## SERVICE RISK PROFILE - Adult Social Work and Social Care

Last updated: 17<sup>th</sup> March 2023

| Risk Number              | Risk Category | Cause (Trigger) (Because of...)                                                                                                                                                            | Inherent Risk |                   |                |                                                                                                                                                   |                                                                                                                                              | Residual Risk     |                |                                                                                                                                                   | Mitigating Actions                                                                                                                                                                       |
|--------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                          |               | Risk Owner                                                                                                                                                                                 | Impact Value  | Probability Value | Inherent Score | Controls                                                                                                                                          | Impact Value                                                                                                                                 | Probability Value | Residual Score |                                                                                                                                                   |                                                                                                                                                                                          |
|                          |               |                                                                                                                                                                                            |               |                   |                |                                                                                                                                                   |                                                                                                                                              |                   |                | Event (There is a risk of...)                                                                                                                     |                                                                                                                                                                                          |
| Effect (Impacting on...) |               |                                                                                                                                                                                            |               |                   |                |                                                                                                                                                   |                                                                                                                                              |                   |                |                                                                                                                                                   |                                                                                                                                                                                          |
| CARE AT HOME             |               |                                                                                                                                                                                            |               |                   |                |                                                                                                                                                   |                                                                                                                                              |                   |                |                                                                                                                                                   |                                                                                                                                                                                          |
| 4                        | operational   | Because of increased demand<br><br>There is a risk around a lack of Care at Home capacity, especially in rural P and K,<br>Impacting on people not receiving their assessed levels of care | Shona MacLean | 5                 | 4              | <div><div>20</div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div> | 1 CAH Packages<br>2 Establish 2 Living Well Teams<br>3 HART<br>4 Recruitment of Agency Staff<br>4 Overtime of SC staff to increase workforce | 5                 | 4              | <div><div>20</div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div> | Active recruitment campaign has resulted in 52 applications to HART, 10 to HART+ and 14 to Living Well Care. 17 people have been recruited to HART and interviews still to be completed. |



## Clinical & Care Governance Arrangements

The Perth and Kinross Care & Professional Governance Forum (CPGF) has responsibility to ensure that there are effective and embedded systems for Clinical, Care & Professional Governance in all services within the partnership. This includes seeking assurances from all partnership localities and hosted services within the context of the six domains of Clinical, Care & Professional governance. Localities and Hosted Services have regular Governance Forums within their own services attended where appropriate by HSCP professional leads.

The HSCP remain committed to improving Care & Professional Governance. Work is progressing to develop governance and performance dashboards to support Care Assurance across agreed professional standards. Although delayed due to the Covid response, work to progress this has now resumed and is being tested in one of the localities. Additionally, work is underway to improve availability of locality performance data.

The HSCP has also commenced a Mental Health Clinical Care & Professional Governance Group, which reports directly to Perth and Kinross CPGF and the Tayside Mental Health Quality & Performance Review. This will allow targeted improvement to improve Mental Health performance data, mitigation of Mental Health risks and to support scrutiny on progress made in respect of HIS Improvement Plan and Listen, Learn, Change work streams.

**Exception reporting** is a mechanism for services to quickly and easily flag up where work or events vary significantly from that which would be expected.

Exception reports were provided by all HSCP service grouping and localities (including hosted services) at each meeting of the previous bi-monthly Care & Professional Governance Forum (CPGF). Now that these meetings are occurring monthly such exception reports are now expected from half the services at each meeting, thus continuing the service reporting every 2-months.

Exception reports received during the previous year have been:

|                           | MA<br>Y<br>202<br>2 | JUN<br>202<br>2         | JUL<br>202<br>2 | AU<br>G<br>202<br>2     | SEP<br>202<br>2 | OCT<br>202<br>2         | NO<br>V<br>202<br>2 | DEC<br>202<br>2         | JAN<br>202<br>3                   | FEB<br>202<br>3         |
|---------------------------|---------------------|-------------------------|-----------------|-------------------------|-----------------|-------------------------|---------------------|-------------------------|-----------------------------------|-------------------------|
| ACCESS TEAM<br>& MHO      | ✓                   | NOT<br>RE<br>QUI<br>RED | ✓               | NOT<br>RE<br>QUI<br>RED | ✓               | NOT<br>RE<br>QUI<br>RED | ✓                   | NOT<br>RE<br>QUI<br>RED | ✓                                 | NOT<br>RE<br>QUI<br>RED |
| COMMISSIONE<br>D SERVICES | ✓                   | NOT<br>RE<br>QUI<br>RED | ✓               | NOT<br>RE<br>QUI<br>RED | ✓               | NOT<br>RE<br>QUI<br>RED | ✓                   | NOT<br>RE<br>QUI<br>RED | <b>NOT<br/>REC<br/>EIV<br/>ED</b> | NOT<br>RE<br>QUI<br>RED |
| EQUIPMENT &<br>TEC        | NOT<br>RE           | ✓                       | NOT<br>RE       | ✓                       | NOT<br>RE       | <b>NOT<br/>REC</b>      | NOT<br>RE           | ✓                       | NOT<br>RE                         | ✓                       |

|                                                    |                         |                         |                         |                         |                         |                                   |                         |                         |                         |                         |
|----------------------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-----------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
|                                                    | QUI<br>RED              |                         | QUI<br>RED              |                         | QUI<br>RED              | <b>EIV<br/>ED</b>                 | QUI<br>RED              |                         | QUI<br>RED              |                         |
| NORTH<br>LOCALITY                                  | NOT<br>RE<br>QUI<br>RED | ✓                       | NOT<br>RE<br>QUI<br>RED | ✓                       | NOT<br>RE<br>QUI<br>RED | ✓                                 | NOT<br>RE<br>QUI<br>RED | ✓                       | NOT<br>RE<br>QUI<br>RED | ✓                       |
| PERTH CITY<br>LOCALITY                             | NOT<br>RE<br>QUI<br>RED | ✓                       | NOT<br>RE<br>QUI<br>RED | ✓                       | NOT<br>RE<br>QUI<br>RED | ✓                                 | NOT<br>RE<br>QUI<br>RED | ✓                       | NOT<br>RE<br>QUI<br>RED | NOT<br>RE<br>QUI<br>RED |
| MFTE/POA IN-<br>PATIENTS &<br>INTERMEDIATE<br>CARE | NOT<br>RE<br>QUI<br>RED | ✓                       | NOT<br>RE<br>QUI<br>RED | ✓                       | NOT<br>RE<br>QUI<br>RED | <b>NOT<br/>REC<br/>EIV<br/>ED</b> | ✓                       | NOT<br>RE<br>QUI<br>RED | ✓                       | NOT<br>RE<br>QUI<br>RED |
| PODIATRY                                           | NOT<br>RE<br>QUI<br>RED | ✓                       | NOT<br>RE<br>QUI<br>RED | ✓                       | NOT<br>RE<br>QUI<br>RED | ✓                                 | NOT<br>RE<br>QUI<br>RED | ✓                       | NOT<br>RE<br>QUI<br>RED | ✓                       |
| PRISON<br>HEALTHCARE                               | ✓                       | NOT<br>RE<br>QUI<br>RED | ✓                       | NOT<br>RE<br>QUI<br>RED | ✓                       | NOT<br>RE<br>QUI<br>RED           | ✓                       | NOT<br>RE<br>QUI<br>RED | ✓                       | NOT<br>RE<br>QUI<br>RED |
| PUBLIC DENTAL<br>SERVICES                          | ✓                       | NOT<br>RE<br>QUI<br>RED | ✓                       | NOT<br>RE<br>QUI<br>RED | ✓                       | NOT<br>RE<br>QUI<br>RED           | ✓                       | NOT<br>RE<br>QUI<br>RED | ✓                       | NOT<br>RE<br>QUI<br>RED |
| REGISTERED<br>SERVICES                             | NOT<br>RE<br>QUI<br>RED | ✓                       | NOT<br>RE<br>QUI<br>RED | ✓                       | NOT<br>RE<br>QUI<br>RED | <b>NOT<br/>REC<br/>EIV<br/>ED</b> | NOT<br>RE<br>QUI<br>RED | ✓                       | NOT<br>RE<br>QUI<br>RED | ✓                       |
| SOUTH<br>LOCALITY                                  | NOT<br>RE<br>QUI<br>RED | ✓                       | NOT<br>RE<br>QUI<br>RED | ✓                       | NOT<br>RE<br>QUI<br>RED | <b>NOT<br/>REC<br/>EIV<br/>ED</b> | NOT<br>RE<br>QUI<br>RED | NOT<br>RE<br>QUI<br>RED | NOT<br>RE<br>QUI<br>RED | ✓                       |

\* non submission of reports highlighted to manager for action

**Annual reports** are provided by all HSCP services and localities (including hosted services).

The structured annual reporting template brings together the six domains of Clinical, Care & Professional Governance outlined in the Getting it Right Framework and seeks to incorporate the new Health & Social Care Standards. Managers submit report and attend Care Governance Forum to present report, give assurance and answer questions. The HSCP have just begun cycle four and has now received all annual reports from the 3<sup>rd</sup> cycle.

|                                                     | 1 <sup>st</sup> Cycle | 2nd Cycle      | 3 <sup>rd</sup> Cycle          |
|-----------------------------------------------------|-----------------------|----------------|--------------------------------|
| ACCESS TEAM & MHO                                   | January 2020          | November 2020  | April 2022                     |
| COMMISSIONED SERVICES                               | February 2020         | July 2021      | July 2022                      |
| EQUIPMENT & TEC                                     | February 2020         | June 2021      | May 2022                       |
| NORTH LOCALITY                                      | June 2020             | July 2021      | June 2022                      |
| PERTH CITY LOCALITY                                 | October 2019          | April 2021     | February 2022                  |
| MFTE/POA IN-PATIENTS & INTERMEDIATE CARE            | May 2020              | May 2021       | April 2022                     |
| PODIATRY                                            | June 2020             | September 2021 | September 2022                 |
| PRISON HEALTHCARE                                   | January 2020          | March 2021     | March 2022                     |
| PUBLIC DENTAL SERVICES                              | August 2019           | November 2020  | January 2022                   |
| REGISTERED SERVICES                                 | July 2021             | August 2021    | August 2022                    |
| SOUTH LOCALITY<br>POA Inpatients (added in cycle 3) | August 2019           | September 2020 | November 2021<br>November 2021 |

#### **Wider governance arrangements:**

- Integrated Locality Care Governance Groups (bimonthly).
- Prison Healthcare Medicines Management Governance Group (monthly).
- Prison Healthcare Business & Governance Group (monthly).
- Nursing and Allied Health Profession Forum (bi-monthly) to explore pertinent professional issues with CPTMs and other relevant colleagues.
- Senior Nurses, AHP Professional Leads, and the Clinical & Professional Team Managers meet regularly on an individual 1:1 basis with the Lead Nurse and the AHP Lead to discuss relevant professional and governance issues.
- Mental Health Portfolio Lead contributes to the Mental Health QPR Forum
- Partnership Short Life Working Group commenced to improve care governance for mental health services.
- Health Senior Management Team Huddle weekly to review Datix risks and red adverse events.
- Clinical Governance Coordinator supports locality groups to undertake Local Adverse Event Reviews (LAER's) where required. All LAER's are signed off by a senior manager.
- Care Home Oversight Group meeting at times daily to monitor and provide support to Care Home resident and staff safety wellbeing.
- The Perth and Kinross CPGF co-chairs contribute to the NHST Getting It Right For Everyone (GIRFE) group.
- Adult Social Work and Social Care Forum (monthly).





## Glossary

|              |                                                  |
|--------------|--------------------------------------------------|
| <b>ADP</b>   | Alcohol & Drug Partnership                       |
| <b>AHP</b>   | Allied Health Professions                        |
| <b>AMD</b>   | Associate Medical Director                       |
| <b>AP</b>    | Adult Protection                                 |
| <b>CAMHS</b> | Child & Adolescent Mental Health Services        |
| <b>CCATS</b> | Community Care And Treatment Service             |
| <b>CMHT</b>  | Community Mental Health Team                     |
| <b>CN</b>    | Charge Nurse                                     |
| <b>DD</b>    | Delayed Discharge                                |
| <b>EMT</b>   | Executive Management Team                        |
| <b>GAP</b>   | General Adult Psychiatry                         |
| <b>GIRFE</b> | Getting It Right For Everyone                    |
| <b>HART</b>  | Home Assessment Recovery Team                    |
| <b>IDART</b> | Integrated Drug & Alcohol Recovery Team          |
| <b>LAER</b>  | Local Adverse Event Review                       |
| <b>LD</b>    | Learning Disabilities                            |
| <b>MAT</b>   | Medicine Assisted Treatment                      |
| <b>MFE</b>   | Medicine for the Elderly                         |
| <b>MRH</b>   | Murray Royal Hospital                            |
| <b>OOH</b>   | Out of Hours                                     |
| <b>OT</b>    | Occupational Therapy                             |
| <b>PDD</b>   | Planned Date of Discharge                        |
| <b>PHC</b>   | Prison Healthcare                                |
| <b>PMVA</b>  | Prevention & Management of Violence & Aggression |
| <b>POA</b>   | Psychiatry of Old Age                            |

|             |                                    |
|-------------|------------------------------------|
| <b>PRI</b>  | Perth Royal Infirmary              |
| <b>RN</b>   | Registered Nurse                   |
| <b>SCN</b>  | Senior Charge Nurse                |
| <b>SPSO</b> | Scottish Public Services Ombudsman |
| <b>VPR</b>  | Vulnerable Persons Report          |