



Meeting: Care Governance Committee
Meeting date: 4th April 2024
Title: Perth & Kinross Health and Social Care Partnership
(HSCP) Clinical and Care Governance Assurance
Report

Responsible Officer: Dr Hamish Dougall, Associate Medical Director

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1 Purpose

This is presented to the Care Governance Committee for:

- Assurance

This report relates to:

- Government policy/directive
- Legal requirement

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

This report provides evidence of the following Best Value Characteristic(s):

(delete those that do not apply):

- Equality
- Governance and Accountability

2 Report Summary

2.1 Situation

This report is being brought to the meeting to provide assurance on the clinical and care governance activities and arrangements across the Partnership as outlined in the Getting It Right For Everyone (GIRFE) Framework in accordance with the Partnership integration scheme. Clinical Governance is a statutory requirement to report on, at Board level, from Scottish Government as per NHS MEL (1998) 75.

The Care Governance Committee is being asked to provide their view on the level of assurance this report provides and therefore the level of assurance regards clinical and care governance within the Partnership. The timescale for the data within this report are the four months between 1st November 2023 and 29 February 2024.

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

- Several recent annual reports received from P&K HSCP services at the P&K HSCP CPGF which demonstrated reasonable levels of assurance.

2.2 Background

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

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

2.3 Assessment

2.3.1 Exceptions

A risk with regards to staffing in Tay Ward, PRI has been reassessed as a red risk on DATIX.

A risk has existed on DATIX for staffing challenges across Tay and Stroke Wards for many years, as the stability of staffing levels and skill mix within these areas has fluctuated over time.

The overall risk level has recently increased in Tay ward specifically due to the high number of supplementary staff being used on the ward who may not know the patients and routine of the ward. This may lead to the potential of patients being harmed, not receiving acceptable levels of care, or extending their length of stay. The funded staffing levels for the ward are for 14 beds, and there are currently 21 beds. This is in combination with a vacancy which has been advertised on three occasions. A series of controls are in place to manage safe staffing levels, and a process of bed modelling is in progress to help inform future bed numbers.

A risk with regards to Occupational Therapy staffing across the PRI site has been reassessed as a red risk on DATIX.

A risk had previously existed on DATIX regarding OT staffing challenges across the PRI site, and this risk had been archived due to positive progress being made and the situation going through a period of stability.

The OT service currently has 2 vacancies which were permanent with non-recurring funding. Due to there being no identified funding for these posts, they were required to be absorbed by the service. This exacerbates a historical staffing situation, impacting on service resilience and staff morale as well as on a patient access to the service for those who have not been identified as a priority. Controls are in place to manage the risk, and the service identifies and communicates at the PRI site huddle on a daily basis specific wards that may not have adequate OT cover.

2.3.2 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 P&K 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.

P&K HSCP health red risks as at 15th March 2024:

DatixRef	Risk Exposure – No controls			Current Risk Exposure Rating												Planned Risk Exposure			Risk Trend (↑/→/↓)
				Please include data from previous four reporting periods															
				April 2023			Aug 2023			Nov 2023			Mar 2024						
L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER		
829	4	5	20	4	5	20	4	5	20	4	5	20	4	5	20	2	5	10	→
701	5	3	15	5	4	20	5	4	20	5	4	20	5	4	20	1	4	4	→
1321	5	4	20	-	-	-	5	4	20	5	4	20	5	4	20	2	4	8	→
886	5	4	20	-	-	-	-	-	-	-	-	-	5	4	20	2	4	8	→

L = Likelihood C = Consequence RER = Risk Exposure Rating

Risk 829 - Challenges in relation to accommodation for clinical and non-clinical staff across P&K

Accommodation walkrounds have been completed across Health & Social care sites with a view to mapping sites to accommodate future teams.

Short life working group has now met twice, and new estates manager is taking forward the work, and is currently reviewing the timelines to allow the different moved to happen.

IDART will move to accommodation previously used for the Birnam Day Centre at Murray Royal, CCATS to Drumhar, Adult Mental health team to the Murray Royal site, and the CAMHS team to Cairnwell. Timelines for this are being finalised, and all information has been entered into Smartsheet. The first team to move will be IDART.

Smartsheet is being used to capture the current situation at each site where accommodation required review, and supporting SBAR's being used.

Risk 701 - Mental Health Waiting Times within the Prison Healthcare Service

New Patients (routine) are waiting over 18 weeks to be assessed by the Mental Health Team, as a result of demand higher than resource, high acuity of case load, this may lead to patients deteriorating, not improving and or not being provided follow up care on liberation from prison.

Listening service has now commenced and it appears clear that it will have an impact on the waiting list for lower level anxiety / depression
Trainee ANP for MH in post

Risk 886 - Staffing challenges within the OT service at PRI

This is a new risk added as a result of the OT service at PRI having three posts which are permanently recruited with non recurring funding. This means when a vacancy comes up, these will require to be absorbed by the service. This will exacerbate a historical staffing situation within the service, leading to service resilience and staff morale being low, staff sickness increasing, as well as a significant impact on patient access to the service for those who have not been identified as a priority. With increasing pressures within PRI, this increases the overall risk level.

Risk 1321 - Inadequate environment for the Perth City CCATS service

This risk was added in April 2023, as in relation to the current CCATS service which is located within Beechgrove House, Perth. A recent Infection Prevention and Control team visit to the site found numerous environmental Infection Control concerns. A site visit has taken place from the current cleaning contractor, soft facilities and PKC estates to explore gaps and potential solutions within current provision. There is in place a Short Life Working Group regarding accommodation across P&K HSCP, and the CCATS service in Perth City is part of this working group.

CCATS continue to undertake risk mitigation such as additional cleaning and handwashing. Property application for CCATS submitted to short life working group.

P&K HSCP Adult Social Work & Social Care red risks as at 15th March 2024:

Risk	Risk Exposure – No controls			Current Risk Exposure Rating												Risk Trend (↑/→/↓)
				Please include data from previous <i>four</i> reporting periods												
				April 2023			Jul 2023			Nov 2023			Mar 2024			
	L	C	RER	L	C	RER	L	C	RER	L	C	RER	L	C	RER	
1	4	5	20	4	5	20	4	5	20	4	5	20	4	5	20	→
2	4	5	20	4	5	20	4	5	20	4	5	20	4	5	20	→

L = Likelihood C = Consequence RER = Risk Exposure Rating

Adult Social Work and Social Care Risk 1 – Lack of Care at Home capacity, especially around rural P&K.

Care at Home Transformation group and workstreams in action. Automated scheduling went live 20 September. HART rotas in Perth updated and efficiency realised. North and South in progress. PinPoint system will be live end of March. Alliance contracting with independent sector progressing. 6 International staff starting with Living Well in April. 1 start date in April for HART. Waiting on 4 further start dates for HART and 1 x for LWC going through the recruitment.

Adult Social Work and Social Care Risk 2 – Lack of OT capacity

0.5 North OTs out to advert. Not meeting priority targets and no M and H reviews getting done. 1 admin advert liveDuty Team have had a resignation which will impact on signposting and advice

2.3.3 Clinical & 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 P&K HSCP are provided within appendix 1.

Summary of key exceptions raised at recent CPGF meetings:

Key exceptions identified within the **exception reports** from the CPGF meetings held in November 23, December 23, January 24 and February 24:

- North Locality:
 - Critical Staffing levels North Locality CRT & LInCS. The LInCS AP's, Physio and admin teams have been affected by high levels of long and short term sickness reporting continuous Amber and sporadic Red status despite working flexibility across P & K. This has significant impact on the wider system.
 - Storm Impact – BCPs/ Winter contingency plans evoked and tested on three occasions – services maintained despite exceptional circumstances.

- Urgent Care:
 - Medical cover on Red from 19/01/24 – 04/02/24. this has had an impact on Hospital at Home's ability to accept referrals. Vacant medic post recruited to; candidate coming from overseas – plan to be in post and orientated by spring. GP Locum/Medical Bank not available. PRI Consultant cover limited in ability to support. Lead ANP unable to support as supporting PCH.
 - Impact on Advanced Nurse Practitioner capacity due to demand for service, reduced staffing, vacancies and unplanned leave. Current staffing on Hot Amber.
 - Non Mandatory CPD time has been cancelled due to staffing levels and demand on services. CPD time being reviewed as part of ANP service review to support protected time for CPD.

- Podiatry:
 - At end December 23, there is an active caseload of approx 7,000 patients. 607 people on the Podiatry waiting list with 241 Podiatry MSK - 577 referrals on waiting list with 406 waiting over 12 weeks.

- Primary Care:
 - The Carse Medical Practice is currently operating from temporary accommodation with limited space. Future capital investment monies will be difficult to secure if there is any dubiety in relation to sustainable GMS in that area.

- Public Dental Service:
 - Awaiting input from Property Department to progress essential ventilation and building works. Work has been approved in principle by AMG and funding in place.

- Medicine for the Elderly, AHP and discharge services at PRI:
 - Risk in Tay Ward related to ongoing 50% bed increase and high usage of agency nursing. Risk added to DATIX.
 - AHP OT core staffing affected re budget controls on vacant posts. Risk had previously been archived due to investment in the substantive workforce in 2021 however this had never been supported with a permanent funding solution .

Key exceptions identified within the **annual reports** from the CPGF meetings held in November 23, December 23, January 24 and February 24:

- Perth City
 - Adverse events; the highest number over the past year were with regards to Pressure Ulcers, five of these were graded as being moderate, the remainder were graded as minor. Two of the five moderate incidents were deemed to be avoidable, and pressure ulcer reviews have been undertaken for all pressure ulcer incidents. Learning from Angus has shown a process to review Pressure Ulcer incidents. This involves a six monthly in-depth review of incidents that involve pressure ulcers to collate and share the learning and improve the identification and understanding of any themes. The Perth City CPTM will work with the District Nursing Team Leads to apply this process in Perth City.
 - As part of the induction for the Associate Director of Nursing visits to a number of Perth City Teams was undertaken with the Lead Nurse.
 - Care Opinion is rolled out across all teams and continues to provide the opportunity for people to communicate their experience through this digital platform. It provides valuable feedback and helps us to understand when we are doing well and also when we can improve. Towards the end of the year a report was scheduled to run monthly enabling the collation of stories to be shared within the Locality Governance Meeting and wider teams. In 2023, 30 stories were told and at the time of the report to date, have been viewed on Care Opinion 2,348 times in all. Further work is planned in 2024 to promote the use of Care Opinion across the teams and explore other ways for our client group to provide feedback as the digital interface is not always the preferred method of feedback.

- South Locality
 - The frailty and complexity of the patient groups has presented challenges across the locality and particularly within the inpatient areas. Core staffing levels have struggled to maintain safety with increased delirium, falls and distress behaviours, requiring additional staffing resource to maintain patient and staff safety.
 - The shortage of care at home across the locality has resulted in longer waits than we would want for some to access the support they have been assessed as requiring. This has had a significant impact on many clients and their carers waiting for care, particularly those who are waiting in care home placements for a care package, sometimes for many months. However we are supporting more clients than ever before, many of whom have complex needs, and whose

wish is to remain in their community. Well established and some new multi-disciplinary forums and partnership working have enabled workers to develop bespoke packages of care, in many cases enabling people to remain in their own homes for longer.

- Media reports in September 2023 highlighted the lack of Healthcare Improvement Scotland (HIS) inspections of community hospitals. Taking a proactive approach, the HSCP commenced a short life 'Inspection Ready' group to scope and agree preparatory work and set up peer walk around inspections.
- With Care Opinion rolled out across all teams this has continued to provide the opportunity for people to tell their story in their own words. It provides valuable feedback and a level of dialogue with families and service users that helps us understand what we do well and what needs to improve.

Adverse Events:

Systems are in place for services/localities to review DATIX incidents.

The Nursing & 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 2023 and February 2024 were:

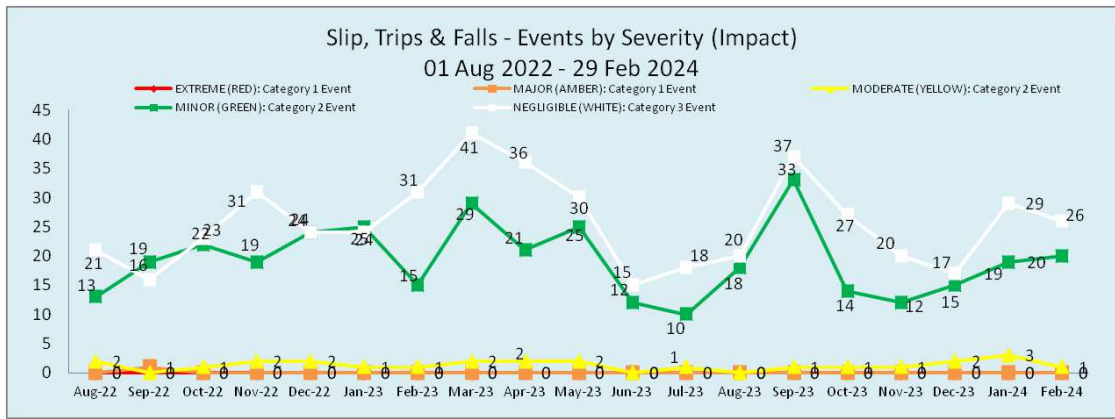
Highest frequency events:

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

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 & Falls

During the time period between November 2023 and February 2024, there were **165** incidents recorded, of which 23 involved harm. 74 occurred at MRH, 34 at PRI, 51 in Community Hospitals and the remaining 6 in other areas.



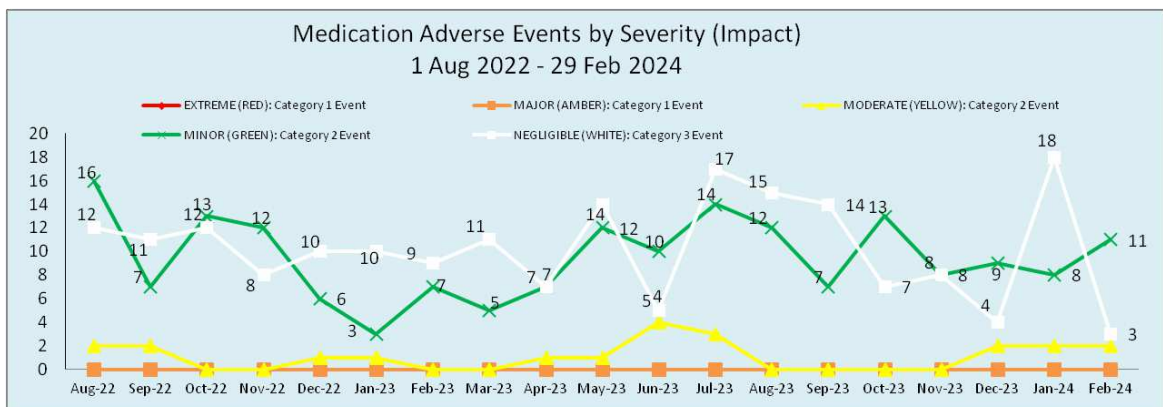
The Psychiatry of Old Age inpatient wards at Murray Royal Hospital experienced a higher than usual number of falls at the end of 2021 due to several patients who had multiple falls (many of which were controlled). Ward staff were doing all they could to manage the falls, and they had support from the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

In addition, the Falls Coordinator continues to:

- review all of 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 of 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**

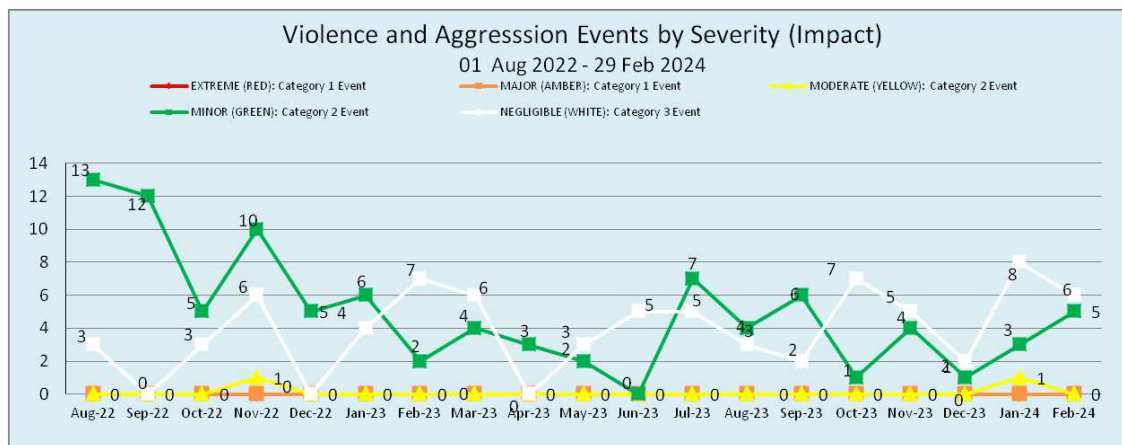
During the time period between November 2023 and February 2024, there were **75** incidents recorded, of which 5 involved harm. 6 occurred at MRH, 8 at PRI, 13 in Community Hospitals, 34 within a Prison Establishment and the remaining 14 in other areas.



The majority of 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.

- Violence & Aggression**

During the time period between November 2023 and February 2024, there were **35** incidents recorded, of which 3 involved harm. 18 occurred at MRH, 5 at PRI, 2 in Community Hospitals, and the remaining 10 in other areas.



All but one of the 18 incidents within Murray Royal Hospital were within the Psychiatry of Old Age wards. All three of the incidents involving harm involved physical aggression, and two were in an inpatient setting. Two were graded as green and one as amber (due to the level of injury sustained by a patient after being pushed by another patient and falling)

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

During the time period between November 2023 and February 2024 there were **55** incidents recorded, of which 2 involved harm. 45 occurred at MRH, 3 at PRI, 5 in Community Hospitals and 2 others.

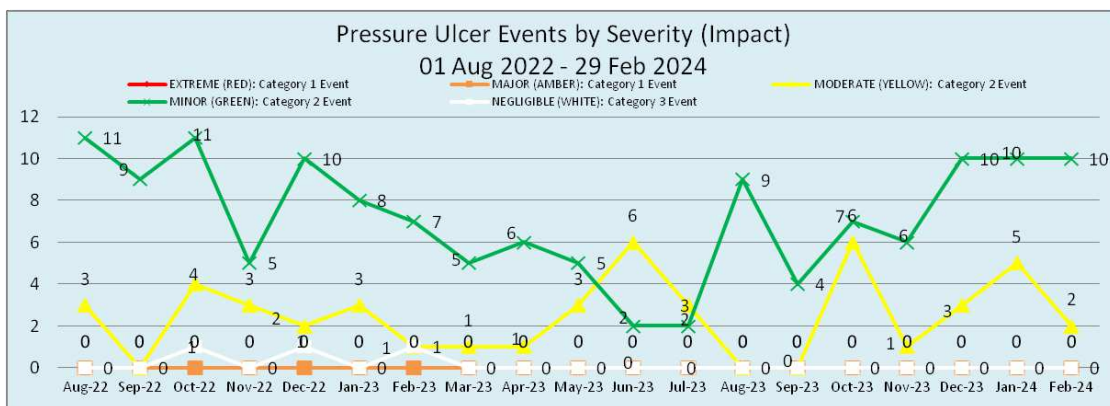


The vast majority of these incidents were within the Psychiatry of Old Age wards at Murray Royal Hospital. The rise in incidents (albeit of negligible grading) in October 2023 have been noted by the service. This appears to be attributable to a small group of patients in one particular POA ward who are exhibiting these behaviours.

The wards have sought input from the NHST PMVA team regarding the ongoing management of Violence & Aggression and Clinical Challenging Behaviour.

- **Pressure Ulcers**

During the time period between November 2023 and February 2024, there were **47** incidents recorded, of which 40 involved harm. 32 were within the patients home, 7 within Care Homes, 5 within Community Hospitals, and the remaining 3 in other areas.



The yellow graded events are discussed at the relevant locality Care Governnace meeting. It should be noted that some of these pressure ulcer incidents are regarding patients who have been discharged from hospital to the community with a pressure ulcer, which has then been picked up and reported by a service in P&K HSCP.

Each geographical locality in P&K 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 improve and to be monitored at CPGF meetings.

2.3.4 Significant Adverse Event Reviews

There are currently no pending SAER's in P&K HSCP.

2.3.5 Pressure Ulcers & Falls

Details regarding both of the 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

Current Health Complaints as at 15/03/2024 - Stage 1

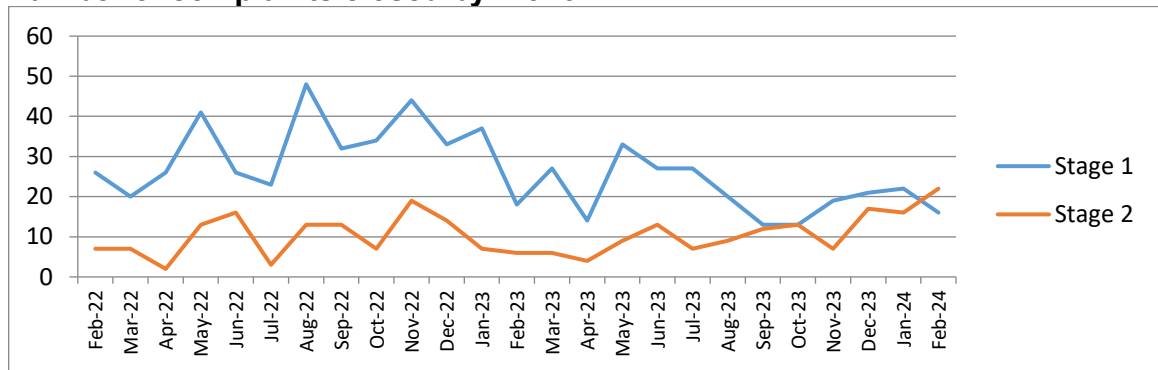
Service Area	0-4 Days	5-9 Days	Total
Perth & Kinross HSCP	2	0	2

Current Health Complaints as at 15/03/2024 - Stage 2

Service Area	0-5 days	6-10 days	11 or more days	Total
Perth & Kinross HSCP	1	1	7	9

HEALTH COMPLAINT SUMMARY FOR FEBRUARY 2024:

Number of complaints closed by month:



- **Total number of complaints received in Feb 2024 = 33**
- **Total number of complaints closed in Feb 2024 = 38**
 - Stage 1 = 16 (6 upheld or partially upheld)
 - Stage 2 = 22 (6 upheld or partially upheld)
 - % Stage 2 completed within timescales = 73%
 - % Stage 2 not completed within timescales = 27%
 - **Services**
 - Prison Healthcare – 31
 - Mental Health - 4
 - Public Dental – 1
 - AHP – 1
 - Perth City - 1
- **Top themes for Feb 24 (Prison Healthcare):**
 - **Overall** (*more than one theme can be applicable per complaint*)
 - Medication – 12
 - Disagreement with treatment plan or outcome - 9
 - Lack of support - 5
 - Wait times / delay - 4
 - Communication -1

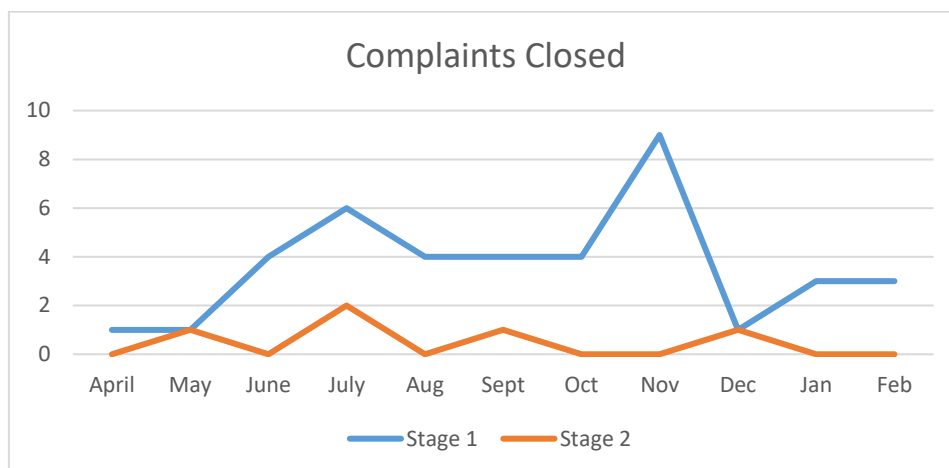
- **Upheld or Partially Upheld complaints** (*more than one theme can be applicable per complaint*)
 - Medication – 2
 - Disagreement with treatment plan or outcome - 2
 - Lack of support - 2
 - Wait times / delay - 2

- **Top themes for Feb 24 (other HSCP services):**

- **Overall** (*more than one theme can be applicable per complaint*)
 - Disagreement with treatment plan or outcome – 2
 - Wait time – 2
 - Lack of support - 2
 - Care and treatment - 1

- **Upheld or Partially Upheld complaints** (*more than one theme can be applicable per complaint*)
 - Wait time – 1
 - Lack of support - 1
 - Care and treatment - 1

PKC COMPLAINT SUMMARY FOR February 2024:



- **Total number of complaints received in Feb 2024 = 4**
- **Total number of complaints closed in Feb 2024 = 3**
 - Stage 1 = 3 (2 resolved, 1 upheld)
 - Stage 2 = 1
 - % Stage 2 responded to within timescales = 0%
 - % Stage 2 not responded to within timescales = 100%
 - **Services the complaints relate to as below**
 - Perth City SW (South) - 1
 - HART and EIAP – 1
 - Access Team – 1
 - HDT - 1
- **Top themes**
 - **Overall** (*more than one theme can be applicable per complaint*)
 - Waiting Times/delays – 1
 - Staff Conduct - 1
 - Entitlement to service – 1
 - Service Provision - 1

Upheld or Partially Upheld complaints (*more than one theme can be applicable per complaint*)

- Staff Conduct - 1

Actions taken from upheld/partially upheld stage 1 complaints:

Fact finding conducted, following a fully upheld complaint, social care staff member was reminded how to conduct themselves while in the community and behave in a respectful manner by reinforcing code of conduct expectations.

2.3.7 Scottish Public Services Ombudsman Reports

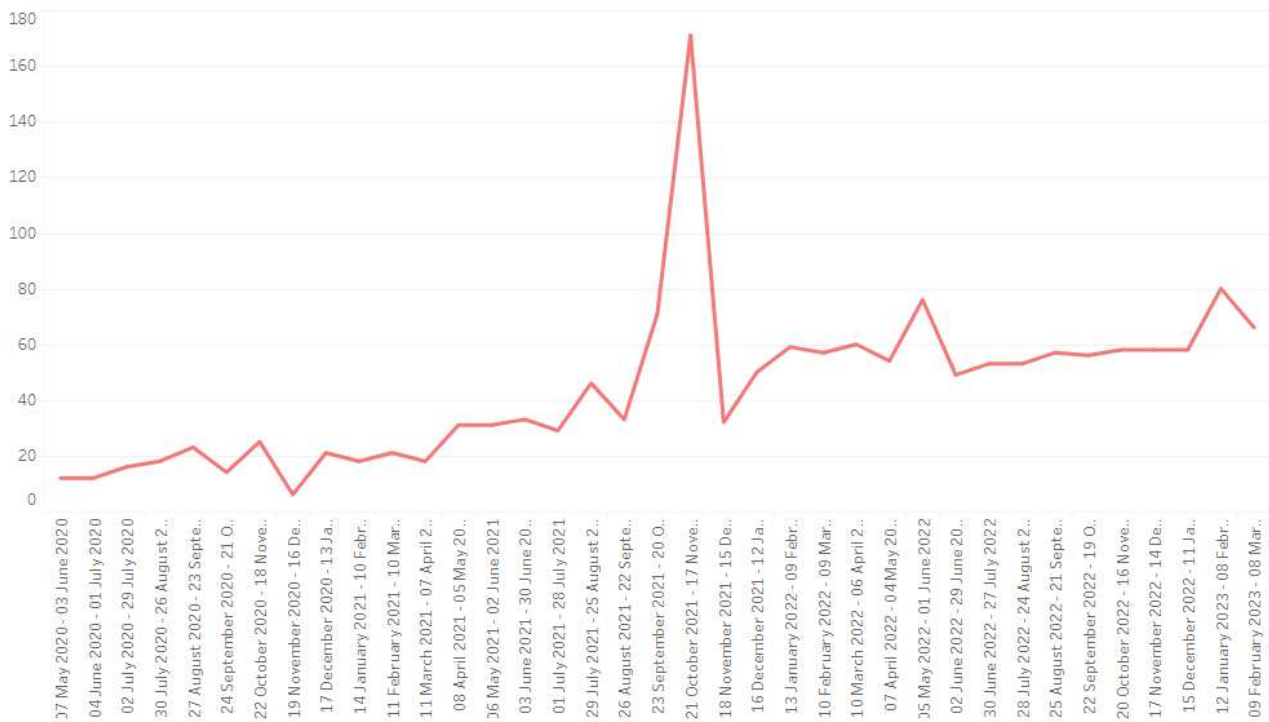
There have been no complaints referred to the SPSO during the time period.

The last complaint which was referred to the SPSO was from December 2021, and SPSO found that the Boards complaint response was reasonable and decided not to investigate further.

2.3.8 External Reports & Inspections

HM Inspectorate of Prisons for Scotland undertook an inspection to HMP Bella on during March 2024, and the visit report is awaited by the service.

2.3.9 Adult Support & Protection

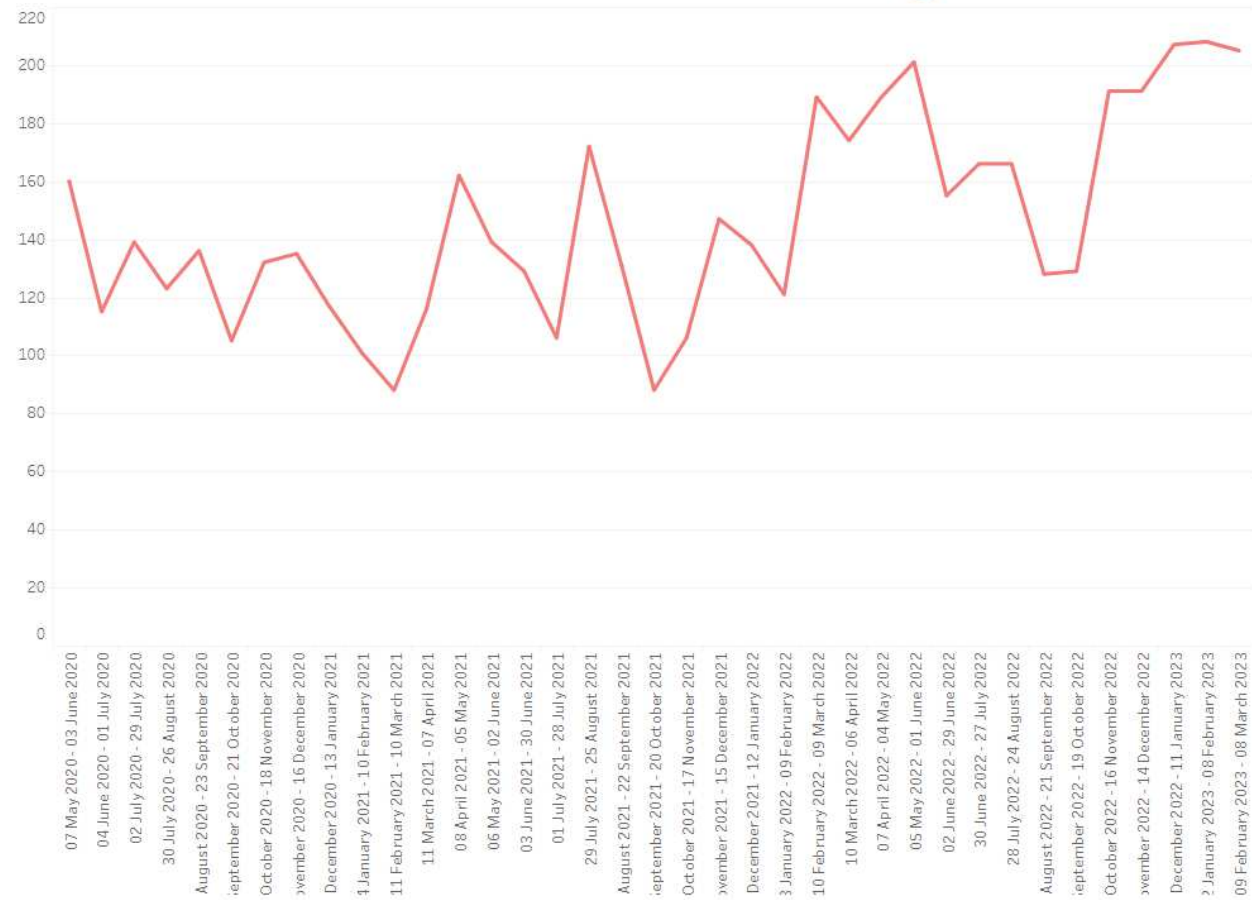


Adult Concerns Received by Local Authorities from Police Scotland - last updated with 16/03/2023 collection

Adult Concerns Received by Local Authorities from Police Scotland - last updated with 16/03/2023 collection

Please select the area you are interested in

Perth and Kinross



It should be noted that the above data collected and available nationally has not been updated since March 2023. However, it shows a significant increase in both AP concerns and VPRs up until that time. 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

Current RAG scores as at Feb 2024 are:

	Standard 1	Standard 2	Standard 3	Standard 4	Standard 5	Standard 6	Standard 7	Standard 8	Standard 9	Standard 10
RAG Score										

Standard 1 – All people accessing services have the option to start MAT from the same day of presentation.

GREEN

Standard 2 – All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.

GREEN

Standard 3 – All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.

GREEN

Standard 4 – All people are offered evidence based harm reduction at the point of MAT delivery.

GREEN

Standard 5 – All people will receive support to remain in treatment for as long as requested.

GREEN

Standard 6 – The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.

AWAITING ASSESSMENT – EVIDENCE BEING GATHERED AND SUBMITTED

Standard 7 – All people have the option of MAT shared with Primary Care.

AWAITING ASSESSMENT – EVIDENCE BEING GATHERED AND SUBMITTED

Standard 8 – All people have access to advocacy and support for housing, welfare and income needs.

AWAITING ASSESSMENT – EVIDENCE BEING GATHERED AND SUBMITTED

Standard 9 – All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.

AWAITING ASSESSMENT – EVIDENCE BEING GATHERED AND SUBMITTED

Standard 10 – All people receive trauma informed care.



AWAITING ASSESSMENT – EVIDENCE BEING GATHERED AND SUBMITTED

2.3.10 Mental Health

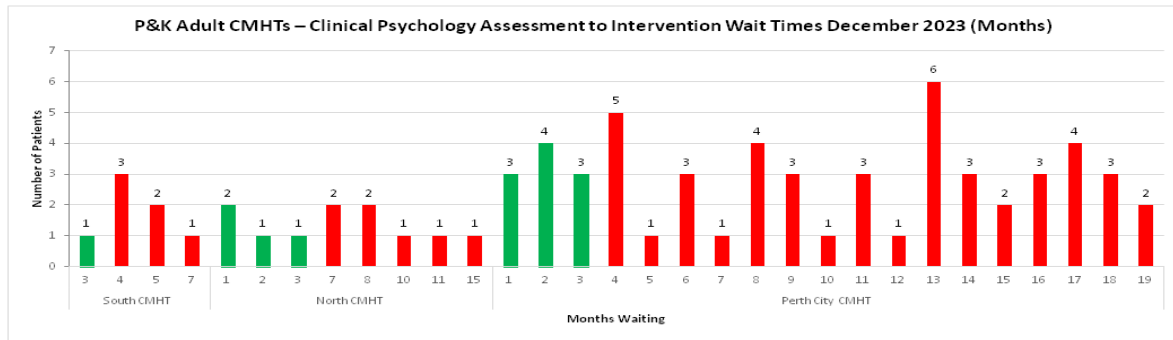
P&K HSCP Mental health waiting times (1st December 2023 – 31st December 2023)

The following is waiting time data for team's where their referral to assessment or their assessment to treatment intervention wait time standard has breached. Work is progressing to enhance this data over the coming weeks and months and future data will evolve to showcase month-on-month data and a more comprehensive analysis of the data presented.

Team	Wait Time Standards	Breach Status
Adult Mental Health Occupational Therapy Team	P1 – 5 Working Days P2 – 6 Weeks P3 – 12 Weeks	
Community Learning Disabilities Team (Wait times currently being explored for Dietetics, Speech & Language, Clinical Psychology)	12 Weeks	
Clinical Psychology, Adult Community Mental Health Teams	18 Weeks	
Consultant Psychiatrists, Psychiatry of Old Age Service	12 Weeks	
Garry Ward, Psychiatry of Old Age Inpatients	0 Days	
Integrated Drug and Alcohol Recovery Team	3 Weeks	
Learning Disability Intensive Support Service	12 Weeks	
Leven Ward, Psychiatry of Old Age Inpatients	0 Days	
Mental Health Officers	0 Days	
Mental Health Physiotherapy	P1 – 3 Working Days P2 – 5 Working Days P3 – 10 Working Days	
MoveAhead	12 Weeks	
North Perthshire Adult Community Mental Health Teams	Urgent – 72 Hours Routine - 12 Weeks	
North Perthshire Primary Care Mental Health and Wellbeing Team	12 Weeks	
Perth City Adult Community Mental Health Team	Urgent – 72 Hours Routine - 12 Weeks	
Perth City Primary Care Mental Health and Wellbeing Team	12 Weeks	
SCOPE	AP Concerns – 24 hrs ASP Inquiry – 10 days ASP Investigation – 28 Days	
South Perthshire Adult Community Mental Health Team	Urgent – 72 Hours Routine - 12 Weeks	
South Perthshire Primary Care Mental Health and Wellbeing Team	12 Weeks	
Therapeutics & ECT Team	0 Weeks	
The Wellbeing Support Team		
Tummel Ward, Psychiatry of Old Age Inpatients	0 Days	

 No Wait Time Breaches
  Wait Time Breached
  Data Pending

Clinical Psychology – Adult CMHTs



Clinical Psychologists provide psychological therapies for people with complex mental illness who are working with the North Perthshire, Perth City and South Perthshire CMHTs. All patients on the Clinical Psychology waiting list will have received an initial mental health assessment, will be engaged in treatment interventions with another member(s) of the Adult CMHT and will have access to the CMHT Duty Worker. Clinical Psychology is a Dundee HSCP hosted service and monthly wait times are reported via this route. Further engagement with our Clinical Psychology colleagues is required to understand current and future mitigation and this will be explored in the second phase of this work.

Clinical Psychologists work to a 12 week waiting time target. The number of months waiting is shown along the bottom axis with the number of people waiting along the horizontal axis. The number of patients waiting within the stipulated 12 weeks are shown in green and all others breaching shown in red.

South CMHT

Total Patients – 7

Within 3 Months – 1

Outwith 3 months – 6

Adherence to Standard– 14%

North CMHT

Total Patients – 11

Within 3 Months – 4

Outwith 3 months – 7

Adherence to Standard–36%

Perth City CMHT

Total Patients – 55

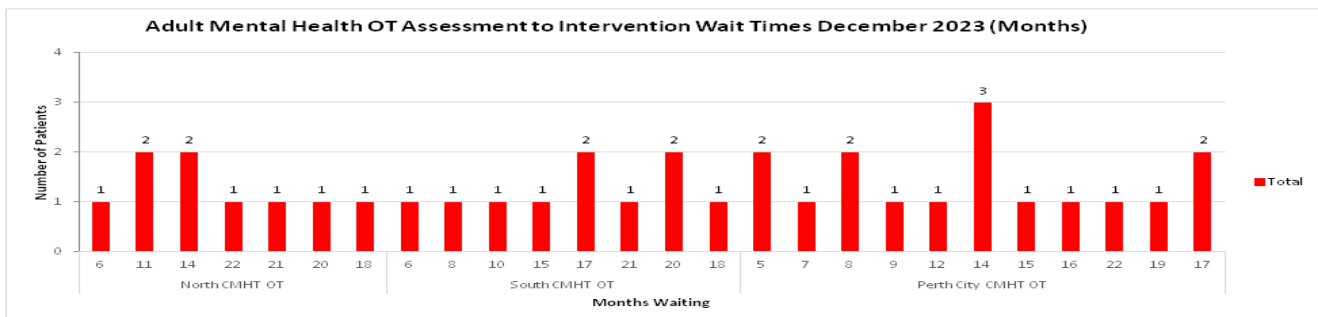
Within 3 Months – 10

Outwith 3 Months – 45

Adherence to Standard–18%

Adult Mental Health Occupational Therapy Team

Adult Mental Health Occupational Therapists provide OT interventions for people with complex mental illness who are working with the North Perthshire, Perth City and South Perthshire CMHTs.



All patients on the OT waiting list will have received an initial mental health assessment prior to being referred on to the Mental Health Occupational Therapy and will have access to the CMHT Duty Worker. OT wait times have been impacted by a range of vacancies over a number of years. Adult Mental Health OT's work to priority bandings with a 12 week waiting time target for patients requiring routine interventions (Band 3). Safer Staffing Workforce Planning Tools will be undertaken for a two week period in February 2024 and this will inform an SBAR for EMT which is

currently in development. Critical staffing issues and wait time breaches are logged within DATIX as an organisational risk.

The number of months waiting is shown along the bottom axis with the number of people waiting along the horizontal axis. Patients waiting within the stipulated 12 weeks are shown in green and all others breaching shown in red.

North CMHT OT

Total Patients – 9
 Within 3 months – 0
 Outwith 3 months – 9
 Adherence to standard–0%

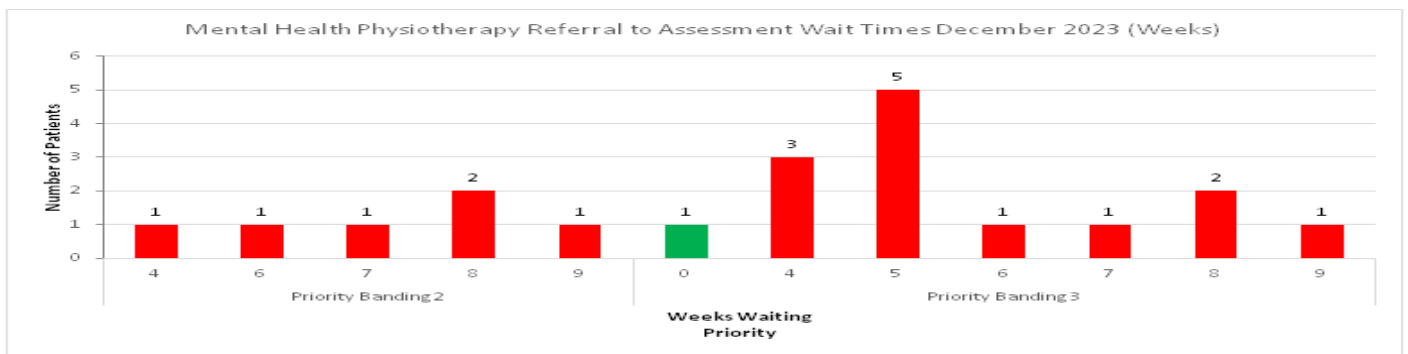
South CMHT OT

Total Patients – 10
 Within 3 months – 0
 Outwith 3 months – 10
 Adherence to standard–0%

Perth City CMHT OT

Total Patients – 16
 Within 3 months – 0
 Outwith 3 months – 16
 Adherence to standard–0%

Mental Health Physiotherapy



Mental Health Physiotherapy provides interventions for people with complex mental illness who are currently engaged in treatment with the Adult and Older People’s CMHTs within North Perthshire, Perth City and South Perthshire (6 Teams), to all inpatients within the Perth and Kinross Psychiatry of Old Age Inpatient Unit (3 wards) and the General Adult Psychiatry Inpatient Unit (3 wards). The Team is also currently assisting Secure Care services with a small number of inpatient referrals due to their inability to recruit to their vacant post. The Team has a wide remit and a small staffing resource consisting of 1.4wte Specialist Physiotherapy staff and 1.0wte Community Support Worker staff.

Safer Staffing Workforce Planning Tools will be undertaken for a two week period in February 2024 and this will inform an SBAR for EMT which is currently in development. The number of weeks waiting is shown along the bottom axis with the number of people waiting along the horizontal axis. The number of patients waiting within the stipulated banding priorities are shown in green and all others breaching shown in red.

Priority 1

Total Patients – 0
 Within 3 months – 0
 Outwith 3 months – 0
 Adherence to standard–100%

Priority 2

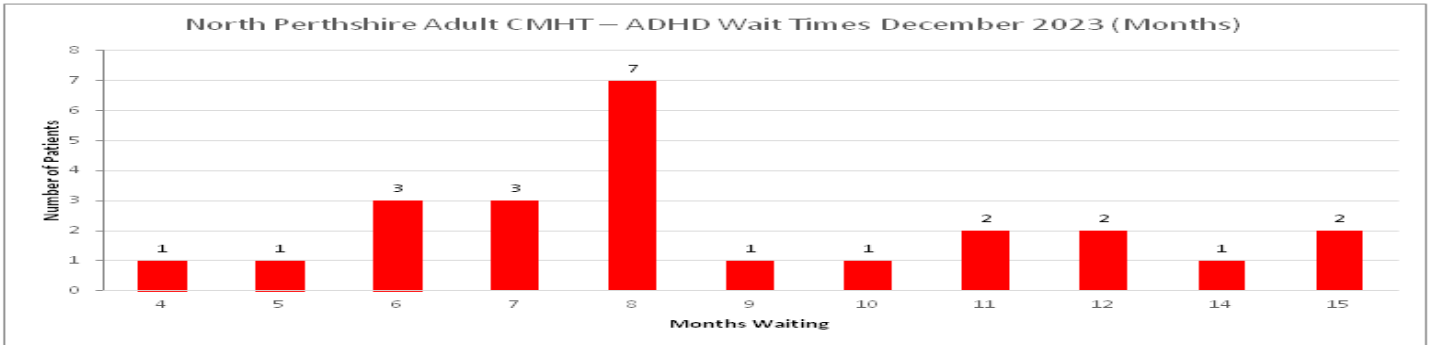
Total Patients – 6
 Within 3 months – 0
 Outwith 3 months – 6
 Adherence to standard– 0%

Priority 3

Total Patients – 14
 Within 3 months – 1
 Outwith 3 months – 13
 Adherence to standard–7%

North Perthshire Adult CMHT – ADHD Wait Times

The Adult CMHTs have seen a significant increase in referrals for people with potential ADHD and are overwhelmed by the demand. This correlates with the emerging data across Scotland and



rates are expected to increase exponentially. All patients on the ADHD waiting list have received baseline screening tools to determine whether they require to be assessed by a CMHT, self help information to access whilst they wait for initial assessment and will have access to the CMHT Duty Worker. The number of months waiting is shown along the bottom axis with the number of people waiting along the horizontal axis. Patients waiting within the stipulated 12 weeks are shown in green and all others breaching shown in red. In the absence of a Tayside Neurodevelopmental Pathway, we are currently developing a Neurodevelopmental Pathway proposal which will be presented to the Mental Health Steering Group on the 6th February 2024.

ADHD Assessment

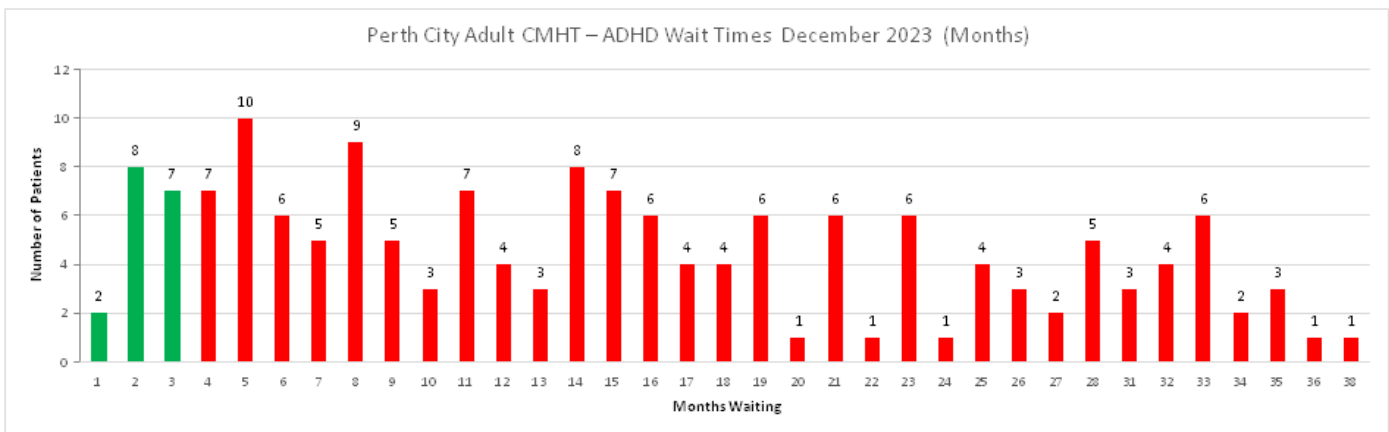
Total Patients – 24

Within 3 months – 0

Out with 3 months – 24

Adherence to standard – 0%

Perth City Adult CMHT – ADHD Wait Times



The Adult CMHTs have seen a significant increase in referrals for people with potential ADHD and are overwhelmed by the demand. This correlates with the emerging data across Scotland and rates are expected to increase exponentially. All patients on the ADHD waiting list have received baseline screening tools to determine whether they require to be assessed by a CMHT, self help information to access whilst they wait for initial assessment and will have access to the CMHT Duty Worker. The number of months waiting is shown along the bottom axis with the number of

people waiting along the horizontal axis. Patients waiting within the stipulated 12 weeks are shown in green and all others breaching shown in red. In the absence of a Tayside Neurodevelopmental Pathway, we are currently developing a Neurodevelopmental Pathway proposal which will be presented to the Mental Health Steering Group on the 6th February 2024.

ADHD Assessment

Total Patients – 160

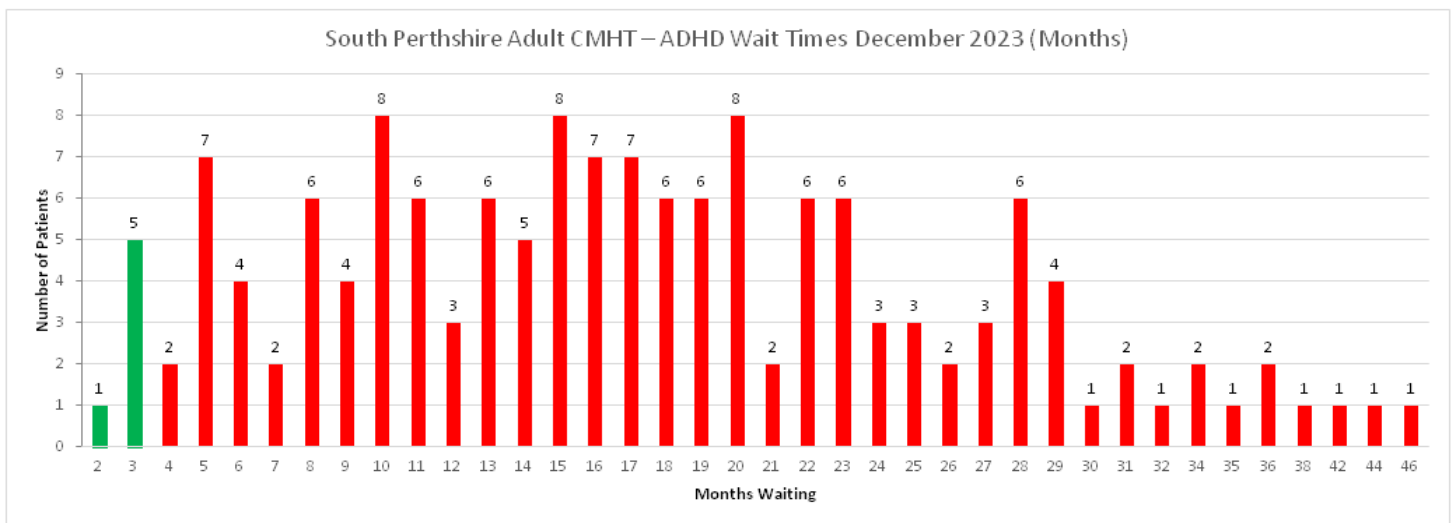
Within 3 months – 17

Out with 3 months – 143

Adherence to standard – 11%

South Perthshire Adult CMHT – ADHD Wait Times

The Adult CMHTs have seen a significant increase in referrals for people with potential ADHD and



are overwhelmed by the demand. This correlates with the emerging data across Scotland and rates are expected to increase exponentially. All patients on the ADHD waiting list have received baseline screening tools to determine whether they require to be assessed by a CMHT, self help information to access whilst they wait for initial assessment and will have access to the CMHT Duty Worker. The number of months waiting is shown along the bottom axis with the number of people waiting along the horizontal axis. Patients waiting within the stipulated 12 weeks are shown in green and all others breaching shown in red. In the absence of a Tayside Neurodevelopmental Pathway, we are currently developing a Neurodevelopmental Pathway proposal which will be presented to the Mental Health Steering Group on the 6th February 2024.

ADHD Assessment

Total Patients – 149

Within 3 months – 6

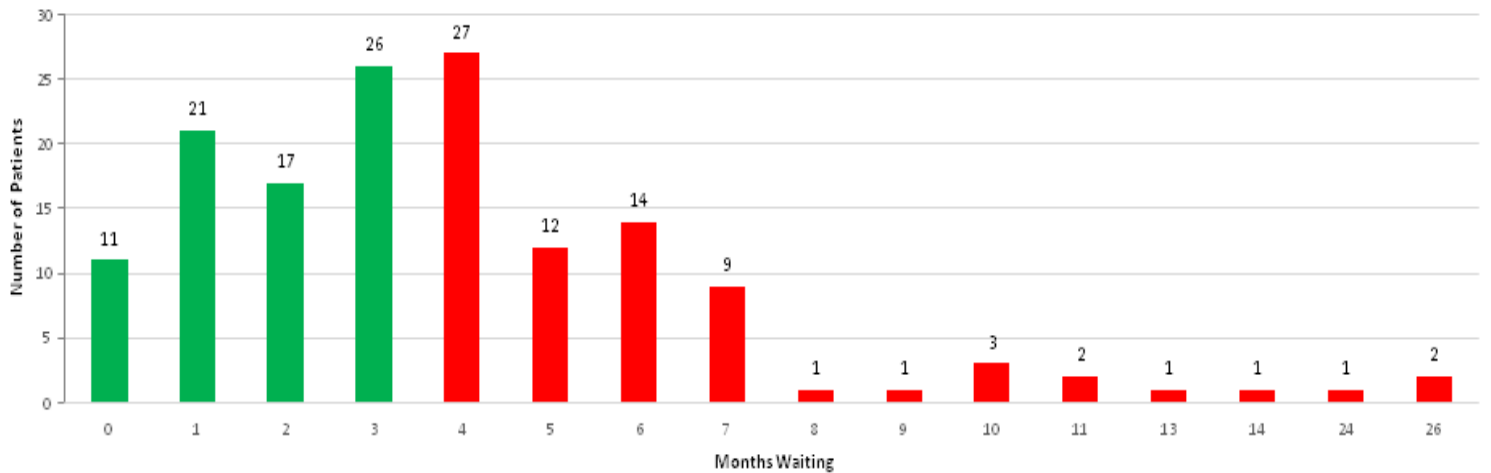
Out with 3 months – 143

Adherence to standard – 4%

Perth City Adult CMHT – Consultant Psychiatrist Referral to Assessment

Wait times for Consultant Psychiatrist/Medical assessments are primarily due to recruitment issues

Perth City Adult CMHT - Consultant Psychiatrist Referral to Assessment Wait Times December 2023 (Months)



and a reliance on temporary locum staff alongside outdated models of practice where Consultants primarily undertake outpatient clinics largely for people with less complex needs. Work to review models of practice and existing caseloads will progress over the coming year in line with the Tayside CMHS Redesign programme. The number of months waiting is shown along the bottom axis with the number of people waiting along the horizontal axis. Patients waiting within the stipulated 12 weeks are shown in green and all others breaching shown in red.

Consultant Psychiatrist Referral to Assessment

Total Patients – 149

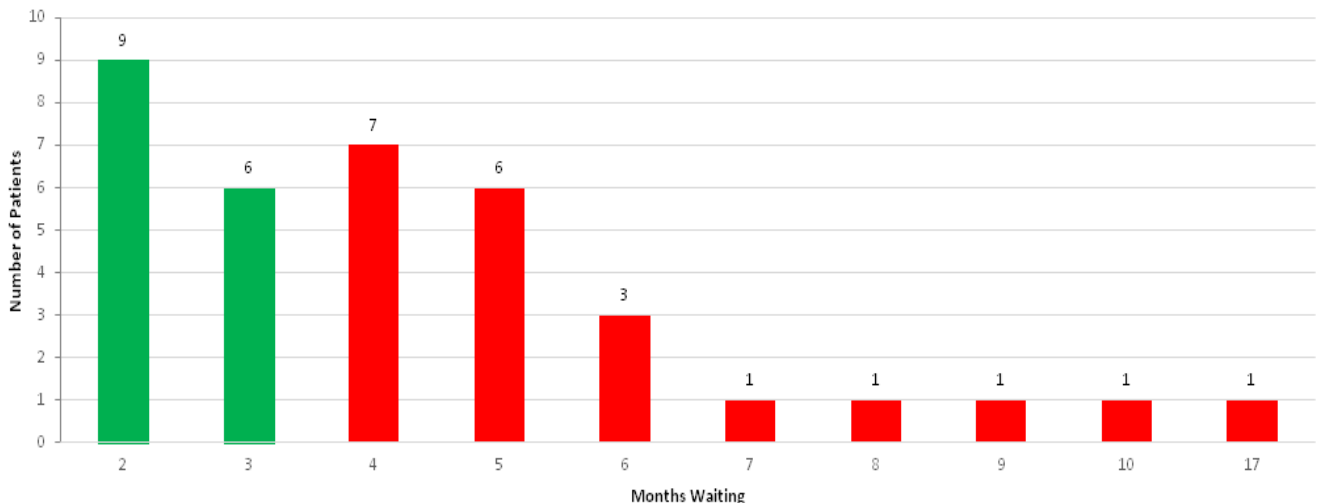
Within 3 months – 75

Out with 3 months – 74

Adherence to standard – 50%

South Perthshire Adult CMHT – Consultant Psychiatrist Referral to Assessment

South Perthshire Adult CMHT - Consultant Psychiatrist Referral to Assessment Wait Times December 2023 (Months)



Wait times for Consultant Psychiatrist/Medical assessments are primarily due to recruitment issues and a reliance on temporary locum staff alongside outdated models of practice where Consultants primarily undertake outpatient clinics largely for people with less complex needs. Work to review models of practice and existing caseloads will progress over the coming year in line with the Tayside CMHS Redesign programme. The number of months waiting is shown along the bottom axis with the number of people waiting along the horizontal axis. Patients waiting within the stipulated 12 weeks are shown in green and all others breaching shown in red.

Consultant Psychiatrist Referral to Assessment

Total Patients – 36

Within 3 months – 15

Out with 3 months – 21

Adherence to standard – 42%

Development of HSCP Mental Health KPIs

The development of the suite of KPIs for MH across Tayside has continued with initial approval for the indicator suite having been reached. We are now in a data source/discovery phase. For data which sits within NHST systems we have agreement that the Business Unit will produce a data report covering each of the KPIs. This will be produced for Tayside, and each of the HSCPs and will therefore allow us to report independently but using the same suite of KPI data. We were due to receive the first draft of that data report by the end of Feb and so this is now overdue. This may be due to additional work which has been undertaken within NHST to produce NHST's Annual Delivery Plan and 3 year Strategic Plan.

In terms of the KPIs which are based on Local Government based data we have met recently with colleagues in Dundee and Angus to discuss the approaches that need to be taken to extract the data. Largely this will relate to our use of Social Care systems. In P&K with the move to MOSIAC upon us it may take a little longer to work through the detail and extract a first draft.

We have made good progress on this piece of the work but there are some pieces that still need to be completed. As we move forward we will insert a relatively short time horizon for us to review what's all been included in the suite of KPIs and make an assessment of the value and impact of including each of the indicators. This work will link with the NHST Strategic Plan, Scottish Government Mental Health Quality Indicators and the National Confidential Inquiry into Suicide and Safety in Mental Health Services(NCISH).

2.4 Quality/Patient Care

There are a number of 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. In addition:

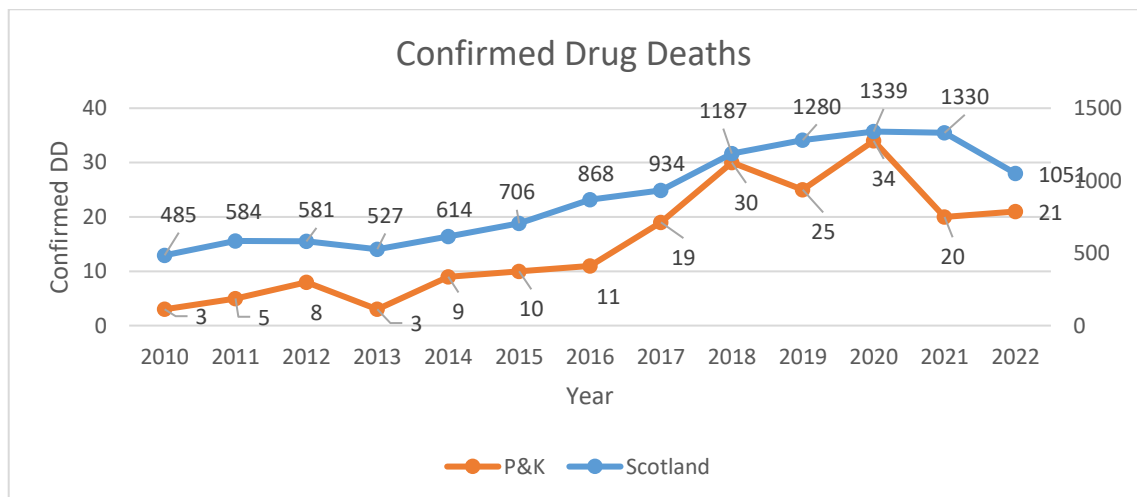
- **Reduction of bed numbers in Garry Ward, MRH to help manage the risk to risk to patient safety and staff wellbeing.**
 - From February 2024, Garry ward has had a deficit of 4.75 WTE Registered nursing staff through a combination of rolling vacancies, maternity leave and further exasperated by long term sickness. Additional hours, overtime and temporarily increases of working hours

has been offered to all staff to mitigate the risks on a short-term basis. NHST nurse bank have offered short term contracts to all RMN employed by NHST nurse bank and we have had no success with this approach to recruitment. The decision was made to reduce the ward bed compliment by 5 beds which supports the RCN recommendation for a 1:7 registrant/patient ratio. The temporary closure of these beds has been agreed until the end of October, but is under continual review and the beds may be opened if the staffing situation improves before then.

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 P&K as compared to across Scotland (please note the two y-axes):



The following shows data regarding confirmed drug deaths in P&K 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.

2.4 Workforce

There are a number of 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.

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

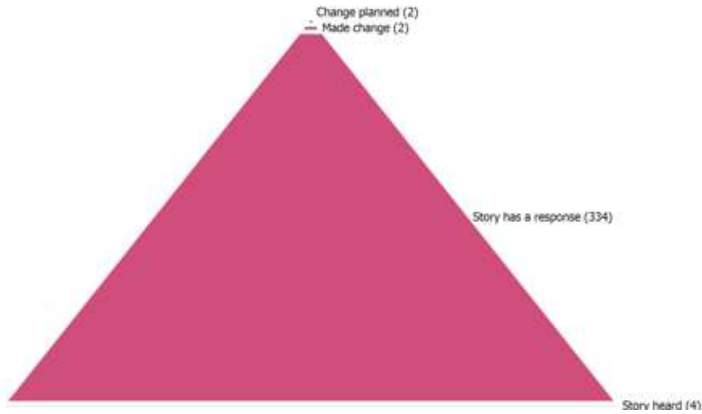
N/A

2.10 Communication, involvement, engagement and consultation

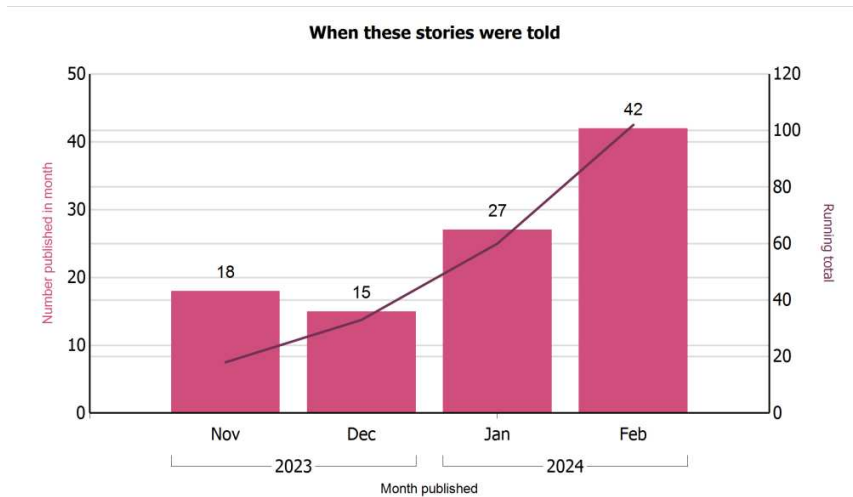
All HSCP Staff have been invited to complete the latest iMatter survey, and teams will meet to discuss the results of these and create actions to take forward.

The use of Care Opinion continues to expand within the HSCP, and during reporting this reporting period, we have continued to be the most active HSCP in Scotland, and are ranked 18th within the top 35 most active Care Opinion subscriptions across the UK. There were 102 stories between Nov 2023 – Feb 2024, viewed a total of 4191 times.

To date we have had 4 changes planned; these changes were promised before this reporting period and as you can see 2 of the changes have been made and 2 are being worked on and are yet to be completed.



In this bar chart below, you can see month by month how many stories we received over the reporting period. Currently we have a 98% response rate to the last 100 stories.



Looking at the most common word tag added by the authors, we can see by the total number of reactions that people have responded positively when sharing their story;

What's good? - 149 responses
What could be improved? – 29 responses
Feelings - 89 responses

This is how Care Opinion have rated our stories;	
94 stories – not critical	(0)
1 story – minimally critical	(1)
7 stories - mildly critical	(2)

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.

- P&K HSCP Care & Professional Governance Forum members
- P&K HSCP Professional Leads and Heads of Service
- P&K HSCP Executive Management Team (final draft)





3 Recommendation

This report is being presented for:

- **Reasonable Assurance**

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

Please ✓ the level of assurance you are providing:

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

Appendix 1 – List of services within P&K HSCP

The P&K HSCP works within a locality model to deliver the following delegated services and hosted services:

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

**Appendix 2 – DATIX service risks within P&K HSCP health services
(as at 15th Mar 2024)**

Current service risks within health services (31):

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
829	P&K HSCP wide	Challenges in relation to accommodation for clinical and non-clinical staff across P&K	20 RED	20 RED	06-12-23 Evelyn Devine	<p>P&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 & Social care sites with a view to mapping sites to accommodate future teams.</p> <p>Recommenced a short life working group with NHST support service and Estates in order to review the accommodation needs for CCATS, IDART, Urgent Care and Community AHP's</p> <p>Consultation paper to be completed in relation to engaging with staff re: accommodation moves.</p> <p>Paper to be written to describe the options going forward (option appraisal) in conjunction with NHST estates and support services</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
701	Prison Healthcare	Mental Health Waiting Times within the Prison Healthcare Service	15 AMBER	20 RED	15-01-23 David Hope	<p>Review of workforce model to increase capacity of PHC teams to meet demand</p> <p>Seek agency nursing staff to reduce time spent by team administering medication</p> <p>Escalate to chief officer concern over recruitment delays by HR</p> <p>SBAR to extend agency cover authorised by chief officer</p> <p>Introduced telephone consultations</p> <p>Explore skill mix within the team</p> <p>Readvertise band 6 RN 3 x CN posts to support the workforce compliment /requirement</p> <p>SCN holding clinical caseload in Perth</p> <p>Consider Learning disability RN for team to enhance service and enhance overall compliment given recruitment challenges</p> <p>SCN increasing clinical caseload</p> <p>RAG status applied to all triaged referrals and current caseload</p> <p>Further recruitment - only two band 6 nurses in post, 1 sick and working notice, the other working notice - recruitment ongoing</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
1321	Perth City	Inadequate environment for the Perth City CCATS service	20 RED	20 RED	17-01-24 Andrew Parker	<p>IPC audit undertaken in March 2023 to understand the numerous environmental concerns at Beechgrove.</p> <p>Clinical Staff undertake additional cleaning within the clinic areas</p> <p>Visit by Chief Officer to site and concerns highlighted.</p> <p>Engagement with PKC estates to explore repairs.</p> <p>Site visit from the current cleaning contractor, soft facilities and PKC estates to explore gaps and potential solutions within current provision</p> <p>Perth City CCATS incorporated in to SLWG for accommodation</p> <p>Mark Mudie NHST has set up accommodation group to address issues this will be main agenda item for this group</p> <p>Notice has been served by PKC and end date is August 2024</p> <p>Property Application submitted through smart sheet as requested by property colleagues</p> <p>Walkaround completed awaiting timeline from estates colleagues issues escalated</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
886	AHP	Staffing challenges within the OT service at PRI	20 RED	20 RED	09-01-24 Terrienne Thomson	<p>Following on from WoC Audit data, 2x band 5 posts and 1 x band 6 posts have been recruited to</p> <p>Issue of staffing challenges escalated to Lead AHP and Senior Service Manager</p> <p>recruited to x2 band 5 posts and band 6 posts</p> <p>1 member of Bank staff supporting service</p> <p>Service has prioritised banding 1 & 2 patients</p> <p>Existing staff have undertaken extra hours where possible.</p> <p>Continue to look to the AHP bank where possible.</p> <p>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.</p> <p>Staff advised to record missed opportunities for therapy with patients.</p> <p>Staff asked to discuss with CPTM re any additional hours worked due to clinical demand.</p> <p>Professional support from CPTM and AHP Professional lead to staff where required.</p> <p>Week of care audit undertaken in Dec 2020, which has provided real world evidence of the challenges regarding demand and capacity ratio.</p> <p>1X b6 in post (with non-recurring funding), and 2x B5 in post (with non-recurring funding)</p> <p>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.</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
1458	P&K wide	Staffing levels within the P&K HSCP Community Nursing Evening Service	20 RED	16 AMBER	29-02-24 Julie Dunn	<ul style="list-style-type: none"> Use of bank staff requested Use of extra hours/overtime Locality cover requested Support from other teams Proactive recruitment to vacant posts (3 posts) Weekly huddles with Community Nursing managers across P&K Vacancy reporting and ongoing update to Lead Nurse, P&K HSCP

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
1455	POA	Registrant workforce vacancies within 3 POA IP wards at Murray Royal Hospital Perth.	20 RED	16 AMBER	19-02-24 Zara Borthwick	<ul style="list-style-type: none"> Regular use of NHST Nurse bank staff, including retired RMN's who are experienced in POA. Ongoing recurring recruitment for vacant posts Engaging in NHST newly graduated practitioner program, with a view to being able to support 9 NGP this year across the service. Daily staffing huddles to look at acuity, risk and workforce across the service. Introduction of band 4 roles Conversion of 1.21 WTE B5 monies to support an extra WTE B6 across all three wards Five non operational beds in Garry ward due to 42% WTE registrant gaps. Non-operational beds agreed by P&K HSCP EMT from February 2024 - October 2024 until NGP's can be recruited. Use of agency staffing to support safer staffing requirements as per P&K HSCP escalation pathway

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
272	MFTE, POA / Intermediate Care	Tay ward - workforce	20 RED	16 AMBER	15-03-24 Sharron Johnstone	<p>4 x daily safety huddles in PRI - staffing ratios and clinical acuity discussed.</p> <p>Skill mix managed on per shift basis by SCN</p> <p>SCN's now working predominantly in a clinical role</p> <p>Staff undertaking additional hours and/or overtime</p> <p>A rolling advert is in place to advertise substantive vacancies</p> <p>Timeous escalation for Agency and Bank</p> <p>Promoting attendance at work being managed as per policy by SCN and Senior Nurse.</p> <p>Tay staffing Gap analysis reviewed weekly with input from SCN, Senior Nurse, Service manager, Senior service Manager and Professional Lead Nurse</p> <p>There has been agreement for recruitment to 2WTE B5 staff nurses and 2 WTE B3 HCSW</p> <p>Full partnership daily huddles</p> <p>Substantive staff within HSCP services providing substantive nursing support.</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
1432	Inpatient MFTE and Intermediate Care	PRI Stroke Unit - Workforce	20 RED	16 AMBER	22-12-23 Sharron Johnstone	<p>Stroke Unit now have newly aligned budget and the wellbeing enablement practitioners have been appointed.</p> <p>A rolling advert is in place to advertise vacancies that exist in the ward.</p> <p>Full partnership daily huddles</p> <p>4 x daily safety huddles in PRI - staffing ratios and clinical acuity discussed.</p> <p>Skill mix managed on per shift basis by SCN</p> <p>SCN's now working predominantly in a clinical role</p> <p>Staff undertaking additional hours and/or overtime</p> <p>Timeous escalation for Agency and Bank</p> <p>Promoting attendance at work being managed as per policy by SCN and Senior Nurse.</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
1351	P&K Wide	P&K HSCP of framework agency use and impact on services	20 RED	16 AMBER	10-07-23 Valerie Davis	<p>Tayside escalation process now in place</p> <p>Each area has established a workforce group to oversee daily staffing challenge/escalation</p> <p>Service managers are reporting through our established huddles any emerging issues.</p> <p>Use of off framework captured on DATIX.</p> <p>Certain areas using block booking.</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
1335	Public Dental	Risk due to ageing decontamination equipment at Broxden Dental Centre	16 AMBER	16 AMBER	29-01-24 Gillian Elliot	<p>Preventative planned maintenance by estates engineers monthly</p> <p>Stored data backed up to external server</p> <p>Daily checks by staff on machinery and escalation if required</p> <p>Reciprocal contingency arrangement with CSSD at Ninewells</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
1267	P&K wide	Capacity and Flow Older Peoples Services	20 RED	16 AMBER	17-01-24 Amanda Taylor	<p>Daily multiagency meetings within PRI regarding capacity and flow and prioritising of discharges</p> <p>Weekly Silver Command in place to monitor progress and actions</p> <p>Roll out of PDD implementation and training across sites now in place</p> <p>Frailty at Front Door Model in place</p> <p>Interim Bed usage across P&K to facilitate flow</p> <p>TQUIP Improvement Work for Community Hospitals</p> <p>Improvement on Guardianship Processes across P&K</p> <p>Focus on length of stay in Community Hospitals and improvement plans under development</p> <p>Care at Home Reviews to free up capacity</p> <p>Development of DD dashboard for P&K</p> <p>Extension of Interim Process for further 12 months</p> <p>Review of integrated discharge team</p> <p>Development of discharge pathways using home first approach</p> <p>Further developments on integrated care model</p> <p>Review of interim process across P&K/New process implemented by Leads</p> <p>bronze commend commenced</p> <p>Connections made with colleagues from Dundee regarding CAH improvements</p> <p>TOC being commenced around Front Door model AWI/Guardianship</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
1226	Prison Healthcare	GP Cover for HMP Perth	15 AMBER	16 AMBER	15-01-24 Angela Cunningham	<p>AMD in communication with a practice who may be interested in a hybrid approach</p> <p>Authority given by Medical Director to utilise non-framework locum agency</p> <p>Escalate risk to red given short timescales and implications</p> <p>Clear process to attempt to secure additional cover using locum agency, local locum groups and regular locum session</p> <p>Documented escalation process should shifts remain unfilled</p> <p>Back up explored via GP practice who cover HMP Castle Huntly and GP OOH service</p> <p>Locum GP in place to cover full time in November 2022</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
1170	MFTE, POA / Intermediate Care	P&K HSCP Hand Therapy Service - Waiting Times	20 RED	16 AMBER	08-09-23 Terrienne Thomson	Capacity within the team has been increased by adding appointment types Waiting lists have been cleansed to ensure it is a true reflection of demand HCSW has recently started in the role. 1 WTE currently vacant; postholder has accepted but not yet started. Being actively managed within the team to increase their clinical time

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
1157	Public Dental service	Failure to meet statutory levels of ventilation within Dental Surgeries in Angus & Dundee	20 RED	16 AMBER	20-02-23 Gillian Elliott	Level 3 PPE & FFP3 masks in place Enhanced cleaning and Infection Prevention & Control procedures in place Limiting access to the appropriate people with complex care needs. The Public Dental Service has secured funding for NHST Estates to seek tenders Apply fallow time and open windows when possible Respiratory risk assessment undertaken before any Aerosol generating procedures.

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
1151	P&K wide	Mental Health - Capacity & Flow	20 RED	16 AMBER	6-12-23 Chris Lamont	Daily multiagency meetings within POA regarding capacity, and daily Tayside GAP huddle attended by HSCP MH services. CMHT GAP & POA are supporting people within the community to prevent admission and to support discharges from hospital Funding from action 15 has enabled an increase in level 1 supports for people with less complex needs- this results in earlier intervention OP CMHT workers attend discharge planning meetings for people in MH inpatients Dementia liaison team provides specialised input for people with increased care needs in care homes across P&K GAP CMHT are in the process of aligning SW assistant to support with discharge planning. Review being undertaken of EMI patients within care home beds across P&K. This is to increase capacity. Capacity and Flow discussed at Silver Command meeting. P&K Mental Health rep present.

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
1055	Primary Care	Risk regarding long term GP Practice sustainability	16 AMBER	16 AMBER	13-02-24 Ruth Buchan	<p>Active engagement with Westward Programme and Educational Release Programme to promote P&K Sustainability requirements are being reviewed by the Senior Leadership Team</p> <p>Escalation processes through Primary Care Forum and the Primary Care Board.</p> <p>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 retrials</p> <p>HSCP have committed significant recurrent resource to develop a Primary Care Resilience Team.</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
982	Mental Health P&K wide	Workforce	20 RED	16 AMBER	06-12-23 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&K service entered contingency , and P&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>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
657	South	P&K HSCP Community Hospital Registered Nurse Staffing Levels	20 RED	16 AMBER	04-12-23 Tia Dixon	<p>Current shifts escalated through normal bank procedures and regular discussion with nurse bank</p> <p>Risk Assessment completed by SCN/CN for each shift to assess risk against staffing levels and actioned as appropriate</p> <p>Care Assurance Tools have been implemented by CPTM and actioned as appropriate</p> <p>12 hour shifts in place</p> <p>Contingency / Escalation Plan being developed to consider future options of bed model across Community Hospitals</p> <p>Block contract for bank/agency for 3 months requested for Crieff</p> <p>Review CV-19 testing pathway to ensure rapid testing and staff able to return to work where appropriate.</p> <p>Sharing staff across the four sites to manage the risk regarding staffing.</p> <p>Implementing a SCN huddle twice a week to review workforce.</p> <p>Exploring local pools to work across P&K HSCP.</p> <p>Rolling B5 advertising in place for South Locality.</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
1329	P&K wide	Workforce Capacity risk to support Inpatient Areas	15 AMBER	15 AMBER	04-12-23 Amanda Taylor	<p>Daily huddle to review skill mix between SCN/Team</p> <p>Escalation processes in place to CPTM/Locality Managers</p> <p>SBAR to EMT describing risk and mitigation</p> <p>Contingency group set up for the South locality to manage inpatient staffing and potential risks.</p> <p>For all the areas the escalation process has been reviewed for P&K and shared with all clinical leads.</p> <p>Ongoing conversations with Nurse bank to agree block booking of tier 1 agency staff.</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
983	Mental Health P&K wide	Ligature Anchor Points	20 RED	15 AMBER	21-02-24 Zara Borthwick	<p>Clinical safeguards in place including risk assessment for self harm</p> <p>Developed standardised self harm care plan</p> <p>Increased staff training and awareness</p> <p>Manchester ligature assessment completed for all wards; reviews carried out annually</p> <p>Programme of work planned for red and amber areas in Leven ward, MRH. We have been advised by NHST that Leven ward has been included within Phase 2 of the programme of works</p> <p>Risk Assessment for Electric profiling bed in situ for all patients within Leven as per Protocol for GAP</p> <p>Awaiting further updates from NHST Estates regarding ligature reduction programme in Leven ward</p> <p>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)</p> <p>Implementation of NHST Improving Observation Policy</p> <p>Considering any DATIX alerts received for any new ligature anchor point use across Tayside</p> <p>Ligature Risk now being monitored through Samrt Sheet system</p> <p>Assets management Team reviewing works progress. Awaiting feedback on when Ligature point works will be commenced</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
1457	Primary Care	Risk regarding sustainability of GMS services in Carse of Gowrie	15 AMBER	12 AMBER	28-02-24 Caitlin Charlton	<p>Proposed alignment of lease/licence/hire agreement to Nov 2027 approved by PC PIG on the 27th Feb</p> <p>NHST Property working with CLO to align the lease/licence/hire agreement</p> <p>GP Practice considering becoming a GP training practice to support succession planning</p> <p>GP recruitment - primary care services providing support</p> <p>GP practice liaising with Career Start recruitment and international medical graduate recruitment</p> <p>P&K HSCP Primary Care undertaking premises RAG assessment in partnership with NHST property services</p> <p>Approval granted from EMT to undertake a health needs assessment survey of registered Carse of Gowrie patients</p> <p>Regular communication between GP practice and Primary Care Services</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
1293	Mental Health P&K wide	Mental Health Nursing and AHP workforce risk	20 RED	12 AMBER	01-03-24 Lindsey Griffin	<p>Focused recruitment continues across mental health nursing and mental health OT Teams. Workforce reviews have been undertaken and posts which have been out to recruitment on multiple occasions have been varied in some areas to make these more attractive to recruitment and retention.</p> <p>For POA Inpatients, we are continuing to secure supplementary staffing via bank and agency and we have implemented five non operational beds within Garry Ward in line with critical staffing issues and the inability to secure bank and agency staff.</p> <p>Learning from staff exit interviews.</p> <p>Advanced Nurse Practitioner resource has been secured with three Trainee ANPS now in post.</p> <p>Workload tools have been undertaken within the POA Inpatient wards and the Mental Health AHP Teams. These will be implemented across all areas over the coming year. Mental Health Physiotherapy Team are also developing an SBAR to identify the disparity between demand and capacity. The SBAR and the workforce tools will be presented to the Executive Management Team.</p> <p>Significant funding has been secured to support core staffing within the POA Inpatient Ward.</p> <p>A range of posts such as Assistant Practitioners, Transition Nurse, Activity Workers, ANPs are also being implemented to enhance recruitment and diversify the nursing and AHP workforce.</p> <p>Currently utilising agency OT given the Mental Health OT Team is at critical staffing levels.</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
1254	Prison Healthcare	Non Emergency Transfer of Patients to Hospital	12 AMBER	12 AMBER	10-10-23 Angela Cunningham	<p>Daily review of cancellations and liaison with SPS</p> <p>Escalation to contract manager (SPS) via Governor in Charge</p> <p>Monitor and escalation via the national Prison Care Network</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
1038	Podiatry	Excessive patient waiting times within Tayside Podiatry service	16 AMBER	12 AMBER	12-10-23 Mark Finnon	<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>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
980	Mental Health P&K wide	Environment and Infrastructure	16 AMBER	12 AMBER	06-12-23 Chris Lamont	<p>Near Me Technology web based video consulting service implemented</p> <p>NHS Tayside guidance and process in place to support home working arrangements.</p> <p>Safer Working Physical distancing risk assessments carried out across Health & Social Care services in P&K</p> <p>Business Continuity Plans in place across the HSCP, and reviewed as required</p> <p>Health & Safety workbook holders, Fire Duty Holders in place across the estate, and infection prevention & control processes and audit ongoing</p> <p>COVID restrictions no longer in place</p> <p>Currently exploring the use of one-off capital funding to improve our clinical environments.</p> <p>Capital funding has been identified for improving environment and improving fabric of Community MH bases.</p> <p>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.</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
613	Perth City	Excessive wait times for Adult Mental Health OT intervention	20 RED	12 AMBER	01-03-24 Lindsey Griffin	<p>All patients on the OT waiting list have received an initial mental health assessment and been determined as appropriate for mental health OT intervention. Waiting list management systems are fully embedded.</p> <p>Communication to patients every 3 months regarding duty worker arrangements and to provide updates regarding their referral.</p> <p>Patients given contact details for OOH services.</p> <p>Group interventions implemented.</p> <p>Providing ongoing support to existing staff working within the environment of excessive waiting times.</p> <p>Communication to referrers with regards to the waiting times situation.</p> <p>Removal of OT staff from generic CMHT roles (which they are funded for) to allow clinical time to focus solely on OT intervention.</p> <p>Targeting excessive waits of more than three years with agency staff.</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
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565	Prison Healthcare	Prison Healthcare Staffing levels (nursing)	15 AMBER	12 AMBER	04-03-24 Angela Cunningham	<p>Reduced health centre opening times at Castle Huntly</p> <p>Supplementary staffing utilises to maintain safe staffing levels (nursing & 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 Chief 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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Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
569	Prison Healthcare	Medication administration within HMP Perth	15 AMBER	10 AMBER	04-03-24 David Hope	<p>Use of supplementary staffing</p> <p>Recruitment to vacant posts</p> <p>SBAR authorising extension of agency staff agreed by Chief Officer</p> <p>SLWG commenced jointly with SPS to review medicines administration across the prison</p> <p>SLWG commenced to review and share learning from CD incidents</p> <p>Core Agency staff in use who have received induction</p> <p>Mandatory CD traning sessions being delivered to Multidisciplinary staff in service</p> <p>Nursing monthly commenced CD audits</p> <p>Medicines incidents reviewed at Meicines managment meeting</p> <p>New medicines model implmented</p> <p>Pharmacy issuing all in possession medications</p> <p>Revised critical staffing levels and moved to core day</p> <p>Continue to work with SPS to identify novel ways of administering meds</p>

981	Mental Health P&K wide	Pathways of Care	8 YELLOW	15-08-23 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 & Community Mental Health, Specialist Adult Mental Health, Children & Young Peoples Mental Health, Learning Disabilities & Mental Health, and Older Peoples Mental Health). P&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 & 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>
1369	South Locality	P&K HSCP South locality inpatient safe means of escape for bariatric patients	6 YELLOW	28-07-23 Tia Dixon	<p>Communication to HDT and admitting GP's that bariatric patient cannot currently be admitted on transferred to the two hspitals</p> <p>HDT will explain the reasons for the inability to transfer individual patients to them and apologise that they cannot be cared for in their home locality.</p> <p>Fire risk assessments carried out at both sites to fully understand and document the issues.</p>

<p>985</p>	<p>Mental Health P&K wide</p>	<p>Stakeholder and Partnership Engagement</p>	<p>4 YELLOW</p>	<p>15-08-23 Chris Lamont</p>	<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>Undertook an extensive consultation and engagement exercise across communities across P&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&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&K have in place a Local Partnership forum</p> <p>Within P&K, we have arrangements in place for service user engagement</p>
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Appendix 3 –Risks within Adult Social Work & Social Care services (as at 15th Mar 2024)

Risk Number	Risk Category	Cause (Trigger) (Because of...) Event (There is a risk of...) Effect (impacting on...)	Risk Owner	Impact Value	Probability Value	Inherent Risk		Residual Risk			Mitigating Actions
						Inherent Score	Controls	Impact Value	Probability Value	Residual Score	
CARE AT HOME											
1	operational	<p>Because of increased demand</p> <p>There is a risk around a lack of Care at Home capacity, especially in rural P and K.</p> <p>Impacting on people not receiving their assessed levels of care</p>	Shona MacLean	5	4	20	<ol style="list-style-type: none"> Existing capacity within CAH, HART, HART+ and Living well Overtime Early Supported Discharge 	5	4	20	<p>Care at Home Transformation group and workstreams in action. Automated scheduling went live 20 September. HART rotas in Perth updated and efficeed realised. North and South in progress. PinPoint system will be live end of March. Alliance contracting with independent sector progressing. 6 International staff starting with Living Well in April. 1 start date in April for HART. Waiting on 4 further start dates for HART and 1x for LWC going through the recruitment.</p>
OCCUPATIONAL THERAPY											
2	operational	<p>Because of increased demand and staff vacancies</p> <p>There is a risk around a lack of OT capacity</p> <p>Impacting on delays in getting assessments, increased waiting lists which is currently at 405 people, service not meeting agreed response times. Staff reporting stress.</p>	Shona MacLean	5	4	20	<ol style="list-style-type: none"> Online Learning Module for basic OT equipment and adaptations for all Social Work/Social Care staff. Recruitment ongoing for OT staff. Advert live for OT vacancy Single handed care training has been extended to other professional groups. Associate Trainees been upskilled to deliver support to families and carers to deliver moving and handling 	5	4	20	<p>0.5 North OT's out to advert.</p> <p>Not meeting priority targets and no M and H reviews getting done.</p> <p>1 admin advert live</p> <p>Duty Team have had a resignation which will impact on signposting and advice</p>
TEAM LEADER AND SOCIAL WORKER FOR SOUTH KINROSS											
3	operational	<p>Because of no Team Leader in Kinross Social Work Team</p> <p>There is a risk around a lack of operational management</p> <p>Impact on Impact on Due to Team Leader secondment there has been no Team Leader for Kinross Social Work Team since January 2024 and a management vacancy within the south locality since July 2023. This is despite advertising internally and externally on 5 occasions. Day to day operational management and cover are a challenge and resulting in delayed supervisions and ERDs and reduced day to day oversight of teams. Difficulty ensuring attendance at meetings due to demands of covering 2 south locality areas of business. Request for secondment to be ended early was declined until business case presented to EMT for re-structure of HDT. Due to losing ASP trained SW, Kinross has not had sufficient Council Officer cover to manage all its statutory ASP work. TL Post Out to advert - advertised 5 times, no suitable applicants. Investigating</p>	Alison Fairlie	4	4	16	<ol style="list-style-type: none"> Adjustments to to some arrangements eg combined team meetings. Request for external support with ERDs 	4	3	12	<p>Proposal to bring TL and SW back from secondment. SW to return 2-4-24.</p>

Appendix 4– Clinical & Care Governance Arrangements

The P&K 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 P&K 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:

	SEP 2022	OCT 2022	NOV 2022	DEC 2022	JAN 2023	FEB 2023	MAR 2022	APR 2022	MAY 2023	JUN 2023
ACCESS TEAM & MHO	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED
COMMISSIONED SERVICES	✓	NOT REQUIRED	✓	NOT REQUIRED	NOT RECEIVED	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED
EQUIPMENT & TEC	NOT REQUIRED	NOT RECEIVED	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓
NORTH LOCALITY	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓
PERTH CITY LOCALITY	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	✓	NOT REQUIRED	NOT REQUIRED
MFTE/POA IN-PATIENTS & INTERMEDIATE CARE	NOT REQUIRED	NOT RECEIVED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED
PODIATRY	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓

PRISON HEALTHCARE	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED
PUBLIC DENTAL SERVICES	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED
REGISTERED SERVICES	NOT REQUIRED	NOT RECEIVED	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓	NOT REQUIRED	✓
SOUTH LOCALITY	NOT REQUIRED	NOT RECEIVED	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	✓	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	✓

* 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 also 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 now completed cycle four and is reviewing the report schedule for cycle 5.

	2nd Cycle	3rd Cycle	4th Cycle
ACCESS TEAM & MHO	November 2020	April 2022	Jan 2023
COMMISSIONED SERVICES	July 2021	July 2022	Nov 2023
EQUIPMENT & TEC	June 2021	May 2022	Jun 2023
NORTH LOCALITY	July 2021	June 2022	May 2023
PERTH CITY LOCALITY	April 2021	February 2022	Apr 2023
MFTE/POA IN-PATIENTS & INTERMEDIATE CARE	May 2021	April 2022	Jun 2023
PODIATRY	September 2021	September 2022	Aug 2023
PRISON HEALTHCARE	March 2021	March 2022	Mar 2023
PUBLIC DENTAL SERVICES	November 2020	January 2022	Feb 2023
REGISTERED SERVICES	August 2021	August 2022	Aug 2023
SOUTH LOCALITY	September 2020	November 2021	Dec 2022
POA Inpatients (added in cycle 3)		November 2021	Aug 2023
MENTAL HEALTH (added in cycle 4)			Aug 2023
PRIMARY CARE (added in cycle 4)			Oct 2023

Wider governance arrangements:

- Integrated Locality Care Governance Groups (bi monthly)
- 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 also 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 P&K CPGF co-chairs contribute to the NHST Getting It Right For Everyone (GIRFE) group.
- Adult Social Work and Social Care Forum (monthly)