

# PERTH AND KINROSS COUNCIL

## Scrutiny and Performance Committee

24 April 2024

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

Jacque Pepper, Chief Officer, Perth and Kinross HSCP  
(Report No. 24/128)

#### 1. PURPOSE OF REPORT

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

#### 2. REPORT SUMMARY

##### 2.1 Situation

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

The 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 1<sup>st</sup> 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 15<sup>th</sup> March 2024:

DatixRef	Risk Exposure – No controls			Current Risk Exposure Rating												Planned Risk Exposure			Risk Trend (↑/→/↓)
				Please include data from previous <b>four</b> 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 15<sup>th</sup> March 2024:

Risk	Risk Exposure – No controls			Current Risk Exposure Rating												Risk Trend (↑/→/↓)
				Please include data from previous <b>four</b> 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. Both GPs are part-time and have highlighted that they may retire within the next 3 years. 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:

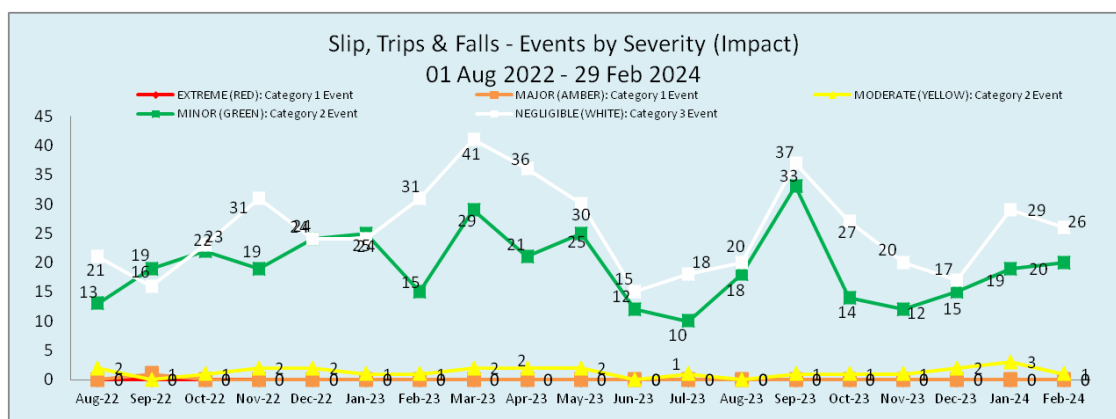
Highest frequency events:

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.

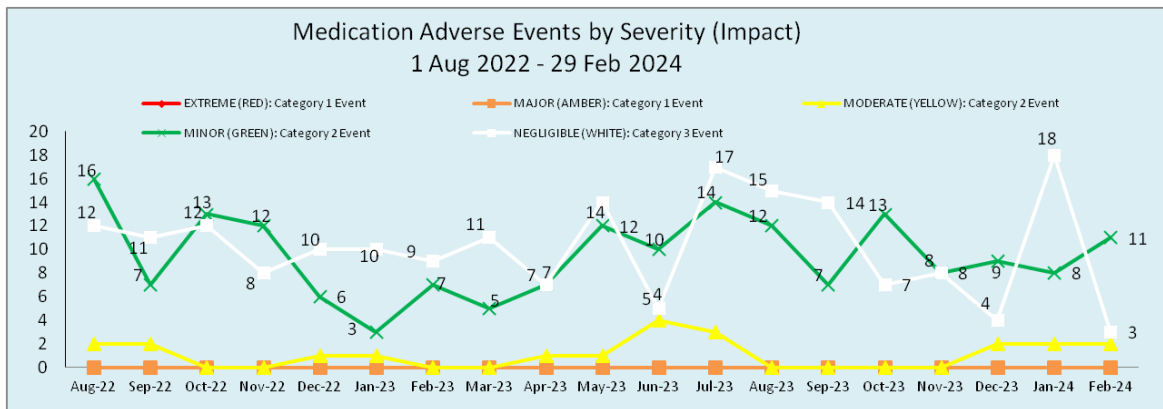


In addition, the Falls Coordinator continues to:

- 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

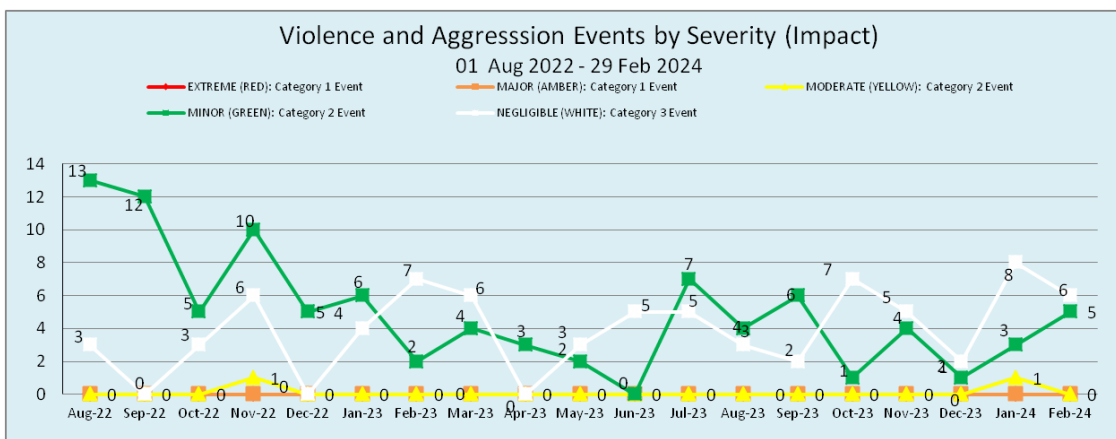
During the time period between November 2023 and February 2024, there were **75** incidents recorded, of which 5 involved harm. 6 occurred at MRH, 8 at PRI, 13 in Community Hospitals, 34 within a Prison Establishment and the remaining 14 in other areas.



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

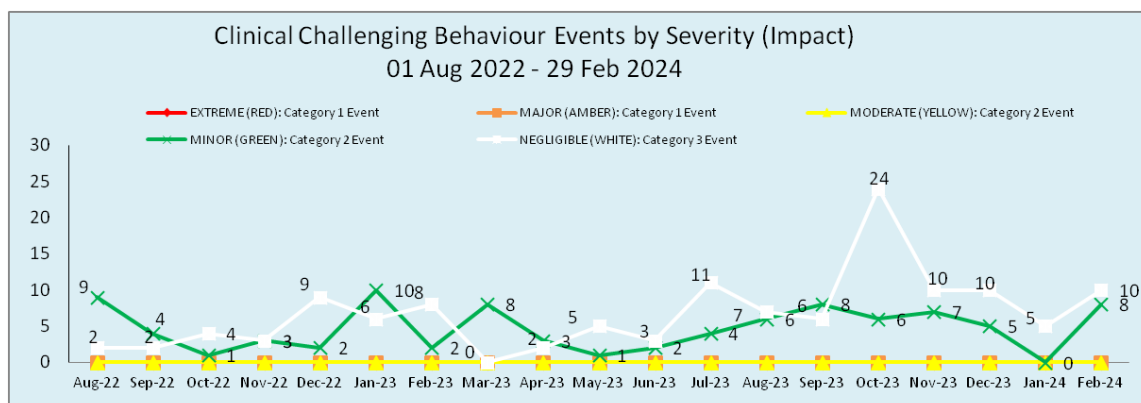
During the time period between November 2023 and February 2024, there were **35** incidents recorded, of which 3 involved harm. 18 occurred at MRH, 5 at PRI, 2 in Community Hospitals, and the remaining 10 in other areas.



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.

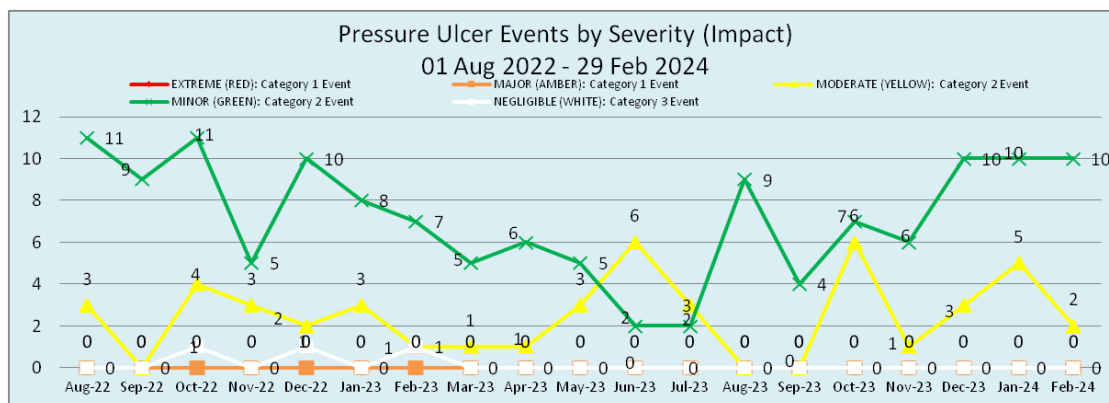


The vast majority of these incidents were within the Psychiatry of Old Age wards at Murray Royal Hospital. The rise in incidents (albeit of negligible grading) in October 2023 have been noted by the service. This appears to be attributable to a small group of patients in one particular POA ward who are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

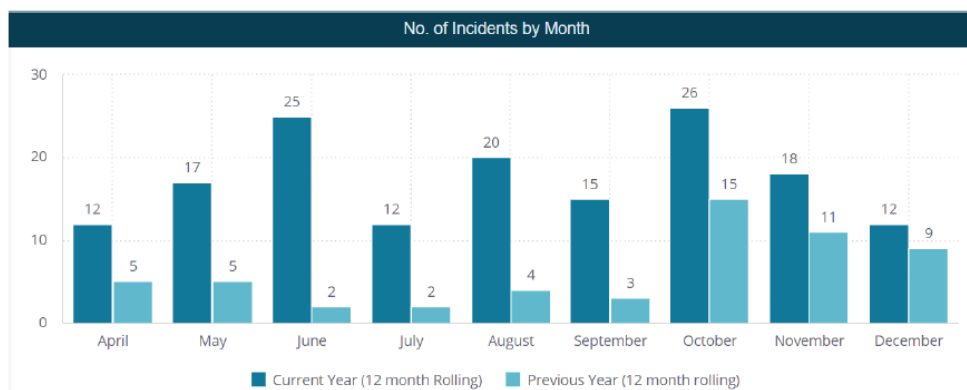
Each geographical locality in P&K is provided with a summary of adverse events specific to their locality to enable them to identify trends and any learning.

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

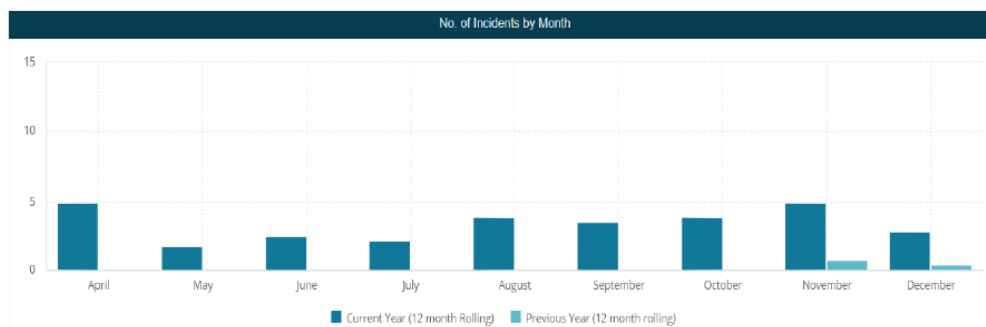
It has been identified and acknowledged by the CPGF that further performance improvement is required regarding the timescales for reporting and verifying DATIX incidents. This continues to improve and to be monitored at CPGF meetings.

### Adult Social Work & Social Care Incident Summary:

**Registered Services** – There have been 157 incidents across Q's 1-3 of 2023/24, and 56 in the last quarter (Q3). Annual statistics and trends as follows:



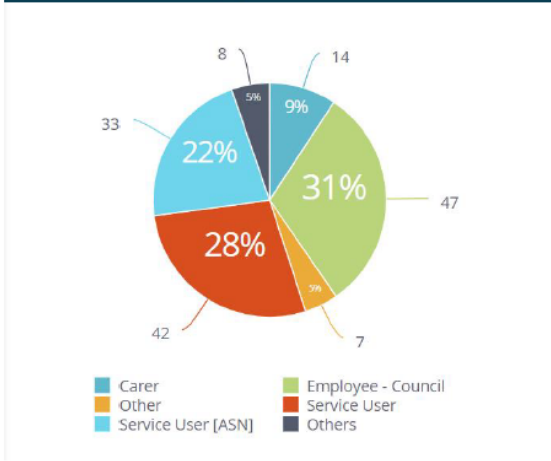
**Care at Home** – There have been 86 incidents across Q's 1-3 of 2023/24, and 33 in the last quarter (Q3). Annual statistics and trends as follows:



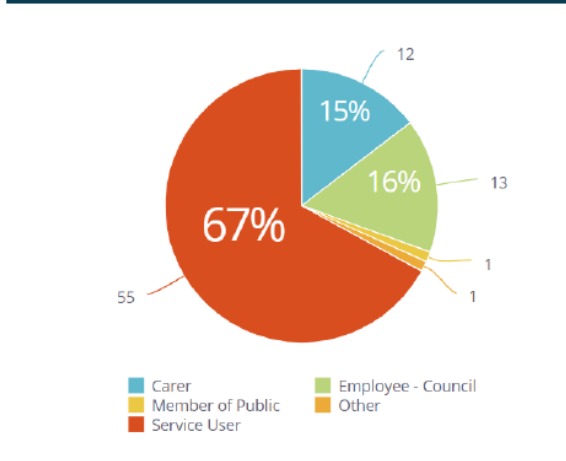
**Registered Services** – In Q3 and in terms of Injured / Affected Person, 38% were Employees, 29% Carers, and 20% Service Users. This is similar to across Q's 1-3 of 2023/24:

**Care at Home** – In Q3 and in terms of Injured / Affected Person, 69% were Service Users, 16% Carers, and 16% Employees. This is similar to across Q's 1-3 of 2023/24:

Incidents by Injured/Affected Person



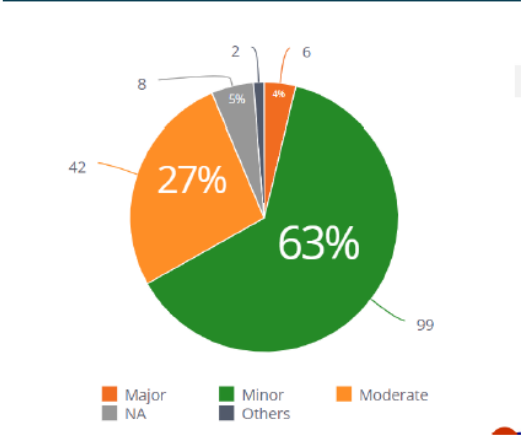
Incidents by Injured/Affected Person



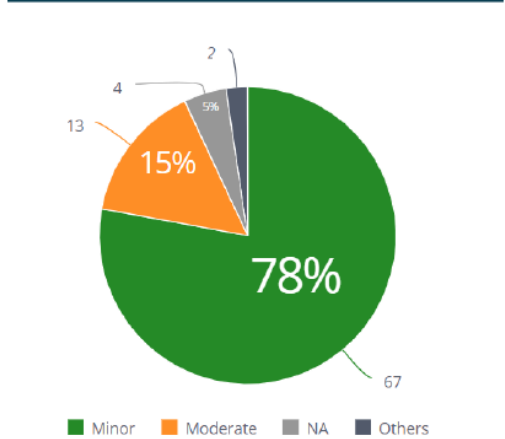
**Registered Services** – In Q3, 64% of Incidents have been categorised as Minor in terms of Severity and 25% as Moderate. This is similar to across Q's 1-3 of 2023/24:

**Care at Home** – In Q3, 76% of Incidents have been categorised as Minor in terms of Severity and 15% as Moderate. This is similar to across Q's 1-3 of 2023/24:

Incidents by Severity

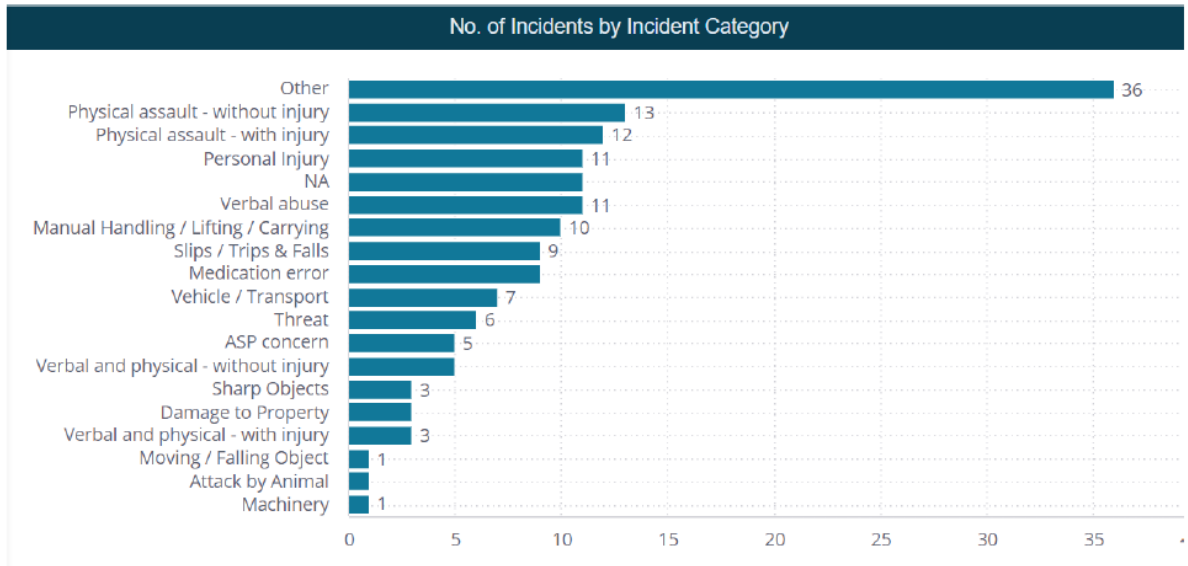


Incidents by Severity



**Registered Services** – With regards to Incident Category, the biggest categories (apart from Other and NA) are:

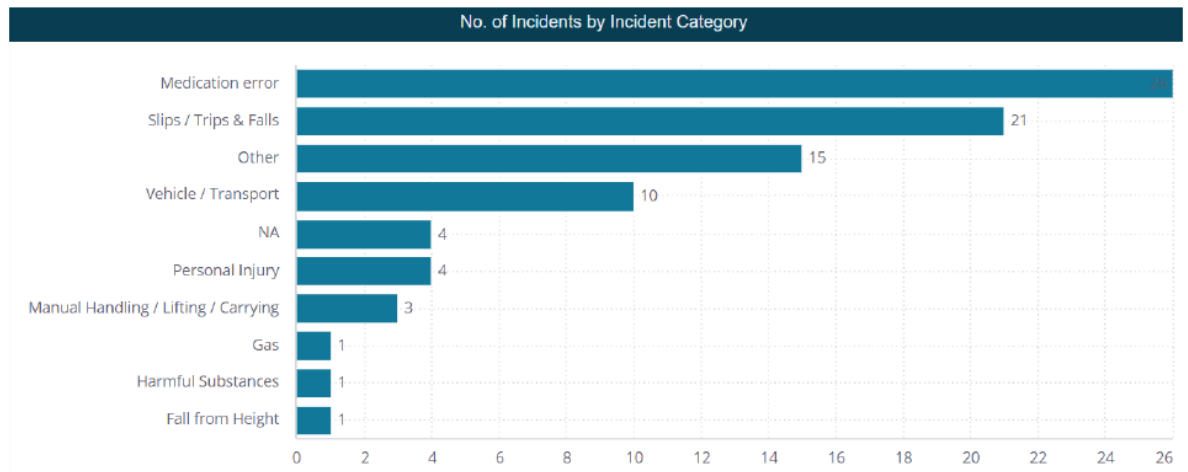
1. Physical assault - without injury
2. Physical assault - with injury
3. Verbal abuse
4. Manual Handling / Lifting / Carrying



- **Note** – With regards to Incidents Recorded as Other and NA, these Incidents need further investigation with services to determine actual Categories, as Other / NA should only be used when no other Category / Sub Category is relevant, as such should be minimal.

**Care at Home** – With regards to Incident Category, the biggest categories (apart from Other) are:

1. Slips / Trips & Falls
2. Medication Error
3. Vehicle / Transport



**Registered Services** – In Q3, 23% Incidents required a Detailed Investigation. This is similar to across Q's 1-3 of 2023/24:

**Care at Home** – In Q3, 9% Incidents required a Detailed Investigation. This is similar to across Q's 1-3 of 2023/24:

### 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

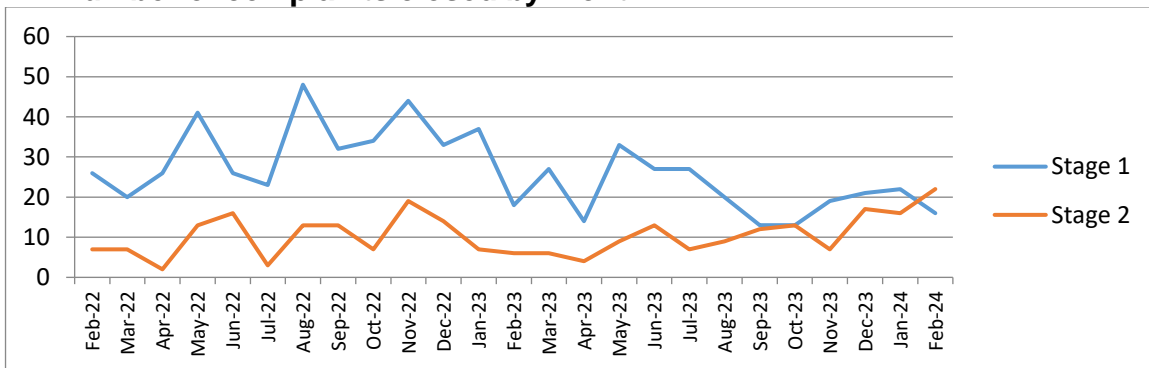
Service Area	0-4 Days	5-9 Days	Total
Perth & Kinross HSCP	2	0	2

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:

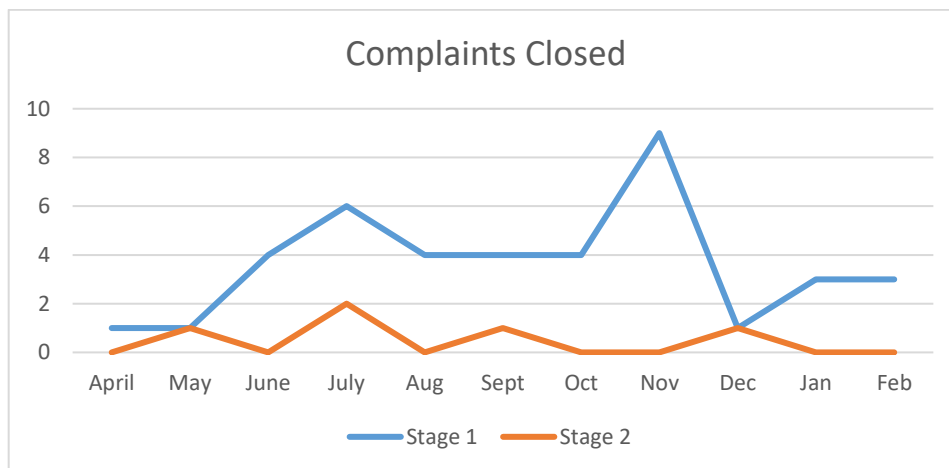
##### Number of complaints closed by month:



- **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

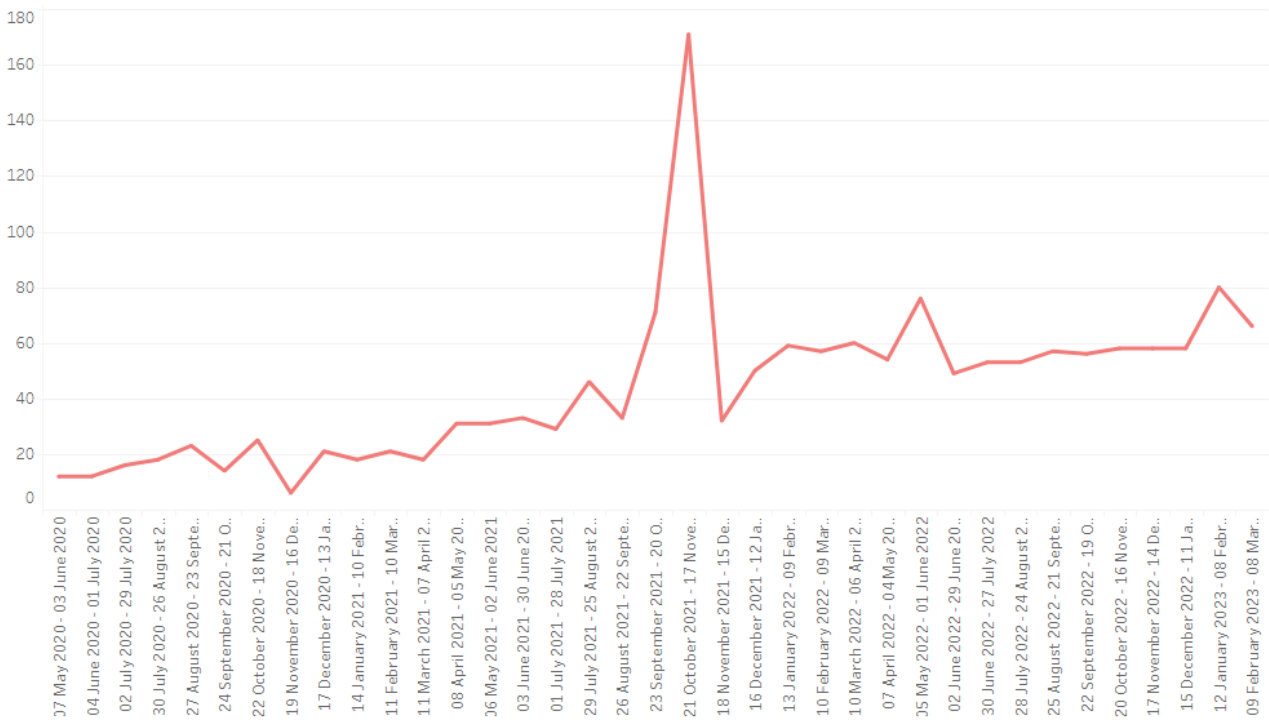
There have been no complaints referred to the SPSO during the time period.

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

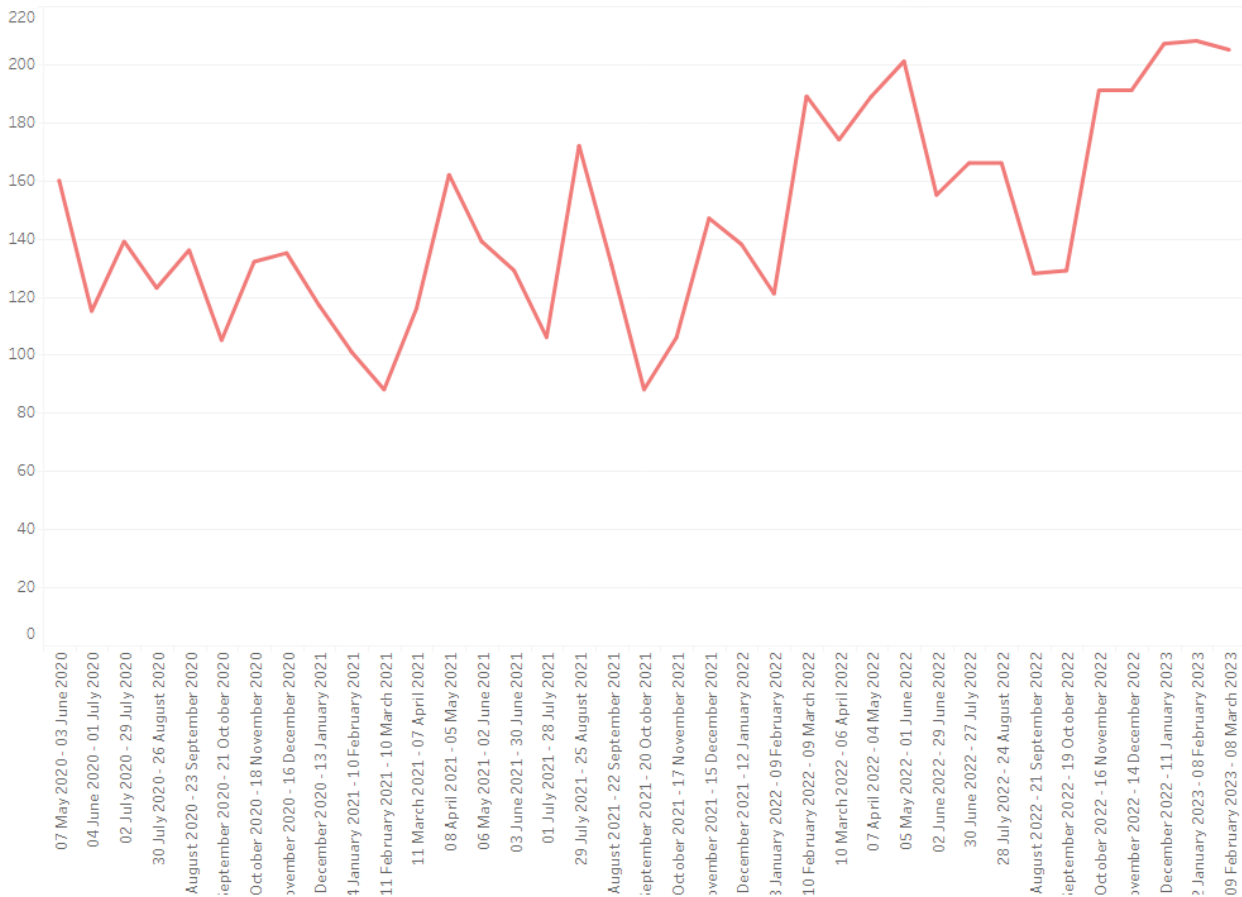


Adult Concerns Received by Local Authorities from Police Scotland - last updated with 16/03/2023 collection

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

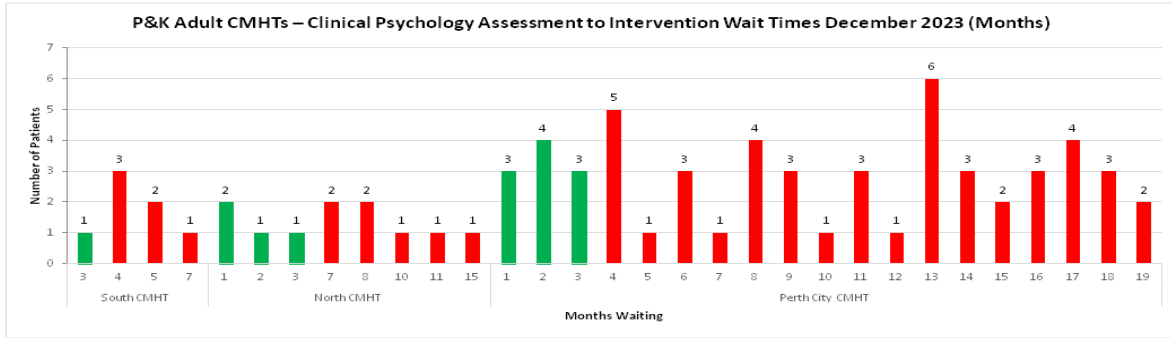
#### **P&K HSCP Mental health waiting times (1st December 2023 – 31st December 2023)**

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  
10

Outwith 3 months – 6  
45

Adherence to Standard– 14%  
Standard–18%

### North CMHT

Total Patients – 11

Within 3 Months – 4

Outwith 3 months – 7

Adherence to Standard–36%

### Perth City CMHT

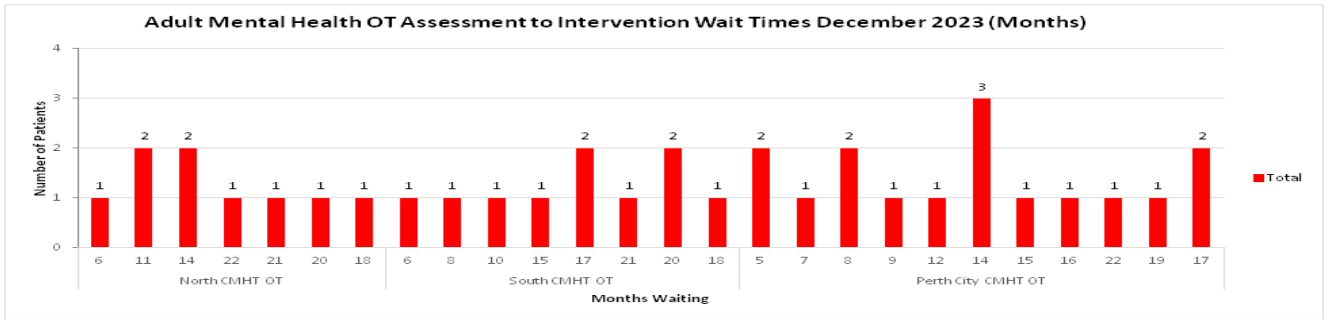
Total Patients – 55

Within 3 Months –

Outwith 3 Months –

Adherence to

## 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%  
 0%

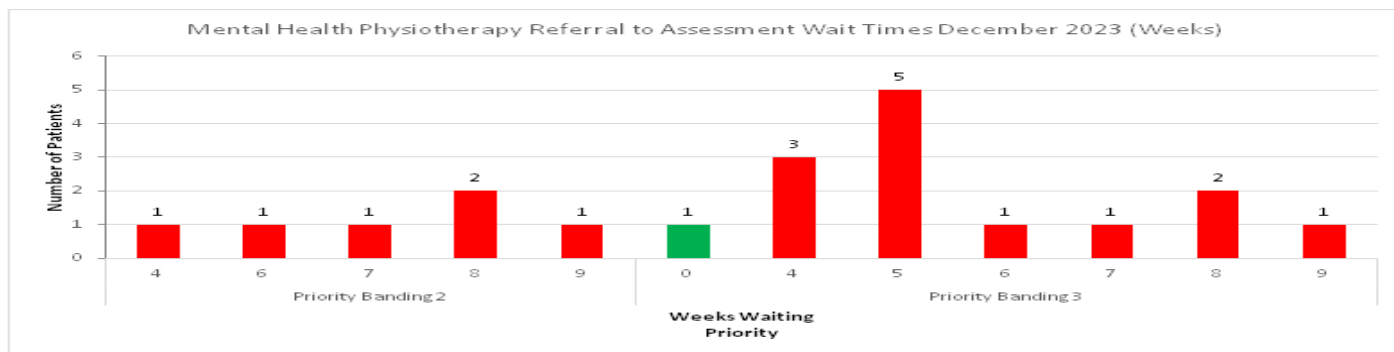
### South CMHT OT

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–

## 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

1

Outwith 3 months – 0  
– 13

Adherence to standard–100%  
standard–7%

### Priority 2

Total Patients – 6

Within 3 months – 0

Outwith 3 months – 6

Adherence to standard– 0%

### Priority 3

Total Patients – 14

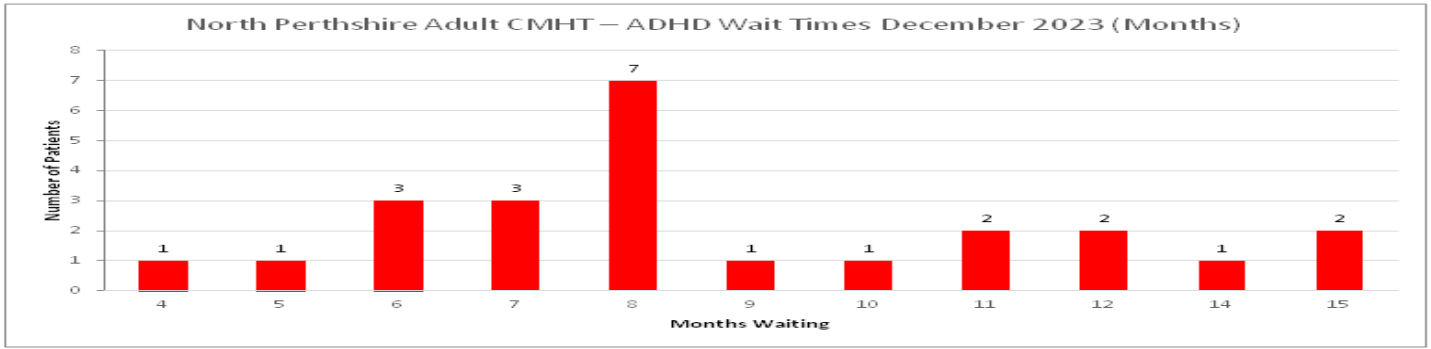
Within 3 months –

Outwith 3 months

Adherence to

## North Perthshire Adult CMHT – ADHD Wait Times



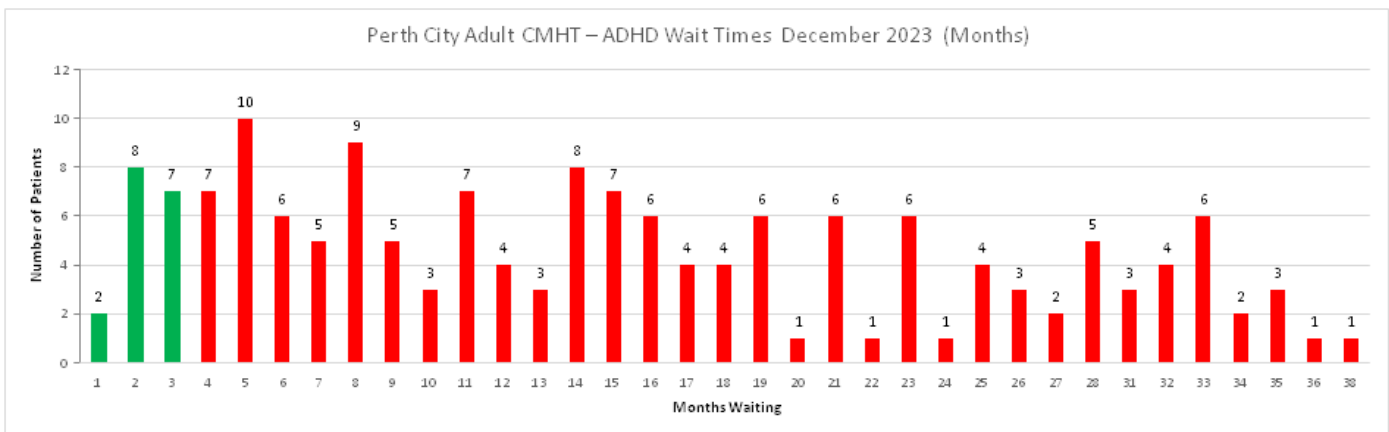


The Adult CMHTs have seen a significant increase in referrals for people with potential ADHD and are overwhelmed by the demand. This correlates with the emerging data across Scotland and rates are expected to increase exponentially. All patients on the ADHD waiting list have received baseline screening 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 6<sup>th</sup> 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**



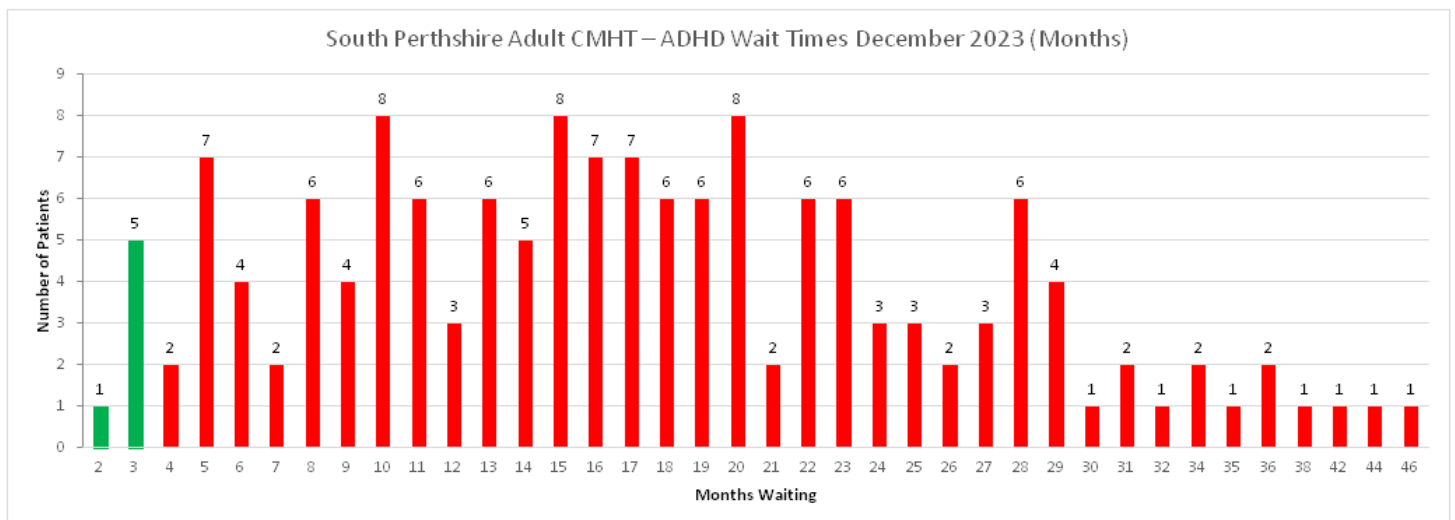
The Adult CMHTs have seen a significant increase in referrals for people with potential ADHD and are overwhelmed by the demand. This correlates with the emerging data across Scotland and rates are expected to increase exponentially. All patients on the ADHD waiting list have received baseline screening 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 6<sup>th</sup> 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**

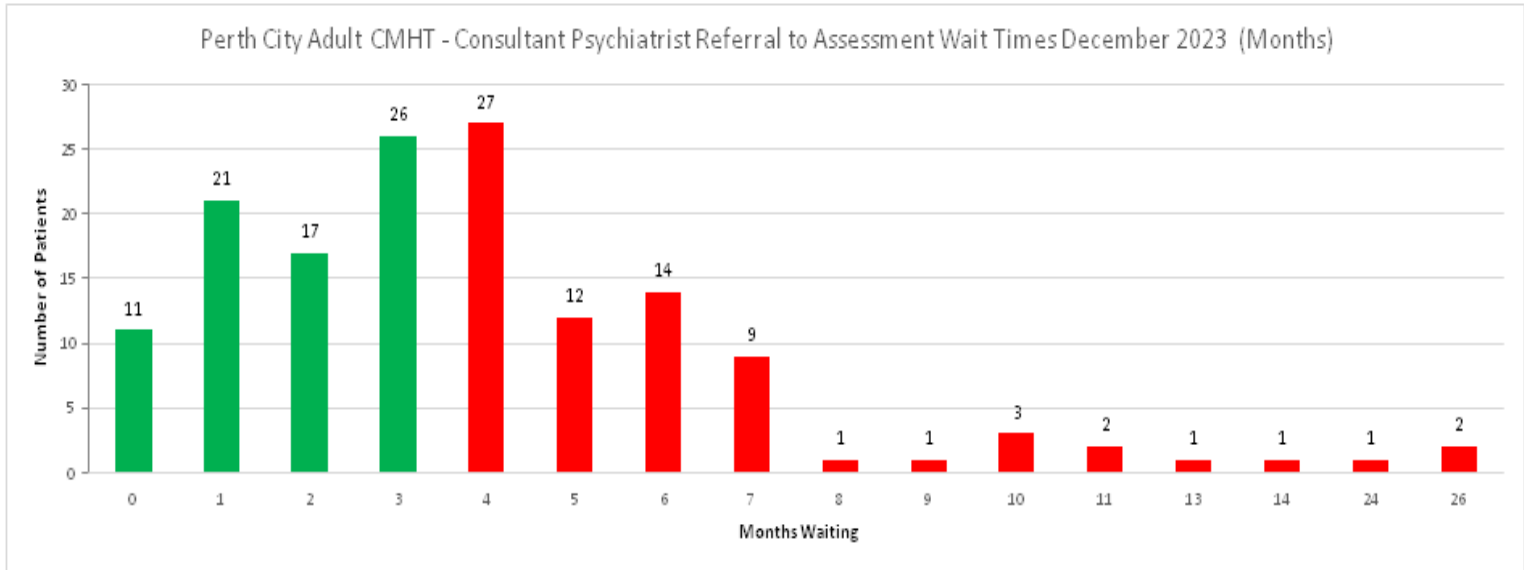


The Adult CMHTs have seen a significant increase in referrals for people with potential ADHD and are overwhelmed by the demand. This correlates with the emerging data across Scotland and rates are expected to increase exponentially. All patients on the ADHD waiting list have received baseline screening 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 6<sup>th</sup> 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 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

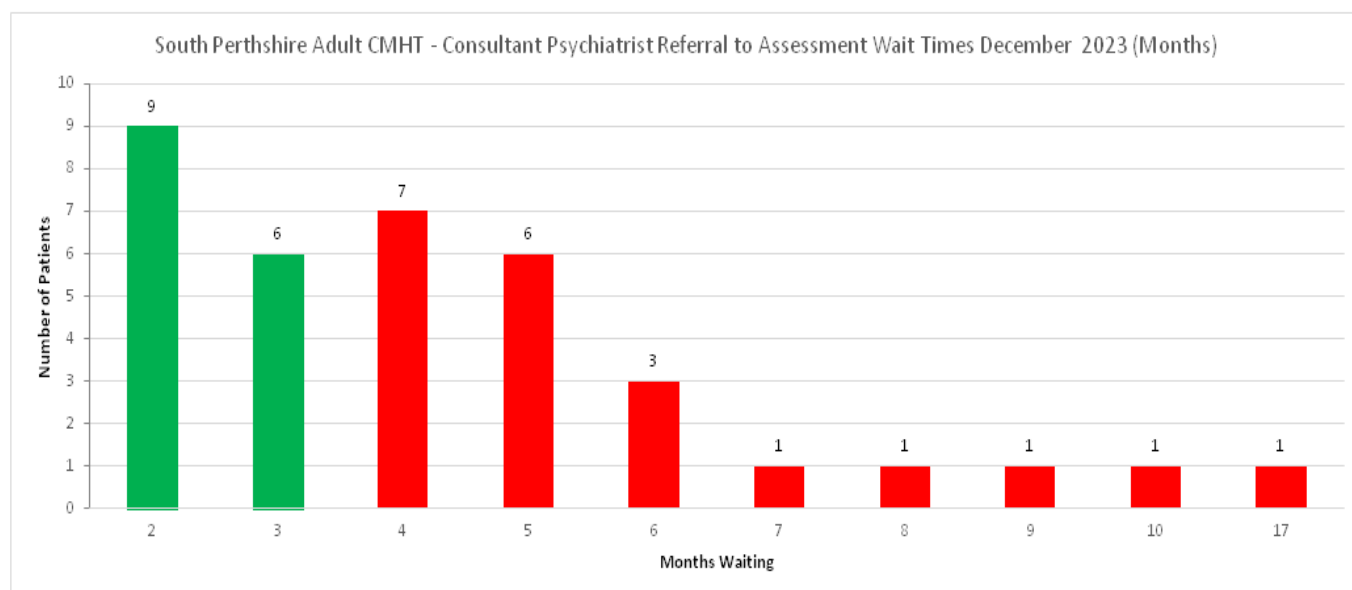
Total Patients – 149

Within 3 months – 75

Out with 3 months – 74

Adherence to standard – 50%

## **South Perthshire Adult CMHT – Consultant Psychiatrist Referral to Assessment**



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).

### 3. QUALITY/PATIENT CARE

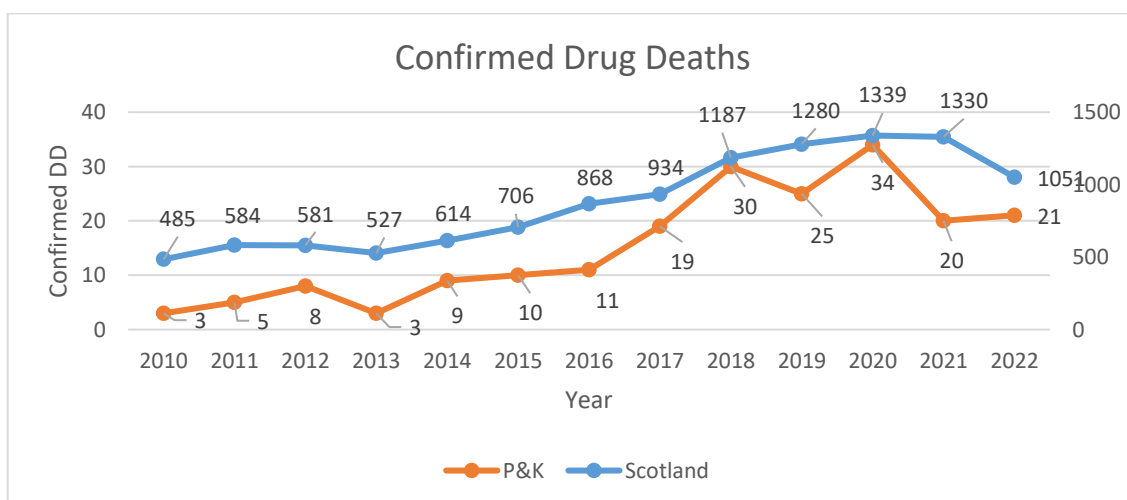
There are a number of ongoing risks (summarised within Appendices 2 &3) which, if not mitigated, pose a risk to the provision of safe care which is of high quality. The HSCP continues to manage these risks proactively. In addition:

- **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.

#### **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.

#### **5. FINANCIAL**

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

#### **6. RISK ASSESSMENT/MANAGEMENT**

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

#### **7. 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.

#### **8. OTHER IMPACTS**

N/A

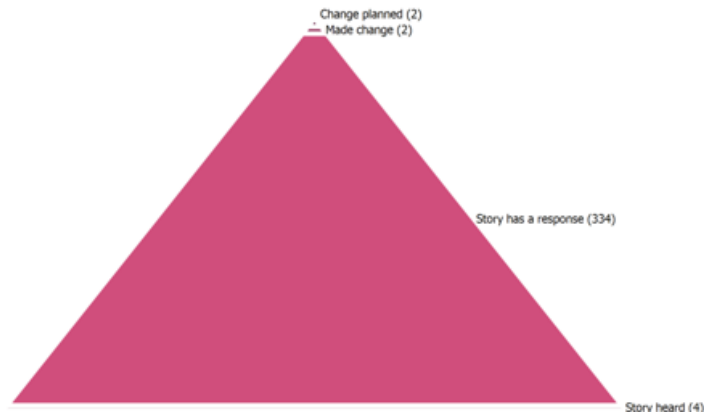
#### **9. COMMUNICATION, INVOLVEMENT, ENGAGEMENT AND CONSULTATION**

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.

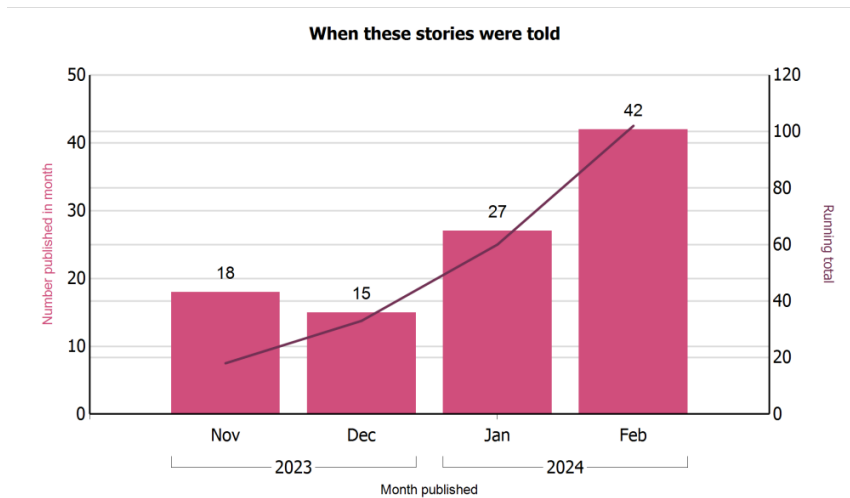
The use of Care Opinion continues to expand within the HSCP, and during reporting this reporting period, we have continued to be the most active HSCP in Scotland, and are ranked 18th within the top 35 most active Care Opinion

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)

## 9 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)




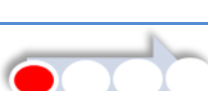
## 10 RECOMMENDATION

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.	