



Meeting: Care Governance Committee
Meeting date: 5th December 2023
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 is from 1st July 2023 to 31 October 2023.

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 has been identified and recently added to DATIX regarding the ageing decontamination equipment at Broxden Dental Centre, and the resultant risk of failure.

The current washers and disinfectors at Broxden Dental Centre were brought into service some time ago, and are now reaching end of life. The equipment also serves as a contingency for CSSD at Ninewells, as part of a reciprocal arrangement.

There is a risk of equipment failure, resulting in the service being unable to provide dental care to patients. In the event of a failure, securing spare parts may also be challenging due to the age of the equipment.

The Public Dental service will complete and submit a capital equipment replacement plan, which, if accepted and progressed, would result in replacement equipment being installed. This equipment would also be easier to service due to accessibility of spare parts.

Preventative planned maintenance is ongoing by estates engineers, and there are daily checks made by staff. A reciprocal arrangement is in place with CSSD at Ninewells regarding use of equipment at either site in the event of disruption.

The service intends to submit a capital replacement plan in the near future.

Home Office Controlled Drug Licence is outstanding for The Bella Centre.

The Bella Centre is a recently opened Community Custody Unit and houses low supervision women and young people. The Prison Healthcare service (hosted in P&K HSCP) provide healthcare to the population of the Centre. Due to a processing delay, the Controlled Drug licenses for HMP Perth, HMP Castle Huntly and The Bella Centre lapsed. Licences for HMP Perth and HMP Castle Huntly have since been successfully renewed.

Due to a processing delay, the Controlled Drug licence is outstanding for The Bella Centre. The majority of patients at the Centre are prescribed medication via “named patient”, so no stock is required to be held at the Centre.

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 red risks as at 15th Nov 2023:

DatixRef	Risk Exposure – No controls			Current Risk Exposure Rating												Planned Risk Exposure			Risk Trend (↑/→/↓)
				<i>Please include data from previous four reporting periods</i>															
				Dec 2022			April 2023			Aug 2023			Nov 2023						
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	→
982	5	4	20	5	4	20	5	4	20	5	4	20	5	4	20	2	4	8	→
701	5	3	15	3	3	9	5	4	20	5	4	20	5	4	20	1	4	4	→
1321	5	4	20	-	-	-	-	-	-	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.

A short life working group has been recommenced with NHST support service and Estates in order to review the accommodation needs for CCATS, IDART, Urgent Care and Community AHP's. A consultation paper to be completed in relation to engaging with staff re: accommodation moves. Paper to be written to describe the options going forward (option appraisal) in conjunction with NHST estates and support services.

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

Risk 982 - Mental Health Medical Workforce in P&K HSCP

A meeting has taken place to discuss medical workforce. Current redesign of inpatient services and CMHT is progressing, and this will include medical workforce as well as other professionals in future design.

Services remain reliant on locum agencies to fill consultant psychiatry gaps and regularly advertising substantive positions, but to no avail.

Nursing workforce situation has improved recently in terms of recruitment. There continue to be challenges with Medical and AHP recruitment however.

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

Two additional nurses have been recruited, and start dates are awaited. Mental Health ANP recruitment is also underway. The service has also been seeking agency nursing staff to reduce the time spent by the team administering medication.

It is anticipated that the listening service will be able to support appointments categorised as green. It is also noted that staffing levels within the Mental Health team are beginning to improve.

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.

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 August, September and October 2023:

- Prison Healthcare:
 - Mental Health Waiting Times within the Prison Healthcare Service. There are plans in place to address Green list including Listening Service and Safety & Stabilisation groups, as well as ongoing recruitment.
 - Non Emergency Transfer of Patients to Hospital. This is being monitored locally and nationally and escalated regularly. Cancellations have been increasing

- North Locality:
 - Some examples of poor planning / communication from acute sites on discharge to P&K have been noted. Datix linked to NWH EM Consultant for review. CPTM North collating information from LInCS to understand issues and provide evidence to share with acute sites and discharge teams. Current individual cases being wrapped around by the LInCS team to ensure immediate safety, assurance and care.
 - National issues with HEPMA. Additional transmitters added to the service have now resolved this problem. Locally the WiFi in Blairgowrie has also been problematic. IT attending site on 2nd of October to upgrade the system and signal (this will take approx one week Ongoing issues with generator testing knocking out IT systems – ongoing discussions with IT and Estates to find solution or mitigate risk.

- South Locality:
 - Ongoing Social Work vacancies impacting availability of AP trained capacity and general service delivery.

- Perth City Locality:
 - Within the CCATS service, additional Asylum assessments proving challenging to support timely given staffing pressures, sickness and vacancies in the service. North Locality supporting from CCATS.
 - There are limited Care Home placements due to care homes being at full capacity especially in nursing and EMI units. The service is reviewing officers and staff are ensuring only clients that require EMI care are in EMI beds. Staff are checking during reviews that the level of care is suitable for client needs.

- 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.

- Tay & Stroke wards and Intermediate Care
 - Hospital Discharge Team – Discharge Coordinator shortage. Service Manager has escalated to ‘Hot Red’ staffing status. Recruitment is ongoing – poor applicant uptake due to temporary posts. 1 part time post has been filled. Service Manager and Senior Nurse providing operational support to maintain HDT service and support patient discharge planning and flow.

Key exceptions identified within the **annual reports** from the CPGF meetings held in August, September and October 2023:

- Podiatry
 - Ongoing DATIX risks regarding the staffing recruitment challenges nationally, along with recent unexpected resignations. This has created a risk of the Podiatry service being unable to treat higher risk patients, and to positively address the existing patient waiting times.
 - The transition from paper records onto EMIS has provided a more secure clinical record keeping system. The improved quality of note keeping and allows improved communication with other healthcare professionals supporting better patient outcomes.
 - There is currently insufficient capacity to meet patient demand for Podiatry within Justice Healthcare

- Registered Services
 - Kinnoull Community Day Opportunities and Gleneagles Day Opportunities both retain staff well, but struggle to recruit to many vacant social care posts.

- Mental Health Services
 - With an increasing understanding of ADHD as a lifelong condition, services have seen a significant increase in referral for people with potential ADHD and are overwhelmed by the demand.
 - Red DATIX risk regarding an NHST inability to recruit and retain Consultant Psychiatrists.
 - Amber DATIX risk regarding ligature anchor points in P&K POA wards.
 - Mental Welfare Commission visits to the P&K POA wards in early 2023, which was overall positive. Several recommendations were made, and good progress is being made with these.

- Urgent Care
 - Hospital at Home experienced IT issues affecting the ability of the team to use eKORA. This delayed the service's soft launch date and required an alternative way of recording patient information to support escalation and safety netting in both the in hours and the out of hours periods. This issue is now resolved and the team are able to utilise Trakcare and eKORA in the management of patients within the community.

- Primary Care
 - DATIX risk regarding seven practices who are at high risk of closure or transition to 2C, which would lead to disruption to service provision for that practice population. This is a result of a combination of workforce and workload factors.

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 July 2023 and October 2023 were:

Highest frequency events:

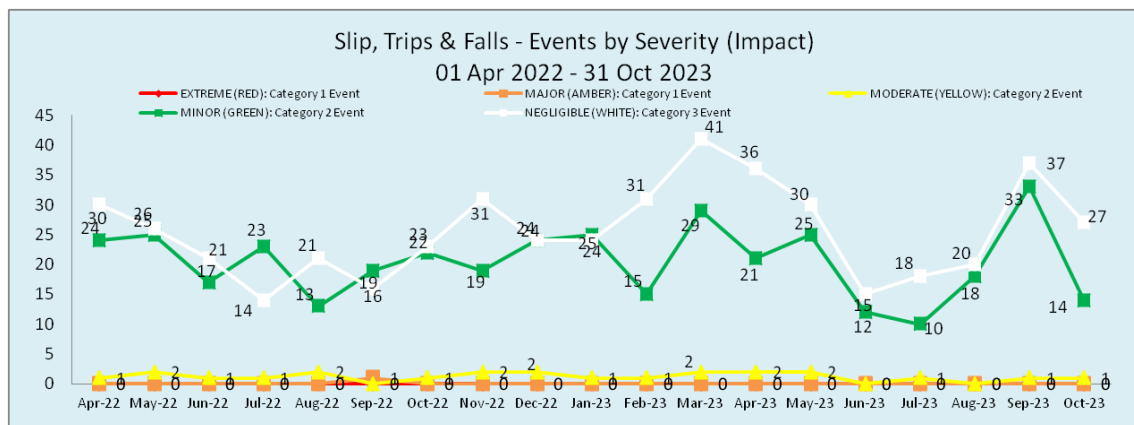
1. Slips, Trips and Falls
2. Medication
3. Clinical Challenging behaviour
4. Violence & Aggression

5. Pressure Ulcer

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

Slip, Trip & Falls

During the time period between July 2023 and October 2023, there were **180** incidents recorded, of which 24 involved harm. 82 occurred at MRH, 29 at PRI, 58 in Community Hospitals and the remaining 11 in other areas.



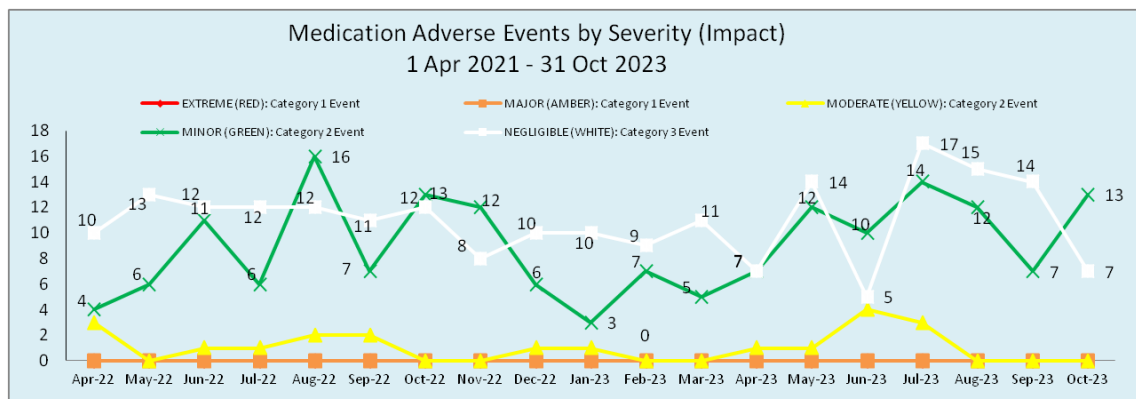
The Psychiatry of Old Age inpatient wards at Murray Royal Hospital experienced a higher than usual number of falls at the end of 2021 due to several patients who had multiple falls (many of which were controlled). Ward staff were doing all they could to manage the falls, and they had support from the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

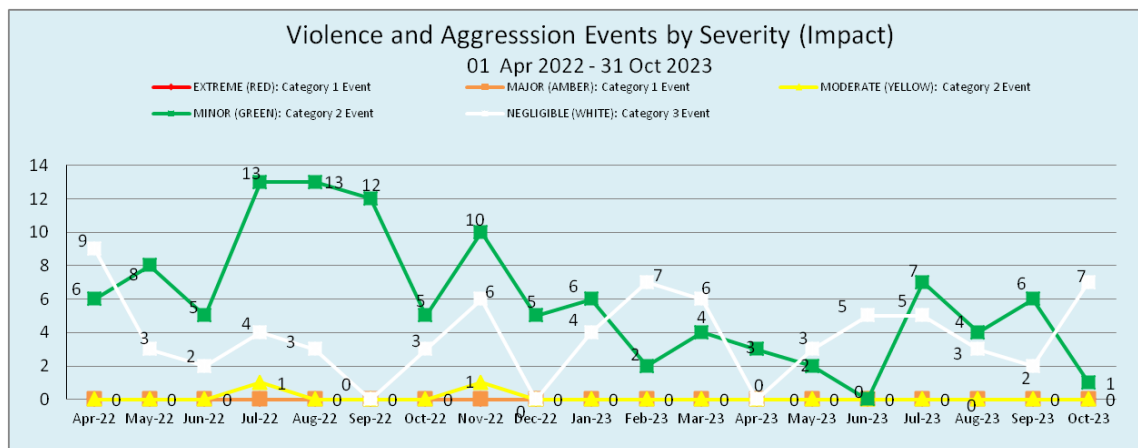
During the time period between March July 2023 and October 2023, there were **102** incidents recorded, of which 5 involved harm. 10 occurred at MRH, 7 at PRI, 27 in Community Hospitals, 42 within a Prison Establishment and the remaining 16 in other areas.



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**

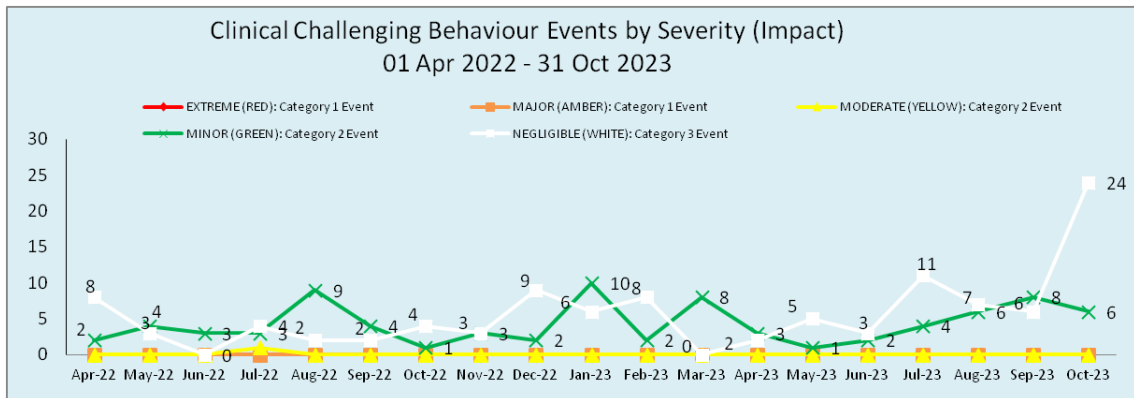
During the time period between July 2023 and October 2023, there were **35** incidents recorded, of which 3 involved harm. 15 occurred at MRH, 9 at PRI, 4 in Community Hospitals, and the remaining 7 in other areas.



The 15 incidents within Murray Royal Hospital were within the Psychiatry of Old Age wards. The 3 incidents which involved harm were all in different inpatient wards, 2 of which were physical and one verbal. All three incidents are graded green.

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

During the time period between July 2023 and October 2023, there were **72** incidents recorded, of which 5 involved harm. 64 occurred at MRH, 4 at PRI and 4 in Community Hospitals.

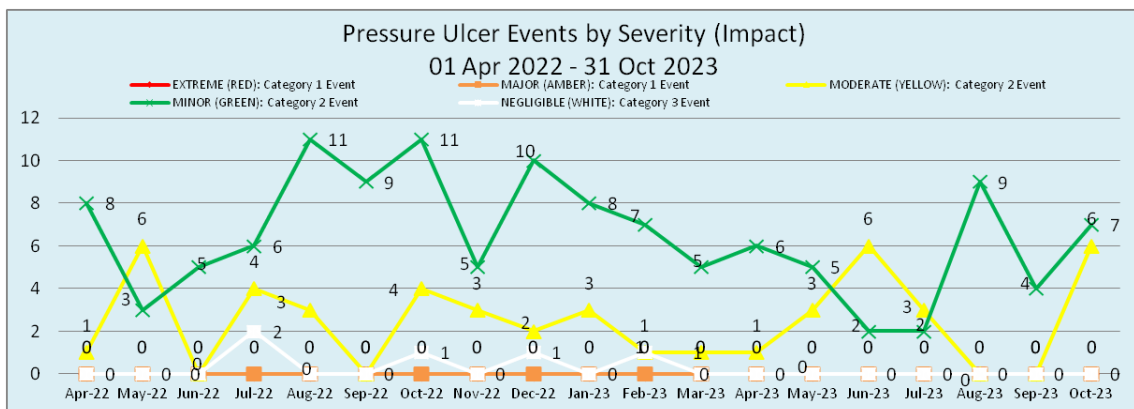


The vast majority of these incidents were within the Psychiatry of Old Age wards at Murray Royal Hospital. The rise in incidents (albeit of negligible grading) in October 2023 have been noted by the service. This appears to be attributable to a small group of patients in one particular POA ward who are 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 July 2023 and October 2023, there were **31** incidents recorded, of which 28 involved harm. 15 were within the patients home, 3 within Care Homes, 5 within Community Hospitals, and the remaining 8 in other areas.



Further exploration on DATIX regarding the recent moderate events taken place. 3 of these were recorded by the Community Nursing service regarding patients in their own home, and 3 by Podiatry. 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 be monitored at CPGF meetings.

2.3.4 Significant Adverse Event Reviews

Report and action plan for DATIX 136987 fully signed off. Action plan being progressed through the P&K HSCP Mental Health Care Governance Group. 5/15 actions completed at present.

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 Complaints as at 06/11/2023 - Stage 1

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

Current Complaints as at 06/11/2023 - Stage 2

Service Area	0-5 days	6-10 days	11-15	Total
Perth & Kinross HSCP	5	4	2	11

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 October 2020, and further information has recently been provided to the SPSO regarding this complaint.

2.3.8 External Reports & Inspections

HM Inspectorate of Prisons for Scotland undertook a full inspection at HMP Perth between 22-26 May 2023. The published report was made available in September 2023.

The visit has a focus on 9 standards, and standard 9 (Health & Wellbeing), is the only standard which is relevant to the Prison Healthcare Service. This standard received a grading of **Generally acceptable performance**.

A total of 17 recommendations and 5 good practice points were identified within standard 9. These are:

Good Practice points:

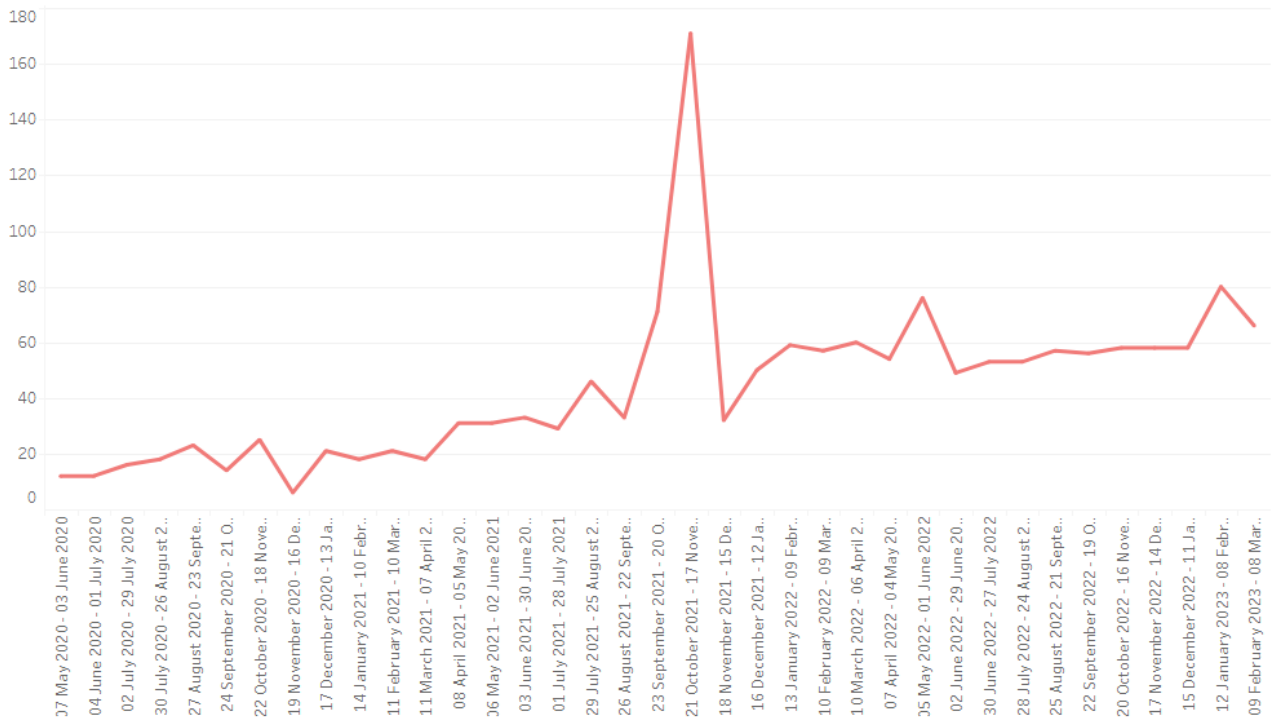
- Patients with immediate complex needs, found under the influence or where the reception nurse raised a concern, would be discussed at the multidisciplinary/multi-agency Person of Concern Group (POCG) the following morning (Monday to Friday).
- The OT service provided a wide range of support for patients across many services. It works closely with patients to improve access to services, supporting transitions to and from HMP Perth. There was clear multidisciplinary engagement with the wider healthcare team and SPS.
- Patients could be referred to the Pharmacy Team to discuss medication by another member of the Multidisciplinary Team or patients could self-refer.
- Inspectors saw evidence of good relationships between healthcare staff and SPS.
- Some healthcare teams had individual processes for seeking feedback from patients following treatment to help influence improvements to individuals' practice.

Recommendations:

- Perth and Kinross HSCP must provide referral forms in alternative languages and formats that are accessible for patients in residential areas.
- Perth and Kinross HSCP must develop a process to record missed appointments to the health centre and the impact of this.
- Perth and Kinross HSCP should consider reviewing the delivery of health improvement, prevention and promotion activities in HMP Perth to cover all the healthcare needs of the prison population.
- Perth and Kinross HSCP should facilitate the introduction of nasal Naloxone to HMP Perth and ensure that all prisoners are offered this on liberation.
- Perth and Kinross HSCP must ensure that personalised care plans are in place for all patients on the mental health caseload.
- Perth and Kinross HSCP must ensure that standardised individual risk assessments are used and updated regularly for all patients on the mental health caseload.

- Perth and Kinross HSCP must ensure that links between the prison healthcare team with specialists in intellectual disabilities, autistic spectrum disorder, neuropsychiatric disorders and cognitive impairment in NHS Tayside is formalised, to ensure that staff are aware of the correct referral pathways to follow for patients.
- Perth and Kinross HSCP must ensure that all patients with a long-term condition have person-centred and outcome-focussed care plans in place, which have been agreed with the patient.
- Perth and Kinross HSCP must ensure that patients with long-term conditions have access to a review of their conditions equitable with community provision. All reviews and patient interventions must be accurately documented into the care records in the Vision care system.
- Perth and Kinross HSCP must ensure that personalised care plans are in place for all patients on the Substance Use Team caseload.
- Perth and Kinross HSCP and SPS must collaborate to ensure that patients receive all their medications in a timely manner and that these are administered with therapeutic timeframes.
- Perth and Kinross HSCP must ensure that controlled drugs are administered in line with best practice of controlled drugs.
- Perth and Kinross HSCP must ensure that accurate dental waiting times are kept for patients in HMP Perth.
- Perth and Kinross HSCP should consider the introduction of oral health promotion and support to patients in HMP Perth.
- SPS must ensure dental treatment for those patients who were on remand beyond six months was provided and equitable to those who are convicted.
- Perth and Kinross HSCP must be able to evidence the provision of specific training on how to manage complaints to support staff in this role.
- In the hall identified, SPS must provide a suitable area for staff to administer medication, the room must be fit-for-purpose and meet infection control standards.

2.3.9 Adult Support & Protection

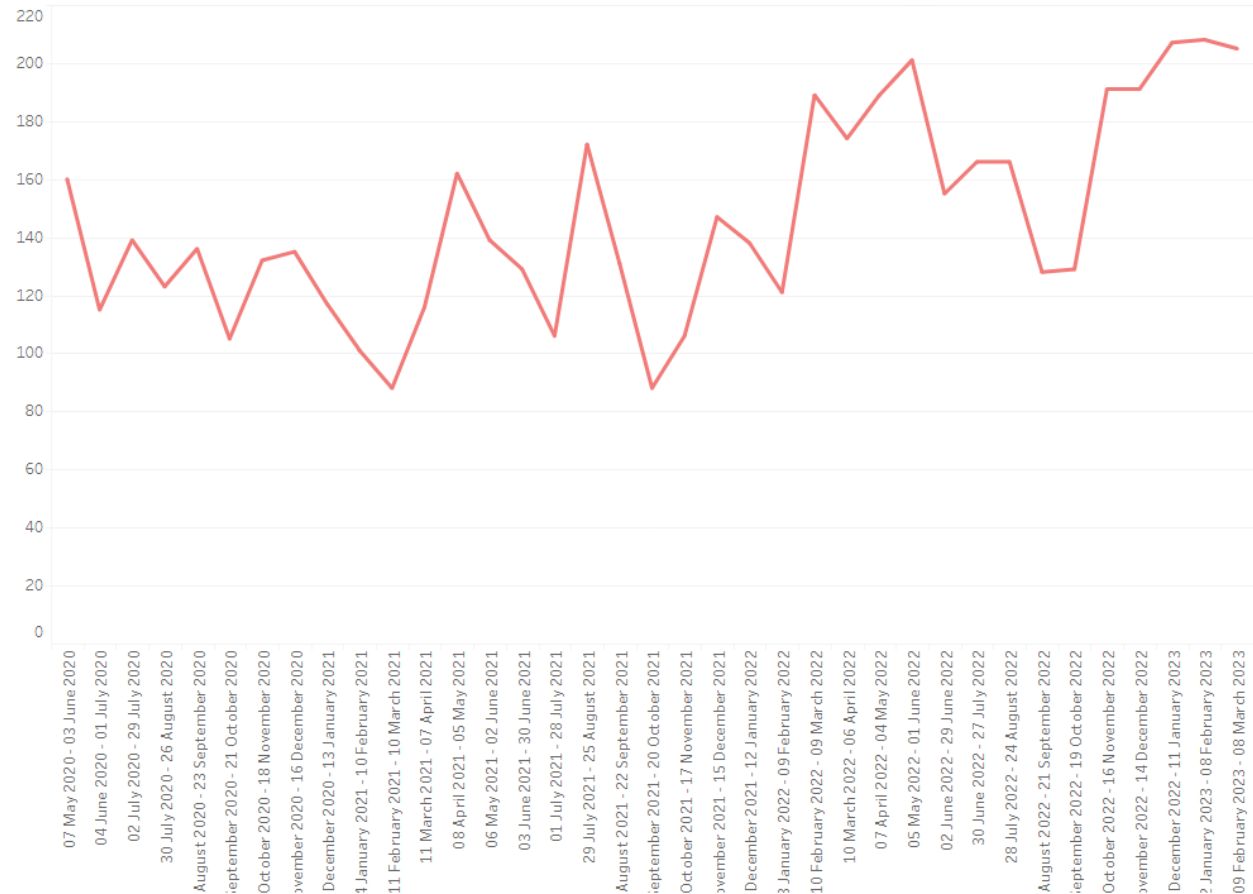


Adult Concerns Received by Local Authorities from Police Scotland - last updated with 16/03/2023 collection

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



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

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

MAT Standards

Current RAG scores as at Nov 2023 are:

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

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.

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

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

AWAITING ASSESSMENT

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

AWAITING ASSESSMENT

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

Standard 10 – All people receive trauma informed care.

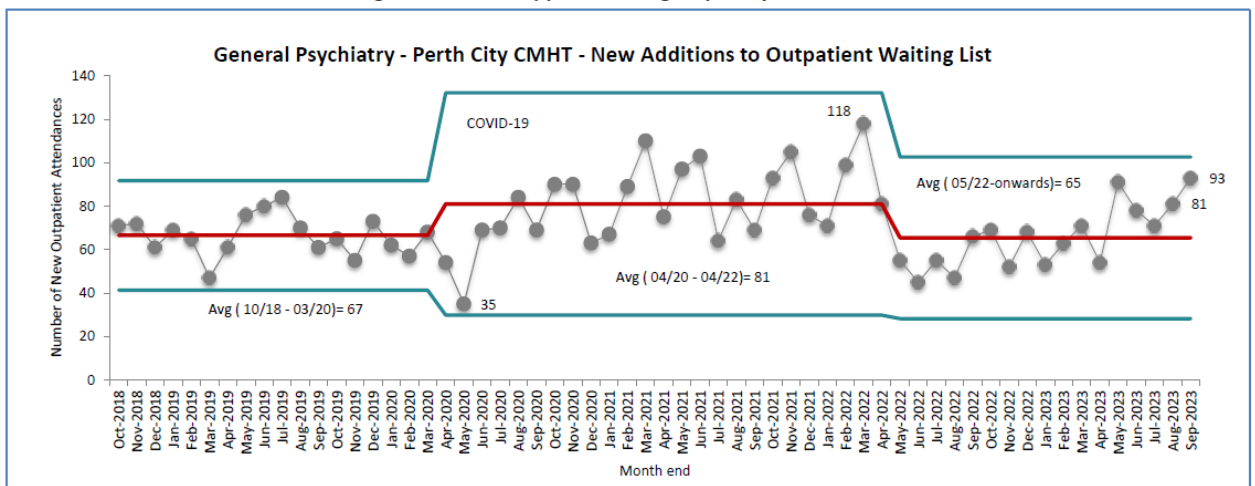
AWAITING ASSESSMENT

Note: The acceptance criteria for standards 6 to 10 has not been finalised and so green ratings have not been available for these.

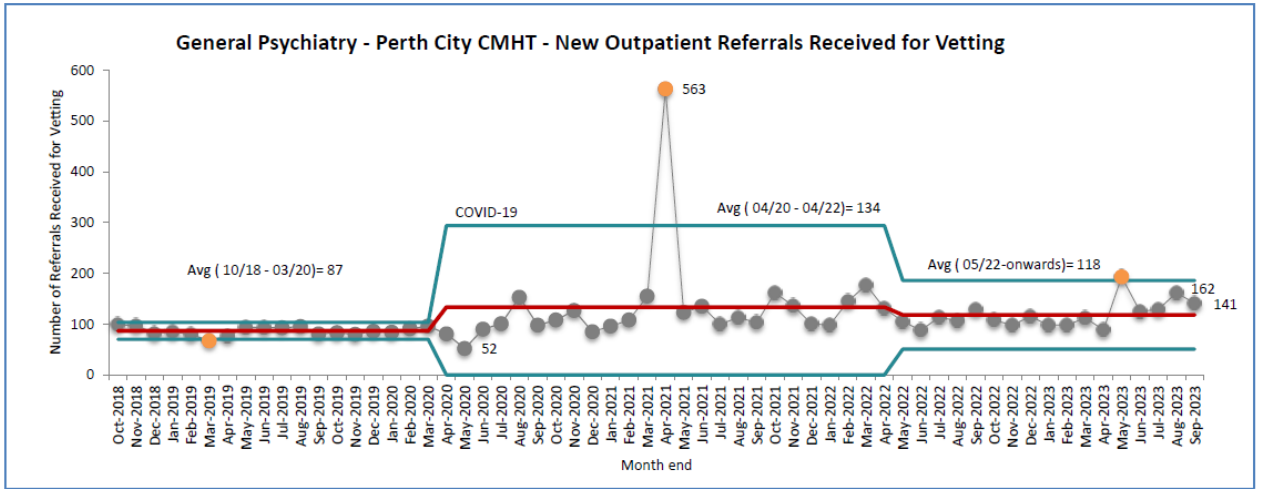
2.3.10 Mental Health

Community Mental Health Service Activity (PERTH CITY)

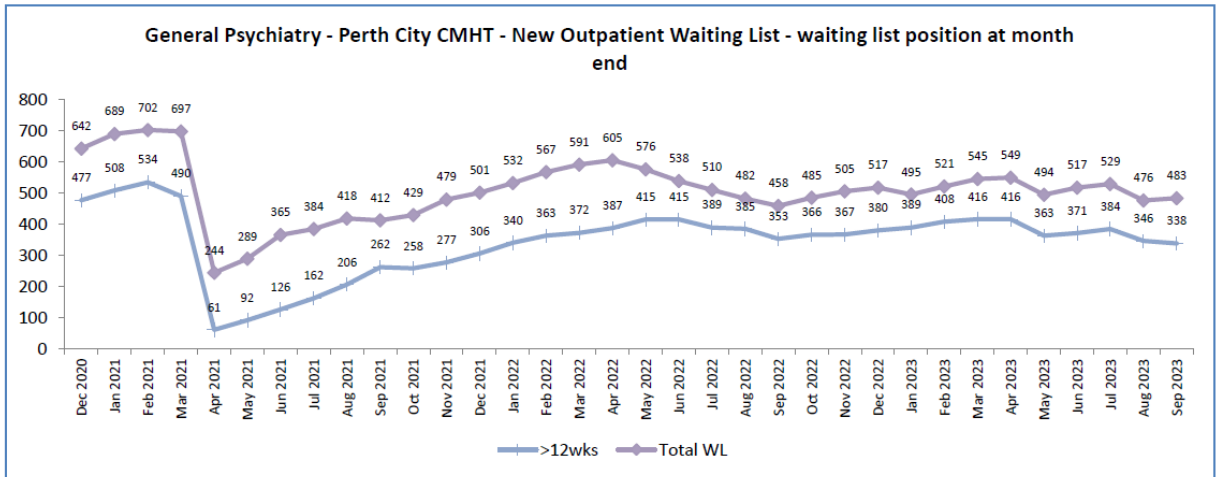
Volume of referrals added to the waiting list for a new appointment, grouped by referral month:



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

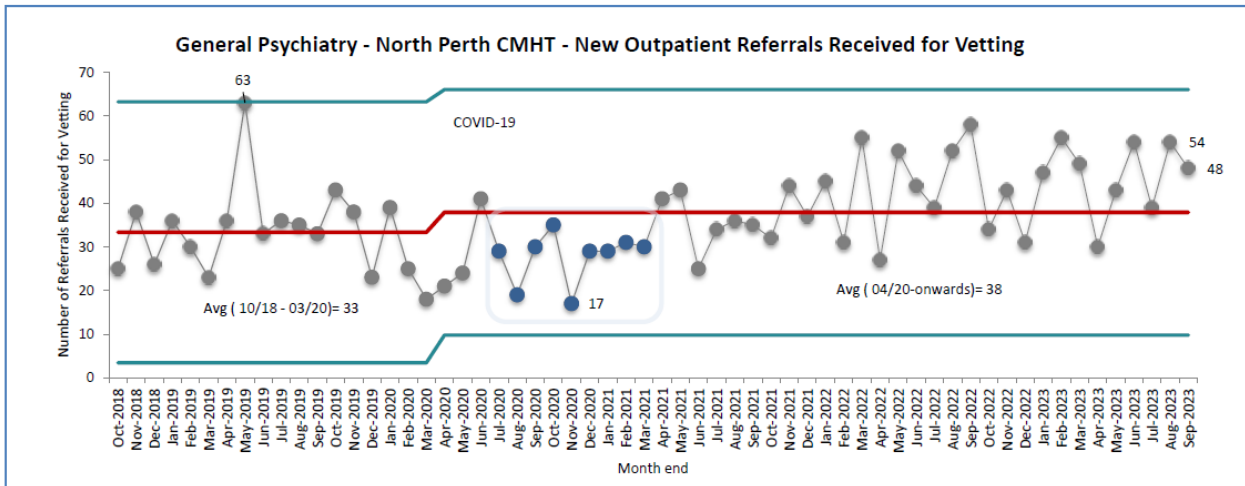


Snapshot of waiting list position at month end; total volume on waiting list and volume waiting over 12 weeks:

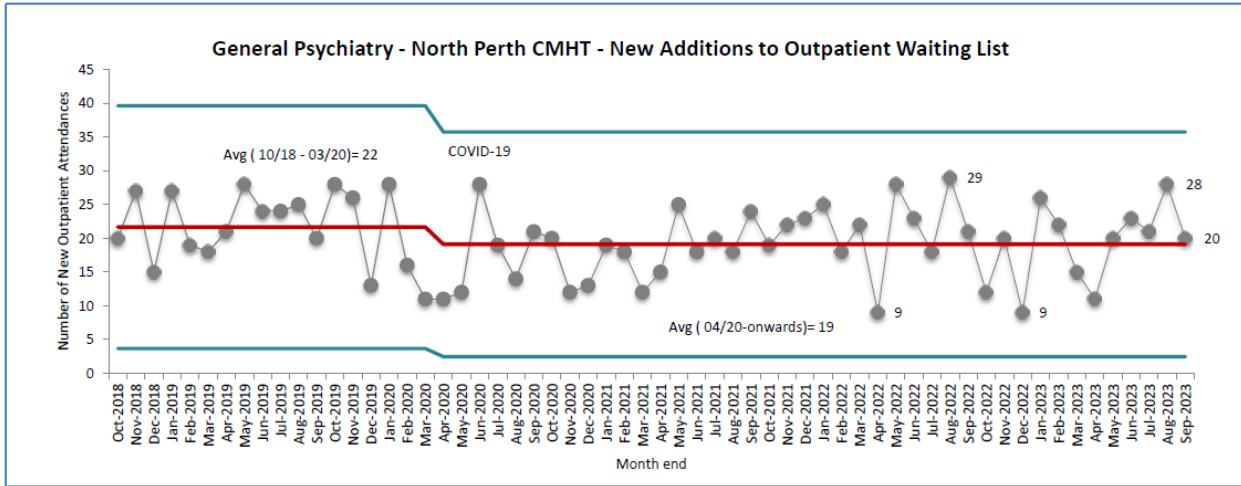


Community Mental Health Service Activity (NORTH)

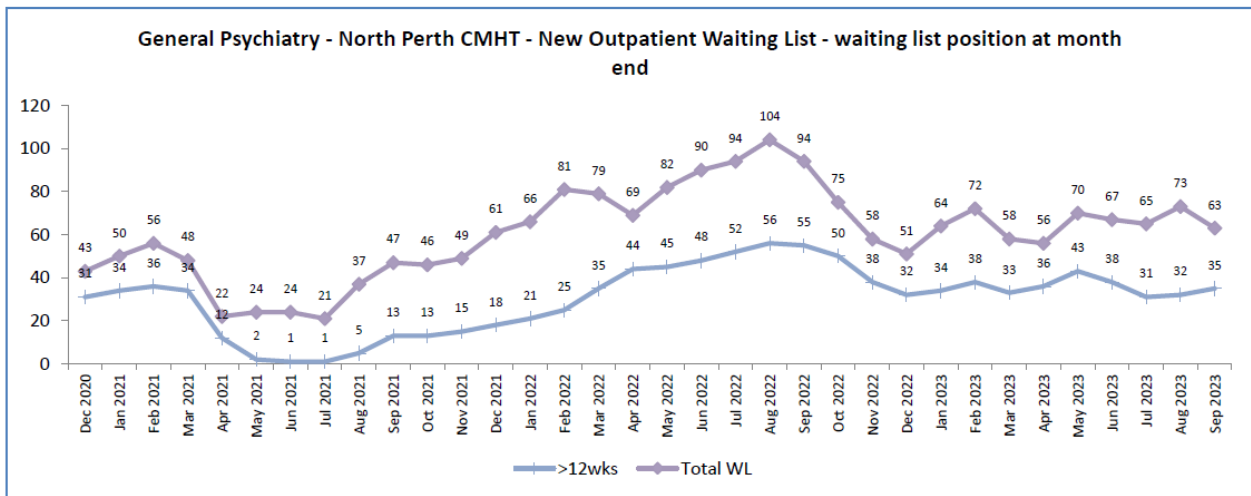
Volume of referrals received for vetting, including those vetted and returned, grouped by referral received month:



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

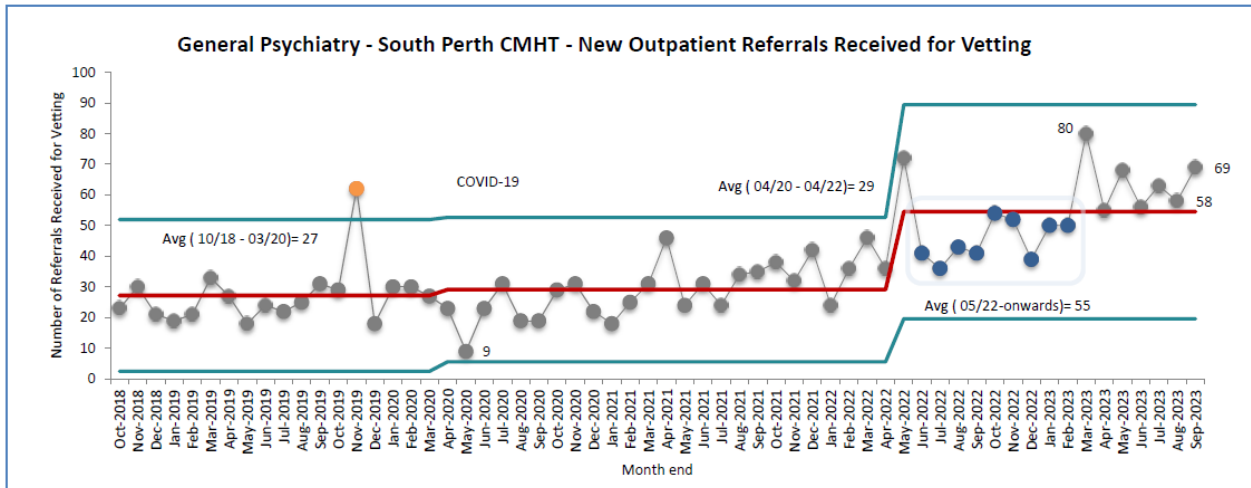


Snapshot of waiting list position at month end; total volume on waiting list and volume waiting over 12 weeks:

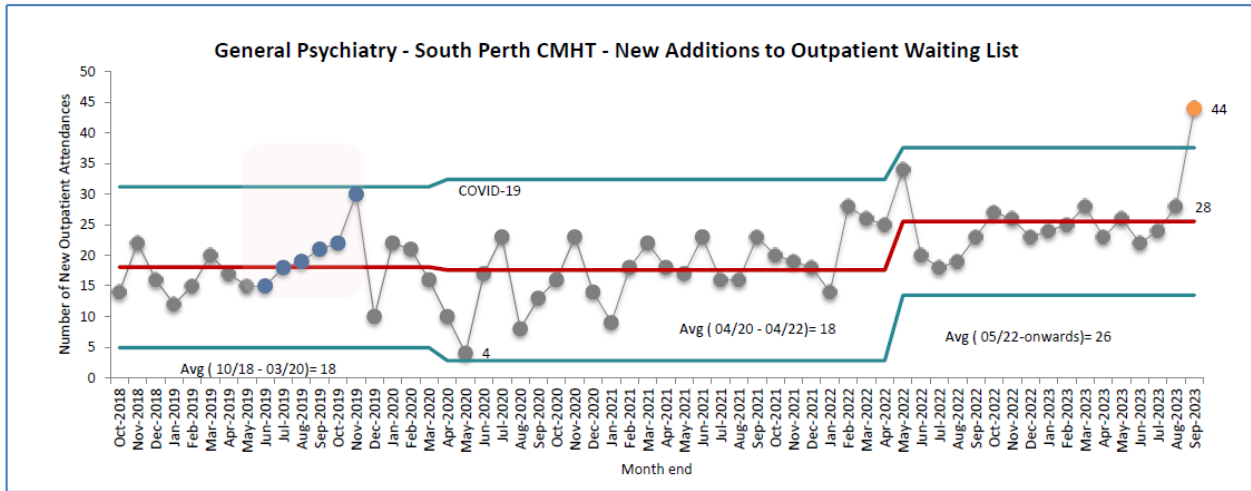


Community Mental Health Service Activity (SOUTH)

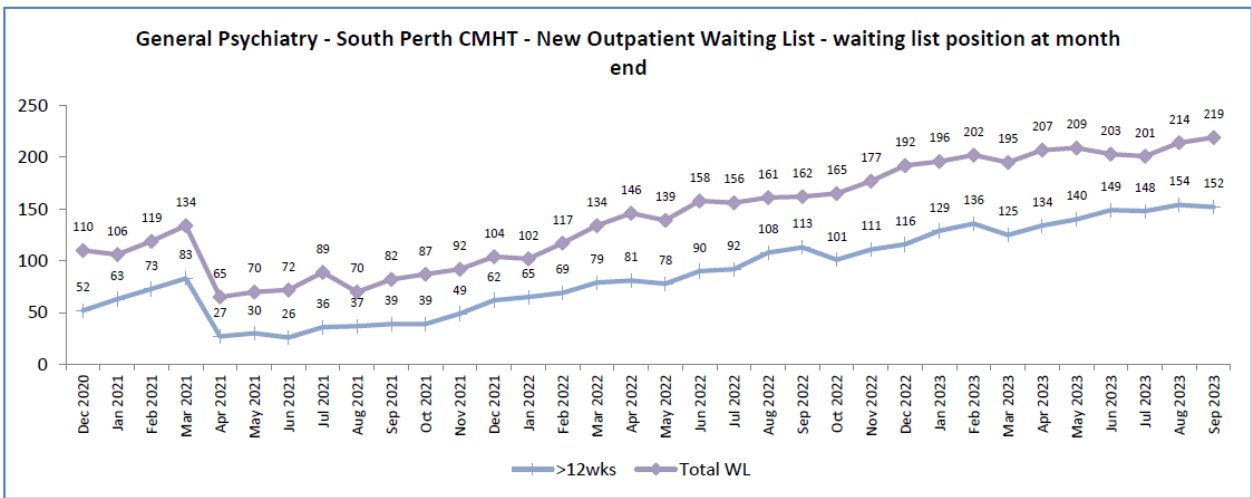
Volume of referrals received for vetting, including those vetted and returned, grouped by referral received month:



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



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



The above data is provided to HSCP's routinely by the NHS Health & Business Intelligence Team. Some further improvement activity is ongoing within the CMHT's to improve the consistency of recording within the source system (Trakcare). This will improve the accuracy of this data for future reports.

Development of HSCP Mental Health KPIs

Work continues across the three HSCP's to agree a series of Mental Health KPI's which can be used for consistent reporting within HSCP's and for onward reporting to this Committee and others where appropriate.

The mapping undertaken thus far has shown that there is commonality in the data set across the three HSCP's, with P&K and Angus using the same data set and Dundee using a slightly different set.

A draft set of proposed indicators which are common across all three HSCP's will be created and shared with a view to having these agreed and finalised.

Public Health Scotland (PHS) now produces national data sets quarterly rather than monthly, and we will look to work with the Business Unit to ensure accessibility and supply of the relevant data.

2.4 Quality/Patient Care

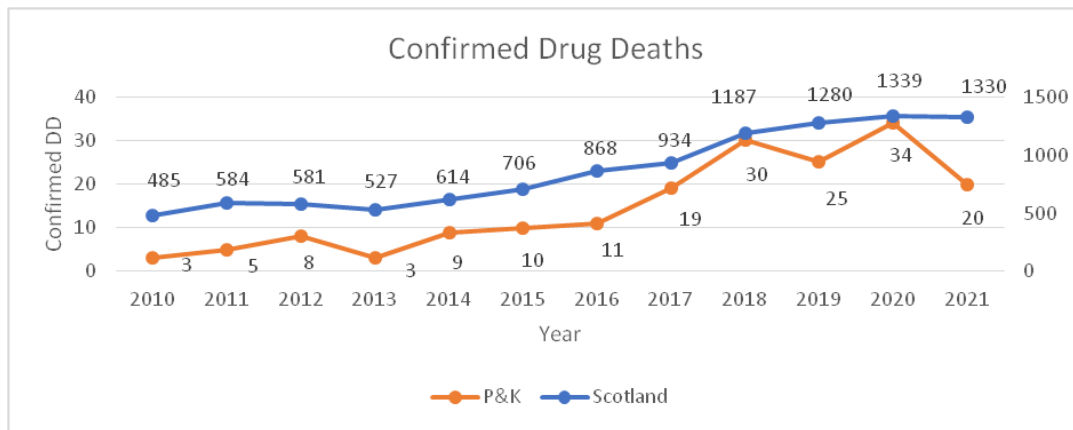
There are a number of ongoing risks (summarised within Appendices 2 &3) which, if not mitigated, pose a risk to the provision of safe care which is of high quality. The HSCP continues to manage these risks proactively.

- **“What matters to you” sessions** continue to take place across Perth & Kinross during 2023, and these aim to support our localities with an integrated, collaborative approach to serving people across P&K, while recognising the importance of nurturing and developing the way we work. 700 people from health, social care, independent and third sector across 40 sessions have come together. A publication is being created to showcase the progress made through these sessions, and a session in May 2024 will be celebrating all the wonderful achievements.
- The **Health & Social Care Winter Preparedness Plan (2023/4)** sets out the actions we know from previous winters work to help relieve pressure points across the system. The 2023/24 Winter Plan focuses on continuing programmes of work that are making a positive difference to people’s lives. P&K HSCP will be working hard to maintain people at home wherever possible throughout the winter, and where this is not possible supporting people to return to their home or home environment from hospital as soon as they are well enough to do so.
- **Mortality & Morbidity Reviews within Mental Health.** We are embedding the NHS Tayside Mental Health Mortality and Morbidity Protocols to ensure that we are making consistent evidence-based decisions across the whole service when commissioning reviews. A Mortality and Morbidity (M&M) review describes the review of cases from the reporting of the initial event to the M&M meeting. A robust M&M review can support a systematic approach to the review of patient deaths or care complications providing ownership to multi disciplinary teams and opportunities to learn from and improve care delivery. Given the integrated nature of Mental Health Services, we are currently developing an Adverse Event Management Pathway to provide guidance to all health and social care staff on the range of adverse event reviews that may be progressed across the service.

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.

P&K HSCP ensures alignment with NHS Tayside’s approved 3-year workforce strategy and PKC workforce plan.

Workload tools are in use within the Community Nursing service, and workload tools have also been used in the past within services such as POA, and these requires to be conducted again. There are a number of workload tools which can be used, and the purpose of each tool is to provide information and

recommendations on staffing levels based on patient workload. AHP staff have also been engaging in testing Workforce Templates in some of our services in conjunction with Healthcare Improvement Scotland (HIS) colleagues, as part of the Common Staffing Method approach.

A Workforce Steering Group has been established to oversee the implementation of the P & K HSCP Workforce Plan.

2.6 Financial

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

2.7 Risk Assessment/Management

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

2.8 Equality and Diversity, including health inequalities

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

2.9 Other impacts

N/A

2.10 Communication, involvement, engagement and consultation

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

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

The HSCP took out a subscription to Care Opinion in May 2022, following a Test period. We continue to receive feedback from people who use our services from this public platform. To date we have had over 150 feedback stories submitted with 96% of the feedback received being positive. We are rolling Care Opinion out across all of our services in a cumulative approach and teams are now using its performance generated reporting data within their business activities. We are currently one of the best performing HSCPs in Scotland with regards to utilisation and growth of Care Opinion.

2.11 Route to the Meeting

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

- 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), Community Care & Treatment Teams,	Delegated
South Locality	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 Nov 2023)**

Current service risks within health services (27):

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	13-10-23 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
982	Mental Health P&K wide	Workforce	20 RED	20 RED	13-10-23 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>Began 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
701	Prison Healthcare	Mental Health Waiting Times within the Prison Healthcare Service	15 AMBER	20 RED	11-08-2023 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	08-09-23 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>

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	11-10-23 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
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1267	P&K wide	Capacity and Flow Older Peoples Services	20 RED	16 AMBER	08-09-23 Amanda Taylor	Daily multiagency meetings within PRI regarding capacity and flow and prioritising of discharges
						Weekly Silver Command in place to monitor progress and actions
						Roll out of PDD implementation and training across sites now in place
						Frailty at Front Door Model in place
						Interim Bed usage across P&K to facilitate flow
						TQUIP Improvement Work for Community Hospitals
						Improvement on Guardianship Processes across P&K
						Focus on length of stay in Community Hospitals and improvement plans under development
						Care at Home Reviews to free up capacity
						Development of DD dashboard for P&K
						Extension of Interim Process for further 12 months
						Review of integrated discharge team
						Development of discharge pathways using home first approach
						Further developments on integrated care model

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	31-08-23 Gillian Elliot	<ul style="list-style-type: none"> Preventative planned maintenance by estates engineers monthly Stored data backed up to external server Daily checks by staff on machinery and escalation if required Reciprocal contingency arrangement with CSSD at Ninewells

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	<ul style="list-style-type: none"> Tayside escalation process now in place Each area has established a workforce group to oversee daily staffing challenge/escalation Service managers are reporting through our established huddles any emerging issues. Use of off framework captured on DATIX. Certain areas using block booking.

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	13-01-23 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	15-08-23 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
1128	Psychiatry of Old Age	Reduced Staffing within the 3 POA in-patients areas in P&K HSCP	20 RED	16 AMBER	25-04-23 Shelly Milligan	<p>Regular requests for bank and agency staffing to maintain core staffing levels</p> <p>All vacancies are attempted to be recruited to in a timeous manner</p> <p>Regular updates provided to HSCP senior management team on risks and staffing levels</p> <p>SBAR provided to consider a variety of contingency actions if required.</p> <p>Nursing Directorate have been informed of current situation</p> <p>Utilisation of workforce across three inpatient sites regularly being managed</p> <p>Introduction of 3.8WTE Band 4 across the service to compliment MDT. This is currently funded through registrant gaps acknowledging national workforce issues and recruitment of registrants.</p> <p>Annual running of the workforce tools to establish workforce requirements to meet service need.</p> <p>Proactive management of attendance at work for all employees</p> <p>Increased wellbeing support with involvement where appropriate with the Wellbeing service and local Psychology service.</p> <p>Introduction of non-Nursing roles such as ward clerks and activity support workers to support the MDT.</p> <p>Annual recruitment of NGPs into POA service</p>

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	28-08-23 Ruth Buchan	<p>Active engagement with Westward Programme and Educational Release Programme to promote P&K</p> <p>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 retireals</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
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657	South	P&K HSCP Community Hospital Registered Nurse Staffing Levels	20 RED	16 AMBER	08-09-23 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>
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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	08-09-23 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	Risk Score &	Last updated /	Mitigations
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			(Inherent)	Grading (Current)	Manager	
983	Mental Health P&K wide	Ligature Anchor Points	20 RED	15 AMBER	21-08-23 Shelly Milligan	<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
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
1293	Mental Health P&K wide	Mental Health Nursing and AHP workforce risk	20 RED	12 AMBER	29-03-23 Lindsey Griffin	<p>Exploring additional nursing resource for the CMHT's</p> <p>For POA Inpatients, we are continuing to secure supplementary staffing via bank and agency</p> <p>Ongoing recruitment to vacant Nursing posts.</p> <p>Learning from staff exit interviews.</p> <p>Advanced Nurse Practitioner resource has been secured with one permanent ANP and three Trainee ANPS now in post.</p> <p>Workload tools have been undertaken within the POA Inpatient wards</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 are also being implemented to enhance recruitment and diversify the nursing and AHP workforce.</p>

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading	Last updated / Manager	Mitigations
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				(Current)		
1038	Podiatry	Excessive patient waiting times within Tayside Podiatry service	16 AMBER	12 AMBER	12-10-23 Mark Finnon	Proactively engaging with Higher Education Institutions to attract Newly Qualified Practitioners Remobilisation of service and more robustly applying the NHST eligibility criteria for new and existing patients Creation of assessment hubs to allow for assessment against eligibility criteria Practice development training regarding wound management for staff to ensure staff knowledge and confidence around this Operational leads vetting weekly meeting to ensure consistency and equity across Tayside

Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
565	Prison Healthcare	Prison Healthcare Staffing levels (nursing)	20 RED	12 AMBER	11-08-23 Angela Cunningham	Reduced health centre opening times at Castle Huntly Supplementary staffing utilises to maintain safe staffing levels (nursing & medical) SBAR requesting 12 week agency contract Recruitment to vacancies Robust promoting attendance at work processes Omissions of care monitoring Monitoring of waiting times SBAR approved by Chief Officer for further agency bookings until December 2019. This has subsequently been extended, and a further SBAR request to be submitted by 16/10/20. 6 Registered Nurse have commenced in post in past month 4 Pharmacy Assistants have commenced in post in past month Drafting ANP role profiles to be agreed by Nursing Directorate Reduced staffing within the Bella Centre Continued recruitment. Invite potential candidates to visit prison Planning an open day for interested Bank staff Short term contracts offered to agency staff

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	29-03-23 Lindsey Griffin	Waiting list is being managed Communication to patients every 3 months regarding duty worker arrangements and to provide updates regarding their referral. Patients given contact details for OOH services. Manager submitted SBAR to senior management regarding the delay in recruitment. Manager proactively persuing a solution to the delay in recruitment. Providing ongoing support to existing staff working within the environment of excessive waiting times Communication to referrers with regards to the waiting times situation Removal of OT staff from generic CMHT roles (which they are funded for) to allow clinical time to focus solely on OT intervention

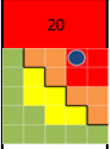
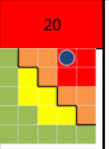
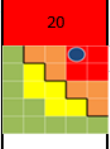
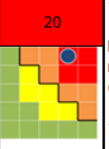
Ref	Locality/ Service	Title of risk	Risk Score & Grading (Inherent)	Risk Score & Grading (Current)	Last updated / Manager	Mitigations
980	Mental Health P&K wide	Environment and Infrastructure	16 AMBER	12 AMBER	30-05-23 Chris Lamont	<p>Near Me Technology web based video consulting service implemented</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
272	MFTE, POA / Intermediate Care	Tay & Stroke wards - workforce	15 AMBER	10 AMBER	05-10-23 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>Daily / weekly escalation process in place to highlight "hot spot" staffing deficits and sickness - appropriate use of bank and non contract agency when required</p> <p>A rolling advert is in place to advertise vacancies that exist in both wards.</p> <p>Timeous escalation for Agency and Bank for both areas.</p> <p>Promoting attendance at work being managed as per policy by SCN and Senior Nurse.</p> <p>Stroke Unit now have newly aligned budget and the wellbeing enablement practitioners have been appointed.</p>
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	20 RED	10 AMBER	13-10-23 David Hope	<p>Use of supplementary staffing</p> <p>Recruitment to vacant posts</p> <p>SBAR authorising extension of agency staff agreed by Cheif 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 training 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>
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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 baratric 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>
985	Mental Health P&K wide	Stakeholder and Partnership Engagement	4 YELLOW	15-08-23 Chris Lamont	<p>Recent "Listen" report published through independent services and as a consequence of this, there have been engagement sessions with staff to discuss its findings and improve engagement.</p> <p>Undertook an extensive consultation and engagement excercise 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>

Adult Social Work and Social Care

Risk Number	Risk Category	Cause (Trigger) (Because of...) Event (There is a risk of...) Effect (Impacting on...)	Inherent Risk					Residual Risk			Mitigating Actions
			Risk Owner	Impact Value	Probability Value	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, Impacting on people not receiving their assessed levels of care</p>	Shona MacLean	5	4	 <p>20</p>	<p>1 Existing capacity within CAH, HART, HART+ and Living well</p> <p>2 Agency Staff (use minimising)</p> <p>3 Overtime</p> <p>4 ESD/Avenue at front door</p>	5	4	 <p>20</p>	<p>Care at Home Transformation group and workstreams in action. HART continue to be in a +3 position each month with domestic recruitment. Overseas recruitment pilot in progress with aim for 4-5 staff in place for 1st cohort by Dec 23 and a second cohort by March 24. Automated scheduling went live 20 September. HART and Living Well Rotas being reviewed. PinPoint system being investigated to support easier access to unmet need across all internal and external providers. Alliance contracting with independent sector progressing.</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 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	 <p>20</p>	<p>1 Online Learning Module for basic OT equipment and adaptations for all Social Work/Social Care staff. Recruitment ongoing for OT staff.</p> <p>2 Advert live for OT vacancy</p> <p>3 Single handed care training has been extended to other professional groups. Associate Trainers been upskilled to deliver support to families and carers to deliver moving and handling</p>	5	4	 <p>20</p>	<p>1.5 North OTs 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 now stable and making positive impact</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)