

## 6.7 Assurance Report: Perth and Kinross Health and Social Care Partnership

Dr Hamish Dougall, Associate Medical Director, supported by Mr Kenny Ogilvie, Head of Service Adult Social Work and Social Care, Mr Mark Dickson, Clinical Governance Co-ordinator, Ms Angie McManus, AHP Lead, and Mrs Valerie Davis, Lead Nurse presented the assurance report highlighting:

- There has been little movement in the red risks for Perth and Kinross, with accommodation challenges predominantly associated with the Primary Care Community and Care Treatment Services which are housed in temporary accommodation and longer term solutions still being sought.
- Likewise, little change is noted in the mental health service medical workforce challenge with meeting held with the Operational Medical Director for Mental Health and Learning Disability Services to discuss what support could be offered by the HSCP to develop new ways of working. The HSCP are recruiting to three vacant Advanced Nurse Practitioners posts, with NHS Tayside looking to advertise for Specialty Doctor/General Practitioner with special interest.
- As a result of the loss of all salaried Doctors working within the Prisoner Healthcare Service, the HSCP sought to offer more attractive short term Locum options for General Practitioners which resulted in eleven Doctors coming forward and commenced within the Service. Waiting times within Perth Prison down from 28 weeks to approximately four weeks, and exploration of longer terms options is underway to support the sustainability of this improvement.
- Recruitment challenges remain within the Mental Health Teams within the Prisoner Healthcare Service and presents significant risk to Prison populations within Tayside.
- Flow of patients through the hospital system, supported by the HSCP, remains a significant challenge with the average length of stay in Tayside hospitals for those patients over 75 years of age within Perth and Kinross and Dundee the longer lengths of stay are creating significant capacity issues, particularly within Perth where medical divert of patients to Ninewells Hospital, Dundee is not an optimal patient journey.
- The lack of care at home capacity, speciality in rural Perth and Kinross, continues to impact on patient flow. Perth and Kinross HSCP have set



up a weekly Silver Command Structure to try and utilise optimise available services, driving new recruitment and reviewing models of home care.

- Support has been undertaken of social work colleagues within the Acute Sector in Perth due to information technology connectivity, however, it is hoped that a solution for this has been identified and the situation will improve.
- The Care and Professional Governance Forum meet monthly and review red risks in detail, with every second meeting also reviewing amber risks.
- Adverse event themes remain unchanged. Outstanding red events are reduced from 24 approximately thirty months ago to one currently.
- The majority of complaints received are from Prisoner Healthcare Services, and relate predominantly to waiting times, and disagreement with treatment plans. Linked to the reduction in waiting times due to increased medical input there has already been a reduction in complaints around this theme noted.
- There has been an increase in the number of referrals to adult support and protection services, which is a positive sign around increased awareness of criteria and available services, with 97% of all concerns reported are screened within 24 hours.
- Perth and Kinross HSCP are on track to meet MAT (Medication Assisted Treatment) Standards 1-5, with submission of evidence by end April 2023.
- Mental Health outpatient waiting times for have increased by approximately 4.5% since the last report in December 2022, with those waiting more than 12 weeks rising by 10%. This is largely a reflection of the inability to provide and cover medical staff and recruit advanced nurse practitioners. Options are being reviewed with the Operational Medical Director for Mental Health and Learning Disability Services.
- The work undertaken by Perth and Kinross HSCP to develop a suite of key performance indicators for Community Mental Health Services continues, with meetings with colleagues in Dundee and Angus. Angus HSCP are supporting those metrics which have been proposed by Perth and Kinross HSCP, with Dundee HSCP opting for a slightly different approach. Mapping will be undertaken to ensure that reporting from the three HSCPs is consistent and standardised reports submitted to the Care Governance Committee.



- Adult and Older Peoples Mental Health Benchmarking National Report was published in October 2022, and was the first opportunity for Scottish Health Boards to submit comprehensive data. The report provides a wealth of rich data which both Acute and HSCP Services could use to promote quality improvement.

Councillor Bell raised the difficulty experienced in rural areas such as Perth and Kinross to recruit carers and referred to the introduction within Angus HSCP of a “zoned” approach remuneration and queried if this had been considered within Perth and Kinross. Dr Dougall advised that preferential rates and support for travel within rural areas. Mr K Ogilvie advised that preferential remuneration is something which Perth and Kinross HSCP has, and continues, to consider with an increased hourly rate and bespoke provision for rural areas. On comparison the rates in Perth and Kinross HSCP are lower than those within Angus, and this would certainly be looked at in more depth along with the wider care at home transformation work which is underway.

Dr Johnston raised the Perth and Kinross delayed discharge figures and the impact on the functionality of the Perth Royal Infirmary site to support elective treatments, and would ask what timescales are being put in place to reduce the number of delayed discharges. Dr Johnston would also appreciate, for the Committee’s understanding, if within future assurance reports there are updates, both for successes and failures, against these timescales. Dr Dougall advised that Perth and Kinross HSCP see patient flow as a priority. Delays in Perth Royal Infirmary for those patients over 75 years of age is comparable with the delays within Dundee, however, the structure of Perth Royal Infirmary is not comparable with Ninewells Hospital Dundee, and occupation in Perth Royal Infirmary is predominantly by Perth and Kinross residents. Discussions are ongoing to review bed modelling. Dr Dougall would be happy to include an update narrative in future assurance reports.

Responding to Mr Russell around gaining assurance on the improvement work on slips, trips and fall (with or without harm) which is the most frequently occurring adverse event, Mrs Nicola Richardson, Director of Allied Health Professions and Strategic Lead for Falls and Fall Prevention for NHS Tayside advised that a new structure has been introduced

through which assurance can be built around system wide understanding of falls within NHS Tayside. There are four groups looking at falls across the system and a single oversight group in place. Currently working to currently build the measurement data planning and understanding in order that comparisons can be made across systems, and deep dives undertaken where necessary. A system wide overview, with detail remaining underneath for each individual area will be in place in the near future.

Dr Dougall proposed an assurance level of reasonable with evidence of ongoing development of the clinical and care governance structures for Mental Health Services within Perth and Kinross HSCP.

The Chair thanked Dr Dougall for the assurance report and would support the proposal of reasonable assurance. Committee members were in agreement with this proposal.

#### **The Committee:**

- Reviewed the assurance report and agreed that a ***Reasonable*** level of assurance had been provided.